New treatments for heroin: a call for restraint

The Australian National Council on Drugs (ANCD), the peak advisory body to Government on drug policy established by the Prime Minister in March 1998, has noted the growing number of calls for the widespread availability of new heroin replacement treatment programs to be added to the already available and well established methadone program.

Chairman of the Council, Major Brian Watters, stated "It is encouraging to see the range of new pharmacotherapies being developed and trialed, to assist those dependent on opioids. Whilst supportive of new treatment options, the ANCD cautions authorities on the broad introduction of treatments that are either yet to be proven effective or require specific conditions for success. The most prudent approach is to use the evaluation outcomes of clinical trials to guide decision-making."

"It should be remembered that the treatment of opioid dependence is a long term process that requires a commitment from both the dependent user and the treatment provider. The use of any pharmacotherapy on its own, including methadone, without ongoing support and effort is far more likely to result in relapse."

The National Expert Advisory Committee on Illicit Drugs (NEACID) has recently developed "Interim Clinical Guidelines" on the use of Naltrexone to prevent relapse in opioid dependent people. Chair of NEACID and ANCD member, Dr Ali said "Part of the importance of scientific trials is to provide some of the necessary information to develop sound clinical guidelines for the use of that particular treatment. These guidelines are critical in avoiding unintended negative consequences. Although evaluation takes time, it is vital that new treatment options are well understood, and the characteristics exhibited by patients are assessed accurately, to ensure the best chance of success."

"The use of naltrexone for purposes of ultra rapid opiate detoxification (UROD) is not recommended in the interim guidelines. The risk of serious complications and possibly death from UROD is not considered to be warranted given that detoxification is really only the beginning of the journey."

Mr Gino Vumbaca, Executive Officer for the Council added that - "The Council recognises that this is a very emotive issue, and understands that people will seek instant cures, however they should be cautious before spending large sums of their money on what are essentially programs either in the development or unproven stage at present. The ANCDs view on all innovations is that decisions and actions should be based on evidence. If that evidence is not available, then the innovation should be part of or limited to a comprehensive and rigorous trial, to provide evidence."

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