

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2014 - 2015, 2/3 June 2014

Ref No: SQ14-000505

OUTCOME: 1 - Population Health

Topic: Drug Rehabilitation Services

Type of Question: Written Question on Notice

Senator: Xenophon, Nick

Question:

A report in the Daily Telegraph last month stated that around 30,000 heroin addicts were unable to participate in methadone programs due to unavailability and cost, and were instead buying methadone on the black market.

- a.) Is the department aware of these concerns?
- b) If so, how is this problem being addressed?
- c) Will the GP co-payment apply to methadone programs operating through GP clinics?
- d) Is the department familiar with the case of the Midnight Pharmacy in Adelaide, which was refused approval to dispense PBS medications from its new location? This pharmacy operates a large methadone program – was consideration given to this when its application was considered?

Answer:

a) and b)

State and territory health authorities are responsible for addressing waiting lists for methadone programs and methadone diversion at the local level. This involves assessing the demand for methadone programs and the number of prescribers in the area and the policies around take-away doses used by these prescribers.

The Commonwealth Medication Assisted Treatment for Opioid Dependence (MATOD) Guidelines outline the recommended procedures for the treatment of people with opioid dependence. This includes instructions on how to properly administer methadone and buprenorphine-naloxone preparations for substitution treatment of opioid dependence, as well as the use of oral naltrexone for relapse prevention.

The MATOD Guidelines provide a broad policy context and framework with a view to promoting a national standard whilst recognising jurisdictional responsibilities and the need for jurisdictional flexibility to accommodate different approaches. The MATOD Guidelines are available on the National Drug Strategy website at www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/ng-mat-op-dep

- c) If that patient is a concession card holder or a child under 16 years, then they will only be expected to pay the \$7 contribution a maximum of 10 times in a calendar year.

The decision of whether or not to seek the patient contribution will be a matter for each individual doctor, as the patient contribution is not a mandatory charge. Doctors will still be able to determine the value of the services that they provide and take individual patient circumstances into account.

- d) Yes, the Department of Health is familiar with the case of the Midnight Pharmacy in Adelaide.

On 31 October 2012 an application was made to relocate a pharmacy to 192-198 Wakefield Street, Adelaide.

That application was not approved because it did not meet the requirements of the Pharmacy Location Rules. The range of services offered at a proposed pharmacy is not a criterion under the Pharmacy Location Rules.

Following that decision, on 25 January 2013, the pharmacist made a request to the then Minister for Health and Ageing (the Minister) seeking approval of the pharmacy through the Minister's discretionary power.

On 26 June 2013, the then Minister decided not to approve the pharmacy because she was not satisfied that the two mandatory requirements for her to exercise her discretionary power had been met. Those requirements are that:

- i) the rejection of the original application will leave a community without reasonable access to pharmaceutical benefits at an approved pharmacy; and
- ii) it is in the public interest to approve the pharmacy.