Opioid Substitution Treatment in New South Wales, Australia

Dr Alex Wodak AM,
Emeritus Consultant, Alcohol and Drug Service, St Vincent's Hospital, Sydney
President, Australian Drug Law Reform Foundation
Director, Australia21

With most illicit drugs arriving in Australia from other countries at the major national airport or seaport, both in Sydney, NSW accounts for almost half of the nation's heroin overdose deaths. Other indicators also suggest that the drug market is considerably larger in NSW than in other parts of the country.

Dr Stella Dalton began methadone treatment in Australia with a pilot programme in 1969. This became an official programme in 1970. Methadone treatment then spread to the other five states and two territories. It took decades for the whole country to be covered.

It is important to consider evidence and rights based drug treatment as part of drug law reform. Making quality drug treatment readily available is an essential part of drug law reform. Countries which have reformed their approach to drugs, such as Switzerland in the 1990s and Portugal in 2001, rightly emphasized the importance of improving the quality and expanding the capacity of drug treatment.

OST in NSW, as in the rest of Australia, involves methadone, buprenorphine and buprenorphine-naloxone. More than 48,000 Australians were enrolled in OST in June 2015. The number in treatment almost doubled nationally between 1998 (24,657 people) and 2015 (48,522 people). Growth in national numbers in OST has slowed in recent years with an overall increase of 5% between 2010 -2014 compared to an average increase of 5% each year between 1998 and 2010.

Nationally, the number of OST patients per 10,000 people in the population increased from 13 in 1998 to 21 in 2010. New South Wales had the highest rate of people enrolled in OST in 2015 (26 patients/10,000 people). The number of people in OST treatment in NSW has been steadily growing since the programme was started.

The proportion of Australians who support methadone treatment has increased in recent years and was over 69% in a respected national survey in 2010. But there is a widespread perception that there are "no votes in methadone or buprenorphine treatment". Consequently, programs still often struggle for funding and Health Minister haven't spoken out publicly in support of OST for well over a decade.

Although the Commonwealth government pays for the cost of the pharmaceuticals (methadone and buprenorphine), patients undergoing OST often have to pay for other costs (including the dispensing of the medication). This “co-payment” amounts to a very significant sum for this low-income population. Hence treatment entry is often delayed and treatment exit accelerated. Retention is much higher in New Zealand where OST is free. The rate of uptake and retention both need to be increased. The most effective way to do that would be by reducing, or preferably eliminating, all treatment costs to patients.

Methadone and buprenorphine treatment is adjusting to recent changes in the nature of opiate dependence in Australia. Long-acting prescription opiates (such as MS Contin and OxyContin) are now consumed by many who previously would only have injected heroin.

More than two-thirds (69%) of people on OST in Australia receive methadone, 14% receive buprenorphine while 18% receive the combination drug (buprenorphine-naloxone). Males account for almost two-thirds (65%) of OST patients. The treatment population is now ageing. The proportions under 29 years (15%) and 50 or more years (16%) are now very similar. Almost 40% are now aged between 30 and 39 years. The median age of patients in 2011 was 38 years. The proportion of patients aged 30 years and over increased from 72% in 2006 to 85% in 2011. The ageing of the OST treatment population presumably reflecting a decrease in recruits to heroin dependence since the onset of the heroin shortage in Australia in 2000. Almost one in ten OST patients (9%) identified as Indigenous, a far higher proportion than in the general population.

Almost 3,400 patients now receive treatment while in a correctional facility. This represents about 7% of all patients in treatment in Australia. The number of prison inmates receiving methadone or buprenorphine has increased nationally by 32% since 2005. Prison OST began in Australia in NSW and NSW prison OST is by far the largest in the country.

Australian methadone and buprenorphine treatment probably compares well with similar treatment in many other rich countries. But the quality of this treatment is still very inferior to the standard of health care provided to Australians who have conditions such as diabetes, breast cancer or hypertension.

As in other countries, more than 90% of OST patients in Australia smoke cigarettes. A very high proportion of these smokers have severe nicotine dependence. Many more OST patients would die prematurely from tobacco related causes than from heroin related causes. Yet almost nothing is done to assist smokers on OST to quit or switch to electronic cigarettes.

The demand for OST still far outstrips supply both in the community and especially in prisons. Substantial unmet demand damages people waiting for treatment, but also has negative effects on the delivery of OST. The most important advance needed is matching demand and supply. This will only happen if treatment costs are minimized or eliminated. The second reform needed is to provide assistance and encouragement to quit smoking or switch to electronic cigarettes. The third reform needed is to improve education and training to increase the proportion of OST patients who are employed. Like other forms of drug treatment, OST is grossly underfunded and under valued. Major drug law reform is required in Australia with the threshold step re-defining drugs as primarily a health and social problem rather than primarily a criminal justice problem. That would ensure a great increase in

funding for health and social interventions.

One of the very positive changes affecting OST in Australia in recent decades is that it is no longer dogged by the relentless criticism and controversy of the early decades. Research on OST in Australia has been abundant and high quality. This has helped OST survive and develop strong community support.