

'Heroin on trial': Heroin-Assisted Treatment Tackling the failure to deliver

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Thanks (personal & institutional)

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INSIGHTS

New heroin-assisted treatment

Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond



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Authors

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and Nicola Metrebian



Observation 1

Supervised heroin treatment (Heroin Assisted Treatment) is a treatment approach which is challenging to deliver and also expensive to deliver - and, because of the nature of the medication prescribed (medicinal heroin), it is intrinsically controversial.

Observation 2

Supervised heroin treatment is only considered for entrenched, refractory heroin addicts for whom more orthodox treatments have repeatedly been found not to be effective.

Observation 3

Twenty years ago, policymakers and politicians said supervised heroin treatment could only be considered if there was good scientific evidence to support this intensive approach.

Observation 4

Over the following 15 years, six randomised clinical trials of supervised heroin treatment, with increasing sophistication, were conducted across Europe and in Canada - with remarkably consistent findings of substantial benefit for this population who were otherwise considered untreatable or, at the very least, extremely difficult to treat.

Observation 5

Scientists have done what they were tasked to do. Strong consistent research evidence now exists, and is published in leading journals, documenting the benefits achieved for many (not all) of these previously entrenched patients. The supervised heroin treatment approach has been found to be clinically effective, and also cost-effective.

Observation 6

Over a period of increasing austerity, supervised heroin treatment has been blocked, or crowded out, or prohibited - because it is a more expensive treatment to deliver; thus failing to appreciate that it is only being proposed for the sub-population who do not benefit from orthodox treatments.

Observation 7

In conclusion, there is a failure of the science-policy-practice dialogue, with the result that patients suffer and fail to be offered supervised heroin treatment that could effectively address their problems, and society then suffers through the cost of the failure to treat, with multiple costs across society.

Final overarching observations

We have an intensive treatment which is effective for a population otherwise non-responsive, or poorly responsive, to treatment. This is not unusual in healthcare.

We have a duty of care, which includes a duty to treat. We are failing to meet this responsibility - failing institutionally as well as individually.

We need to talk. We need to sort this out.

Venue: *The Auditorium*, 30 Aldwych, WC2B 4BG, Bush House, The Strand, King's College London

Date: Thursday 31 May 2018 · 10:00 – 17:00

Registration: *9:30am*

Welcome (10.00-10.15) The importance of the conference (John Strang)

Session 1 · 10:15-11:30 | The 'Old British System' - overview and examination of long-term patients

Session chair: Susanne MacGregor

- Uncertainty and crisis within the 'British System' drug clinics (Martin Mitcheson)
- Examination of Manchester long-term injectable patients (Louise Sell)
- Examination of patients on long-term heroin prescribing (Nicola Metrebian)
- Deaths whilst on pharmaceutical heroin: look-back on the 'Old British System' (Basak Tas)

Session 2 · 11:45-13:00 | The new system of 'Heroin-Assisted Treatment' and considerations in the UK

Session chair: Ed Day

- The development and operation of supervised heroin treatment at local and national level (Ambros Uchtenhagen)
- The 2009 DH review of heroin prescribing: preserving ongoing care where benefit produced while recognising strong evidence for new HAT (Eilish Gilvarry)
- The clinical detail of working with supervised heroin treatment teams in the UK (Roo VanderWaal)
- Working on recovery with patients in the supervised heroin treatment clinics (Tom Meighan)

Lunch break – 'Action on Addiction' video 2009 and SLaM video 2009 explaining RIOTT trial

Session 3 · 14:00-15:15 | The UK-RIOTT trial and its findings

Session chair: Eilish Gilvarry

- Overview of the RIOTT trial and its findings (John Strang)
- 3-year outcome after the RIOTT trial (Nicola Metrebian)
- The patient perspective: review of qualitative studies (James Bell)
- Health economic analysis of the RIOTT trial (Sarah Byford)
- Understanding overdose after pharmaceutical heroin: experimental testing (John Strang)

Session 4 · 15:30-16:45 | Heroin as treatment - current challenges and options

Session chair: Owen Bowden-Jones

- Supervised heroin prescribing and the possible need for this treatment in the US: Insights from RAND's mixed-methods study (Beau Kilmer)
- The 2017 'Orange Guidelines' consideration of supervised heroin prescribing (Brian Kidd)
- The drug-crime link: stealing customers and prescribing heroin (Ben Twomey/Ashley Bertie)
- Supervised heroin treatment as part of Glasgow comprehensive care: what treatment model and what research opportunity? (Carole Hunter)
- Concluding remarks - Tackling the failure to deliver: the need for better science-policy-practice dialogue (John Strang)

Register at goo.gl/FasVVu

This event is supported by the Society for the Study of Addiction (SSA) and by the NIHR Biomedical Research Centre (BRC) for Mental Health (King's College London and South London & Maudsley NHS Foundation Trust)

Thank you