No longer just an inner city issue

Meeting the demand for needles, syringes and Opioid Replacement Therapies (ORTs) across Melbourne’s western suburbs

HealthWest Partnership
July 2013
This report was created by HealthWest Partnership and the Needle, Syringe & ORT Working Group. Members of the working group include:

- Anex Australia
- Brimbank City Council
- Department of Health
- General Practice Victoria
- Harm Reduction Victoria
- ISIS Primary Care (Voyage)
- Macedon Ranges & North Western Melbourne Medicare Local
- Maribyrnong City Council
- Stepping Up Consortium
- Victorian Alcohol and Drug Association (VAADA)
- Werribee Mercy
- Western Health
- Western Region Health Centre (Health Works)
- Wyndham City Council
- Youth Projects

The support and input of the Working Group to this report is greatly appreciated.
Executive Summary

Section 1: Use of opiates and injecting drug use in the west

1.1 Numbers of clients seeking treatment who inject drugs
1.2 Numbers of clients seeking treatment for opiates
1.3 Number of heroin-related ambulance attendances
1.4 Demographic information on people who inject drugs
1.5 Prevalence of Blood Borne Viruses (BBV)

Section 2: Demand and availability of needles and syringes in the west

2.1 Demand for needles and syringes from Department of Health-registered secondary needle and syringe providers
2.2 Number and location of community pharmacies supplying needles and syringes
2.3 Cost of needles and syringes
2.4 Supervised injecting facilities
2.5 Other barriers to access
2.6 Service user report facilitators to access
2.7 Cost-Benefits of access to needles and syringes
2.8 What does this mean?

Section 3: Demand and availability of ORTs in the west

3.1 Numbers of people on the ORT program
3.2 Number of licensed and active prescribers in the west
3.3 Caseload per prescriber
3.4 Number of dispensing pharmacies
3.5 Barriers to prescribing
3.6 Challenges and barriers to dispensing
3.7 Barriers to accessing and staying on the ORT program
3.8 Cost-Benefits of ORT access
3.9 What does this mean?
Sufficient access to needles, syringes and opioid replacement therapies (ORTs) across the western suburbs of Melbourne is an important health issue for the people who require these services, the organisations that support their health and welfare and the communities they live in.

This document outlines current issues with access to these services in the western metropolitan region and makes recommendations for action.

**Increasing demand for needles, syringes and ORTs across the west, particularly in the outer west.**

Over the past 10 years, the western metropolitan region has experienced significant growth in demand for needles, syringes and ORTs. In 2012, 1.4 million syringes were distributed across the region having grown from 630,000 syringes in 2002. Additionally:

- Demand has significantly increased outside of Maribyrnong LGA. Demand for needles and syringes has increased in Brimbank and Wyndam LGAs by almost 200% each over 10 years, with 300,000 distributed in Brimbank and 200,000 distributed in Wyndham in 2012.
- The western metropolitan region had the largest increase in demand for needles and syringes, with 115% growth over 10 years. Comparatively, the northern region (23%) and southern region (52%) had much slower growth rates.

The region has also experienced significant growth in demand for ORT services. The region has 1,971 clients on the ORT program and has the highest per capita rate of community-based ORT clients in the state at 300 clients per 100,000 people. This is double the Victorian average of 153 clients per 100,000 people. Additionally, over the past 10 years:

- Four of the five LGAs in the western metropolitan region have experienced greater than 100% growth in demand for ORT services
- Demand has rapidly increased in outer west areas. The LGAs of Wyndham and Melton have experienced 165% and 391% growth in demand, respectively, and now have almost a quarter of all ORT clients in the region.

**Provision of needles, syringes and ORTs is lagging behind demand and significant areas of the west have little access to these services.**

Despite rapid increase in demand for injecting equipment and ORTs, provision and availability of these services is lagging behind demand. Data suggests that:

- Injecting equipment is only available at 34 sites across the region. The west has one primary Needle Syringe Program (NSP) and six secondary NSPs, and only 27% of community pharmacies provide injecting equipment.
- Significant areas of the west have little access to injecting equipment, particularly in outer areas, and there is currently no access in the commercial and community hub of Sunshine.
• Only a 26% of GPs that have undertaken ORT training go on to prescribe in the west and those prescribing in some areas of the west are likely to have significant caseloads of more than 100 clients.
• The western metropolitan region has higher than average numbers of pharmacies that dispense ORTs however these pharmacies are spread unevenly across the region and there is little access in some parts.
• Clients, GPs and pharmacists all report issues with accessing, prescribing and dispensing ORTs.

Inadequate access to needles, syringes and ORTs puts the health and community benefits created by these services at risk

Every $1 invested in needle and syringe programs yields a $27 health and economic saving. Similarly, ORT programs have demonstrated ability to reduce injecting drug use and injecting-related mortality and decrease community health and justice costs.

Although rates of Blood Borne Viruses (BBVs) such as Hepatitis B and C have decreased over the past decade, the North & West metropolitan region has the highest prevalence of new BBV cases and injecting drug use is the biggest risk factor for contraction.

Inadequate access to needles, syringes and ORTs put the health and community benefits created by the introduction of these programs at risk.

This report calls for:

• Establishment for and support of formal peer distribution of needles and syringes amongst people in the west
• Attitudes of stigma and discrimination within the community towards people who require needles, syringes and ORTs to be addressed
• Establishment of a supervised injecting facility in the west
• Establishment of an additional primary NSP in Sunshine
• Establishment of additional secondary NSP sites across the west that utilise space within existing community health centres. A secondary site is particularly needed in Sunshine and Deer Park.
• Enhanced access to needles, syringes and ORTs in the outer west. Specifically an additional secondary NSP site is needed in Wyndham and additional ORT prescribers are required in Melton.
• Enhanced after-hours access to needles and syringes by extending the boundaries of the North West Mobile Outreach Service to Deer Park and St Albans, and installing equipment dispensing machines in the west.
• Establishment of formal networks that link GPs, pharmacists, AOD agencies, social support agencies and consumers to support access to needles, syringes and ORTs at a local level
• Establishment of training for GP practice staff to improve understanding of ORT clients and reduce stigma
• Undertaking of a planned program in partnership with Pharmacy Guild of Victoria and the Pharmaceutical Society of Australia to recruit more pharmacies to dispense ORTs
Section One

Use of opiates and injecting drug use in the west
Section 1: Use of opiates and injecting drug use in the west and the prevalence of Blood Borne Viruses (BBVs)

Key messages

- Exact figures on prevalence of heroin and/or injecting drug use in the west are difficult to obtain
- Heroin is the third most commonly reported drug of concern for people seeking treatment for substance issues in the region
- Over 25% of people seeking treatment for substance use issues report injecting as their main method of drug use.
- Brimbank and Maribyrnong LGAs see significantly higher heroin-related ambulance attendances than other similar LGAs.
- This data suggests a concentration of heroin use within the west and a demand for harm reduction services.
- Data suggests that although rates of new HBV and HCV notifications are stable or decreasing, these are still highest within the North & West Metropolitan region and injecting drug use is the biggest risk factor for contraction.

Obtaining a clear picture of the number of people in the west either using opiates or injecting drugs is challenging due to the illegal nature of drug use, however there are a number of measures that can provide some idea of the extent of use.

1.1 Number clients seeking treatment who inject drugs

Of those seeking treatment for a substance use issue in 2008-09, 1,252 people in the north and west metropolitan region reported injecting as their method of drug use. This accounts for 26% of all methods of drug use.

In a review of the cost-effectiveness of the needle syringe program in Victoria in 2008, it was estimated that there are almost 40,000 people who inject drugs across the state (Department of Health & Ageing, 2009).

1.2 Numbers of clients seeking treatment for opiates

Treatment data from 2008-09 suggests that 1,298 people across the north and west metropolitan region nominated heroin as their primary drug of concern when seek treatment for substance use issues (Department of Health, 2009). Heroin as the primary drug of concern accounted for 23% of clients and was the third most commonly report drug.

1.3 Number of heroin-related ambulance attendances

Maribyrnong and Brimbank LGAs are consistently amongst the LGAs with the highest amount of heroin-related ambulance attendances in Victoria. In 2010-11, Maribyrnong and Brimbank had 190 and 178 heroin related ambulance attendances each, which were the third and fourth highest in the state. Only Yarra (336) and Melbourne (231) LGAs saw more attendances (Lloyd, 2013).
1.4 Demographic information on people who inject drugs

The latest National Drug Trend report indicates from its sampled population, that people who inject drugs in Victoria are typically:

- male
- aged 37 years
- of English speak background
- single
- left school before year 12
- unemployed, and
- live in their own home.

(Stafford & Burns, 2012)

1.5 Prevalence of Blood Borne Viruses (BBVs)

Latest figures suggest the yearly number of notified cases for both Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) suggest a stable number of overall HBV notifications over the past 10 years and a decreasing number of overall HCV notifications over the past decade (Department of Health, 2012a). In the second quarter of 2012, the Department of Health was notified of 460 HBV and 556 HCV newly acquired or unspecified cases (Department of Health, 2012b).

The North & West metropolitan region had the highest number of newly acquired HBV and HCV cases in Victoria. Data suggests that injecting drug use was the highest risk factor for contraction, with 78% of HCV and 34% of HBV cases being related to injecting drug use (Department of Health, 2012a).
Section Two

Demand and availability of needles and syringes in the west
Section 2: Demand and accessibility of needles and syringes in the west

Key messages

- 1.4 million needles and syringes were distributed in the west in 2012, making it the third largest region for distribution. Demand for needles and syringes over the past 10 years has been the fastest growing in Victoria.
- For every $1 invested in NSPs, $4 is returned in direct health care savings, rising to $27 when accounting for indirect benefits.
- Without increasing access to needles and syringes, the gains made in reducing HIV and HCV infections and transmissions across the community are put at risk.
- Peer distribution is a critical, informal method of needle and syringe access for people in the west. Enhancing peer distribution could be explored to support increased access to equipment.
- There are 34 outlets across the west that provide needles and syringes to people who inject drugs, however these are scattered across the west and there are large areas with no access to injecting equipment.
- Only 27% of community pharmacies in the west provide needles and syringes.
- There is good evidence to suggest that supervised injecting facilities provide positive outcomes, including reducing overdoses and decreasing risky injecting practices.
- A supervised injecting facility would complement existing harm reduction measures related to injecting drug use across the west.
- People that access needle and syringe providers often report specific instances of discrimination and an overall feeling of stigma from non-primary NSP sites. Work can be done to increase access to needles and syringes through supporting community pharmacies to be involved with the NSP program, as well as working with these pharmacies and other health service to reduce stigma towards people who inject drugs.

2.1 Demand for needles and syringes from Department of Health-registered secondary needle and syringe providers

In 2012, almost 1.4 million syringes were distributed across the western suburbs through primary, secondary and community pharmacy outlets (Department of Health, 2013). This makes the western metropolitan region the third highest region for needle and syringe distribution. Table 2.1 illustrates the growth in demand for injecting equipment across the western metropolitan region over the past 10 years compared to population growth and growth in the west compared to other metropolitan areas.
Region | No. of needles/syringes distributed in 2012 (million) | Needles/syringes distributed per capita | Increase in demand – 2002-12 | Population change – 2002-12
--- | --- | --- | --- | ---
Southern metro | 3.30 | 2.42 | +52.9% | +19.3%
Northern metro | 2.65 | 2.34 | +23.8% | +17.0%
Western metro | 1.37 | 2.10 | +115.9% | +39.6%
Victoria | 10.6 | 1.89 | +69.6% | +15.2%

Table 2.1: Number and change in demand for needles and syringes across Victoria and top 3 distribution regions (source: Department of Health, 2013)

Within the western region, there is increasing demand for needles and syringes across all local government areas. This is particularly in apparent in Brimbank and Wyndham LGAs, which have experienced significant increases in demand over the past 10 years. Wyndham in particular has experienced significant growth in demand for injecting equipment, however there are few sites to access needles and syringes and these are concentrated in Werribee and at the Werribee Mercy Hospital in Hoppers Crossing. Wyndham has a large geographic area and there are significant parts of the LGA where there is no access to injecting equipment. Map 2.2 illustrates this point further.

LGA | No. of needles/syringes distributed – 2012 | Increase in demand – 2002-12 | No. of DH registered outlets
--- | --- | --- | ---
Brimbank | 306,300 | 211.1% | 6
Hobsons Bay | 16,650 | 20.7% | 3
Maribyrnong | 815,500 | 88.8% | 7
Melton | 38,450 | 87.1% | 2
Wyndham | 199,500 | 173.9% | 4

Table 2.2: Number and change in demand for needles and syringes, western metropolitan region (source: Department of Health)

The most recent *Illicit Drug Reporting System* report indicates that of the small sample of people who inject drugs in Victoria, 93% of this cohort access new needles and syringes from a primary or secondary NSP outlet, with 7% accessing from a community pharmacy. In the west, only 5.7% of people access needles and syringes from community pharmacies (Department of Health, 2013). Accessing needles and syringes from community pharmacies in Victoria was comparatively lower compared to other states (Stafford & Burns, 2012). The report does not explore the reasons why a respondent preferred to access one type of outlet over another, however a recent Health Works consultation with people who inject drugs indicated experiences of discrimination and stigma when accessing equipment at a secondary NSP (Health Works & HealthWest Partnership, 2013a).

Respondents to the survey also indicated that 11% had borrowed equipment from someone else and 22% lent equipment to another person. 55% also reported reusing their own needles. Across Australia, rates of sharing injecting equipment (borrowing and lending) were declining. The persons that respondents shared equipment with were most often their regular partners or a close friend (Stafford et al, 2012).

2.2  **Number and location of community pharmacies supplying needles and syringes**

Available data suggests that across the west, there are 26 community pharmacies that supply needles and syringes, alongside six secondary NSPs, one primary NSP and a
mobile outreach after hours service that extends to McIntyre Rd, Sunshine (Western Region Health Centre, 2012; Pharmacy Guild of Australia, 2010).

Across the west, there are 34 outlets where equipment is available. The table below highlights the number of outlets in each LGA in the west.

<table>
<thead>
<tr>
<th>LGA</th>
<th>Community Pharmacies*</th>
<th>Secondary NSP</th>
<th>Primary NSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimbank</td>
<td>9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>5</td>
<td>1</td>
<td>2**</td>
</tr>
<tr>
<td>Melton</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Wyndham</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
<td><strong>6</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

Table 2.3: Number of NSP outlets across the west

*inclusive of pharmacies not provided with equipment as part of the Department of Health NSP program

Note: ** indicates coverage by North West Outreach Service NSP program. This program covers all of Maribyrnong and a very small part Brimbank LGA. This program has been counted as one program that works across both Brimbank and Maribyrnong and has only been counted in the total figure for primary NSPs once.

Across the west there are 94 community pharmacies and this data indicates that only 26 of these pharmacies (around 27%) provide needles and syringes. Pharmacies with these outlets tend to be concentrated together and large parts of the west are unserviced, particularly in:

- Brimbank - South East and North East Local Areas, no access in central Sunshine
- Hobsons Bay – Strand Ward
- Maribyrnong - River Ward
- Melton – Cambridge and Watts Wards
- Wyndham – Chaffey (northern section) and Harrison Ward

The maps below provide an overview of all available NSP outlets across the west. A full version of the map is available at [http://goo.gl/maps/9i1KP](http://goo.gl/maps/9i1KP)
Map 2.1: Needle and syringe access across Brimbank and Maribyrnong LGAs

Key: Blue = community pharmacy; Pink = community pharmacy with ORT service; Yellow = secondary (non-pharmacy) NSP; red = primary NSP; exclamation mark = inactive registered pharmacy; Truck & shaded area = North West Mobile Outreach Service (Western boundary)
Map 2.2: Needle and syringe access across Wyndham & Hobsons Bay LGA

Key: Blue = community pharmacy; Pink= community pharmacy with ORT service; Yellow = secondary (non-pharmacy) NSP; red = primary NSP; exclamation mark= inactive registered pharmacy
Map 2.3: Needle and syringe access across Melton LGA

Key: Blue = community pharmacy; Pink = community pharmacy with ORT services; Yellow = secondary (non-pharmacy) NSP; red = primary NSP; exclamation mark = inactive registered pharmacy
2.3 Cost of needles and syringes

Research conducted by Health Works, and supplemented with findings from the Community Pharmacy NSP Recruitment project, provide some insight to the varying costs of needles and syringes provided by community pharmacies in the west. Given that community pharmacies offer the most geographically accessible sites for needles and syringes in the west, the cost of these to services users is important.

Graph 1 provides an overview of the range of costs of needles and syringes at pharmacies that stocked this equipment and had available data on the cost. From available data, needle and syringe packs are most commonly sold for between $2-4.99. A smaller number charge more than $5. Only two of the pharmacies consulted provide needles and syringes for free. It should be noted that the number of syringes provided in each pack varied between pharmacies. Data across the region is incomplete, however research undertaken by Health Works indicate that in Brimbank and Maribyrnong, packs most commonly contained either five or 10 syringes.

Graph 2.1 – Cost of needles and syringes from community pharmacies in the west
(Source: Health Works, 2012; Pharmacy Guild 2010)

2.4 Supervised injecting facilities

An evidence review of research on supervised injecting facilities in Sydney and Toronto, Canada indicates positive outcomes in relation to:

- Reductions in overdoses
• Less risky injecting practices and subsequent reductions in Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) transmission
• Improved access to drug treatment, health and welfare services
• Reduction in demand for illicit drugs
• Improvements in public amenity

Proponents of a supervised injecting facility in Melbourne have advocated to various governments in Victoria since the late 1990s for its introduction. To date, both Liberal and Labor governments have not been supportive of establishing a supervised injecting facility in Victoria.

The above evidence, however, suggests that such a facility would have benefit to the Victorian community and act as another tool in the range of services that support harm reduction and the health and wellbeing of people who inject drugs in Melbourne.

2.5 Other barriers to access

Community pharmacy resistance to being involved with the Department of Health NSP program

The report from the Community Pharmacy NSP Recruitment project identifies a number of self-reported reasons why community pharmacies decline to be part of the Department of Health NSP program. These include (in order of frequency):

• Selling products from another supplier other than Department of Health
• Pharmacy dispenses ORTs and do not want to also provide syringes
• Customer base does not require NSP service
• Pharmacy does not want to do a full NSP service
• Another NSP service existed nearby.

Importantly, only a small proportion reported not participating in the NSP program because of fear of public perception or leasing restrictions.

Service user reported barriers

In a consultation with a small number of Health Works service users, those who lived in Footscray suggested that accessing needles and syringes was easy, however those outside of Footscray reported the most difficulty. The main barrier to access was the cost of public transport to travel to Footscray when new needles and syringes were not available locally (such as through a community pharmacy). The cost of purchasing new equipment from community pharmacies was also reported as a barrier.

The stigma attached to acquiring needles and syringes was also strongly reported as a barrier to access. All participants reported feeling judged when accessing equipment from community pharmacies and found Health Works to be a welcoming environment because staff ‘made you feel like a human being’ (Health Works et al, 2013a).
2.6 Service user reported facilitators to access

The importance of peer distribution of new needles and syringes can not be underestimated.

Participants in the Health Works consultation indicated that they provided new equipment to friends, or that friends gave them new equipment, between 5-10 times each month (Health Works et al, 2013a). It was also indicated that those who visit an NSP would also pick up additional equipment with the knowledge that a friend was likely to ask for equipment in the near future. From this consultation, peer distribution did not appear to be a ‘last minute option’ when a person was caught short of equipment but a regular distribution channel. This could partly be in response to feelings of judgement and stigma experienced at some outlets and a higher degree of comfort in asking friends for equipment, or be in response to other barriers to accessing, such as public transport costs.

Currently in Victoria, people who distribute needles and syringes without authorization are liable for prosecution under the *Drugs, Poisons and Controlled Substances Act (1981)*, although there have been no recorded convictions for this offence (AIDS Projects Management Group, 2010).

2.7 Cost-Benefits of access to needles and syringes

A range of evidence indicates the benefits of needle syringe programs to both people who inject drugs and to the wider community. These include:

- Decreasing rates of HIV and Hepatitis C Virus (HCV) infection
- Decreasing rates of needle re-use and blood borne virus transmission (AVERT, 2013)

There is also no evidence to support NSPs encouraging or initiating injecting drug use (WHO, 2004).

A review of the cost effectiveness of the needle syringe program in Australia demonstrates that for every $1 invest in NSPs, a further $4 was returned in direct health care cost savings related to the treatment of HIV and HCV. When looking more broadly to other indirect costs (e.g. costs to the community or business from absenteeism), this return on invest rises to $27 for every $1 spent on NSPs.

It was estimated that over the 10 years from 2000 to 2009, the NSP program in Victoria averted 5,516 HIV infections and 18,878 HCV infections. This contributed to an overall $224 million in health care cost savings (Department of Health & Ageing, 2008). The report also illustrates that 0.1 per cent of drug injectors are HIV positive, but 14 per cent would be if there were not needle and syringe programs throughout thousands of places in Australia.

2.8 What does this mean?

There is a strong evidence base on the positive health outcomes produced by NSPs for people who inject drugs and the wider community. NSPs have demonstrated their ability to decrease rates of HIV and HCV infection and transmission and cost-effectiveness studies illustrate that for every $1 invested in NSPs there are $4 in direct health care cost savings and $27 in indirect cost savings.
Within the west, 1.4 million syringes are provided each year, making the region the third busiest region for distribution. Demand in some areas of the west has risen significantly, particularly within Brimbank and Wyndham LGAs. 34 outlets across the west distribute needles and syringes, however these outlets tend to be clustered close together and there are significant parts of the west that are unserviced, particularly in Wyndham LGA. Looking at the total number of community pharmacies in the west reveals that at present, only 27% provide needles and syringes. These typically cost between $2-4.99.

Pharmacies report a number of reasons for not providing needles and syringes, which include that they provide opioid replacement therapies (ORTs) and do not want to additionally provide an NSP service, and that their customer base does not require needles and syringes. Research into the practices of people who inject drugs find that the majority of people prefer to access needles and syringes from NSPs rather than community pharmacies. The study does not explore the reasons for this, however this could be related to geographic access or fear of stigma and discrimination from secondary NSP outlets (Australian Injecting & Illicit Drug Users League, 2013; Health Works et al, 2013a). The need for additional primary and secondary NSP sites in the west is highlighted by this research as well as the lack of geographic accessibility to existing primary and secondary sites in the west.

Emerging evidence on the efficacy of supervised injecting facilities indicates positive outcomes, particularly around reducing overdoses and reducing risky injecting practices. A supervised injecting facility in the west may complement existing harm reduction actions related to injecting drug use.

There is a risk that having large areas where needles and syringes are unavailable, or concentrating access on the small number of primary and non-community pharmacy secondary NSPs can undo the positives that have been attained in reducing HIV and HCV infections and transmissions in Victoria.
Section Three
Demand and availability of ORTs in the west
3.0 Demand and availability of Opioid Replacement Therapies (ORT) in the west

Key messages

- There are currently 1,971 people from the west on the ORT program. The western metropolitan region has seen the biggest demand increase for ORTs over the past 10 years for all of metropolitan Melbourne. The western metropolitan region has the highest per capita number of people using ORTs in the state.
- Only 6.3% of GPs across Victoria are actively prescribing ORTs. In the western metropolitan region, only 26% of GPs that have completed ORT training are actively prescribing. In some areas of the west, this is as low as 10%.
- This small number of GPs prescribing ORTs in Victoria has resulted in significant ORT caseload for a small number of prescribers. At the most extreme end, 10 prescribers are supporting 3,878 clients. The number of prescribing GPs has fallen since 2006.
- The concentration of ORT clients amongst a small number of GPs runs counter to the Department of Health policy of support integrated health care for people on the ORT program.
- Barriers to prescribing include negative perceptions about people seeking ORTs, poor financial remuneration for prescribing, lack of confidence in prescribing once training is completed and practice staff disapproval of ORT prescribing.
- The number of dispensing pharmacies has increased across Victoria since 2006, however there are still large parts of the western metropolitan region with limited access. 56% of pharmacies in the west dispense ORTs.
- Pharmacists have identified factors that would support their ability to dispense, such as more support from AOD agencies, increased financial support and better integration with other health professionals involved with a client’s care.
- People who are prescribed ORTs report a number of challenges with being on the program, including time needed for doses and its impacts on work, cost, stigma from health professionals and pharmacists, and a feeling that decisions are made about care by prescribers and dispensers without client input.

3.1 Numbers of people on the ORT program

The Department of Health reports that in 2012-13, 14,085 people in Victoria were registered on the pharmacotherapy program (Department of Heath, 2012). This equates to an increase of almost more than 300 clients from the previous year. A review of the pharmacotherapy system in Victoria reports that between 2006 and 2010, the pharmacotherapy program saw a 15% increase in clients (King, Ritter, & Berends, 2011).

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection reports that Victoria had an above national average of people receiving pharmacotherapy treatment, 2.4 people per 1,000 head of population on the program compared to 2.1
people per 1,000 per head of population nationally (Australian Institute of Health and Welfare, 2012).

Within the west, there are currently 1,971 community-based ORT clients which is the third largest number of clients in the state. Demand for the ORT program has also risen significantly over the past 10 years, with the west seeing a 126% increase in demand since 2002. Table 3.1 charts the demand across the three metropolitan regions with the greatest demand.

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of ORT clients</th>
<th>ORT clients per 100,000 people</th>
<th>Increase in demand – 2002-12</th>
<th>Population change – 2002-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern metro</td>
<td>3,474</td>
<td>185.5</td>
<td>+64.2%</td>
<td>+19.3%</td>
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<tr>
<td>Northern metro</td>
<td>3,335</td>
<td>294.5</td>
<td>+34%</td>
<td>+17.0%</td>
</tr>
<tr>
<td>Western metro</td>
<td>1,971</td>
<td>300.3</td>
<td>+126.3%</td>
<td>+39.6%</td>
</tr>
<tr>
<td>Victoria</td>
<td>13,168</td>
<td>153.8</td>
<td>+52.3%</td>
<td>+15.2%</td>
</tr>
</tbody>
</table>

Table 3.1: Number of ORT clients and change in ORT clients across the top 3 metropolitan regions and Victoria (source: Department of Health, 2013)

This rapid increase in demand for ORTs in the west is occurring particularly in outer western metropolitan region LGAs. Melton and Wyndham LGAs have experienced 391% and 165% growth in demand, respectively, over the past 10 years, although Brimbank and Maribyrnong LGAs have also experience a doubling in the number of community ORT clients over the same period. Table 3.2 illustrates this increase in demand.

<table>
<thead>
<tr>
<th>LGA</th>
<th>Community ORT clients – 2002</th>
<th>Community ORT clients – 2012</th>
<th>Growth in demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimbank</td>
<td>412</td>
<td>882</td>
<td>114%</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>124</td>
<td>173</td>
<td>39%</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>190</td>
<td>454</td>
<td>138%</td>
</tr>
<tr>
<td>Melton</td>
<td>34</td>
<td>167</td>
<td>391%</td>
</tr>
<tr>
<td>Wyndham</td>
<td>111</td>
<td>295</td>
<td>165%</td>
</tr>
<tr>
<td>Western metro region</td>
<td>871</td>
<td>1971</td>
<td>126%</td>
</tr>
</tbody>
</table>

Table 3.2: Number of ORT clients and change in ORT clients across the western metropolitan regions -2002-12 (source: Department of Health, 2013)

3.2 Number of licensed and active prescribers in the west

Department of Health data indicates of the 6,334 GPs across the state, approximately 400 (6.3%) prescribe ORTs.

Within the west, there are 124 community-based prescribers that have completed ORT prescription training, as well as additional 30 licensed prescribers in settings such as hospitals and correctional facilities. These community-based prescribers operate from 71 clinics or centres across the west. The bulk of licensed prescribers are located in Maribyrnong (67), followed by both Brimbank (19) and Wyndham (19). Table 3.3 provides a breakdown of licensed prescribers per LGA.
The number of prescribers that have completed ORT training differs from the number of active ORT prescribers in the west. A much lower proportion of prescribers are actively involved with the ORT program in the west. Data from Health Works indicates that there are 32 active prescribers in the west, the bulk of which are in Maribyrnong (Health Works, 2011). Comparison between those licensed and those actively prescribing suggests that only 26% of those who can prescribe are actively prescribing ORTs in the west.

Table 3.4 provides a comparison between the number of licensed and number of active prescribers in each LGA.

<table>
<thead>
<tr>
<th>LGA</th>
<th>No. of licensed prescribers</th>
<th>No. of active prescribers</th>
<th>% actively prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimbank</td>
<td>19</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>9</td>
<td>4</td>
<td>44%</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>67</td>
<td>19</td>
<td>28%</td>
</tr>
<tr>
<td>Melton</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Wyndham</td>
<td>19</td>
<td>3</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>124</strong></td>
<td><strong>32</strong></td>
<td><strong>26%</strong></td>
</tr>
</tbody>
</table>

Table 3.4 - Comparison of licensed and active community-based ORT prescribers, by LGA. (Source: Department of Health; Health Works)

3.3 Caseload per prescriber

Data confidentiality makes obtaining caseload figure for the west challenging, however across the whole of Victoria, there were 397 active prescribers in 2010. This number had fallen since 2006, where there were 463 active prescribers (King et al, 2011).

Of these currently active prescribers, data suggests that in 2010 the mean caseload for each prescriber is 32.6, an increase of 5.1 clients per prescriber when compared to caseload figures in 2009. Compared to 2006 figures, caseloads have increased by almost 10 clients (King et al, 2011). This illustrates to continuing increase in demand for ORT services across the state.

However, data on the distribution of clients amongst prescribers illustrates that the bulk of clients on the ORT program are being supported by a small handful of prescribers. Most prescribers support 20 or less clients and data suggests that 12% of prescribers
have 100 clients or more. The caseload for these prescribers represents 73% of all ORT clients in Victoria. More startlingly, 10 prescribers support 30% of ORT clients. This equates to a total of 3,878 clients or almost 400 clients per prescriber in this cohort.

Table 3.5 provides a full overview of the distribution of ORT clients amongst active prescribers.

<table>
<thead>
<tr>
<th>Number of clients per prescriber</th>
<th>% of prescribers</th>
<th>% of total ORT clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 or less</td>
<td>65%</td>
<td>8%</td>
</tr>
<tr>
<td>21 to 50</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>51 to 100</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>More than 100</td>
<td>12%</td>
<td>73%</td>
</tr>
</tbody>
</table>

*Table 3.5 – Caseload figures for ORT prescribers in Victoria (source: King et al, 2011)*

Using the data provided at Table 3.2 and that provided at Table 3.4, it can be suggested that in some areas of the west, prescribers are likely to have significant caseloads. It should be noted that this assumes that a client on a community ORT program will seek a prescriber in their own area, although this is not always the case. However, Table 3.6 still provides a rough picture of the case loads of prescribers within each LGA.

<table>
<thead>
<tr>
<th>LGA</th>
<th>No. of licensed prescribers</th>
<th>No. of community ORT clients</th>
<th>Hypothesised caseload per prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimbank</td>
<td>5</td>
<td>882</td>
<td>176</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>4</td>
<td>173</td>
<td>43</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>19</td>
<td>454</td>
<td>24</td>
</tr>
<tr>
<td>Melton</td>
<td>1</td>
<td>167</td>
<td>167</td>
</tr>
<tr>
<td>Wyndham</td>
<td>3</td>
<td>295</td>
<td>98</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>1971</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

*Table 3.6 – Hypothesised caseloads for prescribers in the western metropolitan region, 2012 (Source: Department of Health, 2013)*

This demonstrates that there is significant need for additional prescribers in the middle and outer areas of the western metropolitan region, particularly in Melton where one prescriber could have up to 167 clients.

3.4 **Number of dispensing pharmacies**

Over a five year period there has been a small increase in the number of ORT dispensing outlets across Victoria, rising from 413 in 2006 to 442 in 2010.

For the west, data suggests that there are 53 out of a total 94 pharmacies (56%) across the west dispensing ORTs, with Brimbank having the highest amount with 16 outlets. This is higher than the Victorian proportion of 40% of pharmacies dispensing ORTs (Department of Health, 2013).
Table 3.6 provides a breakdown of the distribution across each LGA in the west.

<table>
<thead>
<tr>
<th>LGA</th>
<th>No. of dispensing community pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brimbank</td>
<td>17</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>9</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>13</td>
</tr>
<tr>
<td>Melton</td>
<td>5</td>
</tr>
<tr>
<td>Wyndham</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>53</td>
</tr>
</tbody>
</table>

*Table 3.6 – Number of ORT dispensing community pharmacies across the west (Source: Department of Health, 2013; Health Works 2011; Pharmacy Guild 2012)*

Numbers of clients at each dispensing outlet have also been increasing since 2006. Data from 2010 indicates that each dispensing outlet (inclusive of non-community outlets) has approximately 29 clients, rising from 26 clients each in 2006 (King et al, 2010).

Maps 3.1 to 3.3 provide an overview of the locations of dispensing outlets across the west. The full map is available at [http://goo.gl/maps/qhZYr](http://goo.gl/maps/qhZYr).

The map indicates that there are large areas of the west where ORTs are not locally available. These include:

- Brimbank - North East Local Areas
- Hobsons Bay – Strand and Wetlands Wards
- Maribyrnong - River Ward
- Melton – Cambridge and Watts Wards
- Wyndham – Chaffey (northern part), Iramoo and Harrison Wards
Map 3.1 – Community pharmacies that dispense ORTs across Brimbank and Maribyrnong LGAs

Note: Pink = pharmacies provide both ORT and needles and syringes; Blue = only ORTs
Map 3.2 – Community pharmacies that dispense ORTs across Hobsons Bay and Wyndham LGAs

Note: Pink = pharmacies provide both ORT and needles and syringes; Blue = only ORTs
Map 3.3 – Community pharmacies that dispense ORTs across Melton LGA

Note: Pink = pharmacies provide both ORT and needles and syringes; Blue = only ORT
3.5 Barriers to prescribing

A Victoria-based study identified a number of issues that act as barriers for GPs to prescribe ORTs. This study identified issues that both acted as a barrier to undertaking ORT training and actively prescribing once training had been completed.

Barriers to undertaking training:

- Negative perceptions about people who use illicit drugs
- Heavy existing workload
- Poor financial remuneration
- Doubts about the validity of ORTs
- Anticipated workload and stress

Barriers to prescribing once training had been completed:

- Colleague or practice staff disapproval
- Heavy workload
- Part-time work impacts ability to provide continuity of care
- Lack of confidence to prescribe ORTs
- De-skilling after lapse of time and not prescribing (Longman, Temple-Smith, Gilchrist & Linzteris, 2012).

The study also noted the issue of referral of clients seeking ORTs to existing clinics as another potential barrier to increasing the number of prescribers (Longman et al, 2012). This could also account for the uneven distribution of clients amongst prescribers, as noted at Section 3.3.

3.6 Challenges and barriers to dispensing

Research by Winstock, Lea and Sheridan (2010) into pharmacies in NSW and Victoria identifies a number of challenges that community pharmacies experience in dispensing ORTs. These challenges resulted in terminating a clients place on the ORT program or refusing a dose. These challenges include:

- Expired prescriptions
- Missed doses
- Client being in debt
- Intoxication
- Aggression

Pharmacists also highlighted challenges in identifying opioid withdrawal and opioid toxicity in ORT clients. Problems liaising with prescribing doctors regarding takeaway doses for unstable clients was also reported as an issue.

The study found that a number of interventions could be undertaken to increase pharmacy participation in the ORT program. These responses include (in order of response rate):

- Able to return unstable clients to clinic/specialist service
- More confidence that clients are stable/comprehensively assessed
- Increased financial return per client
- Integration with other health professionals involved with care
• Easier recording systems
• More support from local AOD services

3.7 Barriers to accessing and staying on the ORT program

In consultation with a small group of Health Works clients, a number of issues were discussed which participants said acted as barriers to accessing and staying on the ORT program. These include:

• Time
  Most agreed that being on pharmacotherapy was time consuming, with it taking between 40 minutes and up to 2.5 hours each day. The time involved included needing to travel to a specific pharmacy to pick up a dose.

  Time was also a factor in relation to the opening hours of the pharmacy and that needing to visit a specific pharmacy everyday can interfere with work commitments. One person told the story of working in Frankston for a period of time and having to rush back to Footscray by 5pm to ensure he could get his dose. All agreed that it was challenging to work while being on pharmacotherapy and because of the stigma surrounding being on the program, there were few options to talk to employers about flexible work arrangements for this.

• Restrictions around missing days and doses
  All felt that there was very little flexibility or understanding from pharmacists and doctors when it came to missing a day or a dose. Missing a day or a dose may result in needing a new script or stopping takeaway doses for a period of time.

• Cost
  For those on Centrelink, the cost of being on that program made it difficult to stay on the program. Being on the program can cost up to $70 a fortnight, which was considered a lot if Centrelink is the only form of income.

• Finding and keeping a GP
  There was a perceived problem in accessing and sustaining long term engagement with a GP that would prescribe pharmacotherapy. Most participants reported of being cut off from the program by a GP without understanding why. There is a belief that there are only four GP prescribers in the west.

  There was a sense that doctors and pharmacists talk to each other and do not involve the person receiving the pharmacotherapy. This lead to confusion about why decisions had been made.

3.8 Cost-benefits of ORT access

The benefits to individuals and communities associated with ORT access and engagement with an ORT program are well documented. These include:

• Reducing injecting drug use and sharing of needles
• Reducing mortality associated with use of opiates by injection
• Decreased costs to health and social services, and criminal justice system
  (Garnett & Hui, 2000)
• Increased capacity for workforce participation (Cartwright, 2000)

An evaluation of pharmacotherapies in Australia in 2001 found that use of methadone for opioid dependence was the most cost effective treatment currently available and had the highest retention rate when compared to other available treatments such as buprenorphine (Mattick, Digigusto, Doran, O’Brien, Shanahan, Kimber, Henderson, Breen, Shearer, Gates, Shakeshaft and NEPOD Trial Investigators, 2001). The evaluation also found that treatment in community settings, such as GP practices, was the most cost-effective setting for treatment (Mattick et al, 2001).

3.9 What does this mean?

The benefits of ORTs to the individual and community have been well demonstrated. Research suggests that these benefits include reducing illicit drug use, reducing mortality associated with opiate use, decreased pressure on health and social services an increased capacity for workforce participation.

Victoria has a higher than average per capita concentration of people receiving an ORT. Over the past ten years, numbers of the pharmacotherapy program have increased by 52% across Victoria, while there has been a 126% increase in demand in the west. Over the same time period, the number of GPs that can prescribe has decreased across Victoria from 463 to 397. Within the Western metropolitan region, only 26% of GPs that have completed pharmacotherapy training are actively prescribing. In some areas of the west, this is as low at 10% of trained GPs actively prescribing.

The challenges in supporting GPs to actively prescribe once training is completed may partly explain the uneven ORT caseload distribution. Across Victoria, 12% of active prescribers have more than 100 clients and a small number have up to 400 clients. Contributing factors to this caseload may also be an over reliance by non-ORT GP practices to practices with existing licenses and a perception amongst those who require ORTs that there is only a very small number of prescribing GPs in the west.

This uneven caseload creates risks for ORT service provision in the west should these GPs with high caseloads cease operation. It also runs counter to the push by the Victorian government of making ORTs widely accessible within the community and supporting the integrated management of ORTs alongside other health issues. Effectively, a high case load for individual GPs creates a specialised ORT service within the community where the sole focus for these GPs is to prescribe and manage ORTs. ORT clients also report having two GPs – one for general health issues and one for their pharmacotherapies.

There are also significant parts of the west where there are no pharmacies that dispense ORTs. Data suggests that 56% of pharmacies in the west dispense ORTs and these are unevenly distributed. Consultations with people on the ORT program (or previously on the program) highlighted the time involved with receiving a daily ORT dose. This can be up to 2.5 hours per day in some cases. The stigma around being on the pharmacotherapy program and the challenge of needing to visit a specific pharmacy every day was highlighted as a challenge for those who work. Pharmacists nominated a number of responses that could be implemented to support greater numbers of dispenses, including more support from local AOD services and integration with other health professional involved with the care of each client.


Western Region Health Centre. (2012). *Access levels and availability of needle and syringe providers in the western region*. Western Region Health Centre, Melbourne.