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► [Pharmacotherapies for the treatment of opioid dependence: efficacy, cost-effectiveness and implementation guidelines.](#)

**Mattick R.P., Ali R, Lintzeris N.**

**Informa Healthcare, 2009. ISBN: 9781841844008**

From some of the same Australian authors who produced classic texts on maintenance prescribing for heroin addiction, a major new text analysing research on all types of drug-based interventions including maintenance, opiate-blocking drugs, and managing withdrawal.

**Abstract** A book written mainly by Australian experts consisting of reviews of the scientific literature on the use of medications to manage and treat dependence on opioid drugs like heroin. The book also reproduces relevant Australian national guidelines. Essays address pharmacotherapies used in the management of withdrawal from opioids (such as clonidine, lofexidine, methadone, buprenorphine and naltrexone, and symptomatic medications), different forms of maintenance therapy using medications with actions similar to that of illegal heroin (such as methadone, LAAM, buprenorphine, slow-release oral morphine and prescribed heroin), and 'antagonist' medications which block the effects of opioid drugs, prime amongst which is naltrexone. Special topics include findings from the national Australian evaluation of such treatments, use of these medications during pregnancy, cost-effectiveness and cost-benefit considerations, and political issues affecting research and practice.

 **Drug and Alcohol FINDINGS** Normally Findings confines itself to journal articles and research reports. But this book represents a major event in the documentation and analysis of research on the pharmacotherapy of dependence on heroin-type drugs. Several of the authors were responsible for the classic text [Methadone maintenance treatment and other opioid replacement therapies](#), which the featured book can be considered to update and extend.

Of the treatment modalities, the book focuses most on substitute prescribing of medications such as methadone and buprenorphine, reflecting their prominence in research and practice. Running contrary to [current UK government thinking](#), it cautions

against subverting the original vision of indefinite maintenance at adequate doses by instead prioritising abstinence from all legal and illegal opioids, low doses, and time-limited treatment. In contrast to its assessment of the key role of substitute prescribing, the book sees opioid-blocking medications, which aim to secure abstinence, as playing a minor role confined to the relatively few highly motivated patients likely to opt for these programmes and keep taking the pills. Detoxification – the management of opioid withdrawal – is not, the authors argue, in itself a treatment for the dependence which led to the need for this procedure, a dependence which usually rapidly re-asserts itself.

*Thanks for their comments on this entry in draft to Michael Farrell of the Institute of Psychiatry in London. Commentators bear no responsibility for the text including the interpretations and any remaining errors.*

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