

ABERDEEN CITY COUNCIL

COMMITTEE Social Care and Wellbeing DATE 25th February 2010
DIRECTOR Fred McBride
TITLE OF REPORT Opiate Addiction
REPORT NUMBER: SCW/10/016

1. PURPOSE OF REPORT

To provide the Social Care and Wellbeing Committee a background report in relation to the findings of the Randomised Injecting Opioid Treatment Trial (RIOTT) research project.

Terms of reference: *“Council notes efforts to tackle the massive problems of opiate addiction including a heroin prescription programme in England.*

To tackle the substantial and increasing problems of substance misuse in Aberdeen, Council agrees to work with and support NHS and other appropriate partners in investigating options for a possible pilot scheme in Aberdeen and to refer the matter ultimately to Government for consideration”.

2. RECOMMENDATION(S)

It is recommended that:-

- (a) The Committee note the findings of the RIOTT research project.
- (b) A discussion on the findings of the research project should be placed on the agenda of the Aberdeen Alcohol and Drugs Partnership to inform a wider discussion about the range of approaches required to tackle substance misuse in Aberdeen.

3. FINANCIAL IMPLICATIONS

There are no financial implications related to the recommendations

4. SERVICE & COMMUNITY IMPACT

The effective identification and treatment of substance misuse as well as effective support, rehabilitation and recovery services contribute to the Single Outcomes Agreement.

5. OTHER IMPLICATIONS

There are no other implications related to the recommendations

6. REPORT

- 6.1 Local and national media recently reacted to the initial findings of the Randomised Injectable Opioid Treatment Trial (RIOTT). This research project was set up in England and initial results from the RIOTT were made public at a conference held on 15th September 2009. Details are published on the 'Action on Addictions' web site.
- 6.2 It should be noted that these results have been publicised without having been formally published as an academic paper subjected to independent peer review.
- 6.3 The initial results demonstrate that with a very small cohort of patients (127) who are already in treatment and where other treatment options have failed to impact there can be good outcomes achieved by providing injectable heroin and injectable methadone and that these are comparable, if not better, than optimized oral treatments.
- 6.4 It should be noted that in order to set up this research study, the following measures had to be put in place:
- Three supervised injecting clinics were established and fully staffed
 - Clients receiving injectable heroin had to attend one of the clinics, typically twice daily. The clinics therefore required to be open on a daily basis for extended periods of time. Interestingly the patients were prescribed methadone in addition to heroin at times when the clinic was shut.
 - The costs of providing the injectable heroin, clinics, additional staff and the extended periods in which they were required to operate, increases the cost for treatment of illicit drug users when compared to other evidenced based treatments, particularly that of oral methadone dispensed by a community pharmacist.
- 6.5 The NHS National Treatment Agency (NTA) states that *"The Randomised Injectable Opioid Treatment Trial (RIOTT) is a research study led by the National Addiction Centre and the charity Action on Addiction. RIOTT is overseen by a Project Advisory Group which includes the Home Office, Department of Health, the NTA and a range of other stakeholders. An independent expert group was asked by DH to look at emerging evidence about injectable heroin and methadone in order to advise Government on a way forward and has concluded that there is enough positive evidence of the benefits to merit further demonstration sites"*.
- 6.6 *"The heroin treatment findings expected will provide important research for the treatment of a minority of addicts who have severe heroin or opioid*

dependency, and who fail to benefit from other prescribed treatments. The NTA is yet to see the final report pitched against an independent cost-effectiveness analysis and looks forward to considering its findings”.

- 6.7 *“The standard front-line treatment for heroin addiction, as recommended by the National Institute for Health and Clinical Excellence, is substitute prescribing (such as methadone) combined with psychosocial interventions (such as counselling), which will continue to be the appropriate treatment for the vast majority”.*
- 6.8 NHS Grampian has a Clinical Effectiveness and Reference Group (CERGA), which Aberdeen City Social Work are members of and which evaluates new and emerging treatments and technologies for treating addictions. Therefore any new developments can be critically reviewed and recommendations made to the Alcohol & Drug Partnership / NHS Grampian to ensure that treatment options are up to date and evidenced based.
- 6.9 Provision of injectable opiates or methadone may have significant implications:
- Patients may need to attend the clinic several times per day
 - A license would need to be obtained from the Home Secretary to allow the Medical Practitioners to prescribe injectable heroin. (The Dangerous Drugs (Supply to Addicts) Regulations 1968 restricts the prescribing of heroin for addicts to doctors licensed for that purpose)
 - Identifying / recruiting a qualified Consultant Psychiatrist
 - Provision of facilities for the dispensing of prescriptions and local agreement about facilitating injecting rooms etc possibly open at unsocial hours
 - Additional costs which would be incurred in setting up an injectable heroin scheme - three times as costly as current treatment per patient per year, i.e. £15k compared to £5k.
 - There would need to be investment in psychosocial packages of care
- 6.10 Based on the information above the context for local discussion at the Alcohol and Drug Partnership could be:-
- 1) Whether or not there is enough evidence to suggest that injectable heroin/ methadone merits further clinical investigation as a treatment of last resort and we await further investigation that will be led by the Department of Health
 - 2) Whether or not a program of prescribing injectable heroin is cost-effective
 - 3) What contribution can such a program make alongside other forms of prescribed treatment
 - 4) What part can such a program play in the wider context of the identification, treatment, support, recovery and rehabilitation of people who have opioid dependency

7. REPORT AUTHOR DETAILS

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8. BACKGROUND PAPERS

- Department of Health (England) and the devolved administrations (2007). Drug Misuse and Dependence: UK Guidelines on Clinical Management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive Web Link [Clinical Guidelines PDF](#)
- Injectable heroin (and injectable methadone) Potential roles in drug treatment, National treatment Agency, 2003 Web Link [Injectable Heroin Report](#)
- Randomised Injectable Opioid Treatment Trial (RIOTT) [RIOTT Press Release](#)
- Action on Addiction <http://www.actiononaddiction.org.uk/>