

Health Technology Appraisal

Naltrexone as a treatment for relapse prevention in drug misusers

National Institute for Health and Clinical Excellence

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With a membership of over 370,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Mental health nursing is represented in all its diverse forms. This embraces clients across the life span and in settings as diverse as high security hospitals, statutory care settings and the community. Mental health nurses are engaged in these diverse areas engaging with service users, carers and families in promoting well being and recovery.

The Technology in current practice

The description of the technology is accurate.

With regards to licensing of the technology, whilst we recognise the RCN is not a manufacturer of pharmaceuticals, we are concerned that the licencing of the drug does not include children. In addition the protocol recommends a start dose of 25mg daily, with this increasing to 50mg, yet Bristol-Myers Squibb only produce a 50mg tablet.

It is, therefore, not clear why there is no 25mg tablet. Patients will be required to break a 50mg tablet in half to take a starting dose of 25mg. As a result, the dose a patient takes may not be an accurate 25mg dose as there is no guarentee that the half of the tablet taken will contain 25mgs of active drug.

With regards to the population, the guidance needs to mention a starting age at which NICE sees adulthood beginning as this drug is not licenced for children. We are of the opinion that the critical assessment of this technology needs to address the total population in three sub-groups:

1. Recreational users
2. Solely opioid dependent

3. Poly-drug users who are using opioids as part of a pharmaceutical basket.

Advantages and disadvantages of the technology

There are no known comparators for this health technology. However, the impact of 'Talking Therapies' provided by Nurses or other appropriately qualified individuals needs to be considered as part of the critical review of this technology.

Outcome and Implementation issues

Drug use measures important health related benefits so all factors need to be taken into consideration whilst noting the following:

- Under outcome health of the drug user - the technology will not make any input into the psychological health of the drug user.
- Under social effects from the patients perspective - employment may not be a realistic outcome for them.
- The RCN would be looking for an element of clarification regarding the outcomes entitled the effects on family.
- We would also be interested to read what the effects on criminal justice are.
- With regards to secondary outcomes, the RCN would be concerned if the study suggested that failure to complete the course by the patient was purely because they were only offered a chemical intervention.

The RCN would hope that the technology assessment team (hosted by the University of Birmingham) would note that the outcomes will be most definitely influenced by 'Talking Therapies' that occur at the time Naltrexone is administered.

In looking at outcomes, the Technology Assessment team, therefore, needs to consider how much the Naltrexone has influenced the outcome and how much the outcome has been influenced by the intervention of the Nurse or other health care professional administering or dispensing the medication to the patient.

Finally, in the light of non-medical supplementary prescribing, the implications of this expanding role, should be taken into consideration during the critical review of this health technology.