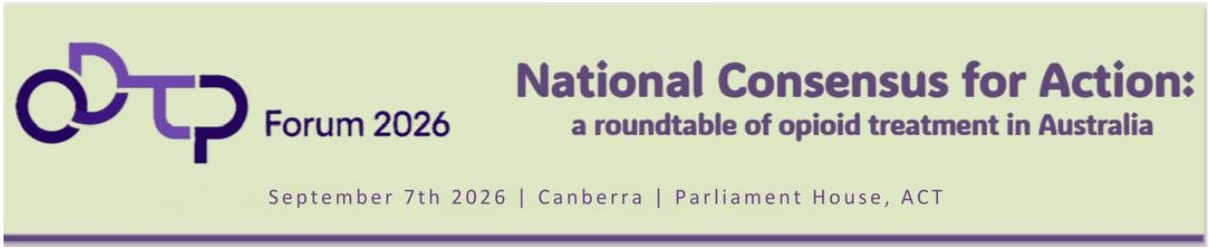

Australia's Opioid Dependence Treatment (ODT) Program

National Consensus for Action

Background

Australia has made a significant investment in reforming the national Opioid Dependence Treatment (ODT) Program, most notably through the 2023–24 Commonwealth Budget commitment to reform the medication funding architecture through the Pharmaceutical Benefits Scheme (PBS). This reform was one significant outcome from the PBS Opioid Dependence Treatment Program Post Market Review. Other aspects of the Post Market Review, including evidence-informed models of care, treatment access, and workforce-related issues, remain as unfinished business.

Critical system-level challenges remain to be acted upon, including workforce shortages, rural and regional access gaps, jurisdictional fragmentation, insufficient choice in medicines and treatment providers for program participants[1], a lack of equitable, timely and reliable services, underserved populations (including Aboriginal and Torres Strait Islander peoples, and people in custody), and persistent stigma and discrimination embedded in treatment models.

The *National Consensus for Action Forum: a roundtable on Australian Opioid Dependence Treatment*, held in Canberra on 7 September 2026, was designed to progress the outstanding reforms outlined in the Post Market Review report. Its purpose was to consolidate the diverse stakeholder expertise and existing national evidence into a single, high-level, consensus-driven position that can guide coordinated reform and unlock sustained investment across jurisdictions.

Recommendations for Action: A Comprehensive Plan for Action by Governments

The September 2026 National Consensus for Action brought together the work of Harm Reduction Australia and their comprehensive review and analysis of policy reform alongside material generated within the three Pre-Forum webinars held in August/September 2026, the AIVL consumer statement, the national clinically focused Delphi study (21st Century Opioid Dependence Treatment), the IMPACT study, and Nurse Practitioner stakeholders. These various processes have engaged addiction medicine specialists, GPs, pharmacists, nurses, addiction psychiatrists, alcohol and

[1] Clients of the ODT Program.

other drug workers, peer workers, ODT program participants, peak bodies across AOD, and people with living-lived experience.

Synthesising these materials and deliberating at the Parliament House Forum resulted in 94% agreement with the Consensus Statement principles and actions. The following six core principles guide the actions required to achieve an equitable, accessible, rights-based ODT program in Australia**:**

Principle 1: Embed person-centred and rights-based principles

Principle 2: Remove inequity and improve access for underserved areas and communities

Principle 3: Strengthen national policy and funding frameworks

Principle 4: Expand the ODT workforce

Principle 5: Modernise models of care and service delivery

Principle 6: Integrate ODT into mainstream primary healthcare and increase community pharmacy participation

Under each principle, a series of actions is listed. These actions would result in a contemporary, genuinely person-centred ODTP in Australia grounded in healthcare as a human right.

Principle 1: Embed person-centred and rights-based principles

1. Reform state and federal legislation and policies that undermine the implementation of person-centred and rights-based care in the ODT context, including through drug law reform.
2. Implement co-design of ODT services and systems with living-lived experience leadership from ODT program participants and peers.
3. Institute accountability mechanisms to eliminate stigma and discrimination across all systems and implement anti-stigma initiatives to challenge negative attitudes towards people who use drugs, including campaigns for the general community, and for healthcare professionals.
4. Shift from a culture of control to one of rights, trust, partnership and health equity, ensuring care and dignity, not suspicion and punishment.

Principle 2: Remove inequity and improve access for underserved areas and communities

5. Establish and enhance capacity within existing systems for accessible treatment for priority populations, including people living in regional and remote areas, those exiting custody, people experiencing homelessness, those with mental health issues, pregnant people, and Aboriginal and Torres Strait Islander peoples.
6. Scale up flexible, national technology-driven service improvements (e.g. mobile dosing, telehealth consultations, rural outreach models).
7. Provide funding and support for a trained peer and living-lived experience workforce in ODT services, enhancing and enabling living-lived experience systems in regional areas, living-lived experience navigators and culturally appropriate care providers.
8. Enable, fund and support Aboriginal and Torres Strait Islander communities to determine and develop appropriate ODT services, systems and models of care that support culturally appropriate, accessible care for Aboriginal and Torres Strait Islander peoples.

Principle 3: Strengthen national policy and funding frameworks

9. Establish a national ODT advisory body with meaningful representation from people with living-lived experience of ODT, harm reduction advocates, service providers and other key stakeholders.
10. Empower the national advisory body to develop strategies to address inter-jurisdictional complexities, including federated National Clinical Guidelines; national standards for access, flexibility, emergency pathways, and continuity of treatment; and national quality improvement, data and monitoring systems.

11. Increase long-term federal and state investment in the ODTP (informed by the advisory body's deliberations) to support delivery of best practice ODT, address unmet need and demand for opioid treatment, and ensure the program's ability to respond to emerging issues.

Principle 4: Expand the ODT workforce

12. Expand and fund the range of settings where ODT is provided, including in general hospitals, alcohol and other drug residential treatment services, mental health services, emergency departments, public and private addiction medicine specialist services, antenatal services, aged care facilities, and pain management services.
13. Establish and fund a national ODT workforce development program, including standardised training and mentoring (inclusive of jurisdictional elements), national minimum competencies for prescribers, accreditation pathways, and scholarships, stipends and other incentives to support prescribers, nurses and pharmacists to enter and remain in the ODT provision workforce.
14. Provide financial and professional incentives to attract and retain ODT prescribers (GPs, NPs, AMS), including reviewing current Medicare Benefits Schedule (MBS) item numbers to better support the requirements of ODT.
15. Establish a National Workforce Audit and Planning Framework: a coordinated national program to quantify prescriber numbers, patient demand, waiting lists, and geographic shortages, enabling targeted workforce and funding strategies and transition planning for retiring prescribers.
16. Fund primary care services, specialist AOD services, aged care services, hospitals, correctional settings, general practices, peer organisations, pharmacies, and other healthcare providers to routinely deliver and support ODT services.
17. Streamline national prescribing regulations to ensure all current and potential prescriber workforces are authorised to prescribe Schedule 8 medicines across all jurisdictions and settings, including prescribing ODT collaboratively or autonomously.

Principle 5: Modernise models of care and service delivery

18. Replace rigid take-away dose policies and other punitive program rules with evidence-based, person-centred approaches that match the level of dosing supervision to clinical need. Introduce flexible, individualised care planning that supports meaningful choice, autonomy, informed consent and shared decision making that reflects the diverse and evolving needs of program participants, including people with complex and/or chronic health conditions.
19. Ensure physical environments reflect therapeutic, respectful, and person-centred care.
20. Harmonise ODT prescribing and dispensing regulations across jurisdictions to ensure smooth clinical care transitions through all life stages, including transitions:
    - Between inpatient and outpatient settings
    - Between community, aged care and palliative care settings
    - Between custodial and non-custodial settings (including police cells/watch houses)
    - Between residential and mental health services, and
    - Between jurisdictions (for program participant travel).
21. Ensure ODT is available in all correctional facilities.
22. Provide consistent, trauma-informed, and family-centred care that engages with families and loved ones of program participants when appropriate. Treat engagement with ODT as a potential parenting protective factor.
23. Expand the range of opioid treatment medications made available in Australia, including new and existing evidence-based medications already available in other countries and short-acting injectable formulations.
24. Ensure program participants' data and information are protected, stored and shared in ways that are confidential, relevant, used to improve care, and shared with informed consent.

Principle 6: Integrate ODT into mainstream primary healthcare and increase community pharmacy participation

25. Develop and fund indexed, consistent national remuneration models for ODT prescribing within primary healthcare services and ODT dispensing, including remuneration for pharmacists working at full scope to expand access to ODT, especially for regional, rural and remote areas (for example, establish a national ODT pharmacist initiative and primary care Practice Incentive Payments to increase participation).
26. Build ongoing supervision and mentorship systems for all healthcare providers involved in ODT service provision.
27. Require that, to meet university accreditation requirements, undergraduate training for future healthcare providers (doctors, nurses, pharmacists) include training on ODT for relevant university qualifications.
28. Simplify approval processes and guidelines, and reduce administrative/regulatory burden on primary care and community pharmacy participation.

ACTIONS FROM HERE

The Roundtable delegates commit to:

- **Advocate to federal, state and territory authorities** to progress implementation of the Recommendations for Action.
- **Request that the Consensus Statement be formally tabled** at relevant government working group and committee agendas, including the National Alcohol and Other Drug Strategy Working Group, and the Federal Parliamentary Standing Committee on Health, Aged Care and Disability.
- **Facilitate dissemination of the Consensus Statement** across relevant professional bodies and ensure broad AOD sector engagement.
- **Embed the consensus principles in current clinical, policy and service-delivery practice**, including through ongoing reflection, peer discussion and local implementation efforts.
- **Identify accountable leads and next steps** for each priority action, including timeframes for follow-up and mechanisms for reporting progress.