

National Victoria Opioid crisis

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'Crisis looming': GP calls for help as small band of doctors do heavy lifting on opioid treatment



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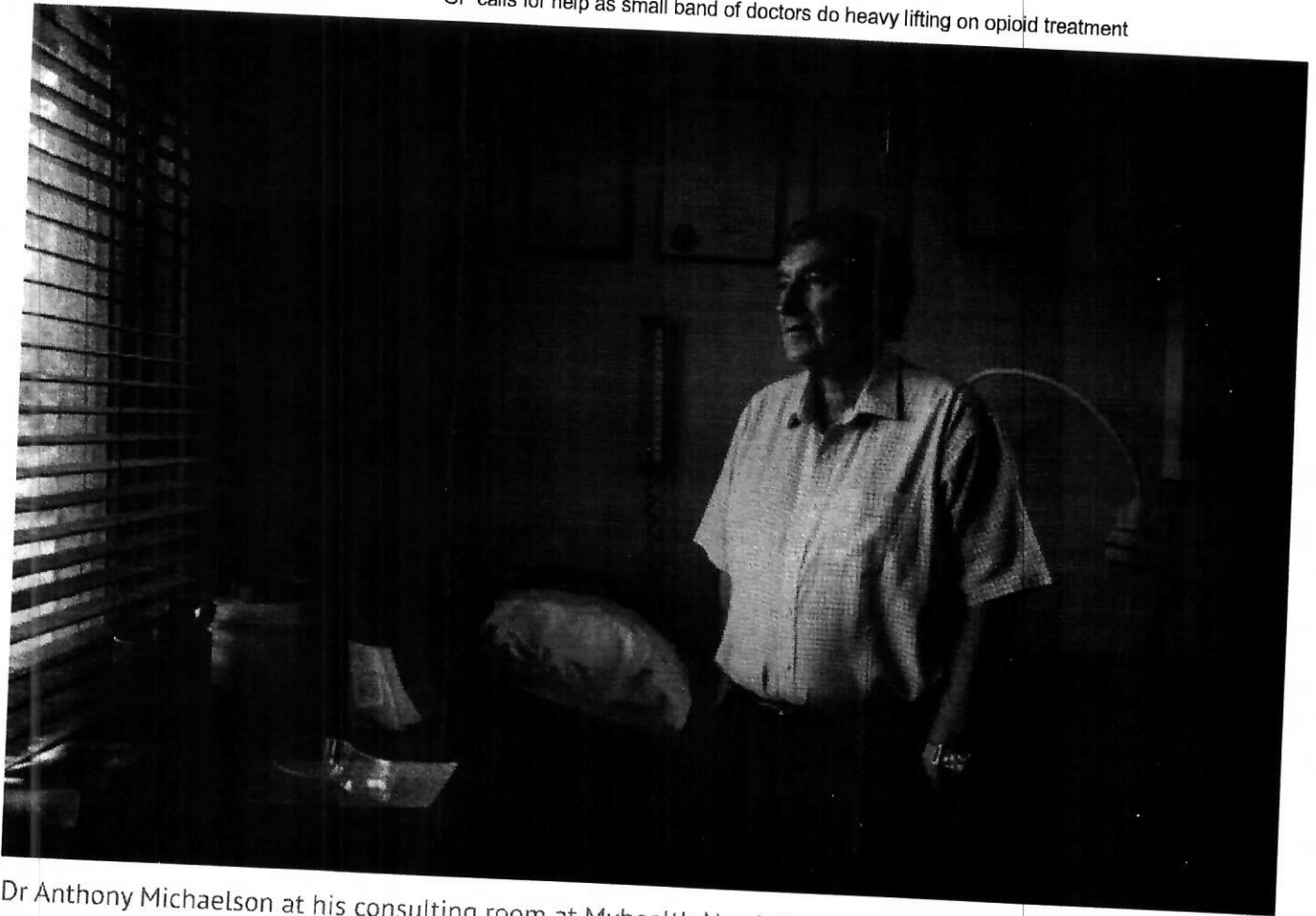
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TALKING POINTS

- GP warns a crisis looms as young doctors don't want to take on patients needing opioid replacement drugs, such as methadone.
- There has been a 5 per cent jump in the number of people receiving pharmacotherapy from 2019 to 2021.
- Just 6 per cent of the 1043 prescribers, mostly private GPs, see the bulk of the almost 15000 patients.
- Patients, especially in rural and regional areas, are often forced to wait weeks or travel hours for treatment.
- 22 GPs who prescribe in large numbers have either retired or had to dramatically reduce their patient load in the previous 18 months.

A GP recognised for his work with people who abuse drugs is calling for more doctors to step up as demand for opioid treatment surges in the pandemic.

Dr Anthony Michaelson, who is being honoured with an Order of Australia for his service to the community for his pioneering drug abuse treatment programs, is one of a dwindling number of GPs who prescribes medication to treat opioid addiction in high numbers in Victoria.



Dr Anthony Michaelson at his consulting room at Myhealth North Eltham Medical Centre. PHOTO: MEREDITH O'SHEA

“Almost all [opioid replacement treatment] prescribing has been done by ageing GPs such as myself,” he said. “Young doctors want nothing to do with addiction medicine. There is a crisis looming.”

The treatment, also known as pharmacotherapy, includes the use of synthetic opioid methadone; buprenorphine, a longer-acting medication that is most commonly combined with naloxone that causes withdrawal if injected; and depot buprenorphine, a slow-release injection given weekly or monthly.

It is considered the gold standard treatment and is used on those addicted to either heroin or prescription medications such as oxycodone, morphine or fentanyl. It costs patients between \$35 and \$70 a week.

An Australian Institute of Health and Welfare report shows there has been a 5 per cent jump in the number of people receiving the treatment from 2019 to 2021 in Victoria. This is the largest increase in the past decade.

The *National Opioid Pharmacotherapy Statistics* report said the increase could be due to the Victorian government's real-time prescription monitoring system, SafeScript, designed to help reduce the death rate from accidental overdoses by curbing what is known as “doctor shopping”.

It is also believed that the disruption of heroin supply during 2020's lockdowns could have played a part. Anecdotally, the supply and purity of heroin has since increased.

During the same period, the average number of patients per prescriber has almost doubled from eight to 14, indicating a decrease in doctors prescribing the treatment.

However, the real issue is that just 6 per cent of the 1043 prescribers, mostly private GPs, see the bulk of the almost 15,000 patients. If one retires, it leaves services scrambling to provide hundreds of patients with treatment.

In 2021, there were only 69 GPs seeing more than 101 patients each and 47 seeing between 51 and 100.

Almost 70 per cent of GPs who prescribe the medication see fewer than five patients each. GPs can prescribe up to 10 patients with buprenorphine without specialised training. And the figure is likely to be worse this year. Sarah Lord, program manager of Harm Reduction Victoria's pharmacotherapy advice and mediation service, said about 22 GPs who prescribe in large numbers had either retired or had to dramatically reduce their patient load in the past 18 months.

"That's never, ever happened before," she said. "We're in an extremely difficult situation now more so than ever before."

Lord said there weren't many GPs left who could take on new patients. This is especially pronounced in rural and regional areas, where patients are often forced to wait weeks or travel hours for treatment.

Through her work matching patients with prescribers, she estimated about 80 per cent of patients were seen by about 25 doctors.

Lord said most pharmacotherapy cases were simple and patients stable, but a few with complex issues and challenging behaviour put GPs and clinic managers off. "You just need one horror story," she said.

Lord suggested that GPs should to be financially incentivised to prescribe pharmacotherapy through Medicare.

Michaelson, who has 400 patients at the Myhealth North Eltham Medical Centre and is not taking new ones, wants Victoria to create public clinics, with wrap-around psychosocial services and lower costs, to help service the need.

He said psychosocial services for people struggling with drug addiction outside rehabilitation and detox clinics were fragmented and hard to find in Victoria.

Lord doesn't agree that the clinic model, which is used in NSW, should be implemented in Victoria, saying they led to patients being congregated and stigmatised in the one location.

Victorian Alcohol and Drug Association executive officer Sam Biondo said there was an urgent need for the state to come up with a solution, whether it included increasing the use of nurse practitioners, Medicare payments or super clinics.

"The program currently is in a state of disrepair because of shortages of doctors, because of uneven distribution of both prescribers and dispensers," he said.

Michaelson, 70, will be made an officer of the Order of Australia on April 28. He founded the Eltham clinic's pharmacotherapy program in 1985 and was also a founding board member of the Royal Australian College of General Practitioners' Alcohol and Other Drugs committee.

He agreed to be interviewed to encourage other doctors to take up the work, which he describes as rewarding. He has helped women leave abusive partners and seen men turn away from a life of crime.

“Drug and alcohol problems are now widespread in our community,” he said. “It is not just someone else’s problem. Doctors can and should help.”

Lord said Michaelson’s patients had only admiration and respect for him.

“It’s fantastic he’s getting this award,” she said. “I just worry what’s going to happen when Tony retires.”

One of his patients, a 51-year Hurstbridge woman who didn’t want to be named, said she would be dead if it wasn’t for Michaelson helping her to recover from prescription drug abuse that led her to overdose.

“He is so understanding and non-judgmental,” said the woman, who was prescribed the medication after cosmetic surgery.

“He doesn’t categorise you as a junkie. He has compassion and he cares. He treats you like a human being.”

The Department of Health was contacted for comment.

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