

Heroin Assisted Treatment/Heroin Maintenance

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1.

"Prescribing injectable opiates is one of many options in a range of treatments for opiate-dependent drug users. In showing that it attracts and retains long term resistant opiate-dependent drug users in treatment and that it is associated with significant and sustained reductions in drug use and improvements in health and social status, our findings endorse the view that it is a feasible option."

Source:

Metrebian, Nicky, Shanahan, William, Wells, Brian, and Stimson, Gerry, "Feasibility of prescribing injectable heroin and methadone to opiate-dependent drug users; associated health gains and harm reductions," The Medical Journal of Australia (MJA 1998; 168: 596-600).

<http://mja.com.au/public/issues/jun15/mtrebn/mtrebn.html>

2.

"Heroin prescription is a form of medical care that involves strictly regulated and controlled prescription of heroin. Offered on its own or as a complement to treatment programs, it is often targeted for use by people for whom opioid substitution treatment and other programs have not succeeded."

"Findings show such programs are feasible and are associated with a number of positive outcomes,12 including:

Health benefits:

- helping people to stop or reduce their illegal drug use;13
- avoiding illness and death as a result of overdose by ensuring access to a drug of known quality and strength;14
- retention in medical care;15
- facilitating a gradual change from heroin to opioid substitution therapy;16

- reducing the risk of HIV and hepatitis resulting from unsafe injection practices;17 and
- promoting general health and well-being.18

Social benefits:

- reducing crime related to the acquisition of drugs;19
- reducing the number or visibility of drug markets and public drug use;
- lowering costs associated with health care, social welfare, criminal justice and prisons;20 and
- promoting social integration, including with respect to employment, accommodation and family life.21"

Source:

Canadian HIV/AIDS Legal Network, "Legislating on Health and Human Rights: Model Law on Drug Use and HIV/AIDS Module 8: Heroin prescription programs," (Toronto, Ontario: 2006), p. 8.

<http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=875>

3.

"Heroin prescription is consistent with a number of state responsibilities under international human rights instruments. The Universal Declaration of Human Rights states that 'everyone has the right to a standard of living adequate for the health and wellbeing of himself ... including ... medical care and necessary social services.'²⁴ Similarly, the International Convention on Economic, Social and Cultural Rights (ICESCR) recognizes the 'right of everyone to the highest attainable standard of physical and mental health.'²⁵ The UNAIDS/OHCHR International Guidelines on HIV/AIDS and Human Rights recommend that states ensure the 'widespread availability of qualitative prevention measures and services, adequate HIV prevention and care information' in order to protect the human rights of people living with HIV/AIDS and stem the spread of the virus."

Source:

Canadian HIV/AIDS Legal Network, "Legislating on Health and Human Rights: Model Law on Drug Use and HIV/AIDS Module 8: Heroin prescription programs," (Toronto, Ontario: 2006), p. 9.

<http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=875>

4.

"Overall, results indicate that heroin prescription is a very promising approach in reducing any type of drug related crime across all relevant groups analyzed. It affects property crime as well as drug dealing and even use/possession of drugs other than heroin. These results suggest that heroin maintenance does not only have an impact by reducing the acquisitive pressure of treated patients, but also seems to have a broader effect on their entire life-style by stabilizing their daily routine through the commitment to attend the prescription center twice or three times a day, by giving them the opportunity for psychosocial support, and by keeping them away from open drug scenes."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," *Journal of Drug Issues* (Tallahassee, FL: University of Florida, Winter 2004), p. 188.

5.

A study of the Swiss heroin prescription program found:

"With respect to the group of those treated uninterruptedly during four years, a strong decrease in the incidence and prevalence rates of overall criminal implication for both intense and moderate offenders was found. As to the type of offense, similar diminutions were observed for all types of offenses related to the use or acquisition of drugs. Not surprisingly, the most pronounced drop was found for use/possession of heroin. In accordance with self-reported and clinical data (Blaettler, Dobler-Mikola, Steffen, & Uchtenhagen, 2002; Uchtenhagen et al., 1999), the analysis of police records suggests that program participants also tend strongly to reduce cocaine and cannabis use probably because program participants dramatically reduced their contacts with the drug scene when entering the program (Uchtenhagen et al., 1999) and were thus less exposed to opportunities to buy drugs. Consequently, their need for money is not only reduced with regard to heroin but also to other substances. Accordingly, the drop in acquisitive crime, such as drug selling or property crime, is also remarkable and related to all kinds of thefts like shoplifting, vehicle theft, burglary, etc. Detailed analyses indicated that the drop found is related to a true diminution in criminal activity rather than a more lenient recording practice of police officers towards program participants.

"On average, males had higher overall rates than females in the pretreatment period. However, no marked gender differences were found with regard to in-treatment rates. Taken as a whole, this suggests that the treatment had a somewhat more beneficial effect on men than women. This result is corroborated by self-report data (Killias et al., 2002). With respect to age and cocaine use, no relevant in-treatment differences were observed. As to program dropout, after one year, about a quarter of the patients had left the program, and after four years, about 50% had left. Considering the high-risk profile of the treated addicts, this retention rate is, at least, promising."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," Journal of Drug Issues (Tallahassee, FL: University of Florida, Winter 2004), p. 187.

6.

A study of the Swiss heroin prescription program found:

"Finally, the analysis of the reasons for interrupting treatment revealed that, even in the group of those treated for less than one year, the majority did not actually drop out of the program but rather changed the type of treatment, mostly either methadone maintenance or abstinence treatment. Knowing that methadone maintenance treatment □ and a fortiori abstinence treatment □ is able to substantially reduce acquisitive crime, the redirection of heroin maintenance patients toward alternative treatments is probably the main cause for the ongoing reduction or at least stabilization of criminal involvement of most patients after treatment interruption. Thus the principal post-treatment benefit of heroin maintenance seems to be its ability to redirect even briefly treated high-risk patients towards alternative treatments rather than back 'on the street'."

Source:

Ribeaud, Denis, "Long-term Impacts of the Swiss Heroin Prescription Trials on Crime of Treated Heroin Users," Journal of Drug Issues (Tallahassee, FL: University of Florida, Winter 2004), p. 188.

7.

"The North American Opiate Medication Initiative (NAOMI) is a carefully controlled (clinical trial) that will test whether medically prescribed heroin can successfully attract and retain street-heroin users who have not benefited from previous repeated attempts at methadone maintenance and abstinence programs.

"The NAOMI study will enrol 470 participants at three sites in Vancouver, Montreal and Toronto. The Toronto and Montreal sites are expected to begin recruitment this spring. "Each site will enroll about 157 participants. About half of these volunteers will be assigned to receive pharmaceutical-grade heroin (the experimental group) and half will receive methadone (the control group). The prescribed heroin will be self-administered under careful medical supervision within a specially designed clinic. Those in the heroin group will be treated for 12 months then transitioned, over three months, into either methadone-maintenance therapy or another treatment program. The researchers expect a 6-9 month recruitment period, so that the total time to complete the study will be 21 to 24 months."

Source:

Health Canada News Release, "North America's First Clinical Trial Of Prescribed Heroin Begins Today," Feb. 9, 2005, from the web at <http://www.cihir-irsc.gc.ca/e/26516.html> , last accessed Sept. 18, 2008.

8.

"Many countries believe (erroneously) that the international drug conventions prohibit the use of heroin in medical treatment. Furthermore, the International Narcotics Control Board (INCB) has exerted great pressure on countries to cease prescribing heroin for any medical purpose. Nevertheless, a few countries, including the UK, Belgium, the Netherlands, Iceland, Malta, Canada and Switzerland, continue to use heroin (diamorphine) for general medical purposes, mostly in hospital settings (usually for severe pain relief). Until recently, however, Britain was the only country that allowed doctors to prescribe heroin for the treatment of drug dependence."

Source:

Stimson, Gerry V., and Nicky Metrebian, Centre for Research on Drugs and Health Behavior, "Prescribing Heroin: What is the Evidence?" (London, England: Rowntree Foundation, 2003), p. 4.

<http://www.jrf.org.uk/sites/files/jrf/1859350836.pdf>

9.

"The central result of the German model project shows a significant superiority of heroin over methadone treatment for both primary outcome measures. Heroin treatment has significantly higher response rates both in the field of health and the reduction of illicit drug use. According to the study protocol, evidence of the greater efficacy of heroin treatment compared to methadone maintenance treatment has thus been produced. Heroin treatment is also clearly superior to methadone treatment when focusing on patients, who fulfill the two primary outcome measures."

Source:

Naber, Dieter, and Haasen, Christian, Centre for Interdisciplinary Addiction Research of Hamburg University, "The German Model Project for Heroin Assisted Treatment of Opioid Dependent Patients -- A Multi-Centre, Randomised, Controlled Treatment Study: Clinical Study Report of the First Study Phase," January 2006, p. 117.

http://www.heroinstudie.de/H-Report_P1_engl.pdf

10.

"The harm reduction policy of Switzerland and its emphasis on the medicalisation of the heroin problem seems to have contributed to the image of heroin as unattractive for young people."

Source:

Nordt, Carlos, and Rudolf Stohler, "Incidence of Heroin Use in Zurich, Switzerland: A Treatment Case Register Analysis," *The Lancet*, Vol. 367, June 3, 2006, p. 1830.

<http://www.cesda.net/downloads/lancet1.pdf>

11.

"To conclude, it must be stated that heroin treatment involves a somewhat higher safety risk than methadone treatment. This is mainly due to the intravenous form of application. The rather frequently occurring respiratory depressions and cerebral convulsions are not unexpected and can easily be clinically controlled. Overall, the mortality rate was low during the first study phase, and no death occurred with a causal relationship with the study medication. Compared to much higher health risks related to the i.v. application of street heroin, the safety risk of medically controlled heroin prescription has to be considered as low."

Source:

Naber, Dieter, and Haasen, Christian, Centre for Interdisciplinary Addiction Research of Hamburg University, "The German Model Project for Heroin Assisted Treatment of Opioid Dependent Patients -- A Multi-Centre, Randomised, Controlled Treatment Study: Clinical Study Report of the First Study Phase," January 2006, p. 150.

http://www.heroinstudie.de/H-Report_P1_engl.pdf

12.

"The incidence of regular heroin use in the canton of Zurich started with about 80 new users in 1975, increased to 850 in 1990, and declined to 150 in 2002, and was thus reduced by 82%. Incidence peaked in 1990 at a similar high level to that ever reported in New South Wales, Australia, or in Italy. But only in Zurich has a decline by a factor of four in the number of new users of heroin been observed within a decade. This decline in incidence probably pertains to the whole of Switzerland because the number of patients in substitution treatment is stable, the age of the substituted population is rising, the mortality caused by drugs is declining, and confiscation of heroin is falling. Furthermore, incidence trends did not differ between urban and rural regions of Zurich. This finding is suggestive of a more similar spatial dynamic of heroin use for Switzerland than for other countries."

Source:

Nordt, Carlos, and Rudolf Stohler, "Incidence of Heroin Use in Zurich, Switzerland: A Treatment Case Register Analysis," *The Lancet*, Vol. 367, June 3, 2006, p. 1833.

<http://www.cesda.net/downloads/lancet1.pdf>

13.

"The German model project for heroin-assisted treatment of opioid dependent patients is so far the largest randomised control group study that investigated the effects of heroin treatment. This fact alone lends particular importance to the results in the (meanwhile worldwide) discussion of effects and benefits of heroin treatment. For the group of so-called most severely dependent patients, heroin treatment proves to be superior to the goals of methadone maintenance based on pharmacological maintenance treatment. This result should not be left without consequences. In accordance with the research results from other countries, it has to be investigated to what extent heroin-assisted treatment can be integrated into the regular treatment offers for severely ill i.v. opioid addicts."

Source:

Naber, Dieter, and Haasen, Christian, Centre for Interdisciplinary Addiction Research of Hamburg University, "The German Model Project for Heroin Assisted Treatment of Opioid Dependent Patients -- A Multi-Centre, Randomised, Controlled Treatment Study: Clinical Study Report of the First Study Phase," January 2006, p. 122.

http://www.heroinstudie.de/H-Report_P1_engl.pdf

14.

"Heroin misuse in Switzerland was characterised by a substantial decline in heroin incidence and by heroin users entering substitution treatment after a short time, but with a low cessation rate. There are different explanations for the sharp decline in incidence of problematic heroin use. According to Ditton and Frischer, such a steep decline in incidence of heroin use is caused by the quick slow down of the number of non-using friends who are prepared to become users in friendship chains. Musto's generational theory regards the decline in incidence more as a social learning effect whereby the next generation will not use heroin because they have seen the former generation go from pleasant early experiences to devastating circumstances for addicts, families, and communities later on."

Source:

Nordt, Carlos, and Rudolf Stohler, "Incidence of Heroin Use in Zurich, Switzerland: A Treatment Case Register Analysis," *The Lancet*, Vol. 367, June 3, 2006, p. 1833.

<http://www.cesda.net/downloads/lancet1.pdf>

15.

"The UK is exceptional internationally because heroin is included in the range of legally sanctioned treatments for opiate dependence. In practice, this treatment option is rarely utilised: only about 448 heroin users receive heroin on prescription."

Source:

Stimson, Gerry V., and Nicky Metrebian, Centre for Research on Drugs and Health Behavior, "Prescribing Heroin: What is the Evidence?" (London, England: Rowntree Foundation, 2003), p. 1.

<http://www.jrf.org.uk/sites/files/jrf/1859350836.pdf>

16.

"These pilot study findings showed that opiate-dependent injecting drug users with long injecting careers (most started between 1970 and 1982) and for whom opiate treatment had failed multiple times previously were attracted into and retained by therapy with injectable opiates."

Source:

Metrebian, Nicky, Shanahan, William, Wells, Brian, and Stimson, Gerry, "Feasibility of prescribing injectable heroin and methadone to opiate-dependent drug users; associated health gains and harm reductions," The Medical Journal of Australia (MJA 1998; 168: 596-600).

<http://mja.com.au/public/issues/jun15/mtrebn/mtrebn.html>

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