

3.2 Methadone's failures respond to heroin

- Findings** A large Swiss trial found that heroin addicts who failed on methadone responded well to treatment based on injectable heroin. At 17 outpatient centres an average of just under 500mg of heroin a day was injected three times a day under clinical supervision. To qualify, patients had to be aged 20 or more with marked social and health damage from at least two years of injectable heroin addiction despite repeated treatments. Detailed outcomes are reported for the 237 who *remained* in treatment for 18 months from 385 who started before April 1995. Preliminary data are also available from a 1997 follow-up of *all* patients admitted at least 13 months earlier. Findings can be roughly benchmarked against Swiss methadone programmes and British programmes sampled by NTORS. On heroin 76% were retained for at least a year, a fifth more than on methadone, and most leavers went on to more progressive treatments. In the six months before treatment about 80% had used illegal heroin virtually every day. By 1997 this had dropped to between 3% and probably well under 16%, compared to 40% two years after starting in NTORS. On entering treatment 31% had gained income from crime in the previous six months. By 1997 this had fallen to between 5% and probably well under 18%, compared to at least 21% two years after treatment entry in NTORS. Improvements were also seen in cocaine and benzodiazepine use, in employment, housing and financial situations, in injection-related damage, and in psychological health. Though at first several patients had to be resuscitated, none fatally overdosed on prescribed heroin. A death rate of 1% per treatment year compares well with other treatments, especially since many deaths were probably due to pre-existing diseases. Known new infections were extremely rare. Costs per treatment day were estimated at £20 and benefits (mainly from savings to the criminal justice system) at £40.
- In context** For a comprehensive critique ► *Secondary sources*. Switzerland is an affluent country with a well-resourced treatment system. Even its most severely affected heroin patients compare well with those presenting for treatment in Britain. In particular, addicts in Britain are far more criminally active, creating greater scope for cost savings from reducing crime. The costs of the Swiss treatment exceeded what we know of similarly resourced methadone maintenance in Britain, but probably by a factor of less than two. Absence of a control group given oral methadone makes it unclear to what extent the improvements were due to heroin or to the intensive psychosocial therapy, and the main findings exclude treatment leavers, 40% of whom were not re-interviewed for the 1997 follow-up. However, therapy was not as intensive as planned, most leavers went on to further treatment, and improvements in crime and drug use would have remained impressive even had all the patients been re-interviewed. Whether they would have been more impressive than after a well-resourced further attempt on oral methadone is uncertain: half the patients had tried this only once or not at all.
- Practice implications** Oral methadone remains the frontline response to heroin addiction. Developing methadone programmes will be the priority in many areas where waiting lists make it hard to justify the more expensive heroin option. However, with respect to crime, illicit opiate use and psychological wellbeing, many severely addicted patients for whom oral methadone has failed, and those seeking treatment but unwilling to give up heroin, do better on heroin than methadone. Heroin prescribing has extra 'pulling power' in terms of attraction into treatment and retention; its downside is an entrenchment of heroin injecting in some who might otherwise have stopped. The Swiss studies show that a heroin regime featuring on-site consumption and a high level of services can be safely delivered from methadone clinics, and that patients can manage on a stable if high dose without resort to the 'topping up' typical on methadone.
- Main sources** Uchtenhagen A., *et al.* *Prescription of narcotics for heroin addicts. Main results of the Swiss National Cohort Study*. Karger, 1999. Copies through bookshops or e-mail karger@karger.ch.
- Secondary sources** Ali R., *et al.* *Report of the External Panel on the Evaluation of the Swiss Scientific Studies of Medically Prescribed Narcotics to Drug Addicts*. WHO, 1999. Copies: apply DrugScope.
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LINKS **Nugget 1.5**
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