

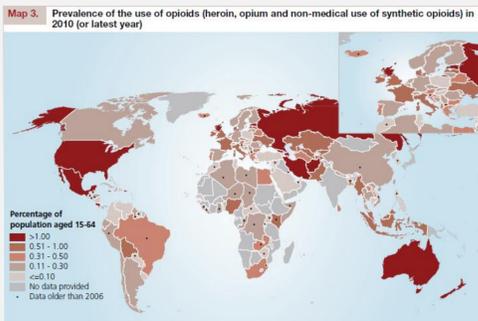
Involving Service Users in the Development of a Novel Drug Formulation for Heroin Overdose Reversal

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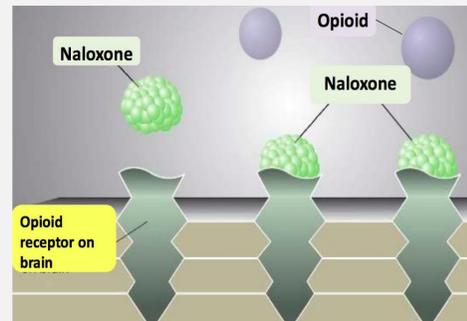
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Introduction



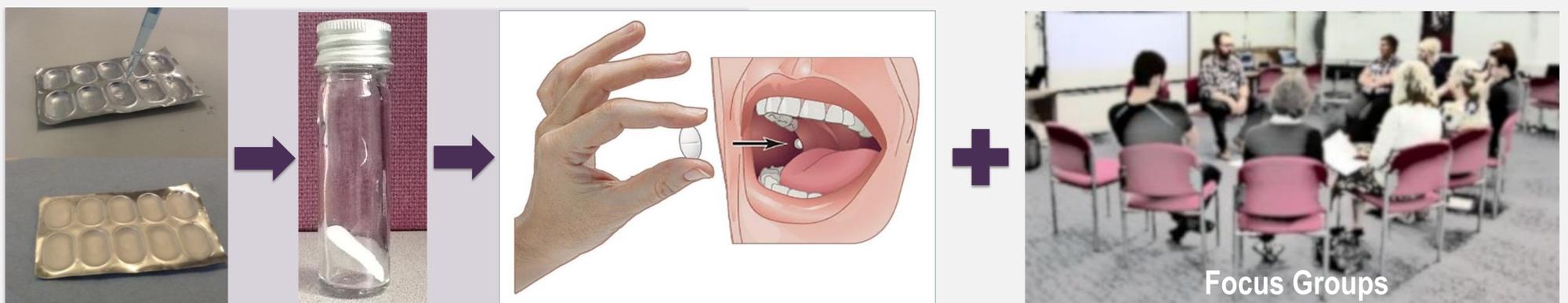
| Drug-related Deaths: England & Wales (ONS) | | | | | |
|--|-------|-------------|-------------|-------------|--------------|
| | 2009 | 2010 | 2011 | 2012 | 2013 |
| All drugs (Δ past year) | 2,878 | 2,747 (-5%) | 2,652 (-4%) | 2,597 (-2%) | 2,955 (+14%) |
| Heroin/Morphine (Δ past year) | 880 | 791 (-10%) | 596 (-25%) | 579 (-3%) | 765 (+32%) |
| Methadone (Δ past year) | 408 | 355 (-13%) | 486 (+37%) | 414 (-15%) | 429 (+4%) |
| Other opiate (Δ past year) | 229 | 237 (+4%) | 221 (-7%) | 172 (-22%) | 237 (+38%) |



Around the world, individuals who use heroin and other opioids experience sharply elevated excess mortality rates from overdose. Death by overdose can be prevented through timely administration of naloxone, an opioid-antidote. With heroin overdose deaths rising in the UK, the MHRA (2013) supports making naloxone directly accessible to opiate users and their families. By enabling family members to administer the life-saving antidote while awaiting an ambulance, take-home naloxone could significantly reduce overdose death rates. However, the necessary regulatory change to over-the-counter status remains unlikely for as long as naloxone is only available as injectable formulation.

Aims: 1) Develop a novel injection-free naloxone formulation; 2) Establish an ethically feasible research strategy to test the product for its potential to reverse opioid action.

Methods



We have partnered with the KCL Institute of Pharmaceutical Science to develop a buccal naloxone tablet by freeze-drying and have convened focus groups with current service users (n=7) and user representatives (n=2) to jointly design a research strategy that will allow us to test the new tablet for clinical effectiveness without exposing participants to severe withdrawal symptoms.

Results

| Product Testing Strategy | | |
|--------------------------|---|---|
| Stage | Objective | Comparison |
| Stage 1 | Dose-ranging pilot in healthy volunteers | Licensed solution: buccal vs. IM vs. IV |
| Stage 2 | PK in healthy volunteers | Licensed injection (IM, IV) vs. buccal tablet |
| Stage 3 | PK/PD in dependent population : Dose escalation | Buccal tablet (ascending dose) + placebo |

Views on Buccal Tablet (vs Injection)

- saliva contact? equally (IDUs) / more (non IDUs) likely to use
- lower risk of HIV/HCV transmission
- more likely to carry the tablet
- better suited for layperson use**
- need for gloves? more likely to store tablet at home
- easier to store for community drug services
- more likely to distribute to service users (if OTC)
- need for an applicator?
- less safety risk

Discussion

Through active involvement of service users with personal overdose experience, we have developed a research strategy that is sufficiently rigorous and reasonable from a user's perspective. We are currently awaiting regulatory clearance to begin data collection on the first of three clinical trials.

PhD Funding
IoP/MRC studentship



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A research strategy comprising a series of first-in-man clinical trials was jointly developed. For proof-of-concept in opioid users, an RCT was dismissed in favour of an open-label dose-escalation design. Users' views on the buccal tablet were recorded and demonstrate cautious acceptability.