



From: *Next Gen Nurse Practitioners*

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1. Introduction

Next Gen Nurse Practitioners (Next Gen NPs) welcomes the opportunity to contribute to the Parliamentary Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia.

We represent a collective of advanced practice nurses committed to improving outcomes for individuals affected by substance use and complex addiction needs, particularly those living with opioid dependence.

Our submission focuses on the urgent and growing **deficit of opioid pharmacotherapy prescribers** across Australia and highlights the **critical but underutilised role of Alcohol and Other Drugs Nurse Practitioners (AOD NPs)** in addressing this challenge.

2. Background and Current Situation

2.1 Opioid Dependence in Australia

Opioid pharmacotherapy (including methadone, buprenorphine and related agents) remains the cornerstone of evidence-based treatment for opioid dependence. It significantly reduces

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mortality, overdose risk, transmission of blood-borne viruses, and social harms such as homelessness and incarceration.

However, **demand for opioid pharmacotherapy continues to increase**, driven by both prescription and illicit opioid use. Across Australia, access is hindered by **a shortage of authorised prescribers**, particularly in regional and rural areas.

2.2 Current Prescriber Workforce

The current prescriber base consists mainly of:

- **General Practitioners (GPs)**
- **Addiction Medicine Specialists**
- **Alcohol and Other Drugs Nurse Practitioners**

While these providers deliver critical services, GPs and Addiction Specialists often face **time, resource and caseload constraints**. Many prescribers managing large opioid-dependent cohorts are **approaching retirement**, threatening continuity of care for thousands of patients.

Training GPs to take on additional pharmacotherapy responsibilities has proven **costly and inconsistently effective**, with many funded programs delivering limited long-term workforce expansion.

2.3 The AOD Nurse Practitioner Role

AOD Nurse Practitioners are highly trained clinicians with the authority to diagnose, prescribe, and manage complex cases — including opioid dependence. They deliver **holistic, patient-centred care** that integrates pharmacotherapy, mental health, psychosocial support, and harm reduction.

AOD NPs:

- **Improve treatment access and retention**
- Offer **continuity of care** when GPs retire or reduce practice
- Deliver **comprehensive, multidisciplinary support** that aligns with best-practice addiction management
- Provide **accessible care** in rural, regional and underserved communities

2.4 Barriers to Workforce Expansion

Despite their proven value, the AOD NP workforce remains limited due to:

- **High educational and financial barriers** to postgraduate NP training and endorsement
- **Insufficient funded NP positions** within AOD services
- **Lack of organisational understanding** and support for the NP role
- **Inconsistent prescribing authority and regulation** across jurisdictions
- **Geographic inequities** limiting rural recruitment and retention

3. The Problem with the Status Quo

The current system is fragile and inequitable. Shortages in prescribers result in **treatment delays, disengagement, and preventable harms** such as overdose, hospitalisation, and infectious disease transmission.

Without urgent action:

- Patients will face **longer waiting times** or lose access altogether when prescribers retire.
- **Public clinics** will remain over capacity, while **rural Australians** continue to face barriers to essential treatment.
- Governments will continue to **invest heavily in GP training programs** that yield limited uptake or sustainability.

AOD Nurse Practitioners offer a **ready and scalable solution** — but only if barriers to training, employment, and prescribing are removed.

4. Recommendations

Recommendation	Rationale and Expected Outcome
4.1 Establish a National Workforce Audit and Planning Framework	A coordinated national program to quantify prescriber numbers, patient demand, waiting lists, and geographic shortages. Enables targeted workforce and funding strategies.
4.2 Incentivise AOD NP Education and Endorsement	Provide scholarships, stipends, or loan forgiveness to encourage experienced nurses to become endorsed AOD NPs.
4.3 Fund Dedicated AOD NP Positions	Create and fund clinical positions within primary care, community health, correctional, and AOD services — prioritising high-need regions.
4.4 Streamline Prescribing Regulation	Ensure NPs are authorised to prescribe Schedule 8 medicines across all jurisdictions and remove redundant collaborative restrictions.
4.5 Support Transition Planning for Retiring Prescribers	Identify GPs and specialists nearing retirement and transition patients to AOD NP care under structured mentoring and handover programs.
4.6 Build Ongoing Supervision and Mentorship	Fund NP peer networks and clinical supervision to maintain safety, quality, and retention.
4.7 Promote Role Awareness	Increase understanding of the AOD NP role across the health system to improve utilisation and integration.
4.8 Evaluate Outcomes	Monitor access, retention, overdose rates, and cost savings to measure the impact of expanding AOD NP roles.

5. Jurisdictional Overview: NSW, Victoria, Queensland

New South Wales (NSW)

- NSW has the **largest client base** for opioid pharmacotherapy ($\approx 23,856$ clients in 2024).
- Many **public OTP clinics operate at or near capacity**, limiting intake of new clients.
- The **prescriber base is aging**, and continuity risks are increasing.
- The OTP and Safe Script frameworks are well-suited for integration of NP prescribers, yet **few funded NP positions exist**.

Implication: NSW should pilot expanded AOD NP prescribing within public clinics and community health centres to relieve system strain and ensure continuity of care.

Victoria

- Over **14,700 clients** received opioid pharmacotherapy in 2024, with policy changes aligning PBS access and reducing out-of-pocket fees.
- Despite reform, **prescriber shortages and long waitlists persist**.
- The **Gateway Health (Wodonga)** service closed its books due to demand, with waits exceeding **12 months**.
- Sector data show **over 4,600 people** waiting for AOD treatment on any given day — a **93% increase since 2020**.

Implication: The Victorian environment is supportive of AOD NPs; government investment should now focus on **deploying NPs to regional areas** where demand far exceeds capacity.

Queensland

- The **2023 Opioid Dependence Treatment Guidelines** emphasise integrated care and acknowledge **significant wait times**, especially in non-metropolitan regions.
- **Publicly available data on waitlists** are limited, but evidence suggests constrained access and undercounted demand.
- Large rural regions face severe prescriber shortages and service fragmentation.

Implication: AOD NPs could dramatically expand service reach in Queensland, particularly in rural and remote PHNs.

6. Waiting Lists and Capacity Evidence

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State	Evidence of System Strain
Victoria	>4,600 people waiting for AOD treatment (2024, VAADA survey); Wodonga program closed to new clients with ~1 year wait.
Queensland	Public guidelines confirm significant wait times for ODT; limited quantitative reporting.
NSW	OTP clinics at or near full capacity; no public reporting of waitlist data — indicating lack of transparency and potential unmet need.

Implications:

1. Demand for pharmacotherapy services exceeds prescriber capacity in all three jurisdictions.
2. The absence of consistent, public data — particularly in NSW and QLD — underscores the need for a **national audit and workforce strategy**.

7. Expected Benefits of Action

Implementing these recommendations will:

- Improve **timely access** to life-saving opioid pharmacotherapy.
- Safeguard **continuity of care** during prescriber retirements.
- Enhance **rural and regional service coverage**.
- Reduce **emergency department presentations, overdoses, and hospitalisations**.
- Deliver **cost-effective system efficiency** through an expanded NP-led model.

8. Conclusion

Australia faces a looming crisis in opioid pharmacotherapy access due to a shrinking and aging prescriber base. Relying solely on GPs and specialists is unsustainable.

Alcohol and Other Drugs Nurse Practitioners are the scalable, evidence-based solution. They combine clinical expertise, accessibility, and holistic care — exactly what the current system lacks.

Next Gen Nurse Practitioners urges the Parliament to:

- Recognise AOD NPs as central to Australia's response to opioid dependence, and
- Invest in the education, employment, and regulatory support needed to expand their role.

We would welcome the opportunity to appear before the Committee or provide further data and case studies.

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Signed, 

Darren Smyth 

Director

Next Gen Nurse Practitioners

E: admin@nextgennursepractitioners.com

P: 