foundations

Heroin Assisted Treatment
The Middlesbrough Story

A Call For Action

Daniel Ahmed
Delayed, Delayed, Delayed
Heroin Assisted Treatment Delays

- Require 3 licenses
- 1 = Diamorphine prescribing licenses
- 2 = Control drug licenses
- 3 = Import/Export licenses
So while we waited! Lessons from Canada
“Heroin addiction is commonly treated with oral methadone maintenance substitution, but about 5–10% of people addicted to heroin who remain in treatment fail to benefit and continue to inject heroin on a regular basis.”

Byford 2013
Heroin Assisted Treatment: Impact of failing to benefit from treatment

Results in poor outcomes for individuals:
- Increased risk death
- Ill health
- Chaotic use of multiple substances
- Initiation of drug use in others
- Inability to meet basic needs: food, clothing

Negative social impacts:
- Crime - OCU 90% of acquisitive crime
- Drug litter
- Visible drug problem
- Socio-economic image

Acute and sustained pressure on public services and budgets:
- Hospital
- Police
- Probation
- Prison
- Drug services
- Social services
Impact of failing to benefit from treatment

- Current strategy for this cohort is ineffective, expensive and failing.
Heroin Assisted Treatment: The Evidence Base

"For this chronic group who persistently fail to benefit from conventional treatments, evidence exists to support the effectiveness of treatment with supervised medicinal heroin (diamorphine) as a second-line treatment for chronic heroin use”

Byford 2013
Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial

John Strang, Nicola Metrebian, Nichola Lintzeris, Laura Potts, Tom Carneth, Sonya Moyet, Hugh Williams, Deborah Zadoc, Richard Ever, Teodora Groshkova, Vikki Charles, Aethen Martin, Lecolone Fosini

Summary

Background Some heroin addicts persistently fail to benefit from conventional treatments. We aimed to compare the effectiveness of supervised injectable treatment with methyladon (diamorphine or di氠adon) or supervised injectable methadone versus optimised oral methadone for chronic heroin addiction.

Methods In this multisite, open-label, randomised controlled trial, we enrolled chronic heroin addicts who had been receiving conventional oral treatment (6 months), but continued to inject street heroin regularly (≥50% of days in preceding 3 months). Randomisation by minimisation was used to assign patients to receive supervised injectable methadone, supervised injectable heroin, or optimised oral methadone. Treatment was provided for 36 weeks in three supervised injecting clinics in England. Primary outcome was 50% or more of negative specimens for street heroin on weekly urinalysis during weeks 14–26. Primary analysis was by intention to treat; data were adjusted for centre, regular crack use at baseline, and treatment with optimised oral methadone at baseline. Percentages were calculated with Rubin's rules and were then used to estimate numbers of patients in the multiple imputed samples. This study is registered, ISRCTN00138071.

Findings Of 301 patients screened, 127 were enrolled and randomly allocated to receive injectable methadone (n=63), injectable heroin (n=69), or oral methadone (n=64); all patients were included in the primary analysis. At 36 weeks, 69% (n=81) patients remained in assigned treatment; 61% (n=38) on injectable methadone, 88% (n=60) on injectable heroin, and 63% (n=41) on oral methadone. Patients on injectable heroin were significantly more likely to achieve the primary outcome (72% [n=51]) than were those on oral methadone (27% [n=16]. OR: 0.099; 95% CI 0.050 to 0.240; P=0.0001).

Cost-effectiveness of injectable opioid treatment v. oral methadone for chronic heroin addiction

Sarah Byford, Barbara Barrett, Nicola Metrebian, Teodora Groshkova, Maria Cary, Vikki Charles, Nicholas Lintzeris and John Strang

Background

Despite evidence of the effectiveness of injectable opioid treatment compared with oral methadone for chronic heroin addiction, the additional cost of injectable treatment is considerable, and cost-effectiveness uncertain.

Aims

To compare the cost-effectiveness of supervised injectable heroin and injectable methadone with optimised oral methadone for chronic refractory heroin addiction.

Method

Multisite, open-label, randomised controlled trial. Outcomes were assessed in terms of quality-adjusted life-years (QALYs). Economic perspective included health, social services and criminal justice resources.

addiction. The choice between supervised injectable heroin and injectable methadone is less clear. There is currently evidence to suggest superior effectiveness of injectable heroin but, as a cost that policy makers may find unacceptable. Future research should consider the use of decision analytic techniques to model expected costs and benefits of the treatments over the longer term.

Declaration of interest

J.S. and N.L. have contributed to UK National Treatment Agency for Substance Misuse and Department of Health guidelines on the role of injectable prescribing in the management of opioid addiction (2003; chaired by J.S.). J.S. has chaired the broader-scope pan-UK working group preparing the 2007 Orange Guidelines for the UK Department of Health, providing evidence on management.
Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction†

John Strang,* Teodora Groshkova,** Ambros Uchtenhagen, Wim van den Brink, Christian Hansen, Martin T. Schechter, Nick Lintzeris, James Bell, Alessandro Pirona, Eugenia Oxiedo-Juárez, Roland Simon and Nicola Metrebian

Background

Supervised injectable heroin (SIH) treatment has emerged over the past 15 years as an intensive treatment for entrenched heroin users who have not responded to standard treatments such as oral methadone maintenance treatment (MMT) or residential rehabilitation.

Aims

To synthesise published findings for treatment with SIH for refractory heroin dependence through systematic review and meta-analysis, and to examine the political and scientific response to these findings.

Method

Randomised controlled trials (RCTs) of SIH treatment were identified through database searching, and random effects pooled efficacy was estimated for SIH treatment. Methodological quality was assessed according to criteria set out by the Cochrane Collaboration.

Results

Six RCTs met the inclusion criteria for analysis. Across the trials, SIH treatment improved treatment outcomes, i.e. greater reduction in the use of illicit street heroin in patients receiving SIH treatment compared with control groups (most often receiving MMT).

Conclusions

SIH is found to be an effective way of treating heroin dependence refractory to standard treatment. SIH may be less safe than MMT and therefore requires more clinical attention to manage greater safety issues. This intensive intervention is for a patient population previously considered pharmacological companies including current and potential future suppliers of diamorphine and methadone (MSDPharma, Martindale, TNO, Reckitt Benckiser) and have conducted research involving collaboration with the pharmaceutical industry to investigate possible new treatment medications (Martindale, Mundipharma, Glen, J.S., N.M. and N.L. have previously undertaken research study of British heroin policy and have given varied commentaries and contributed to professional and public debates). A.U. has been mandated to document and evaluate the Swiss cohort study on heroin-assisted treatment by the Federal Office of Public Health, resulting in (unpaid) scientific publications and invitations at conferences (expenses reimbursed), expert consultation and project participation for the World Health Organization and United Nations Office on Drugs and Crime on substitution treatment for opioid addiction. W.v.d.B. is chair of the working group that is currently preparing the Netherlands Interdisciplinary Guideline on Opioid Addiction Treatment. He also was the scientific director of the Central Committee on the Control of the Treatment of Heroin Addiction (CCH), which was responsible for the planning, execution and reporting on the Dutch trial on heroin-assisted treatment. W.v.d.B. has separately provided consultancy advice and received honoraria, travel and conference support, and consultancy fees from various pharmaceutical companies including current and potential future suppliers of diamorphine (Reckitt Benckiser), extended-release naltrexone (Alkermes) and naltrexone ( Lundbeck). C.H. has contributed to the German guidelines on opioid substitution treatment of the German Medical Association and has...
Figure 6: Proportion of participants abstinent from street heroin per week by data for urine drug screen (intention-to-treat sample)
IOT Aims - Middlesbrough

1. Engage patients into treatment as a platform for starting their recovery journey.
3. Help patients improve health and quality of life.
4. Help patients stop criminal behaviour, reduce housing problems, improve relationships and engage with families, carers and other support.
5. Help patients access life opportunities.
Identifying The Target Cohort: Risky 60

• Patients:
  o Engaged in treatment in Middlesbrough Recovering Together (MRT)
  o With chronic injecting heroin dependence
  o Standard treatment has not been successful
  o Currently selecting cohort 70 candidates down to 15
  o Commencing with 4 patients
Heroin Assisted Treatment: From Chaos to Recovery

- Structured Day
- Seven days a week; up to twice daily attendance
- Supervised injectable opioids – no take home injectables
- MRT Recovery Coordinator/Plan
- Psychosocial interventions (PSI)
- Under one roof support:
  - Access to mental health support
  - Access to housing support
  - On site probation review’s
  - Build the support around client need
IOT Model: From Chaos to Recovery

- Recovery Orientated Drug Treatment Model
  - 1. Engagement and Stabilization Stage
  - 2. Change Stage
  - 3. Recovery Stage

- Visible Recovery

- Exit plans discussed at the outset of treatment

- Transition into less intensive MRT provision or rehab
Heroin Assisted Treatment: Evaluation

• The social and environmental impacts of the HAT programme over a 6 month period.

• Social Value of HAT treatment.

• Impact on the criminal justice system 6 months prior vs 6 months post intervention.

• Outcomes such as weight, housing status, engagement with other psychosocial interventions, wellbeing, and street drug usage.
A Call for Action
Wound care
What can YOU Do?