

## North American Opiate Medication Initiative (NAOMI)

### Key issues

#### **Heroin addiction is a major health, social and fiscal burden**

Opiate addiction afflicts 60,000 to 90,000 Canadians. The personal risks of heroin addiction include lethal overdoses, exposure to deadly infections such as HIV and hepatitis C, loss of social functioning and drug-related violence and crime. A recent cost-of-illness analysis of a cohort of untreated opiate addicts in Toronto estimated more than \$45,000 in social costs per addict per year.

#### **Available treatments do not work for all**

An effective treatment for heroin addiction is methadone, which blocks heroin craving and prevents withdrawal symptoms from heroin. A substantial proportion of people with opiate addiction do not, however, benefit from methadone maintenance therapy. These *treatment-refractory* individuals could represent just 10-20% of the heroin-addicted population, but they account for a disproportionately large percentage of the opiate-related problems undermining public health, criminal justice and public order.

#### **Heroin-assisted treatment could help this troubled population**

In 1972, a Canadian Commission of Inquiry recommended that heroin-assisted therapy be tested in clinical trials. More recently, large studies in Switzerland, the Netherlands and Germany have indicated that heroin-assisted therapy is useful in helping some chronic users to stabilize their addictions, reduce criminal activity and lead more healthy and productive lives.

#### **Important to conduct a controlled-trial of this possible treatment**

NAOMI is a carefully controlled medical study (clinical trial) that will test whether prescribed heroin can successfully attract and retain street heroin users who have not benefited from previous repeated attempts at methadone maintenance and abstinence programs. It is funded by the Canadian Institutes of Health Research and approved by Health Canada. The principal investigator is Dr. Martin Schechter of the University of British Columbia Faculty of Medicine.

#### **NAOMI began in February 2005 and is expected to release results in spring 2008**

The study is enrolling participants at two sites—Vancouver and Montreal. About half of these volunteers will be assigned to receive pharmaceutical-grade heroin and half will receive methadone. Those in the heroin group will be treated for 12 months then transitioned, over three months into methadone maintenance, abstinence or other treatment programs of their choice.

#### **CIHR, Health Canada and ethics review boards have approved NAOMI**

Ethical review boards at both of NAOMI's two sponsoring institutions—the University of British Columbia and Université de Montréal—have approved the study.