



Meeting Current and Future Demand for Drug Treatment in North Canberra: Expanding Opioid Maintenance Treatment and Needle and Syringe Programs

Paper and Proposal

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1. Proposal

To meet the current and future demand for drug treatment services in north Canberra by expanding drug treatment services, including opioid maintenance treatment and needle and syringe programs, into the new Belconnen and Gungahlin Community Health Centres inclusively.

2. Background and rationale

This paper has been prepared with ACT ATOD services and within the context of ACT Government plans for the development of new Community Health Centres in the ACT. The planning process for the Gungahlin Community Health Centre is due for completion by mid 2012, while the enhanced Belconnen Community Health Centre is planned to open by the end of 2012.

A projection of future service demand for opioid maintenance treatment and needle and syringe programs is necessary to ensure adequate access to services in the new and / or enhanced Community Health Centres. In this paper, current service utilisation data coupled with population projections from the Chief Minister's Department is used to develop a better picture of future demand for these services.

This paper makes a series of recommendations to inform the decisions being made in relation to the plans for the:

- Development of the new Gungahlin Community Health Centre; and,
- Enhancement of the Belconnen Community Health Centre.

3. Opioid Maintenance Treatment (OMT)

3.1 About OMT

OMT refers to the provision of a range of opioid-based pharmacotherapies used to treat opioid dependence. It can be referred to as opioid substitution therapy, opioid maintenance therapy, or opioid pharmacotherapy. ACT policy and guidelines use the term *opioid maintenance treatment*.¹ These pharmaceutical treatments are usually complimented by adjunct psychosocial interventions. OMT pharmaceutical products approved to treat heroin dependence in Australia include:²

- Methadone hydrochloride – Methadone Syrup®, Biodine Forte®
- Buprenorphine – Subutex®
- Buprenorphine/naloxone – Suboxone®

3.2 Objectives of OMT

The *National Opioid Pharmacotherapy Policy for People with Opioid Dependence* states:

“The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from illicit opioid use. Pharmacotherapies for opioid dependence should be part of a comprehensive treatment program, with access to counselling and other ancillary services available to all individuals. The objectives of pharmacotherapy treatment are to:

- Bring an end to, or significantly reduce, an individual’s illicit opioid use;
- Reduce the risk of overdose;
- Reduce the transmission of blood-borne viruses; and,
- Improve general health and social functioning, including a reduction in crime.”³

These objectives are achieved by engaging and retaining people dependent on opioids in treatment.⁴

Clinicians in the ACT are reporting an increasing trend towards the non-prescribed use of prescription opioids by individuals going on OMT. This is consistent with an international trend towards increasing non-prescribed use of opioids⁵ and the work being undertaken as part of the development of the National Pharmaceutical Misuse Strategy.⁶ In the future, this could potentially change the profile of people accessing OMT and could also result in an increase in the demand for OMT.

3.3 Effectiveness of OMT

Since Dole and Nyswander’s work in 1965, research and evaluation has continued to demonstrate that OMT is a highly effective treatment for heroin dependence.⁷ Methadone significantly reduces heroin use, reduces criminal behavior, improves health, and improves psychosocial functioning among consumer / patients.⁸

In 2000, the *National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD)* examined data from 1070 heroin users and 355 methadone consumers / patients from 13 separate clinical trials in Australia.⁹ The authors concluded that heroin users who entered OMT reported substantial reductions in heroin use and criminal activity as well as better physical and psychological outcomes.

3.4 Cost-effectiveness of OMT

OMT is cost-effective and provides substantial social and economic benefits to the wider community. For example, both methadone and buprenorphine are highly cost-effective treatment programs, with the return on investment in methadone programs has been estimated to be between 2:1 and 38:1.¹⁰

The economic benefits of OMT are such that increasing access to methadone treatment is shown to significantly increase treatment benefits.¹¹

4. About and efficacy of Needle and Syringe Programs (NSPs)

4.1 About NSPs

NSPs provide preventative care as well as primary health services to intravenous drug users, who as a group “often experience poor general health and medical problems associated with injecting”.¹² Based on international and national evidence, NSPs do not encourage more frequent injection of drugs or recruitment of new intravenous drug users, and do not increase crime.¹³ In the ACT we have a range of NSP options that include:

- Primary NSPs: dedicated to the provision of extended range of injecting equipment and related health and social services;
- Secondary NSPs: provision of a range of injecting equipment within an existing health service; and,
- Syringe Vending Machines: self contained units that dispense injecting equipment for a small fee.

4.2 Objectives of NSPs

Over 80% of all newly acquired hepatitis C infections in Australia and the vast majority in most Western countries are associated with injecting (illicit) drug use.¹⁴ Sharing injecting equipment is the primary manner in which blood-borne viruses (e.g. HIV, hepatitis C and B) are spread in this population. Cities that introduced NSPs had a mean annual 18.6% decrease in HIV seroprevalence” and a 2% decline in hepatitis C virus prevalence per annum.¹⁵ NSPs are one of the major components of Australia’s public health approach to reducing the spread to blood-borne viral infections among injecting drug users and in the broader community.

4.3 Cost-effectiveness of NSPs

Each case of hepatitis C infection costs the Australian community and health services between \$798 and \$18,835 per year.¹⁶ NSPs in the ACT have been cost-effective at preventing the spread of blood-borne viruses, including hepatitis C.¹⁷ However, the substantial savings from NSPs in the community are being eroded by transmission of hepatitis C among identifiable populations who are experiencing barriers in accessing this service.

5. Population growth estimates

The ACT population is projected to increase to 404,958 by 2019.¹⁸ It is estimated that an increasing number of people, as well as an increasing proportion of the ACT population, will be located in north Canberra.¹⁹ Projected growth estimates are Gungahlin-Hall (58.6%), north Canberra (17.6%) and Belconnen (7.3%).²⁰

By 2019, there will be the greatest population growth in Gungahlin-Hall, followed by north Canberra; and a relatively ‘young’ population in north Canberra compared to other areas of Canberra.

This will result in a general increase in demand for OMT and NSP services across the ACT; with particular increases in north Canberra due to disproportionate growth

projections for the area. While it is difficult to project future demand for OMT and NSPs in terms of age and gender, current patterns can be used to gauge likely patterns of future use when considered with population projections.

5. Dosing of Opioid Treatment Service clients - percentage by place of residence and tier²¹

The Alcohol and Drug Service, Health Directorate runs the Opioid Treatment Service (OTS) in the ACT. 798 people are currently accessing the OTS in the ACT. The type of OTS is divided across 3 tiers, where people receive:

1. Clinical assessment, script and dosing at the OTS, Alcohol and Drug Service, Health Directorate at The Canberra Hospital;

Place of residence	Percentage of clients in this tier
Inner city	33.7
Belconnen	10.1
Gungahlin-Hall	6.0
All Other Areas of Canberra	50.2
Total	100%

2. Clinical assessment and script from the OTS, Alcohol and Drug Service at The Canberra Hospital and dose at community pharmacies:

Place of dosing	Percentage of clients in this tier
Inner city	47.8
Belconnen	22.2
Gungahlin-Hall	3.2
All Other Areas of Canberra	26.8
Total	100%

3. Clinical assessment and script from private General Practitioners and doses at a community pharmacy:

Place of dosing	Percentage of clients in this tier
Inner city	56.5
Belconnen	13.8
Gungahlin-Hall	5.3
All Other Areas of Canberra	24.4
Total	100%

Based on population projections it is likely that the number of people living in north Canberra who access OTS will increase, given the projected 17.6% and 7.3% increases in population (2007-2019) for north Canberra and Belconnen, respectively.²² This projection is mirrored in Gungahlin-Hall, given the projected 58.6% increase in population (2007-2019).²³

6. Highest demand for NSP in north Canberra²⁴

North Canberra has the highest demand for NSP services:

- 29% (or 2165 clients) have a Belconnen postcode out of a total of 7550 people accessing the Civic primary NSP
- More than 50,000 individual syringes and almost 9,000 wheel filters were distributed to clients who reside in the Civic / central area by the Civic Primary NSP. This is substantially higher than the 30,000 individual syringes and 2,500 wheel filters distributed to clients from the Woden / Weston area by the Phillip Primary NSP.
- Approximately 4,800 fit packs were distributed by the Belconnen Community Health Centre, and 5,300 by the Civic Primary NSP from January – June 2011.
- Over the last six months of 2010, the number of fitpacks dispensed per Syringe Vending Machine per month was highest for the Belconnen and Civic machines.

6.1 Addressing syringe vending machine vandalism

In July and August 2011, 3 incidents of vandalism, resulting in irreparable damage, were committed against the syringe vending machines in south Canberra. It is understood that preliminary advice from consumers, the owner of the machines and ACT Police is that the machines should be positioned in main thoroughfares; and CCTV cameras should to be installed.

It is noted that there will be policy and procedural issues to work through, such as concerns regarding the use of the CCTV footage by ACT Police for legal proceedings relating to sale and possession of drugs. Protocols would need to clarify that the CCTV is for asset protection only, and be produced in accordance with current guidelines.²⁵

7. Location and accessibility of current support services

ATOD services are predominantly based in south Canberra, with limited services available in Civic. No related drug treatment services are based in Belconnen or Gunghalin-Hall.²⁶

8. Other considerations

- Currently people accessing OTS have very limited and inconsistent access residential drug rehabilitation programs in the ACT
- Most people who access the OTS program remain on the program for many years, therefore it can be assumed that few people, once on the program, will move off the program in the medium term

- Public transport is a well known barrier for people who live in the ACT, these barriers are compounded when people are experiencing complex issues
- Public housing remains in high demand in the ACT with waiting lists continuously outstripping demand. It is understood that increased public housing will be made available in north Canberra over coming years.

9. Primary driver for change – poor consumer experience and potential treatment, health and economic outcomes

The evidence clearly indicates that expansion of drug treatment services to north Canberra is required. Barriers to accessing drug treatment are creating unintended consequences for Canberrans which are detrimental to treatment outcomes, wellbeing, economic and social independence. This is demonstrated in the case study below.

Case study: Sarah

A single mother in her 20s, has two children under five and is accessing drug treatment as part of tier one OTS. She did not complete year 10, she has never been employed, she was a child in care, has experienced repeated homelessness, is a Centrelink recipient and does not have family and social supports in Canberra. The only health and community service she accesses is through the OTS program. She is in poor health, particularly for her age, began using heroin in her teens and after 10 years began treatment as part of the OTS program. She, and her two children, are required to attend The Canberra Hospital daily via public transport for her to receive her medication. They reside in Gungahlin in public housing, their house is a bus ride from the Gungahlin towncentre. On the weekend, her small family will spend 5 hours a day travelling to and from Woden to access the mother's treatment. The demands on her family to access treatment mean that she is not able to engage in education and training and therefore her chances of reaching economic and social independence are limited. Currently, Sarah would have to choose between accessing drug treatment and engaging in employment / education / training – and this is incongruous with the evidence. Sarah's chances of relapsing into heroin use, and potential overdose, are greatly increased if she ceases OTS.

10. Strategies

The following strategies are therefore recommended to increase access to drug treatment services in north Canberra:

- Expand opioid treatment services to north Canberra to include clinical assessments, prescriptions and dosing, from one of the Community Health Centres; either the Belconnen, Gungahlin or Civic Community Health Centres.
- Expand the Civic Primary NSP

- Provide a third Primary NSP in Belconnen, co-located at the Belconnen Community Health Centre
- Support the current plans of the Health Directorate to locate a sixth syringe vending machine at the Gungahlin Community Health Centre
- Add closed circuit television (CCTV) to all syringe vending machines
- Locate syringe vending machines in main thoroughfares
- Investigate the use of cages and bollards as deterrents to syringe vending machine vandalism

10.1 Staged strategy implementation

With consideration to budgetary constraints, a staged implementation is proposed inline with the expansion of ACT Government health services in north Canberra.

Stage 1 (2012):

- Limited daily clinical assessments, scripts and dosing provided through the Belconnen Health Centre
- A room provided within the Belconnen Health Centre for outreach drug treatment services by government and non-government ATOD services;
- Syringe vending machines installed at the Gunghalin and Belconnen Health Centres
- Syringe vending machine anti-vandalism strategies implemented across all machines in the ACT.

Stage 2 (2013 onwards):

In line with the establishment of the new northside Canberra hospital and the redevelopment of the Civic Health Centre:

- Full OTS services to be provided through health services on the northside of Canberra
- Explore the need to expand facilities provided in the Belconnen Health Centre for outreach drug treatment services for government and non-government services
- Primary Needle and Syringe Program to be established

11. Policy context

This proposal aligns with the following policy context:

- *ACT Alcohol, Tobacco and Other Drug Strategy 2010 - 2014*
- *The ACT Opioid Maintenance Treatment Guidelines*;
- *National Opioid Pharmacotherapy Policy for People with Opioid Dependence*
- *A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006 – 2011*;
- Recommendations from the Winnunga Nimmityjah Aboriginal Health Service report *You do the Crime, You do the Time*; ²⁷
- National Pharmaceutical Misuse Strategy (to be released in 2012);
- *The HIV/AIDS, Hepatitis C & Sexually Transmitted Infections Strategic Framework for the ACT (2007-2012)*;
- *National Hepatitis C Strategy 2010-2013*;
- Part of a broader NSP program which is supported by the National Drugs Strategy, the National HIV/AIDS Strategy and the National Hepatitis C Strategy as part of a harm minimisation framework that is based on the three pillars of supply reduction, demand reduction and harm reduction.

12. Further information

For further information regarding this paper please contact Carrie Fowlie, Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA), on carrie@atoda.org.au or (02) 6255 4070.

This paper has been informed by the paper, *Current Demand and Future Projections for Opioid Treatment Services and Needle and Syringe Programs in the North Canberra Region*, prepared by the AOD Policy Unit, Health Directorate.

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- ⁵ Gilson, A. M. *et al.* (2004). A reassessment of trends in the medical use and abuse of opioid analgesics and implications for diversion control: 1997-2002. *Journal of Pain and Symptom Management* 28:176-188.
- ⁶ The first National Pharmaceutical Misuse Strategy is currently under development and is being developed by a consortium lead by the National Centre for Education and Training on Addiction (NCETA). The background papers provides useful reference points regarding the current situation in Australia.

http://nceta.flinders.edu.au/society/projects_and_research/national-pharmaceutical-drug-misuse-strategy/

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¹³ National Needle and Syringe Programs Strategic Framework 2010-2014, Victorian Department of Human Services (2010), Commonwealth of Australia.

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¹⁵ Return on investment in Needle and Syringe Programs in Australia (2002), The National Centre for HIV Epidemiology and Clinical Research UNSW, Commonwealth Department of Health and Aging.

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