

PRESS RELEASE

NICE issues guidance for the management of opioid dependence

The National Institute for Health and Clinical Excellence (NICE) has today (Wednesday 24 January) issued guidance for the NHS in England and Wales, recommending methadone & buprenorphine as options for maintenance therapy in the management of opioid dependence, and naltrexone as a treatment option in detoxified formerly opioid-dependent people who are highly motivated to remain free from opioids. Opioids can include heroin, opium and morphine.

Key recommendations are:

- The decision about as to whether methadone or buprenorphine is used should be made on a case by case basis, taking into account the person's history of opioid dependence, their commitment to a particular long-term management strategy, and an estimate of the risks and benefits of each treatment made by the responsible clinician in consultation with the person. If both drugs are equally suitable, methadone should be prescribed as the first choice.
- Methadone and buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care.
- Naltrexone should only be administered under adequate supervision to people who have been fully informed of the potential adverse effects of treatment. It should be given as part of a programme of supportive care.

- The effectiveness of naltrexone in preventing opioid misuse in people being treated should be reviewed regularly. Discontinuation of naltrexone treatment should be considered if there is evidence of substance (opioid) misuse.

Professor Peter Littlejohns, Clinical and Public Health Director at NICE and Executive Lead for this guidance said: “The independent advisory committee has assessed that these drugs represent good value for the NHS in the treatment of drug misuse and the prevention of relapse. Helping people to stay off heroin, and other opiates, reduces their risk of developing serious conditions as a result of drug misuse, and this in turn reduces demand on NHS services in the longer term. NICE has separately set out in its social value judgements report that its guidance will not take into account whether or not a particular condition is self-induced.”

Ends

For more information call Kristin O’Leary on 0207 067 5871.

Notes for editors

About NICE

1. The guidance documents are available on the NICE website at www.nice.org.uk from 00.01 on 24th January or on request from the NICE press office.
2. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
3. NICE produces guidance in three areas of health
 - public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS
 - clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

Background information:

4. Associated health issues: spread of blood-borne viruses with injected opiates (for example, HIV and hepatitis B or C) and the risk of an accidental overdose; mortality risk of people dependent on illicit diamorphine is estimated to be around 12 times that of the general population; Psychiatric comorbidity – particularly anxiety but also affective, antisocial and other personality disorders – is common among opioid-dependent people.
5. Associated social problems include marital and relationship breakdown, unemployment, homelessness and child neglect, often resulting in children being taken into the care system.
6. There is a clear association between illicit drug use and crime. Many opioid-dependent people become involved in crime to support their drug use. It is estimated that half of all recorded crime is drug related, with associated costs to the criminal justice system in the UK estimated as £1 billion per annum in 1996.