ODT in the ACT: Frontline Perspectives from the CAHMA Peer Treatment Support Service

Authors:
James Poole[1], Chris Gough[1], Natasha Nikolic[1]

[1]Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), Canberra, Australia.

Presenter's email: jamesp@cahma.org.au

Background:
Opioid Dependence Treatment (ODT) in the ACT is experiencing increasing pressure due to workforce shortages, limited prescribing capacity, changing treatment models, growing demand. Consumers continue reporting stigma and discrimination within healthcare settings impacting access, engagement and continuity of care. The introduction of new medications and evolving prescribing practices have further changed ODT delivery, contributing to concerns regarding treatment choice, accessibility, and system fragility in the ACT.

Description of Model of Care/Intervention:
The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) Peer Treatment Support Service (PTSS) provides a low-threshold, peer-led program for people accessing alcohol and other drug treatment including ODT. Grounded in harm reduction and lived experience, the service combines complex case management with peer support, advocacy, and health and social system navigation.

The PTSS provides information, patient advocacy and treatment matching to help people beginning ODT as well as support for existing ODT patients experiencing challenges such as significant disruption of prescribers and dispensers, organisation of transfers and support accessing takeaway doses. CAHMA also undertakes systemic advocacy informed by frontline consumer experience, including advocacy relating to treatment accessibility, continuity of care, stigma and discrimination reduction, and flexible treatment options.

Conclusion and Next Steps:
This presentation will provide a frontline peer perspective on the current state of ODT in the ACT, highlighting emerging system pressures, consumer experiences, and the role of peer-led, low-threshold services in supporting engagement, dignity, and treatment retention. Advocacy strategies to drive change will also be discussed.

Implications on communities, practice, policy and/or First Nations communities:
Peer based frontline services can provide key support for both individuals accessing ODT services and respond quickly to emerging system issues through systemic advocacy based on individual experience. Services like CAHMA's PTSS are well placed to enhance ODT for individuals and drive positive change across ODT systems in Australia.

Disclosure of Interest Statement:
Chris Gough, Natasha Nikolic and James Poole are employed by the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)inc. which receives funding from the ACT Government and the Capital Health Network.