Dear Health and Social Care Committee

Re: Health consequences of illicit drugs policy: Treatment and harm reduction & best practice

I am writing to you regarding two effective evidenced based treatments for individuals with heroin/other opiate dependence which are not being provided routinely but have a good evidence base from both international and UK research.

**Contingency management for encouraging hepatitis B vaccination completion among individuals receiving opiate treatment.**

Injecting drug users are at serious risk of contracting and transmitting hepatitis B. Hepatitis B can lead to liver cirrhosis, liver cancer and death. It can be spread to sexual partners and children, so prevention is vital. Clinical guidance already recommends that injecting drug users are routinely offered the Hepatitis B vaccination against the virus when receiving drug treatment. In order to be fully protected against Hepatitis B, individuals need to complete the full course of at least three vaccinations. However, many of them fail to do this.

The use of contingency management (providing positive reinforcement through verbal praise and modest financial incentives to encourage behaviour change) has already been widely tested and shown to be effective in improving outcomes in a range of health problems (eg. obesity, enuresis, challenging behaviour in people with learning disabilities, and diabetes). Also, it has also been shown to improve uptake of screening including mammograms and cervical smears and improve adherence to medication.

This approach has been recommended by the National Institute for Health and Care Excellence (NICE), for use in addiction services here, but up until recently, the UK has little track record of doing this. Our study published in the Lancet in 2014 (Weaver, Metrebian, Hellier et al 2014) found large significant improvements in the completion of hepatitis B vaccination (three vaccinations over 28 days) with 45 % and 49% of patients receiving either fixed-value financial incentive (£10,£10 and £10 vouchers) or escalating-value financial incentive (£5,£10 and £15 vouchers) completed their course of 3 vaccinations compared with only 9 % of those getting no incentives. Moreover, the vast majority (80 per cent) of those receiving financial incentives who attended appointments, attended on time, suggesting this can improve clinic efficiency and reduce missed appointments, which are a drain on NHS resources.

Modelling the long term clinical consequences and costs of using contingency management to encourage completion of hepatitis B vaccination we found that contingency management could be cost effective (Rachid et al 2016)

Contingency management is an effective tool to encourage the completion of hepatitis B vaccination programmes and should be implemented in routine clinical practice.
Contingency management for encouraging abstinence from heroin among individuals receiving opiate treatment. There is also evidence that contingency management can help reduce smoking, alcohol and stimulant use and there is strong evidence from US studies for its use in drug services as an adjunct to opiate substitution medication for targeting abstinence from opiates such as heroin. We have just completed a trial examining the effectiveness of using contingency management to encourage abstinence from street heroin among individuals receiving opiate substitution treatment. (Metrebian N et al 2018). Our study has shown that it can encourage abstinence and we will be reporting these findings shortly.


Supervised injectable heroin treatment for a select minority of chronic treatment refractory heroin addicts.

While conventional opiate treatments (such as oral methadone and buprenorphine) are clinically effective, there are a significant minority of individuals who despite receiving these treatments continue to inject heroin almost every day and continue to be at high risk of mortality and morbidity. Between 2005 and 2009 we undertook a study to determine the effectiveness of supervised injectable heroin (pharmaceutical heroin/diamorphine) delivered within new European style supervised injecting clinics compared with optimized oral and injectable methadone among treatment refractory heroin addicts. We found that at six months, those receiving supervised heroin made significant reductions in their street heroin use compared with those receiving oral or injectable methadone. Our findings together with research from Europe and Canada established the clinical effectiveness of supervised injectable heroin treatment for a select group of chronic, treatment refractory heroin addicts (Strang et al 2010; Strang et al 2015; Metrebian et al 2015).

We also found that supervised injectable pharmaceutical opiates (heroin and methadone) were more cost effective than oral methadone but that while supervised injectable heroin was more effective it had a higher cost (which could potentially be reduced by lower cost of diamorphine) (Byford et al 2013).

Supervised injectable heroin treatment has been shown to be an effective second line treatment for a select group of heroin users and should be available for the specific group of individuals who have not made progress with conventional treatment.


Kind regards

Dr Nicola Metrebian

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