Comments from the British Association for Psychopharmacology on:

We welcome this document and only have a few comments as detailed below.

HTA Naltrexone for the management of opioid dependence

1.1 The statement recommending naltrexone 'as treatment option in detoxified formerly opioid people who are highly motivated to remain on treatment' is ambiguous. There are other ways that highly motivated people can remain 'on treatment' other than taking Naltrexone such as various psychosocial interventions. The term 'on treatment' is also not clear. Who are the patients the recommendations are aimed at? Whilst the evidence is clear that those who are highly motivated to remain abstinent do better on naltrexone than those who are not so highly motivated, this is not what this recommendation states. Does 'remain on treatment' mean helps support abstinence or whether they are suggesting that Naltrexone is a way of continuing to engage people in treatment and therefore have more contact with them. If this is the case then psychosocial treatment can offer the same benefits.

2.7 The definition here of abstinence, our comment is the same as in our appraisal of the methadone and buprenorphine HTA section 2.7 and is stated here again:

Abstinence **is not** also known as detoxification and withdrawal. In order to become abstinent an individual usually undergoes a process of detoxification and withdrawal. In addition for opiate dependence, we suggest separating abstinence from detoxification since they are different stages of treatment / addiction. Interventions can be different for abstinence and withdrawal and detoxification. Lastly, in opiate dependence, substitution is generally followed by detoxification and then abstinence. We would suggest the following amendment:

'Pharmacological treatments are broadly characterised as substitution or maintenance (also know as harm reduction and involves a substitution regimen), detoxification or abstinence. Abstinence means that a person has stopped taking that drug. Whilst abstinence generally refers to an individual stopping all drugs, ie. Including their substitute drug, abstinence may be used when the person is now abstinent from their 'street' or illicit drugs. Therefore when talking about abstinence one may need to qualify whether it is total abstinence from all drugs or from their 'street' drugs. The total abstinence definition is preferred.

2.11 Are these figures just for drug use since naltrexone is also prescribed for treatment of alcohol dependence and for other conditions, albeit less frequently.

3.3 Clearly with Naltrexone, an opioid antagonist on board patients who then take diamorphine will not get euphoric. Its not clear whether they can ever overcome Naltrexone blockade to achieve euphoria as stated here – but acknowledge they do try. We are not aware of any such evidence. Fatal overdose results from respiratory depression. This is not made clear. If the diamorphine is taken in conjunction with other drugs such as alcohol and benzodiazepines, the risk of fatal respiratory depression is greater.

4.3.5 It is stated that the committee heard that people taking Naltrexone may suffer a number of different adverse effects such as dysphoria, depression and insomnia. Some of these may be directly related to Naltrexone though some may be the effect of being abstinent – often for a significant period for the first time. It may be worth noting, because this would result in different clinical management.