

Harm reduction in community settings – pharmacies play a crucial role

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NUAA: who are we and what do we do?

- NUAA is a peer-based drug user organization
- Important part of the NSW investment in harm reduction
- Lived experience of drug use and drug treatment
- Emphasis on service delivery is wholistic and peer-delivered interventions
 - Needle and syringe program
 - Publications and resources
 - Training and education



Drug use is just another coping mechanism

- Sometimes used by people in the same way as alcohol
- Sometimes used to deal with more serious issues such as mental health issues, trauma
- There are as many reasons people use drugs as there are people who use drugs
- Most of us are functional, nice people
- It can be incredibly socially isolating to be a drug user



What is opioid dependence and who does it hurt?

- Opioid dependence is defined as a chronic and relapsing disorder that affect physical and mental health and social wellbeing and functioning
- Harms of opioid use
 - Hepatitis C and HIV transmission
 - Mental health issues?
- Harms of criminalization of drug use
 - Arrest for possession and use
 - Dependence may lead to criminal behavior
 - Criminal record may cause many related harms – employment, housing, family separation

Harms caused by stigma

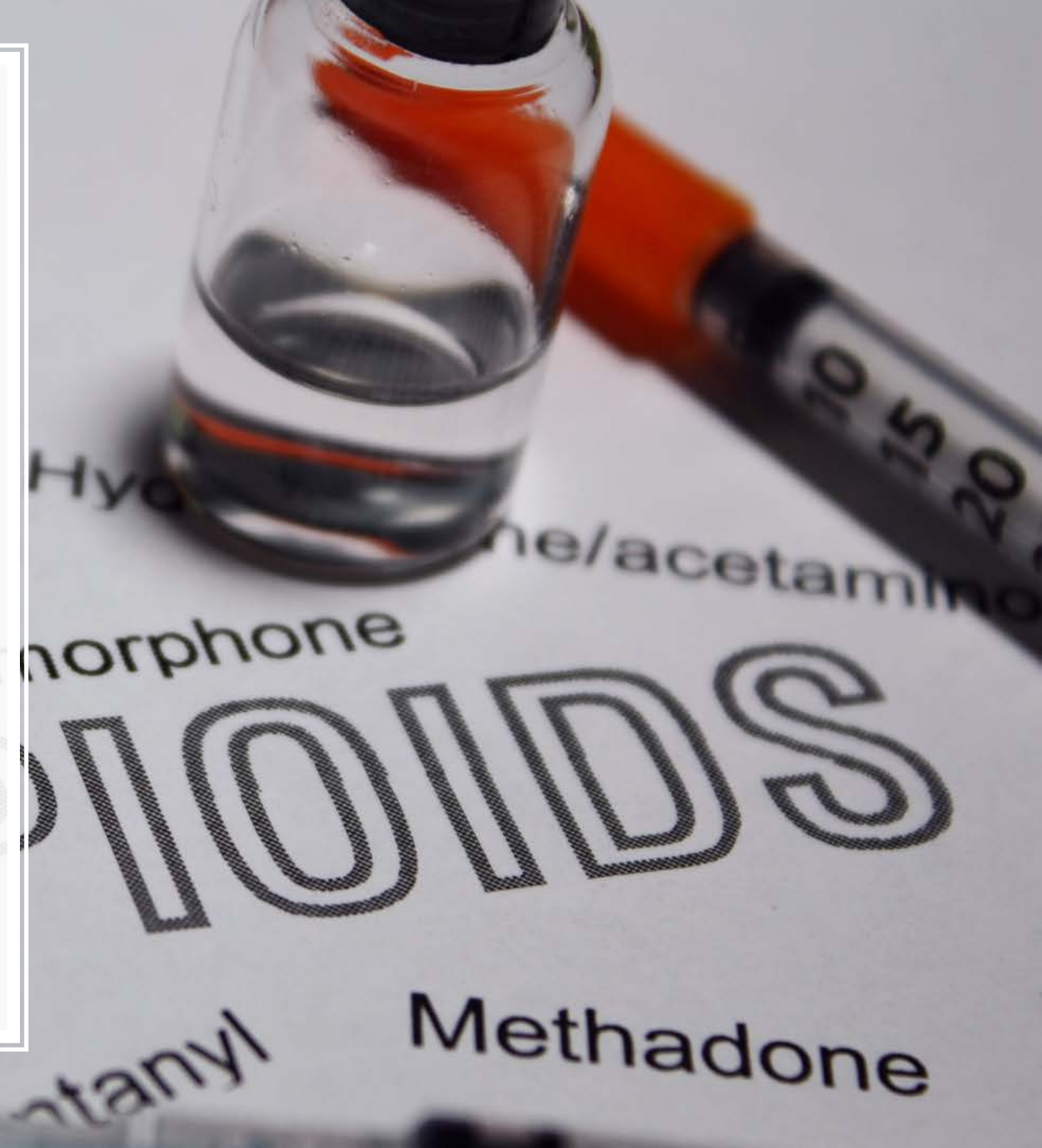
- Family issues – isolation, separation
- Many users are judged on appearances and treated poorly by health services, police, the general community – this treatment affects our self-perception and interactions with the world
- Lack of engagement in health care
- Untreated medical conditions
- Discrimination in employment settings *or*
- Can't disclose medical treatment leading to difficulty maintaining regular work hours
- Possible targeting by Family and Community Services

The role of pharmacies

- Low threshold access to care and advice – NSW state subsidised programs include
 - Needle and syringe program services
 - Opioid treatment access point
- Both of these services are vital to the health and well being of people who use drugs, particularly in rural or remote communities. It is essential that they are safe, respectful, confidential
- Both programs have an important role in prevention of HIV and hepatitis C and B
- Respectful, easy access to NSP can open a door to accessing other services such as drug treatment and OST – inclusion is important

Methadone and buprenorphine were added to the WHO essential medicines list in 2005

- Essential medicines satisfy priority health care needs
- Selected on the basis of public health need, evidence, safety, cost effectiveness
- Should be available at all times in adequate amounts in functioning health system
- At a price the individual and the community can afford.



Efficacy of methadone and buprenorphine

Long term opioid agonist treatment is an effective approach for most opioid dependent users

Treatment

- Provides stability
- Prevents hepatitis C and HIV transmission
- Improves psychosocial functioning
- Supports people to live in and connect with the broader community



Treatment	Action	Risk rating	Takeaways
Methadone	Opioid agonist	Moderate risk	Up to 2
		Low risk	Up to 4
Subutex	Partial opioid agonist	Moderate risk	Up to 4
		Low risk	Up to 4
Suboxone	Partial opioid agonist and antagonist	Moderate risk	Up to 4
		Low risk	Unsupervised, up to 4 weeks

Pharmacotherapy in NSW

NSW and ACT have the highest rate of people on OST 26/100,000 population

NSW the largest number with 20,057 (2016) – 23% increase in 10 years

60% of patients with private prescribers, 32% public, 8% prison

72% methadone, 28% buprenorphine

46% of methadone and 29% of buprenorphine is dispensed via pharmacies in NSW

Treatment retention in OAT is an issue

30% of methadone patients drop out within 3 months

40% of buprenorphine (suboxone and subutex) drop out within three months



Common issues arising in treatment - patients

Fees/payment/debt

Difficulty finding prescriber

Transfers

Takeaways

Difficulty finding dosing point

Travel – frequently up to an
hour per day

Terminations


Lack of care
planning/coordinated care

Fees and takeaway doses

One common complaint of patients is that they are charged the same weekly fee regardless of how many takeaway doses they have

A 2007 survey found that the majority of pharmacies would not modify their fees depending on the number of takeaway doses

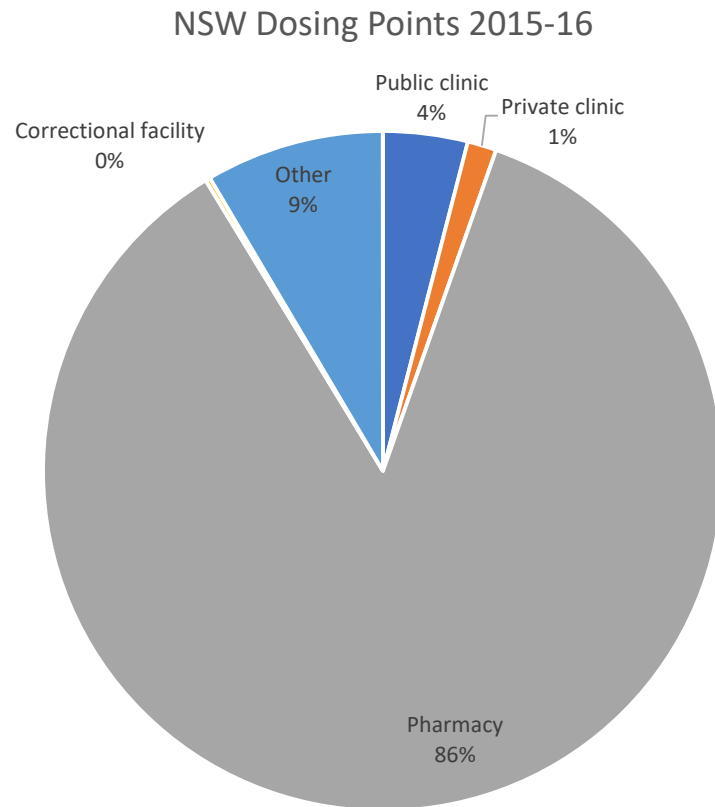
The same survey found that 41% of pharmacies had refused treatment because of debt



Pharmacy Incentive Scheme

- \$1000 to enrol as initial payment
- \$100 per patient for each OST enrolment (max 20 patients)
 - Patients must be dosed continuously for 2 months
 - Payments made twice yearly
- Pharmacy patient limit = 50
- Weekly dosed patients excluded from cap
- Pharmacists can charge 'dispensing' fee to patients
 - Fee determined by individual pharmacy
 - Ranged from \$21/week - \$90/week, with average \$35/week

NSW Dosing points



- Total of 872 dosing points in NSW
- 62% of dosing points in major city
- 12 dosing points in total in remote/very remote locations
- 37% of dosing points have 1-5 clients



Community pharmacy participation

- As of 30/9/14 – 704 community pharmacies registered in scheme
- 2013 NSW:
 - 32% pharmacy participation
 - National average: 36%
 - Western Australia: 46% (no incentive scheme)
 - Victoria: 38% (no incentive scheme)
- In contrast, only about 2% of GPs participate

Dispensing fees

In NSW, fees are set independently by pharmacists

- In ACT, dispensing fee capped \$14.70/week to patients, and ACT Health Department paying the balance

Centrelink:

- NewStart Allowance single no dependents = \$267.80/week
- NewStart Allowance for partnered couple = \$241.80

Average cost of dispensing daily dose of methadone: \$3.27 and buprenorphine: \$3.29

Registering as OTP pharmacy

- Contact Duty Pharmaceutical Officer during office hours (02) 9391 9944
- Department of Health Pharmaceutical Services
<http://www.health.nsw.gov.au/pharmaceutical/pharmacists/Pages/otp-pharmacists.aspx>



APPLICATION TO BECOME A REGISTERED METHADONE AND/OR BUPRENORPHINE DOSING POINT

I wish to apply for my pharmacy to become

- A registered methadone dosing point
- A registered buprenorphine dosing point
- A registered methadone and buprenorphine dosing point

This is a: New pharmacy

Date of registration with Pharmacy Council:

Existing pharmacy

- Change of ownership (Date of takeover:
- Change of address
- New dosing point
- Addition of new drug

I and all registered pharmacists under my employ have read and have an understanding of the latest edition of the NSW Ministry of Health guideline TG201 "Supply of Methadone and Buprenorphine under the New South Wales Pharmacotherapy Drug Treatment Programs - Guidelines for Community Pharmacists".

I hereby give an undertaking:

- that methadone and/or buprenorphine will be handled and administered by pharmacists at my pharmacy in accordance with the above-mentioned guideline, TG 201.
- that the retail pharmacy is located on premises at which a pharmacist is approved to supply pharmaceutical benefits under section 90 of the National Health Act 1953.

Pharmacy PBS approval number

Name* of applicant Pharmacist-Proprietor

(* Please print full name as registered with AHPRA)

Signature of applicant Pharmacist-Proprietor

..... Date.....

Names of other Proprietors (Please print full name as registered with AHPRA)

.....
.....



Pharmacy registration

- PBS approved pharmacies
- Maximum of 50 patients in supervised OTP dosing in community pharmacy (not include buprenorphine-naloxone patients in unsupervised dosing regimen)
- Pharmaceutical Services will notify wholesalers
 - Under Section 100 of the National Health Act 1953, methadone and buprenorphine provided free of charge for treatment of drug dependence
- Storage
- Documentation & Prescription requirements (S8 requirements)

**METHADONE/BUPRENORPHINE PHARMACY INCENTIVE SCHEME
MONTHLY RETURN**

Fax completed returns to Pharmaceutical Services (fax 02 9424 5885) at the end of each month, even if no changes have taken place.

This return is available online in PDF format (<http://www.health.nsw.gov.au/pharmaceutical/pages/default.aspx>) and should be filled in electronically using a computer. If completing the form by hand, please use BLOCK LETTERS and ensure that all details are legible.

Enquiries: Telephone (02) 9424 5921

Return for the month of:		Year:	
Pharmacy Details			
Name of Pharmacy:			
Name of Pharmacy Proprietor(s) (only if changed since last return):			
Address:			
Suburb/Town:		Postcode:	
Telephone:	Fax:	Email:	
<i>Details of patients who COMMENCED being dosed at the above named pharmacy in the month of this return (write 'nil' if no patients commenced)</i>			
Surname	First Name	Date of Birth or Patient Ref No.*	Date of First Dose
<i>Details of patients who CEASED being dosed at the above named pharmacy in the month of this return (write 'nil' if no patients ceased)</i>			
Surname	First Name	Date of Birth or Patient Ref No.*	Date of Last Dose
<i>Attach separate list if insufficient space above</i>		<i>*Patient Ref No. can be obtained from the patient's prescriber</i>	
Details of person completing this return			
Name:			
Signature:		Date:	