



The Hon Greg Hunt MP
Minister for Health
PARLIAMENT HOUSE ACT 2600
Via email: greg.hunt.MP@aph.gov.au

[cc: sam.develin@health.gov.au](mailto:sam.develin@health.gov.au)

Dear Minister

Inclusion of the Staged Supply Program and Consumer representation on the Consultative Committee on the 7CPA Community Pharmacy Programs

I am writing on behalf of Harm Reduction Australia (HRA) to follow up your Department's comments and commitment to Senator Siewert in the 26th October 2020 Senate Estimates hearing.

In particular, to include the lack of access to the Staged Supply Program for people prescribed PBS medicines via the Opioid Dependence Treatment (ODT) Program at the Government's 7CPA Consumer Consultative Committee and its inclusion in the \$1.2 billion allocation in Community Pharmacy Programs.

You have shown incredible commitment and leadership to improving and protecting many lives in the community through your support of take-home naloxone, the long-acting injections Buvidal® and Sublocade®, and your public statements on the challenges of drug dependence and mental health.

We are asking you to again help us help some of the most vulnerable people in our community.

Your Department's commitment to reviewing this ODT Program and equivalent access to Staged Supply Programs was wonderful news for the 50,000 patients who rely on the ODT Program to manage their health but face the continuous struggle of financial inequity for high out-of-pocket costs to access the medicines.

As you know, this can often lead to reduced compliance with the medicines which can tragically lead to the exacerbation of mental health issues including loss of life and overdose – a consistent finding of multiple coronial inquiries over the past six years.¹

It is the disparity of access and affordability that was the basis of our 2020-21 Budget submission (see attached).

Like all medicines on the PBS, HRA welcomes the subsidy of the medicine to improve affordability and access. However, the original program rules of the ODT Program rely on dispensing of these medicines, including the daily dosing of methadone in a state-based clinic assuming the cost of dispensing cost will be met by the jurisdiction and hence no PBS co-payment.

This program arrangement has failed to acknowledge the increasing use of staged supply of ODT medicines through community pharmacies and the increasing demand on those accessing these medicines to make daily staged supply payments themselves at a cost of around \$5-\$7 a day. As you can appreciate this adds up to far more than any monthly PBS co-payment and is a cost that is not considered in the safety net of these patients, many who will be managing multiple health challenges and financial difficulties.

As a result, many people struggle to maintain compliance. It can at times be a choice between putting food on the table or accessing their medicine. The reality is the ODT Program arrangements accept that their health needs will be treated less favourably financially than cancer treatment, diabetes treatment, chronic migraine or stroke. This is inequitable at best and discriminatory at worst.

The Staged Supply Program recognises the risk of addiction to opioids but will not support someone after that addiction has become a reality. With Staged Supply initiation prices paid to pharmacists of \$8.12 and thereafter \$4.12 per staged supply, the opportunity to make compliance on the ODT Program affordable for all patients is stark.

Further, with the recent listing of weekly and monthly buprenorphine depot injections on the ODT Program, the ongoing cost of these staged supply fees could be minimal or negligible for many of these patients, particularly if they are dual listed on s85 and s100.

HRA appreciates this is a complex area of cross government responsibility and the intricacies involved with medicines being listed as s85 or s100 on the PBS. It is an issue often cited by health officials as a reason on why change has not been possible. However, we have constructive contributions to make on how to address these issues as part of your consultation process.

¹ For example: <https://coroners.nsw.gov.au/coroners-court/download.html/documents/findings/2019/Opiate%20findings%20-%20finalv2.pdf>. This is one of many reports in multiple jurisdictions around Australia in the past six years.

HRA does not want those in the community relying on the ODT Program to continue to be caught between the “who’s responsible for funding” argument between federal, state and territory governments. A paralysis many have experienced despite the multiple coronial findings and reports available that these private pharmacy fees are an impediment to treatment and need to be addressed as a matter of urgency.

To this end, whilst we greatly respect the work of the CEO of the Consumers Health Forum (CHF) and NACCHO, the experience in supporting harm reduction and the consumer experience with these programs cannot be readily found within these organisations.

We have asked the Department for this issue to not only be added to the agenda for the Consumer Consultative Committee on 7CPA Community Pharmacy programs commencing Friday 30 October, but that a representative of HRA be appointed to the Committee.

Specifically, we ask that Ms Annie Madden AO, our co-founder and Board member be appointed to provide the perspectives on these programs that would otherwise be missing.

Ms Madden’s bio can be found -see bio [here](#) and furthermore, through her involvement with HRA and other groups she has an extensive network in the clinical, academic and consumer communities to bring contemporary advice and experiences to the table.

HRA stand ready to prepare materials and advice to contribute to this important work and thank you once again for your public commitment to resolve this unfair disparity in the system.

Ms Madden can be contacted on 0414 628 136 and anniegm78@outlook.com

We look forward to your response and to participating in the Committee on Friday.

Yours sincerely



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29th October 2020

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