

Quick reference guide

Methadone and buprenorphine for the management of opioid dependence

1 Guidance

- 1.1 Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence.
- 1.2 The decision about which drug to use should be made on a case by case basis, taking into account a number of factors, including 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.
- 1.3 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.

2 Implementation

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/TA114).

- Local costing template incorporating a costing report to estimate the savings and costs associated with implementation.
- Audit criteria to monitor local practice.

NICE is developing a suite of implementation tools to coincide with the publication of its drug misuse guidance (see 'Related NICE guidance' section).

NICE technology appraisal guidance 114

This guidance is written in the following context

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Further information

Quick reference guide

This has been distributed to healthcare professionals working in the NHS in England and Wales (see www.nice.org.uk/TA114distributionlist). It is available from www.nice.org.uk/TA114quickrefguide

For printed copies, phone the NHS Response Line on 0870 1555 455 (quote reference number N1174).

Full guidance

This contains the following sections:

- 1 Guidance
- 2 Clinical need and practice
- 3 The technologies
- 4 Evidence and interpretation
- 5 Implementation
- 6 Recommendations for further research
- 7 Related NICE guidance
- 8 Review of guidance.

The full guidance also gives details of the Appraisal Committee and the sources of evidence considered. It is available from www.nice.org.uk/TA114guidance

'Understanding NICE guidance'

Information for people who are opioid dependent and their carers is available from www.nice.org.uk/TA114publicinfo

For printed copies, phone the NHS Response Line on 0870 1555 455 (quote reference number N1175).

Related NICE guidance

- Naltrexone for the management of opioid dependence. NICE technology appraisal guidance 115 (2007). Available from: www.nice.org.uk/TA115

NICE is developing the following guidance (details available from www.nice.org.uk).

- Community-based interventions to reduce substance misuse among vulnerable and disadvantaged young people. NICE public health intervention guidance (publication expected March 2007).
- Drug misuse: opiate detoxification management of drug misusers in the community and prison settings. NICE clinical guideline (publication expected July 2007).
- Drug misuse: psychosocial management of drug misusers in the community and prison settings. NICE clinical guideline (publication expected July 2007).

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