# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

#### **Centre for Clinical Practice**

#### Review consultation document

Review of Clinical Guidelines (CG52) Drug Misuse: Opioid detoxification

# 1. Background information

Guideline issue date: 2007

3 year review: 2010

National Collaborating Centre: Mental Health

#### 2. Consideration of the evidence

#### Literature search

From initial intelligence gathering and a high-level randomised control trial (RCT) search clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 27 studies relevant to the guideline scope were identified. The identified studies were related to the following clinical areas within the guideline.

1. Clinical effectiveness of using injectable heroin or injectable methadone in treatment of opioid dependence in treatment resistant groups.

One review question was developed based on the clinical area above, qualitative feedback from other NICE departments, and the views expressed by the Guideline Development Group, for the more focused literature searches. The results of the focused searches are summarised in the table below. All references identified through the initial intelligence gathering, high-level RCT search and the focused searches can be viewed in <a href="#">Appendix I</a>

Clinical area 1: Clinical effectiveness of using injectable heroin or injectable methadone in treatment of opioid dependence			
Clinical question	Summary of evidence	Relevance to guideline recommendations	
What is the clinical	Through the focused search seven studies relevant to the clinical	There is insufficient	
effectiveness of using	question were identified. All the identified studies examined only	evidence in this area to	
injectable heroin or	treatment resistant groups.	be considered for	
injectable methadone in		recommendation at this	
treatment of opioid	A three arm RCT reported effectiveness of injectable heroin in reducing	stage.	
dependence?	street heroin use among treatment resistant groups. Another RCT		
	examining retention to treatment as primary outcome, found injectable		
	heroin to be better than methadone however they reported higher		
	adverse effects.		
	Four RCTs identified suggested effectiveness of injectable heroin over		
	oral methadone. One of the identified studies examining injectable		
	methadone and injectable heroin did not find significant differences in		
	treatment outcome within the groups.		

# **Guideline Development Group and National Collaborating Centre perspective**

A questionnaire was distributed to Guideline Development Group (GDG) members and the National Collaborating Centre (NCC) to consult them on the need for an update of the guideline.

Five responses were received on the content of guideline with three stating that there is insufficient variation in current practice supported by adequate evidence at this time to warrant an update of the current guideline.

The respondents highlighted the use of injectable heroin or injectable methadone as an area not covered in the current guideline but a subject of recent clinical trials in the UK. The also highlighted duration of community detoxification, importance of the role of families in improving recovery, contingency management and the Government's new drug strategy 2010.

The new drug strategy highlights:

- The emphasis of the 'whole systems' approach that focused on abstinence and recovery rather than the current harm reduction approach.
- The role of substitute prescribing (diamorphine/methadone) under the 'whole systems' approach
- The forthcoming consultation upon the replacement of the current National Service Framework

Feedback from the GDG and NCC contributed towards the development of clinical questions for the focused searches.

Two large clinical trials on contingency management are ongoing, results of which are likely to be published in early 2012 and 2013 respectively.

#### Implementation and post publication feedback

For this guideline, 29 enquiries were received from post-publication feedback, most of which were routine.

Implementation feedback identified an implementation study by the Healthcare Commission and the National Treatment Agency for Substance Misuse, which reported a joint service review of inpatient and residential rehabilitation services. 86% of inpatient detoxification services had prescribing regimes that were in line with NICE clinical guidelines but 5% of inpatient services reported using di-hydro-codeine routinely in opioid detoxification; 5% reported using Clonidine routinely in opioid detoxification; and 2% reported routinely using rapid detoxification.

### Relationship to other NICE guidance

The following NICE guidance are related to CG52:

Related NICE Guidance	Review date
CG 51 Drug Misuse; Psychosocial interventions [Issued July2007]	March 2011
TA 114 Methadone and buprenorphine for the management of opioid	March 2010
dependence. Technology Appraisal Guidance [Issued January 2007]	
PH24 Alcohol-use disorders - preventing harmful drinking [Issued June 2009]	TBC
CG100 Alcohol-use disorders: physical complications [Issued June 2010]	June 2013
PH4 Interventions to reduce substance misuse among vulnerable and disadvantaged children and young people [Issued March 2007]	February 2011
CG76 Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence [Issued January	January 2012

2009]	
Alcohol dependence and harmful alcohol use	Due to publish Feburary 2011
CG77 Antisocial personality disorder [Issued Jan 2009]	January 2012
CG16 Self-harm: the short-term physical and psychological	Update due to
management and secondary prevention of self-harm in primary and	publish November
secondary care [Issued Jul 2004]	2011
CG22 Anxiety: management of anxiety (panic disorder, with or	Update due to
without agoraphobia, and generalised anxiety disorder) in adults in	publish January 2011
primary, secondary and community care [Issued December 2004]	
CG90 Depression in adults (update) [Issued October 2009]	October 2012
CG26 Post-traumatic stress disorder (PTSD): the management of	March 2012
PTSD in adults and children in primary and secondary care [Issued	
March 2005]	
CG31 Obsessive-compulsive disorder: core interventions in the	March 2011
treatment of obsessive-compulsive disorder and body dysmorphic	
disorder [Issued November 2005]	
TA97 Computerised cognitive behaviour therapy for depression and	TBC
anxiety [Issued February 2006]	
Psychosis with substance misuse	Due to publish
	March 2011
TA115 Naltrexone for the management of opioid dependence	March 2010
[IssuedJanuary 2007]	
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## Anti-discrimination and equalities considerations

No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope is

inclusive of adults and young people who are dependent on opiates and have been identified as suitable for a detoxification programme.

#### Conclusion

No additional areas were identified that were not covered in the original guideline scope or would indicate a significant change in clinical practice. There are no factors described above that would invalidate or change the direction of current guideline recommendations. The Drug misuse: detoxification guideline (CG52) should not be updated at this time.

#### 3. Review recommendation

The guideline should not be considered for an update at this time.

The guideline will be reviewed again according to current processes

Centre for Clinical Practice 24January 2011

### Appendix I

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