

Australia's first trial of supervised injectable opioid injection treatment with hydromorphone for people with opioid use disorder: First findings

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Introduction:

Supervised injectable opioid treatment (SIOT) is a second-line, evidence-based intervention for the treatment of opioid dependence. This trial assessed the feasibility and acceptability of time-limited SIOT using injectable hydromorphone at an existing public opioid treatment program.

Methods:

Participants were offered twice-daily, parenteral hydromorphone to inject under direct supervision, plus opioid agonist treatment (OAT) with methadone or buprenorphine, for up to 2 years. At the end of hydromorphone treatment, participants were continued on currently available OAT only.

This was a single site, single arm, open-label study conducted at St Vincent's Hospital in Sydney, Australia. Quantitative and qualitative interview data were collected at baseline, 12 months, and at 3 months following the final hydromorphone dose. This presentation reports on feasibility, as assessed by recruitment, retention and participation in treatment, and safety.

Results:

69 people expressed interest in the study, 53 people were pre-screened, and 22 people were enrolled (10 ineligible, 2 withdrew interest, 19 screening was not completed) and had at least 1 hydromorphone dose in addition to standard OAT. 15 of the 22 participants were retained on OAT following cessation of hydromorphone dosing with 14 on methadone and 1 on sublingual buprenorphine; 9 completed HM prior to 24 months and 7 participants were not retained on OAT due to failure to attend (1), administrative discharge (1), incarceration (4) and death (1).

There were 379 adverse events in 20 participants, 141 related to hydromorphone, most commonly gastrointestinal (n=67). There were 8 Serious Adverse Events (SAEs) during the trial. There were only 2 non-fatal SAEs in one participant that included airway management +/- administration of naloxone, and were safely managed in the clinic. Other SAEs were not related to hydromorphone.

Conclusions:

These findings show that it is feasible to recruit and retain participants on a program of time-limited injectable hydromorphone treatment and that it is safe to administer under supervised conditions within a standard Opioid Treatment Program.

Implications for Practice or Policy:

This was the first study of SIOT in Australia and the first study worldwide on time-limited SIOT. The findings of the trial support a scale-up of the intervention in Australia for people who do not respond to standard OAT.

Disclosure of Interest Statement:

John Strang, through his university, has worked with several pharmaceutical companies to identify new or improved treatments and his employer (King's College London) has received grants, travel costs and/or consultancy payments. None of these has related to the FOPIIT study which this paper describes.

Nicholas Lintzeris has received funding for independent research from Indivior and Camurus for work unrelated to this project.

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Wim van den Brink, has worked with several pharmaceutical companies to identify new or improved treatments and received speaker fees, travel costs and/or consultancy payments. None of these has related to the FOPIIT study which this paper describes.

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