



PHARMACOTHERAPY

CHAIR: BRYAN AMBROSIUS, CATCHMENT MANAGER, ODYSSEY HOUSE

- 1. Pharmacotherapy A 2. Will Victoria's troubled Consumer Perspective
 - heroin treatment program survive?
- 3. An implementationefficacy trial of a collaborative prescriber-pharmacist model for MATOD

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Will Victoria's troubled heroin treatment program survive?

Benny Monheit, Southcity Clinic, Alfred Hospital

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Will Victoria's troubled heroin treatment program survive?

Dr Benny Monheit Addiction Medicine Physician

AlfredHealth

2023

VAADA Conference Melbourne 2023

Main points

- History of Opioid Replacement Therapy (ORT) program in Victoria
 - Comparison with NSW
 - Where does it fit in?
- Current situation in Victoria
 - GPs, other prescribers
- Data
- Options
 - Thee scenarios
- Summary



Opioid Replacement Treatment in Context

- Health system under severe stress. Funding and workforce shortages
- A 'hinge moment' in history? Doors closing or new windows opening?

Four phases in ORT programs in Victoria:

- Era 1: Introduction of methadone: USA early 1960s, Sydney Dr Stella Dalton in 1969, Victoria approx 1975
- Era 2:AIDS/HIV era changes- harm reduction 1985, large expansion of programs, hospital and GP based (esp Victoria)
- Era 3: Buprenorphine sublingual introduced July 2005, COVID related changes to programs. Long acting injectable Buprenorphine since April 2020.
- Era 4: Post pandemic phase- changes in healthcare, ageing society, some drugs legalised, new illicit drug trends



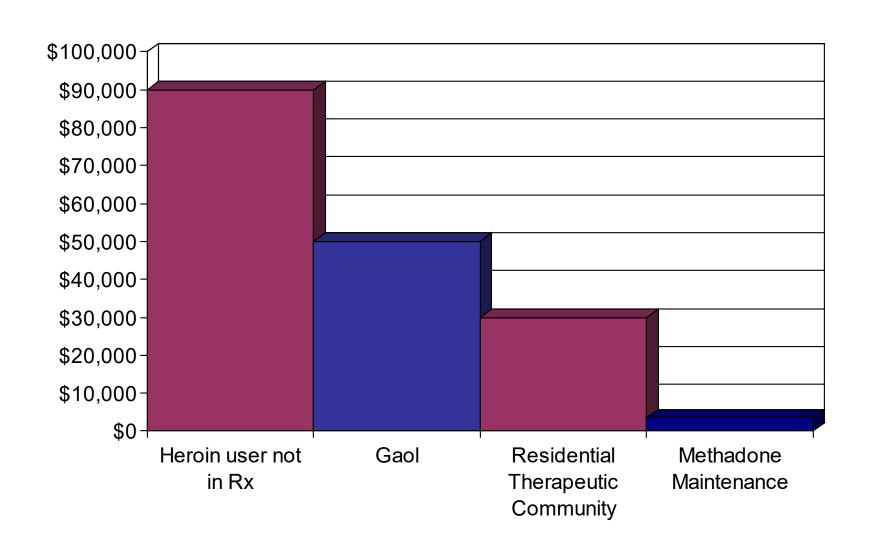
What drugs are IV drug users now injecting?



 The drug of choice of injecting remained stable in 2022 with 46% nominating methamphetamine as their drug of choice, followed by heroin (39%; 40% in 2021).

- Pharmaceutical Opioids
 - The commonest pharmaceutical meds injected were: morphine, methadone oxycodone. Levels stable or reducing compared to previous surveys

Is Rx Cost Effective?







COVID-19

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National Opioid Pharmacotherapy Statistics Annual Data collection

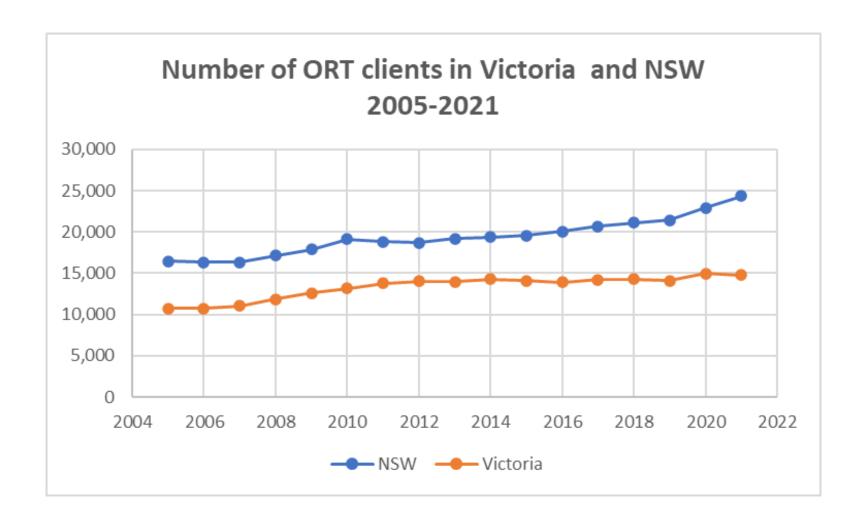


Web report | Last updated: 30 Mar 2022 | Topic: Alcohol & other drug treatment services



On a snapshot day in 2021, 47,563 clients received pharmacotherapy treatment for their opioid dependence across Australia (excluding data for Queensland).

There were **2,485** dosing points and **2,673** authorised prescribers of opioid pharmacotherapy drugs nationally.



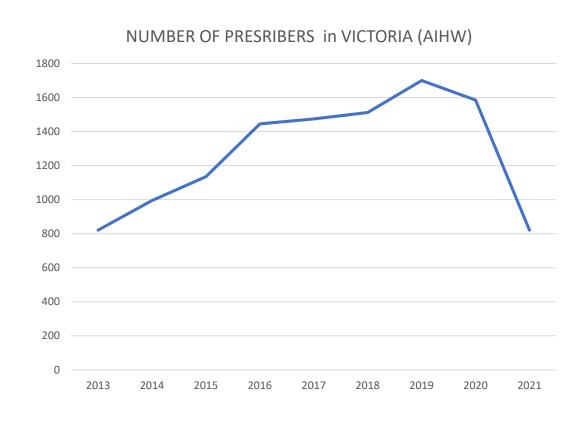
Jurisdiction	Clients	Population	Clients per		
2021					
NSW	24 240	0 400 266	20		
INON	24,340	8,189,266	30		
Vic	14,804	6,649,159	22		

Number of Prescribers in Victoria 2013-2021

Data from AIHW via Health Dept Victoria

Raw DATA from AIHW

YEAR on 30 th June	NUMBER OF PRESRIBERS in VICTORIA (AIHW)
2021	1,059
2020	1,585
2019	1,700
2018	1,512
2017	1,474
2016	1,445
2015	1,135
2014	995
2013	821



Dr patient ratios – NSW and Victoria 2021

State	No of clients	No of ORT prescribers	Ratio: clients per prescriber
NSW	24,340	1,078	22.6 clients per prescriber
Victoria	14,804	1,059	14.0 clients per prescriber



Prescribers – private and public NSW and Victoria, 2021

Prescriber type	NSW	Vic
Public prescriber	247	_
Private prescriber	775	1,043
Public/private prescriber	_	_
Correctional facility	56	16
Total	1,078	1,059

[•]Public prescribers work in organisations that are part of government or are government-controlled, such as public drug and alcohol clinics and public hospitals.



Victoria's Community Based ORT Program

- No direct financial involvement by government or public hospitals
 - GPs paid via Medicare, pharmacists via patients and Commonwealth subsidy

• Benefits:

 GPs can provide holistic patient care. Wide access across State if GP and pharmacists willing to participate. No large clinics where drug users congregate.

Disadvantages

- A difficult problem if sufficient GPs don't want to participate
- Training and support patchy and fragmented eg PHNs, RACGP, RACP
- Responsibility fragmented : State/Commonwealth/AHPRA/Health Dept

ORT Prescribers in Victoria

- Doctors
 - GPs
 - Psychiatrists
 - Addiction Medicine Physicians
- Nurse Practitioners

Difficult conversations

For the doctor:

Do I want to treat this patient in my private practice?

- Am I safe in the room?
- I want to refer patient to someone with more experience
- Safescript shows he is seeing 2 other Drs. What do I do?

For the patient:

- Is the doctor going to believe me?
- How much of my story should I reveal?
- Will the doctor give me a script?

Deaths

Death contributed by individual drugs. Victoria 2021 (Ref: Coroner's Court)

Drug	No of deaths in Victoria 2021
Heroin	173
Methadone	67
oxycodone	47
Buprenorphine	10
Methamphetamine	137
New psychoactive substances	35

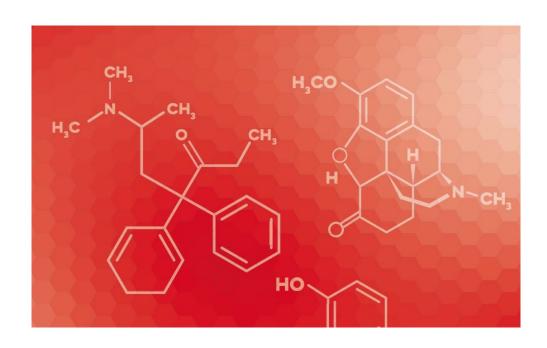


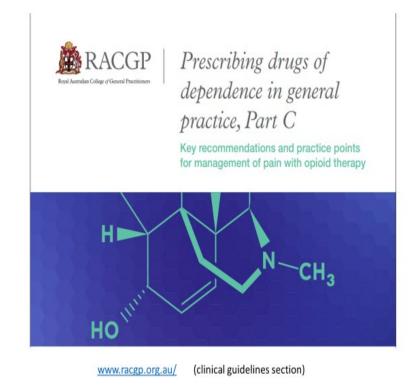
Guidelines for GPs



Prescribing drugs of dependence in general practice, Part A

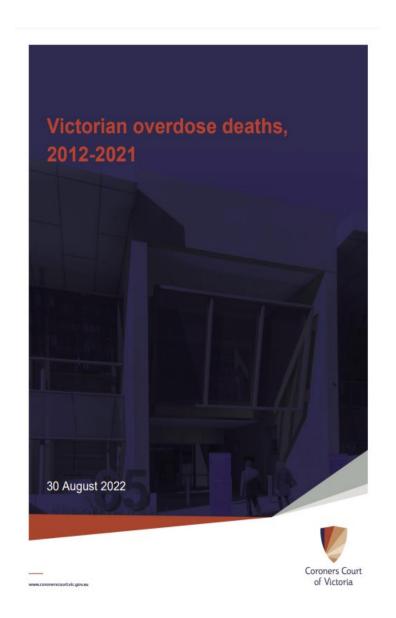
Clinical governance framework







Overdose deaths in Victoria – 500 in 2021



173 heroin only

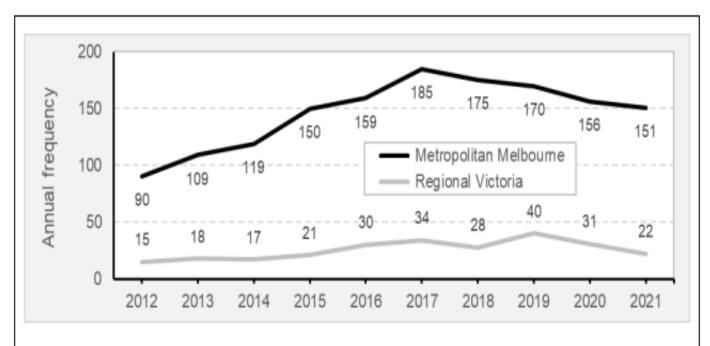


Figure D: Annual frequency of heroin-involved overdose deaths in Metropolitan Melbourne and Regional Victoria, 2012-2021.

What do GPs want from AOD specialists?

- Ref: Hestor Wilson et al. Drug and Alcohol Review, July 2022
- Result from 3 Focus Groups with 35 GPs:
- 1. Education and training
- 2. Improved pathways between GPs and specialist AOD care
- 3. Easier access to AOD specialist advice
- 4. Improved access for collaborative care for patients with complex issues





- Myanmar opium cultivation surged 33 per cent amid violence
- The UN says virtually all the heroin seized in Australia originates in Myanmar
 - United Nations Office on Drugs and Crime. Jan 2023



Health reform an 'urgent priority': Premiers' new year push

January 2023



- Among its <u>stated aims</u> are
- improving access to general practice and GP-led multidisciplinary team care,
- making primary care more affordable,
- improving the management of chronic conditions and
- reducing the strain on hospitals.

Who Is Responsible For ORT Programs??

• Clinical:

- Doctor
- Client/patient
- Pharmacist

Administrative

- State
 - Health Dept Victoria Regulations. Hospitals, Specialist clinics eg Turning Point

Commonwealth

- Guidelines, Funding via Medicare, Pharmaceuticals
- Public Health Networks (PHN)

Other

- Australian Health Practitioners Regulation Agency (AHPRA) (registers all Drs)
- Training via RACGP, RACP

The Future

- 3 Scenarios:
- 1. No change in direction
- 2. New direction
- 3. Armageddon: eg Fentanyl epidemic



AMA report projects "staggering" GP shortage

Published 25 November 2022 AMA News

Australian Doctor

News

Pharmacist prescribing could replace six million GP consults a year, guild claims



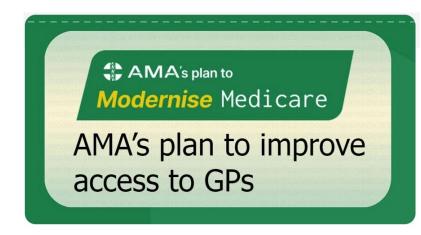
Heather Saxena

2 February 2023

Doctors warn bulk-billing 'a thing of the past' without tax exemptions



ByRachel Eddie
February 2, 2023 — 7.39pm



1. No Change in Direction of ORT Program

- Slow deterioration in number of prescribers and services
- Greater stress on A&E Depts and acute inpatient beds esp Mental Health services
- Increased rate of crime and incarceration
- Increased rate of opioid related deaths

2. New Direction

- Some options:
- Greater role of nurse practitioners as prescribers
 - Work as a team with experienced GPs or Addiction Med Specialists
 - Training, supervision, Medicare payment upgrade
- Hubs to provide primary and secondary consultations details yet unclear. Greater workforce training for specialists
- More financial support to clinics and pharmacies that provide services
 - Less emphasis on solo GPs. Expanding role of pharmacists
- Adopt the NSW model private and public clinics and hospitals that enable prescribing and dispensing onsite. They also provide training and research facilities. (Funded mostly by State Government)

Nurse Practitioners in Victoria



Rose McCrohan Rebecca Brereton



Reform- "It's all about the money"

- Staff can be employed as salaried employees or as independent contractors who work on a fee for service (ie bill patients direct or via Medicare).
- GP Medicare billing:
 - Std consult: \$37. Long consult (>20 minutes) \$67. Extended (>40 minutes) \$113
- Nurse Practitioner Medicare billing
 - Std consult \$18, long consult \$37, extended \$52
- Addiction Medicine Physician billing
 - First assessment visit \$140, follow up visit \$69



3. Armageddon

Collapse of multiple services or if big prescribers are not replaced on

retirement or ill health.

• Flood of high purity heroin into Australia or high purity Fentanyl (eg as in USA, Canada) Fentanyl Pop





