| HEALTH TECHNOLOGY APPRAISAL:<br>NALTREXONE AS A TREAMENT FOR RELAPSE PREVENTION IN DRUG USERS (ACD) | |
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| **To: NICE** | **FROM: NHS Quality Improvement Scotland** |

Reviewer 1

*i) Whether you consider that all the relevant evidence has been taken into account.*

I do consider that the paper covers all the relevant evidence.

*ii) Whether you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.*

The cost-effectiveness arguments/methodologies are complex and are beyond my level of expertise. However, my knowledge of the evidence and clinical experience meant that its not surprising that the findings were somewhat equivocal. Retention is not a good measure of effectiveness in this population - many successfully treated people do not wish to stay in contact with services. Abstinence is better and more relevant. Retention can only give an indicator of compliance with the treatment (ie taking it).

In terms of resource implications for the NHS, this is likely to be a small population so drug costs are low. Counselling/psychosocial interventions should be in place even if on no medications so reflect no additional burden to the NHS. Supervision costs may if pharmacy supervision was to be considered.

*iii) Whether you consider that the provisional recommendations of the Appraisal committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.*

I feel the committee has weighed this up appropriately.

Reviewer 2

*i)* *Whether you consider that all the relevant evidence has been taken into account.*

This is difficult to say as a comprehensive reference list has not been supplied. It is a shame that non-oral preparations have been left out of the review – I refer to the 3rd Berlin Stapleford International Addiction Conference (Latest developments in effective medical treatments for addiction) www.stapleford-berlin2006.de/conference

*ii)* *Whether you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.*

I still feel that the evidence is not clear for oral Naltrexone UNLESS it is taken in a highly supervised environment. The risks of overdose if clients drop out of treatment remain high. I would recommend that the cost of overdose training and the provision of take home Naltrexone both need to be factored into the clinical and cost equations. In light of the new pharmacy contract, I wonder if a price for supervision of Naltrexone has been negotiated?

*iii)* *Whether you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.*

I would also comment that there should be recommendations for further research both in the use of oral Naltrexone in the UK;- is there a demand, in what population, what is the best way to get on to Naltrexone, efficacy, deaths whilst in and after treatment. Role as an adjunct to rehabilitation (residential or structured day). Comparison of outcomes in oral, depot and implantable Naltrexone etc.

Reviewer 3

I have no specific comments on this ACD, which appears comprehensive and to produce sensible and appropriate conclusions.

21 July 2006