

MEDIA RELEASE

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New report says opioid treatment is unaffordable and inaccessible for many people

Harm Reduction Australia (HRA) and ScriptWise are calling for improvements in opioid treatment due to the current lack of availability, acceptability and affordability of treatment for affected Australians.

In addition to the approximately 50,000 people currently on MATOD in Australia¹, modelling has estimated that the unmet demand for MATOD treatment at any given time could be as high as 40,000 people².

Launched today, [A Better System for Better Outcomes](#) outlines recommendations from a recent National Medicated Assisted Treatment for Opioid Dependence (MATOD) Summit hosted by the two national organisations.

“One of the biggest barriers we hear from people is that the cost of MATOD dispensing fees are just too high,” said Harm Reduction Australia co-founder Annie Madden.

“Despite overwhelming evidence of the effectiveness of methadone and buprenorphine treatments, the cost of dispensing these medications is not covered under the PBS.”

“It’s indefensible that people with opioid dependence have to foot a monthly bill that can be up to 20 times higher than other patients on long-term treatment for health conditions,” she said.

Reducing the financial impact of treatment is a key focus of the report which recommends investigation into the development of a nationally subsidised scheme that is funded by the Government to reduce costs for consumers.

ScriptWise Ambassador and Gippsland resident Rustie Lassam, a current methadone consumer, struggled to find a clinician who would provide medication-assisted treatment and now travels approximately 420km a week to see her current GP and pharmacist.

“There are so few physicians around here that are willing to take on patients with opioid dependence or addiction, it’s a real problem. It makes it really hard financially having to travel such a distance when treatment is already so expensive, particularly when you are living on or below the poverty line,” said Ms Lassam.

“The stigma around treating people with methadone is just horrible.”

“We are all just people trying to get to work and live our lives. We deserve to be treated like any other patients,” she said.

¹ Australian Institute of Health & Welfare (AIHW). 2017. National Opioid Pharmacotherapy Statistics 2017. AIHW; Canberra. Accessed at data link: [NOPSAD 2017 Data](#).

² Chalmers J, Ritter A, Heffernan M, McDonnell G. 2009. [Modelling pharmacotherapy maintenance in Australia: Exploring affordability, availability, accessibility and quality using system dynamics](#), ANCD Research Paper #19. Canberra: Australian National Council on Drugs.

Community pharmacist and former National Councillor with the Pharmacy Guild of Australia, Angelo Pricolo, says that the cost of treatment is often the biggest problem for both patients and pharmacists.

“It means that when you’re trying to engage patients, the cost can push them away.”

“Treatment gives people the opportunity to expand their lives in other ways. Their lives don’t remain about getting other drugs, withdrawal and getting sick. People can get back to their jobs, their families and their other interests.”

“We need to seriously consider listing methadone and/or buprenorphine on the mainstream PBS. It will encourage doctors to prescribe, pharmacists to dispense and patients to access treatment.”

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A Better System for Better Outcomes can be accessed here: [Harm Reduction Australia](#)

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