



Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 15 September 1998

MINISTERIAL STATEMENT

Naltrexone Trials

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (9.47 a.m.), by leave: I rise to advise the House of my approval for the extension of Queensland Health's trial of the drug naltrexone. Protocols are being finalised and the trial of naltrexone as a way of detoxifying heroin-dependent patients will proceed shortly under stringently controlled conditions.

At my request, the trial will now have three arms: firstly, the rapid detoxification method using general anaesthetic; secondly, accelerated detoxification using sedation but not general anaesthetic; and thirdly, a control group maintained on standard methadone treatment. With 50 patients in each trial cohort, this is a significant increase on the trial proposed by the previous Government. It also allows another treatment model that has shown promising results to be evaluated, providing a far more effective trial.

Contrary to statements made by the Opposition, honourable members should be aware that on 16 July I signed off the necessary documentation to allow naltrexone to be prescribed by authorised general practitioners as alternative maintenance therapy instead of methadone. The only way this could have been done sooner was if the State election had been held earlier.

My concern has been to provide a treatment which is safe and effective for patients and the medical practitioners involved. I was not prepared to rush into a treatment program that has significant associated risks without adequate funding, planning or supervision until I was satisfied that it was safe to proceed. We have now reached that stage.

These trials will now be comparable and complementary to trials in other States—pooling our knowledge of these treatment regimes. Queensland Health will spend an additional \$1,500,000 in the coming year on drug and alcohol prevention strategies. I am very concerned about the impact of drugs on Queenslanders, both in terms of the harm caused to individuals and families, and through the loss of life, and the cost of health care, crime and corrective services.

I would also like to inform the House of some early results from the first pilot of naltrexone performed by the Carr Labor Government in New South Wales. The Sydney Hospital project was one of two pilot studies to determine clinical standards and safety guidelines for the use of naltrexone. The early results are encouraging. Thirty-one patients were treated. These patients were sedated rather than anaesthetised during withdrawal with medication administered to suppress symptoms. Sixteen were addicted to heroin and a further 15 were on methadone. Of the group of 16 who were addicted to heroin, after three months five, or 31%, are off heroin and on methadone. Two, or 12.5%, are on a naltrexone maintenance program and free of heroin. One patient is entirely free of heroin without naltrexone maintenance. Fifty percent of those patients are now off heroin, a result comparable to other treatment programs, including methadone, which has a 50% retention, and abstinence-based therapies, which have an average of 20% retention.

Of the second group of 15 patients on methadone and treated with naltrexone, after one month, six, or 40%, are entirely abstinent and three, or 20%, remain on methadone. While these are preliminary results and the numbers are very small, they are very encouraging, and suggest that naltrexone could have a valuable role in the fight against drug abuse. This data, along with results from

a yet to be completed pilot at Westmead Hospital, will be compared with results from our own trials. But it is important to realise that there is no miracle cure for drug addiction—no quick fix. Whatever the means of detoxification, the long-term rehabilitation is the hardest part. Hopefully with increased knowledge from these trials, a range of treatment options will be possible for people affected by drug addiction.
