

Injectable opioid treatment for chronic heroin addiction more cost-effective than oral methadone

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(Medical Xpress)—Supervised injectable opiate treatments are more cost-effective than optimised oral methadone treatment for chronic heroin addiction, according to new research from King's College London.

Although injectable treatments are more expensive to provide, they are associated with reduced levels of criminal activity and the researchers estimate that the overall savings of providing supervised injectable treatments for chronic heroin addiction in England may be between £29 and £59 million per year.

The study, published in the *British Journal of Psychiatry*, reports the results of an [economic evaluation](#) of the RIOTT Randomised Injectable Opiate Treatment Trial led by the National Addictions Centre at King's.

Approximately 5-10% of people addicted to heroin fail to respond to conventional treatments (usually oral [methadone](#)) and continue to use heroin regularly. The researchers examined the relative costs and outcomes of three different treatments for 127 people who fell within this group. They were either given optimised oral methadone, supervised injectable methadone or supervised injectable heroin.

Professor Sarah Byford, lead author of the study from the Centre for the Economics of Mental and Physical Health (CEMPH) at the Institute of

Psychiatry at King's says: "Given the increasing pressures on health services, injectable opiate treatments may seem like an unaffordable luxury, but when we look at the cost-effectiveness, injectable treatments result in substantial cost savings to the wider community. Clinics will need to be supported to provide the more expensive injectable treatments, since the cost savings generated by injectable treatments are not located in the NHS but in the criminal justice sector, through reductions in criminal activity.

"The RIOTT trial established that injectable heroin was more effective in treating chronic [heroin addiction](#), but this study reveals that there is also an economic argument to make – that both injectable treatments are more cost-effective than oral methadone treatment."

The RIOTT trial reported that 72% of participants in the injectable heroin group responded well to treatment compared to those treated with injectable methadone (39%) or oral methadone (27%). Quality of life was also higher in the injectable heroin group, although the differences between the three groups were small.

Whilst treatment costs for injectable opiates were estimated to be between £4,000 (injectable methadone) and £10,000 (injectable heroin) more per person per year than oral methadone, individuals receiving an injectable treatment committed far fewer crimes than those receiving oral methadone. Once the cost to the criminal justice service and to victims was taken into account, the overall costs were highest in the oral methadone group and lowest in the injectable heroin group.

The authors estimate that injectable opiate treatments could generate additional savings to the criminal justice sector of £14,000 per person per year - a net saving of around £6,000 per person on average, compared to oral methadone treatment. With an estimated 93,400 people in England addicted to injectable [heroin](#) in 2010-11, of whom 5-10%

will be unresponsive to conventional treatment, the total cost savings of providing injectable opiate treatment for this chronic group in England could be between £29 and £59 million per year.

Nick Barton, Chief Executive of Action on Addiction the Charity that commissioned the RIOTT Trial says: "This is another interesting finding from the RIOTT study in that it makes an economic case for providing more expensive injectable opiates as a form of treatment as these are more cost-effective in the long-run than oral methadone in reducing crime.

While recognising their potential economic benefits to society, as a charity committed to finding ever more effective ways to disarm addiction in individuals, families and communities, our overriding interest is in how such treatments benefit our beneficiaries. A reduction in [criminal activity](#) is a positive step and one that we hope will enable clients to make further progress to free themselves from addiction and achieve long-term well-being."

This study was funded by the Community Fund (Big Lottery Research section), through Action on Addiction.

More information: Byford, S. et al. 'Cost-effectiveness of injectable opioid treatment v. oral methadone for chronic heroin addiction' *British Journal of Psychiatry* [DOI: 10.1192/bjp.bp.112.111583](https://doi.org/10.1192/bjp.bp.112.111583)

Provided by King's College London

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