



Dr George O'Neil
O&G, Addiction, R&D Work

email@drgeorgeoneil.com

www.freshstart.org.au


“Improving Addiction Treatment”






Aim

To find the Common Ground for:

- 1) Science and Regulatory Groups
 - 2) Rehab and Church Groups
 - 3) Opiate Maintenance and Harm Minimization Groups
- 




3 Definitions of Harm Minimisation

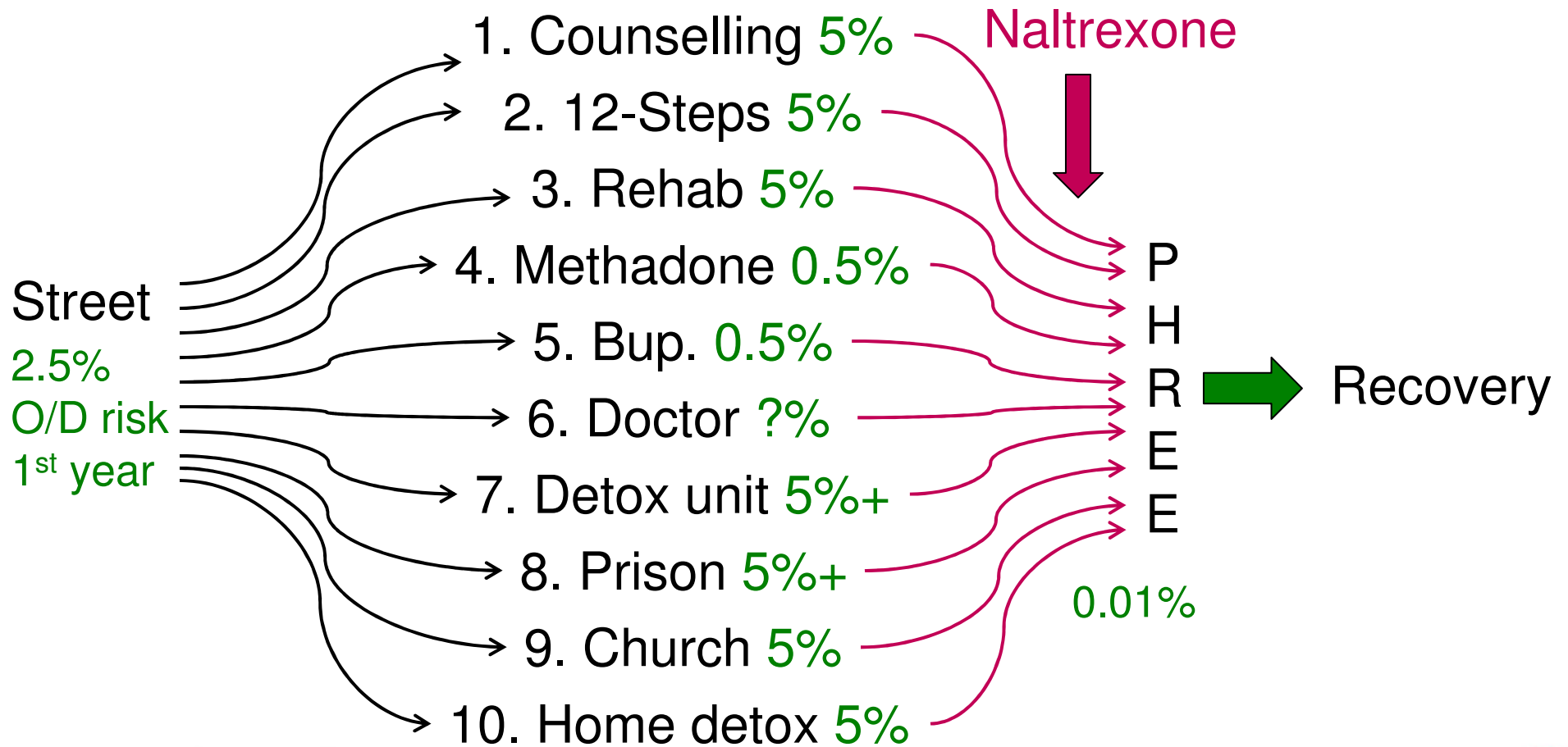
- 1) Where Harm Minimisation is delivered with no change in drug use
 - 2) Where Harm Minimisation is delivered whether drug use increases or decreases
 - 3) Where Harm Minimisation is delivered to fully support:
 - a) To those who want to continue opiates
 - b) To those who want to cease opiates
- 



Key Issues with Definition 3

- Are we treating individuals or families?
 - Talk to:
 - the patients!
 - the parents!
 - the wives / or husbands
 - the children!
 - DOCS and DCP
 - Families push for abstinence
 - Patients appreciate technology for effective painless abstinence
- 

Why the controversy?





The PHREE Program

- **Physiology** – changing physiology
- **Housing** – love, joy, peace, patience, gentleness, kindness and self control
- **Relationships** – self, God, family, community
- **Empowerment, Executive function**
- **Education, Employment, Exit to the community** – year 12, university, training, short/long term employment, career, re-entry to the community

Drug Strategies

WA

40% Methadone/
Buprenorphine

40% Naltrexone

20% no treatment
(dealer controlled)



Eastern States

40% Methadone/
Buprenorphine

2% Naltrexone

58% No treatment
(dealer controlled)

Giving patients treatment options, increases the percentage of patients who seek treatment

Methadone + Buprenorphine + Naltrexone = Less dealer controlled patients

A comparison of rapid (opioid) detoxification with clonidine-assisted detoxification for heroin-dependent persons

Diane E. Arnold-Reed, PhD
Gary K. Hulse, PhD


Mar/Apr 2005, Vol 1, No. 1, 17 – 23

RCT





Findings RCT

- 80 patients randomized to accelerated detox or conventional detox
 - Accelerated detox – 89% success
 - Conventional detox – 30% success
- 



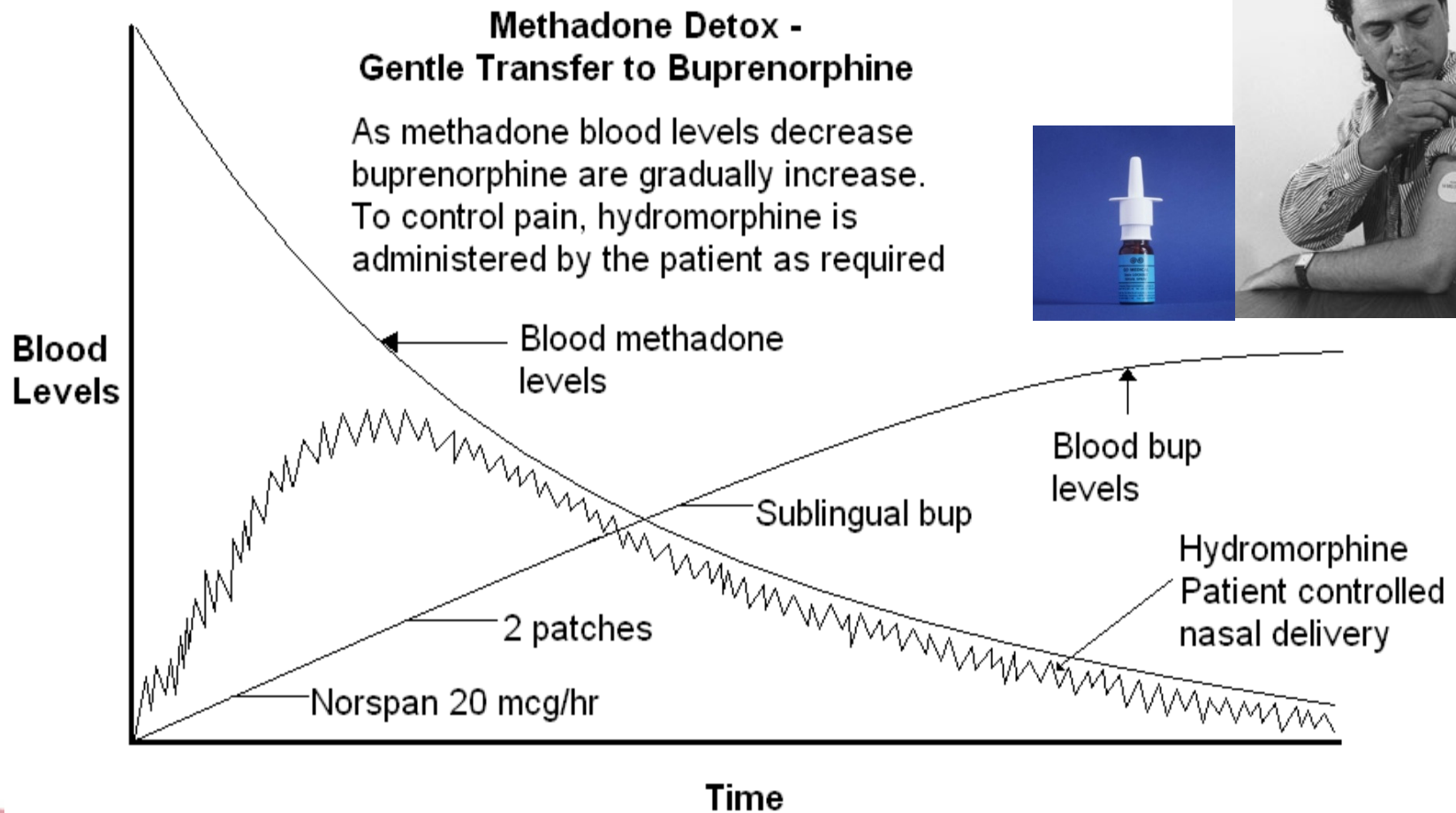
1) Detox must be made easier for those wanting an escape from opiates

- Short Term Buprenorphine
- Norspan patches
- Methadone detox

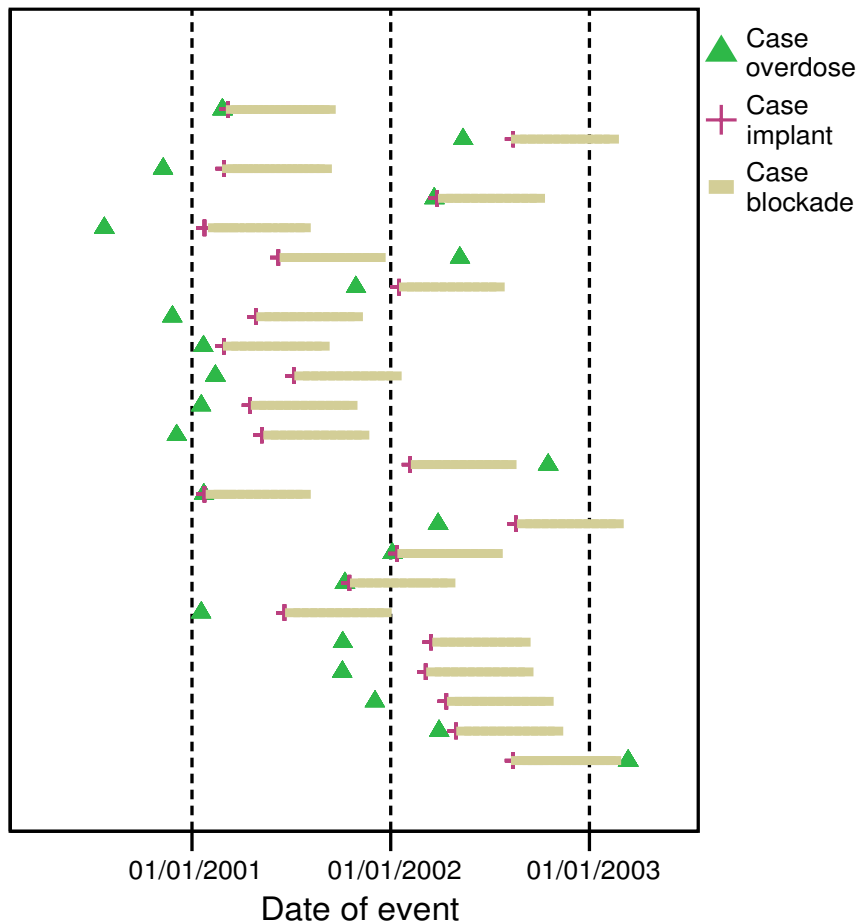
2) Detox is now safer and easier

- Must Reduce Overdose Post Detox Risk
- 

Methadone to Buprenorphine



Opioid Overdose and Implants

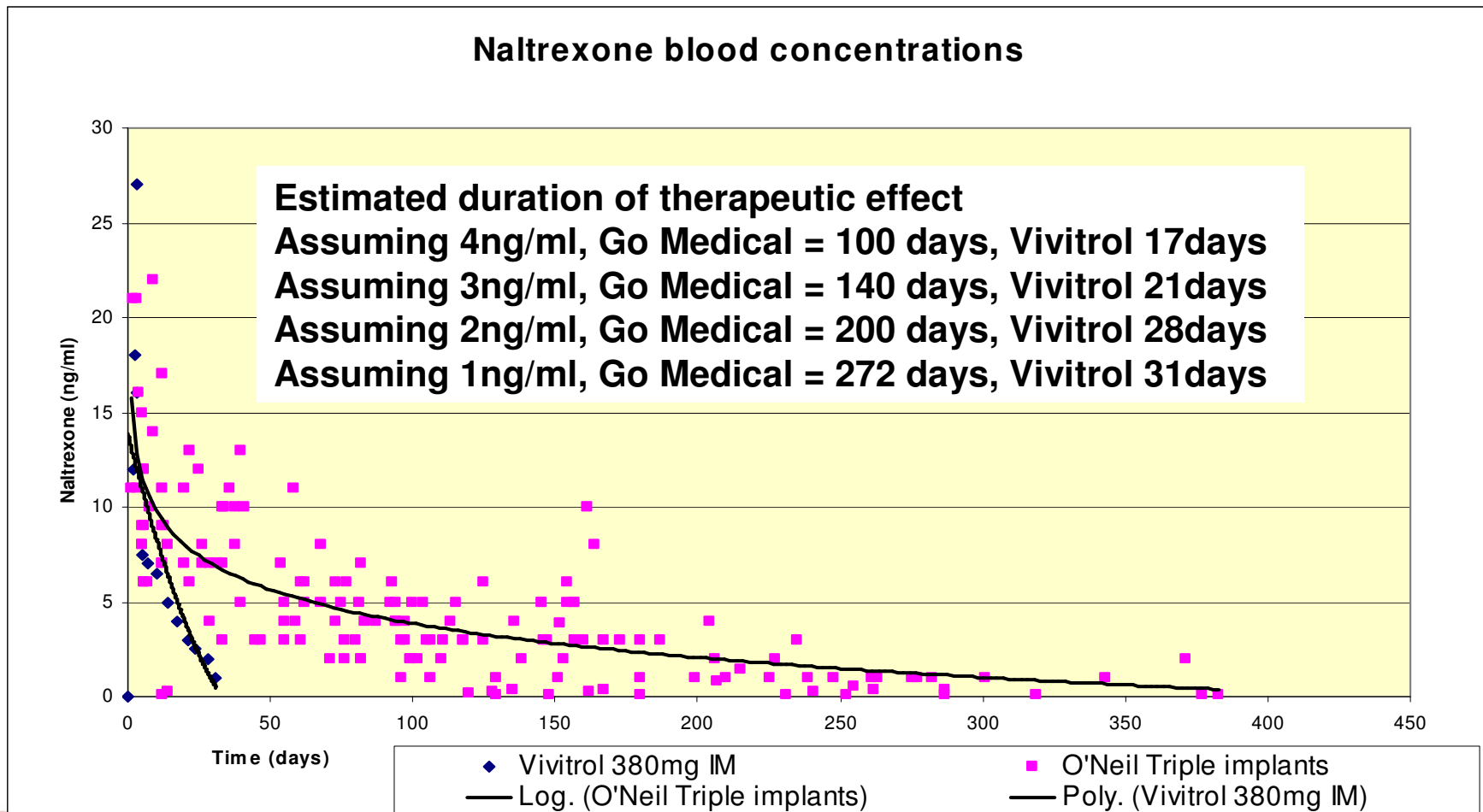


Identified via WA Hospital
Linked Data & ECHO Project
EDIA data

- 361 patients
- 21 patient overdoses in the 6 months before treatment
- 0 opiate overdoses in the 6 months after treatment

Hulse et. al. Drug and Alcohol
Dependence 79 (2005)

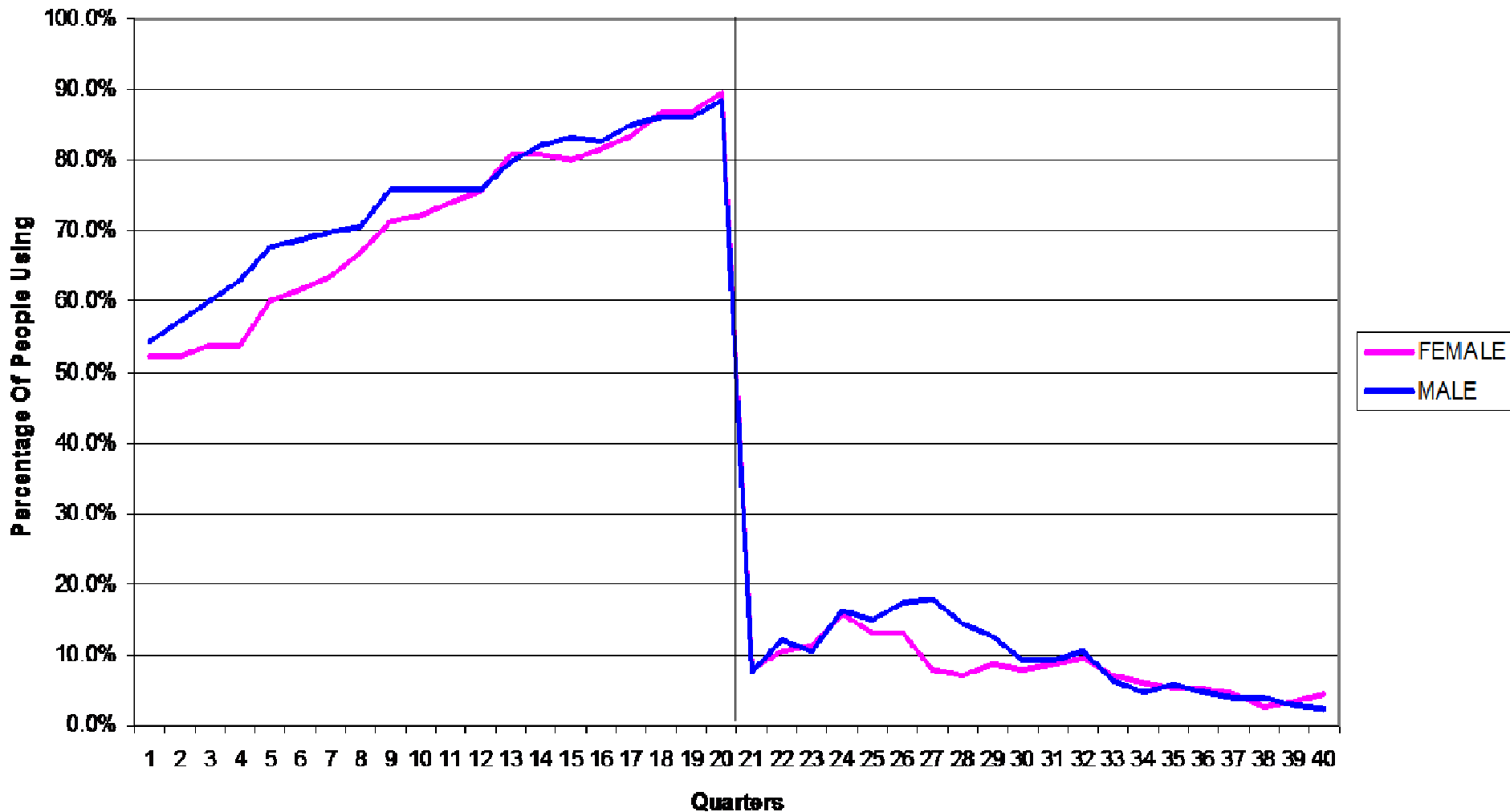
Sustained Release Therapy



Heroin Use After Implant (Percentage Of People Using/Quarter)
(115 Females / 173 Males)

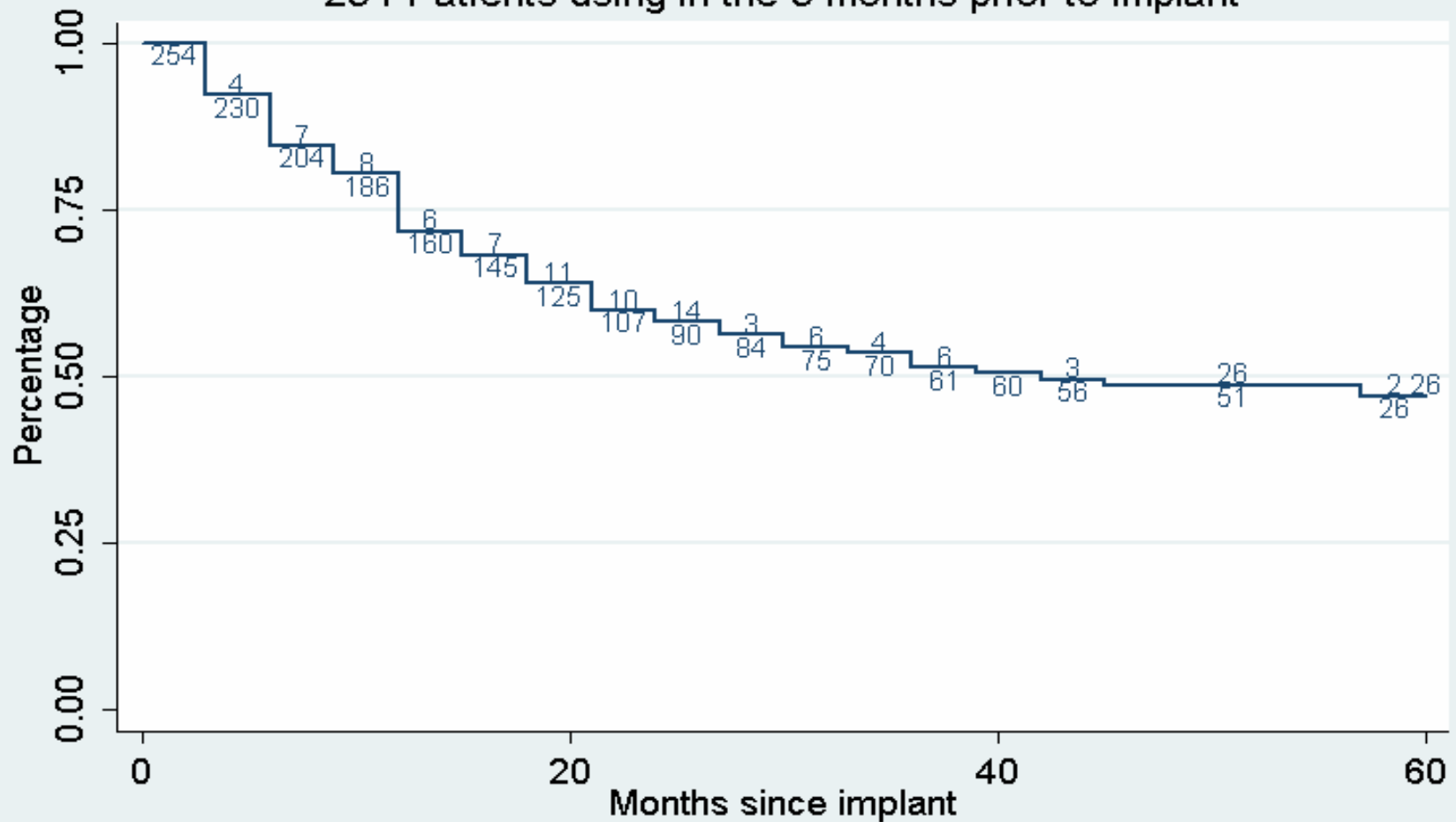
5 Years Before Implant

5 Years After Implant



Rates of Abstinence in Heroin Users

254 Patients using in the 3 months prior to implant






Implants in Adolescent Poly Drug Users


Hulse, G.K. and R.J. Tait, *A pilot study to assess the impact of naltrexone implant on accidental opiate overdose in 'high-risk' adolescent heroin users.* *Addiction Biology*, 2003. **8**: p. 337 - 342.

Tait, R.J. and G.K. Hulse, *Reduction in emergency presentations by adolescent poly-drug users: A case-series.* *Journal of Child and Adolescent Substance Abuse*, 2005. **14**(4): p. 41 - 52.

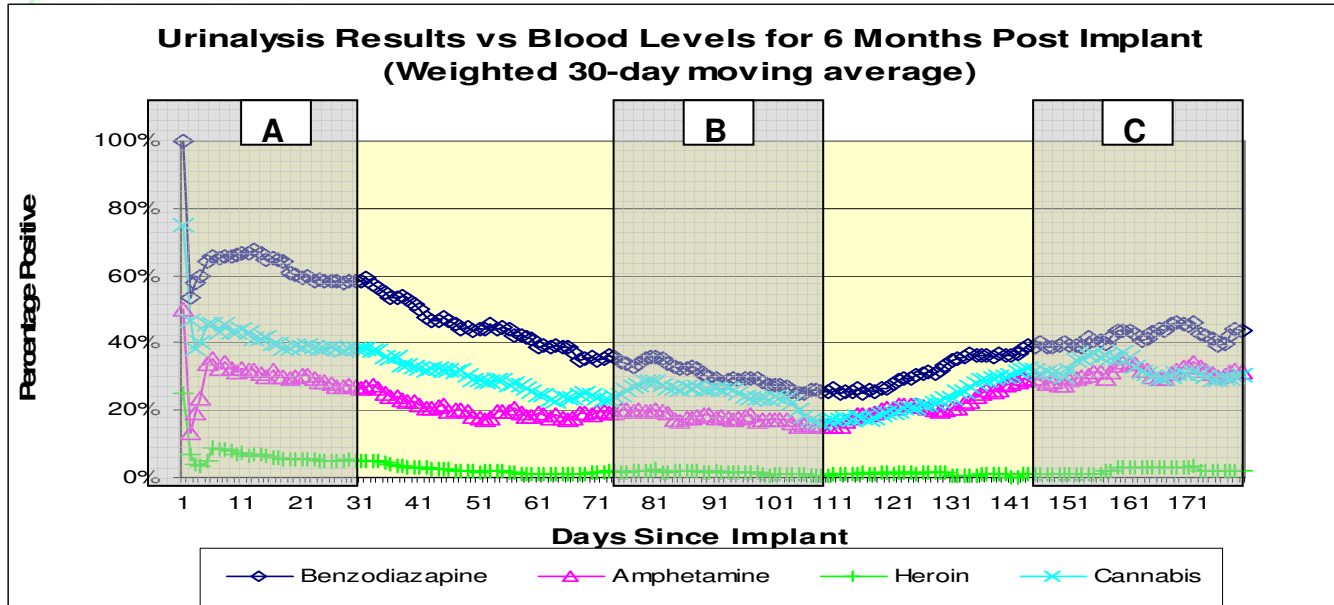




Overdose in 3 adolescents

- 91 weeks before implants, 14 overdose events
 - 91 weeks post implants, no overdose events
 - Jo Kimber's BMJ paper (2010) confirms methadone increases the duration of injection x 4 (5 yrs - 20)
 - In contrast, implants eliminate injecting
- 

Implants in Poly Drug Use



The values for segment A compared with segment B and segment B compared with segment C are significantly different for benzodiazepines, amphetamines and cannabis but not for opiates.

Figure 1a		Benzodiazepine	Amphetamine	Heroin	Cannabis
A	1 - 30 days	58.3%	26.9%	5.0%	38.4%
B	81 - 110 days	26.1%	15.0%	0.6%	16.7%
	Fishers Exact	P<0.0001	P = 0.0022	P = 0.0057	P<0.0001
C	151 - 180 days	43.5%	31.5%	2.2%	30.4%
	Fisher Exact on increase	P = 0.0058	P = 0.0024	P = 0.2650 (not significant)	P = 0.012

Implants in Amphetamines

Naltrexone blood levels	% of abstinent patients	No. of blood samples
< 1 ng/ml	38.9%	18
≥ 1 & < 2 ng/ml	42.9%	7
≥ 2 & < 5ng/ml	84.6%	13
≥ 5 ng/ml	100.0%	9

Naltrexone Implant Development

- GMP Manufacture
- WA Government Support for 10 Years
- WA Donor Support for 10 Years
- 3600 Implant Patients
- Two RCT's and 30 Peer Review Publications
- Work towards Registration continuing

