



## **Harm Reduction Australia's 2020-21 Pre-Budget Submission**

Harm Reduction Australia (HRA) is a national organisation for individuals committed to reducing the health, social and economic harms potentially associated with drug use.

HRA is a membership-based organisation that represents the views of its members. Our members are primarily people working in the health, welfare and law enforcement sectors, but also include concerned family members, consumers, students and other individuals wanting to advocate for the continuation and expansion of harm reduction policies in Australia.

The Board and members of HRA are people who understand the complexities of drug use and are advocating for the safest, most effective ways to protect the wellbeing of individuals, families and communities addressing drug use.

In essence, HRA aims to ensure that drug policies in Australia first and foremost do no harm and provide real benefit to Australian society through evidence-based and humane responses to drug use.

HRA neither condemns nor condones drug use but recognises that drug use will occur, and it is important to ameliorate the harms that it can cause for some individuals, families and communities.

HRA takes a non-judgmental approach to drug use within society and recognises the key role people with current and past drug use experience must play in any effective drug policy solutions. As well as working collaboratively to ensure reform to current drug policy with the primary aims of ending imprisonment, stigmatisation, discrimination and human rights violations against the people who use or have used drugs.

We are dedicated to reducing the harmful impact of drug use in Australia through evidence-based, sensible and safer drug policies.

### **2020-21 Time for true equality in access to health care and in particular the Pharmaceutical Benefits Scheme (PBS)**

Australia takes great pride in its PBS – timely affordable access to medicines that the community and consumers can afford. The Morrison Government has held true to these principles and its election commitment to list the recommendations of Pharmaceutical Benefits Advisory Committee (PBAC) as soon as possible.

The community HRA represents have benefited from this commitment through the listings of Nyxoid® to reduce the risk of overdose in the community, and Buvidal® and Sublocade® long-acting injections for the treatment of opioid dependence. These are great steps forward for equality in access to treatments in Australia for all diseases, including diseases of addiction. We thank Minister Hunt for his ongoing leadership in this area and for ensuring all in our community receive the same priority of access to recommended PBS listings as other patient groups.

The Morrison Government has also honoured its 2019 election commitment to reduce the cost of medicines for the community by lowering the number of scripts required to reach the PBS safety net. HRA has welcomed the early indications that *‘in the six months from January to June 2020, almost 10 per cent of all PBS prescriptions were dispensed under the concessional safety net...up from just 7 per cent for the corresponding period in 2019.’*<sup>1</sup>

This is a great improvement in health affordability for many in the community least able to afford their medicines. Unfortunately, it does not help those in the community relying on access to PBS treatments through the Opioid Dependence Treatment (ODT) Program.

This discrimination against one sector in our community needs to change.

### **A system that deliberately chooses to financially discriminate against some**

Opioid dependence treatments whilst subsidised nationally through Australia’s PBS, attract different private charges allowed for by state and territory governments through individual pharmacists or doctors. These private charges do not count towards a consumer’s safety net. What a consumer will pay to access an opioid-dependence treatment will be informed by the treatment environment, the jurisdiction, their concessional status, the type of treatment they are accessing and the individual charging patterns of the health provider dispensing the medication.

Where a consumer is prescribed long-acting weekly and monthly injectables out of pocket fees of between \$20 and \$50 are being charged by GPs or pharmacists. Consumers prescribed daily-dose methadone are charged between \$5 and \$10 per day to access their medication.

None of these fees are consistent across jurisdictions, none of these fees count towards a consumer’s PBS contributions, and all of them represent significant out of pocket expenses on top of other medical costs incurred in a consumer community managing high rates of co-morbidities, including mental health.

This contrasts against access to a cancer drug, statin, insulin, or any one of 1200 other medications on the PBS where there is a maximum dispensed price a consumer can be charged anywhere in Australia and that price counts towards a consumer’s PBS safety net no matter where the medicine is dispensed – a community pharmacist, a GP-clinic, a public hospital, a private hospital, a specialist’s suite.

This financial discrimination embedded in a universal health care universal access system needs to stop.

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<sup>1</sup> [BioPharmaDispatch, ‘Pandemic and lower safety net led to surge in free PBS prescriptions’, 31 July 2020](#)

With COVID-19 demanding innovation in the management of access to health services and the need to improve accessibility during these most stressful of times, it is time for all governments, in particular the Australian Government, to recognise diseases of addiction require the same access and support as all other diseases supported by the PBS and should not be financially discriminated against.

***Therefore, as part of its 2020-21 Budget processes, HRA is asking for the Government to:***

- 1. Standardise the payments charged for access to ODT Program medicines consistent with monthly PBS script co-payments,***
- 2. Recognise those payments as a co-payment for the purposes of the National Health Act 1953 and therefore to count towards a consumer's annual PBS safety-net.***
- 3. Consider supporting any ongoing subsidy of additional services pharmacy consider are not covered by the PBS co-payment as part of the \$1.2B in programs funded under the Seventh Community Pharmacy Agreement, consistent with the Government's support of direct funding for Dose Administration Aids, Medicine Reviews and other similar services.***

HRA acknowledges the significant work of the Government in improving health services for all in the community, both during the COVID-19 pandemic and prior. Investments in mental health, increased hospital funding, national action plans are all welcomed.

Now it's time to remove the financial discrimination all governments are imposing on one sector of the community, a community already stigmatised, and a community that has watched too many coronial inquiries recommend changes to the affordability of access to treatments that might have prevented tragic loss of life.

HRA looks forward to discussing its proposal and ideas for implementation over the coming months – we also attach our 2019 Federal Budget Submission for your information.

Yours sincerely



Mr Gino Vumbaca  
President  
Harm Reduction Australia  
24<sup>th</sup> August 2020



The Hon Josh Frydenberg MP  
Treasurer  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

Dear Treasurer

Thank you for the opportunity to make a submission to the 2020 Federal Budget

As you may be aware, Harm Reduction Australia (HRA) is a volunteer organisation with no paid staff and limited resources. Accordingly, our efforts are focussed on advocating and delivering harm reduction policies, such as pill testing and hence the brevity of this submission.

If appropriate, I would like to encourage you to invite HRA to meet with you at any time that is convenient, so we can provide more depth to our submission.

Nonetheless, it is important to establish at the start that no matter how strong our desire for people not to use drugs or our efforts at education and prevention, people will use drugs. This is not to undervalue drug education and prevention programs but rather to be realistic about their impact and the evidence of their effectiveness, particularly in the long-term. We know from numerous surveys that a large proportion of people in Australia use drugs at some time in their lives. The majority enjoy the experience and encounter little, if any adverse effects. However, for too many people the illegality of the drugs will significantly raise the potential for many unnecessary harms.

It is imperative to understand that first and foremost, all of us want those we care for and who may be using drugs, not to be harmed.

Criminal convictions for drug use can leave ongoing and permanent stains on people's lives. They can put an end to career prospects and severely restrict overseas travel. In the end it is the young and the poor that disproportionately bear this burden.

When we do tackle the problems associated with some drug use we should also emphasise the health, well-being of the person using drugs and focus on supporting them and their families, not use it as an opportunity to punish.

Rather than describe the range of information we can provide, we have provided several relevant articles and documents as links at the end of this correspondence as part of our submission.

Quite simply we believe there are several evidence-based opportunities for funding to help save lives and protect individuals, families and communities from drug related harms.

Accordingly, based on the growing body of evidence available we call on the following policies and programs to be introduced as a matter of urgency:

- Decriminalisation of personal drug use, along with possession for personal use, to address the significant long term health, financial and social harm that is caused by arresting and convicting (and incarcerating in some cases) people who use drugs;
- Significantly increasing the level of funding for drug harm reduction and demand reduction services, particularly given the substantial imbalance to the level of funding provided to law enforcement for supply reduction activities;
- The need for a much greater level of engagement and consultation with people who use drugs in the development of policy and program responses;
- The need for comprehensive harm reduction services across the country that provide information, education, needle and syringe programs, pill testing and supervised injecting facilities, as appropriate and required;
- The need for pill testing to be available at music festivals and venues, including the immediate cessation on the use of sniffer dogs at these events and venues;
- Greater support for evidence based residential and non-residential treatment services;
- Greater support for families that is ongoing and focused on their needs; and
- Greater use of non-custodial sentencing options and investment in justice reinvestment strategies – see <http://www.justreinvest.org.au/>

As a final note, we reiterate that saving lives of should be paramount. Policies and practices to reduce harm, treat drug use and support people and families in our communities are meaningless when the person has died as a result of policies that increase harm.

Please do not hesitate to contact HRA should you require any further information.

Yours sincerely



Mr Gino Vumbaca  
President  
Harm Reduction Australia  
9 October 2019

## HRA Attachments (links) for Further Information

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2019/04/PTA-MEDIA-RELEASE.pdf>

<https://the-riotact.com/time-for-a-permanent-drug-testing-site-in-the-act-to-help-save-lives/295191>

<http://online.isentialink.com/themercury.com.au/2019/04/17/c4a8801f-c69a-4c52-82b1-a607d7863ed4.html>

<https://www.theguardian.com/commentisfree/2019/jan/17/how-to-navigate-dinner-conversations-about-pill-testing>

<https://www.abc.net.au/news/health/2019-01-15/pill-testing-claims-put-to-the-test/10703370>

<https://www.hit.com.au/story/disappointment-as-pill-testing-overlooked-in-festival-safety-review-110398>

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/10/Trans-Tasman-Charter-for-Pill-Testing-8-Oct-2018.pdf>

<https://johnmenadue.com/gino-vumbaca-drug-reform-series-at-last-a-government-sanctioned-pill-testing-program/>

<https://www.dailytelegraph.com.au/rendezview/drug-users-shouldnt-be-treated-like-criminals/news-story/f1fd08e21c86861aa10e99686e8fc96f>

<https://www.harmreductionaustralia.org.au/wp-content/uploads/2018/06/Pill-Testing-Pilot-ACT-June-2018-Final-Report.pdf>

<http://www.huffingtonpost.com.au/tony-trimmingham/your-kids-on-ice-what-to-do-next/>

<http://www.huffingtonpost.com.au/tony-trimmingham/we-need-to-say-know-to-drugs/>

<http://www.huffingtonpost.com.au/tony-trimmingham/harm-reduction-the-key-to-drugs-policy/>

<http://www.huffingtonpost.com.au/gino-vumbaca/we-should-just-say-no-to-australias-approach-to-drugs/>

<http://www.huffingtonpost.com.au/gino-vumbaca/its-time-to-face-the-music-on-australias-flawed-drug-policy/>

<http://www.smh.com.au/comment/the-war-on-drugs-is-a-war-against-our-own-children-friends-and-families-20151125-gl7kkl.html>

[http://www.huffingtonpost.com.au/gino-vumbaca/the-war-on-drugs-has-become-an-embarrassment-of-orwellian-proportions\\_b\\_9233694.html](http://www.huffingtonpost.com.au/gino-vumbaca/the-war-on-drugs-has-become-an-embarrassment-of-orwellian-proportions_b_9233694.html)

[http://www.huffingtonpost.com.au/gino-vumbaca/health-warnings-on-drugs-shouldnt-be-provided-by-police/?utm\\_hp\\_ref=au-homepage](http://www.huffingtonpost.com.au/gino-vumbaca/health-warnings-on-drugs-shouldnt-be-provided-by-police/?utm_hp_ref=au-homepage)