

# 2009 DH review of heroin prescribing

Preserving ongoing care where benefit produced, while recognising strong evidence for new HAT

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# General principles

- **Suitability and outcome** – must be shown to improve those suitable – outcomes that cannot be achieved by conventional Oral Substitution Treatment (OST)
- **Clinical governance** -clinical and community safety
- **Cost effectiveness**- needs to demonstrate it provides benefits that merits this additional cost

# Terms of reference- injectable opiate treatment (IOT)2009

- Review the provision of IOT in England- the longstanding but small scale provision
- Review evidence for IOT from RIOTT, other European trials, survey of clinicians in England, clinical experience of group
- Achieve consensus on the use of IOT for those with severe dependence
- Consider possible review of NTA 2003 guidance of IOT
- Expert group: academics, variety of clinicians, experts by experience, policy makers, government observers, advisers

# 2003 review Injectable Heroin

## **Summary of key messages:**

- Prescribing of injectables may be beneficial for a minority of heroin users
- Further maintenance prescribing of IOT– should be inline with 8 principles– essentially a new standard of delivery for this treatment intervention
- Services to be improved for those already on injectables, but maintaining stability is paramount
- Priority to improve effectiveness of oral maintenance therapy

(NTA May 2003)

# 8 principles -2003

- Integrated packages of care
- Substitute prescribing not treatment alone
- Range of options –in a series of steps
- IOT options in areas where there is optimised methadone programmes
- Supervised consumption- to be supported by commissioning and provider mechanisms
- IOT likely to be long term
- Specialist levels of clinical competence required
- Local good clinical governance systems, including supervised consumption and range of other treatment modalities

NTA May 2003

# British model : Supervised clinic

- Take home supplies
- Case management and keyworking but variable
- 1 RCT, observational studies
- Doses conservative
- Failing optimal treatment but judged to be able to self regulate take home supplies
- Supervision
- Enhanced medical and psychosocial – often research provision
- Evidence base- 5 RCT and RIOTT -reporting
- Higher doses
- Failing optimal treatment but judged more challenging – not suitable for British model

# Consensus statements

## 1 Optimised oral opioid treatment before injectable treatment

- Sustained attempt at optimised oral opioid (OOT) substitution treatment is an essential precursor to consideration of IOT— however need to clarify and communicate effective components of OOT—

So consider;

- review of *2003 Injectable heroin: potential roles in drug treatment* and
- *Drug misuse and dependence –guidelines 2007*

# Consensus statements

## **2 Current evidence base**

- strong emerging evidence for supervised models

## **3 Target group**

- only for a minority who have not responded to sustained optimised OOT

## **4 Outcomes**

- evidence clear for fully supervised clinics in improved retention in treatment, reductions of illicit use and offending, and clinical improvement in health

# Consensus statements

## 5 Cost effectiveness

- significant cost benefit to IOT when given to ‘chronic, treatment resistant heroin addicts’ (Dijkgraaf et al 2005)
- most significant benefit was to communities in terms of reduced offending
- Evidence likely to be transferable to England’s supervised IOT clinics

## 6 Commissioning

- challenges for high cost and low volume service—possible centrally driven and centrally funded initiative
- Commissioning should be part of local drug treatment systems

# Consensus statements

## **7 Models of delivery**

- new supervised models (total supervision of all injectables) in keeping with emerging research and safety
- carefully consider those already on treatment - in line with 2003 review and clinical guidelines 2007

## **8 Next phase of IOT**

- expansion of clinics with careful evaluation, different models of IOT clinics (context, numbers, etc )

## **9 IOT guidance**

- Considered that there was need for further advice on best practice and standards in the existing British model.