THE FEASIBILITY OF INJECTABLE OPIOID TREATMENT IN AUSTRALIA

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Introduction:

Internationally, eight randomised-controlled trials (RCTs) and two systematic literature reviews have shown Supervised Injectable Opioid Treatment (SIOT) to be effective for opioid-dependent individuals who do not benefit from conventional treatment.

Approach:

A review of literature on SIOT and identification of key questions pertaining to SIOT feasibility in Australia.

Results:

The studies show that SIOT patients have significantly higher treatment retention, greater reductions in illicit opioid use and improvements in health and social outcomes than those patients who were randomised into oral methadone. A recent study found that hydromorphone is non-inferior to pharmaceutical heroin in SIOT and therefore may be an appropriate agent in the Australian context where trials with pharmaceutical heroin have historically been controversial and lacked support.

Discussions and Conclusions:

The following key questions regarding the feasibility of SIOT in Australia were identified: (i) Should SIOT be implemented in Australia and if yes, what would be its role in the current service provision?;

(ii) What would be needed for the AOD sector to approve SIOT in Australia?;

(iii) What should be the eligibility criteria and key outcomes?;

(iv) What injectable opioids (IO) could be provided through SIOT in Australia and what would be needed to register them for the treatment of opioid dependence?;

(v) Should an RCT be conducted, and if so, what should be the control condition?;

(vi) What are the current barriers and facilitators to implement SIOT in Australia?

Rather than providing definite answers to these questions, the aim of the workshop is to present the current evidence and the key questions that pertain to the feasibility of SIOT in Australia and to explore the answers from workshop participants.

Implications:

The high level of evidence and the persisting rates of opioid dependence warrant discussion about the role of SIOT in Australia.

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