

## 1.5 Heroin prescribing can help methadone's failures

- **Findings** In London and Geneva trials of injectable opioids in the outpatient treatment of opiate addiction have reached similar conclusions. Both recruited long term opiate-dependent injectors who still used heavily despite previous treatments.
- In London 58 long-term heroin injectors starting treatment could choose either injectable heroin or injectable methadone; two-thirds chose heroin. A year later 57% were still in treatment but few of the remainder had simply dropped out; most were discharged for 'disciplinary' reasons – violating the treatment protocol. Major reductions in illicit drug use/injecting and crime, and improvements in social functioning, health and psychological adjustment, were evident early in treatment and sustained in the follow-up year. Night-time withdrawals led nearly three-quarters of the heroin patients to be prescribed additional oral methadone.
- The Swiss study randomised 51 patients to injectable heroin (27) or to a control group (24), most of whom received oral methadone. Patients in the heroin group were occasionally prescribed oral opioids. All who engaged with the heroin treatment (25) stayed for at least six months, at which time none were using illicit heroin daily, compared to nearly half the controls. Also their spending on illicit drugs and criminal income fell to a tenth of pre-treatment levels but remained high in the control group. Psychological and social functioning improved relative to the controls but physical health did not. Extra medical and psychosocial services may have contributed to the greater improvements in the heroin group.
- At the start of the Swiss study all the patients asked for heroin; after six months the controls could transfer to it but just nine did so, most having made what they considered satisfactory progress in conventional treatments. This study was part of larger Swiss trial which reported similar results among over 1000 patients prescribed injectable opioids. It also found heroin was more attractive to patients and had fewer side effects than methadone (► *Secondary sources*).
- **In context** Two earlier UK studies have evaluated injectable heroin against oral methadone. Taking all four studies together, it seems that many for whom oral methadone has failed, and those seeking treatment but unwilling to give up heroin, do better on heroin in terms of reductions in crime and illicit opiate use and improved psychological wellbeing. The downside is an entrenchment of the heroin injecting lifestyle in some who might otherwise have given up opiates or stopped injecting. Heroin might also attract more addicts into treatment, but with clinics running waiting lists this may not seem a priority and might reduce access to treatment by diverting resources from methadone into more expensive treatments.
- **Practice implications** Injectable heroin or methadone stabilise many opiate addicts unable to manage on oral methadone but should not normally be a first line option, even for those requesting injectables. Cost-effectiveness will be higher if patients are encouraged to try oral methadone first, but it is counter-productive to persist if crime and illicit drug use continue unabated. Fears that the prospect of injectables will mean patients deliberately fail on oral methadone seem unfounded. Concern over diversion to the illicit market remains but in some ways (eg, consumption by children) may be even more of an issue with oral methadone. Supervising on-site injecting is an expensive and inconvenient way to eliminate diversion; insisting on the return of used ampoules may be an acceptable alternative.
- **Main sources** ① Metrebian N., Shanahan W., Wells B., *et al.* "Feasibility of prescribing injectable heroin and methadone to opiate-dependent drug users: associated health gains and harm reductions." *Medical Journal of Australia*: 1998, 168(12), p. 596–600. Copies: apply ISDD ② Perneger T.V., Giner F., del Rio M., *et al.* "Randomised trial of heroin maintenance programme for addicts who fail in conventional drug treatments." *British Medical Journal*: 1998, 317, p. 13–18. Copies: apply ISDD.
- **Secondary sources** Uchtenhagen, A. "Summary of the Synthesis Report." In: Uchtenhagen, A., Gutzwiller, F., and Dobler-Mikola A., eds. *Programme for a medical prescription of narcotics: final report of the research representatives*. Institute for Social and Preventive Medicine at the University of Zurich, 1997. Reports the wider Swiss heroin trial. Available at <http://www.lindesmith.org/library/presumm.html>.
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