

Treatment for heroin and opioid users

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In light of recent comments regarding the options for treatment of heroin and other opioid use in Australia the Australian National Council on Drugs (ANCD), as the principal advisory body to Government, has released the following statement:

“The ANCD continues to be a strong supporter of increasing investment into treatment for drug and alcohol problems.

The ANCD is aware that these investments allow Australia to make a range of treatment options available for people with problematic drug use. Having these options (which include pharmacotherapies, residential rehabilitation and counselling) is particularly important given the potential for relapse and the many risks from not being in treatment. Whilst detoxification is a very important component of the treatment regime it is only the starting point for access to some form of treatment.

In regard to pharmacotherapy treatment, methadone and buprenorphine have been proven to not only substantially reduce heroin use but also criminal behaviour and the spread of blood borne viruses such as HIV.

Another medication based treatment for heroin dependence is naltrexone. This is available orally (tablet). More recently it has become available via a surgically embedded implant for which research is being undertaken to investigate its safety and efficacy. Currently the evidence base for naltrexone is not as strong as for methadone or buprenorphine in retaining people in treatment or preventing overdoses and HIV infection.

Whilst abstinence is an important long-term goal for treatment, all evidence based treatments are deserving of support. The myriad of benefits to the community in moving dependent heroin users into treatment should not be undervalued. In particular, methadone maintenance treatment for heroin dependence is successful in its ability to stabilise and save lives and should not be considered any less desirable as an achievement. Indeed the transfer to maintenance treatment should be seen as a positive outcome of detoxification. We should all be aware that making people leave pharmacotherapy treatment too early will only increase their risk of return to heroin use.

There have been two previous extensive national studies undertaken in Australia to examine the effectiveness of different treatments for people dependent on heroin.¹ The results clearly confirm that methadone and buprenorphine are the most effective pharmacotherapies for retaining people in treatment and greatly reducing heroin use. The studies also revealed that naltrexone can produce good results for rapid detoxification; however it was less effective for retaining people in treatment, potentially resulting in relapse.

In addition, the death rate for opioid dependent people in methadone treatment is one-third to one-quarter the rate for those people not in treatment. The period following detoxification is a time of high risk for overdose and a recent Australian study estimated that the mortality rate for naltrexone treatment is four times higher than for methadone treatment, and also substantially higher than for buprenorphine treatment.² Naltrexone

has an increased risk because the body's tolerance to opioids is reduced after treatment.

These studies also showed that the longer people stay in treatment the better their outcomes are likely to be, which is consistent with a number of overseas studies.”

The ANCD notes that the increasing availability of treatment has been a significant factor in the estimated numbers of recent heroin users continuing to decline from 38,000 in 2001 to 26,000 in 2004 and the significant decline in deaths attributed to heroin use from 1,100 in 1999 to less than 400 today. In regard to pharmacotherapy treatments for opioid use, as at 30 June 2004, there were almost 39,000 clients receiving methadone and buprenorphine treatment for heroin addiction in Australia.

The ANCD is currently working to establish a joint national pharmacotherapy committee with the Australian Government Department of Health & Ageing and State and Territory representatives to consider the current programs.

Coincidentally at its recent meeting in Hobart the ANCD met with a number of people working at the frontline of drug and alcohol issues including those from health, parents groups and law enforcement. The following statement was also made by the ANCD at the conclusion of the consultation forum:

“Today it has become evident that Tasmania needed to expand its commitment to providing drug treatment services. The Council has heard of the inability of many services to refer drug users wishing to address their drug use or provide them with adequate levels of treatment and support because of a lack of places. In particular, the recent closure of the State's methadone program to any new clients was seen as very damaging and will prove to be more socially and economically costly as a result of increased overdoses, poorer health outcomes, and the associated increase in crime and judicial services.

The message for Tasmania and the rest of the country is clear and simple – investing in treatment for those with drug and alcohol problems saves lives, reduces crime, improves the health and wellbeing of society and makes economic sense.”

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¹ The National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD) & The Australian Treatment Outcome Study (ATOS)

² Mortality Related to Naltrexone in the Treatment of Opioid Dependence: A Comparative Analysis (NDARC Technical Report No. 229)

The ANCD is the principal advisory body to Government on drug and alcohol issues.

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