

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: Parliamentary Inquiry on Out of Pocket Costs - TELL YOUR STORY
Date: Friday, 4 April 2014 4:56:46 PM

Hi

I would like to raise awareness of the impact of the cost of dispensing Opioid Maintenance Treatment, or OMT, (methadone, buprenorphine), also known as Medication Assisted Treatment for Opioid Dependence. There are cost inconsistencies within and between states and territories. There is no standard dispensing fee across Australia and pharmacists are able to charge whatever they want. This can range from \$25 per week to over \$50 per week, depending on the pharmacist and location (the cost of dispensing in some states is overall cheaper than in others). Although pharmacists are dispensing one prescription, they charge a daily or weekly dispensing fee for *each dose*. If the customer does not have the money for the day's dose, they will not get it and as OMT medication is highly dependence forming, choosing to opt out of this out of pocket cost if the budget is tight is not an option anyway. Policy also dictates that 3 or more 'missed doses' can result in being excluded from the OMT program so there is little leeway for managing OMT according to financial commitments. Basically, people on OMT must have the money for each dose dispensed regardless of the financial impact. I believe that dispensing pharmacies are provided with financial incentives from the government to dispense so it seems unfair to pass on this expense to the OMT customer. I regularly hear that 'if they [drug users] have enough to buy their drugs they should have enough money to pay for their methadone'. In actuality, often, by the time people engage with services and commence OMT, they are already in severe financial hardship and debt and this added out of pocket expense only adds to that. This is inconsistent with the aims of OMT which is to support stability, improve the OMT client's health and wellbeing and reduce drug related harms.

This affects me on a personal level as I am on methadone and at times have needed to make the choice between groceries and methadone or paying bills and methadone. Methadone wins out every time to the detriment of my nutritional or other needs. I would really like to see this issue addressed in this inquiry and a fairer system implemented.

Thank you for providing this opportunity.