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**Opiate dependence : risks and
treatment approaches**

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Overview

- **Heroin dependency**
 - Pharmacology
 - Clinical issues
- **Treatment approaches**
 - Substitution treatment
 - Detoxification and drug-free treatment
 - Treatment in prison and on court order
 - Relapse prevention and rehabilitation
- **Harm reduction measures**
- **Drug policy**

Heroin dependency: Pharmacology

• Pharmacokinetics

– Rapid action, metabolism to morphine and monoacetylmorphine, accumulates in brain and fatty tissue, cleared from the blood system in ca. 3 min.

• Interactions

– Respiratory depression increased in combination with Benzodiazepines and alcohol

– Minimal interaction with Anti-retroviral medications

• Toxicity

– Lethal dosage 50-75 mg (in addicts up to 1.5 g)

– No systemic toxicity if safely administered

Heroin dependency: clinical issues

- **Consumption patterns**
 - Sporadic – regular – dependent use
- **Routes of administration**
 - Injecting – inhaling (,chasing the dragon‘) – sniffing - smoking
- **Course**
 - Experimental use frequently stopped, high risk for chronicity in unstable and vulnerable persons
- **Frequent risks and complications**
 - Overdose death; blood-borne and other infections and embolic diseases from unsafe injecting practices

Treatment approaches :

Substitution treatment

- **Long-term replacement of illegal heroin in the framework of a treatment programme**
 - Methadone maintenance in clinics/office-based
 - Buprenorphine maintenance in office/clinics
 - Heroin maintenance in clinics only
- **Results**
 - High acceptance, variable retention, improved health, significant reduction in heroin use and crime
 - After termination relapse prevention needed
 - Most cost-effective approach

Treatment approaches :

Detoxification and drug-free treatment

- **Detoxification**

- Medically supported incl. rapid detoxification scheme
- Comprehensive residential programmes

- **Drug-free treatment**

- Longterm residential (Therapeutic Communities)
- Outpatient behavioral psychotherapy

- **Results**

- Low attractivity, low retention rates, high relapse after detoxification only, good results in TC completers

Treatment options in prison and on court order

- **In-prison treatment**

- Substitution treatment (Methadone maintenance)
- Detoxification and drug-free regimes
- Aftercare in the community

- **Treatment on court order**

- Treatment as an option, prison sentence suspended

- **Results**

- Outcome equivalent to voluntary treatment, if treatment is offered as an option

Treatment approaches :

Relapse prevention and rehabilitation

- **Relapse prevention**

- Pharmacological (Naltrexone)
- Psychosocial (aftercare, crisis intervention)

- **Rehabilitation**

- Social contacts and networking
- Vocational rehabilitation

- **Results**

- Best relapse prevention with combined methods
- Rehabilitation important for a sustainable reduction / abstention from heroin and related crime

Harm reduction measures against blood born infections

- **Safe injection practices**

- Needle and syringe exchange programmes NEP
- Safe injection rooms SIR

- **Safe sexual practices**

- Condom availability, counselling

- **Results**

- Significant reduction of blood born infections through safer injection practices
- Less success with safer sexual practices

Drug Policy

- **4-pillar policy :**

- Prevention-Treatment-Harm reduction-Law enforcement

- **Priorities :**

- Public Health : increase proportion of addicts in treatment, decrease incidence, decrease blood-borne infections

- Public order : reduce crime, reduce nuisance

- Evaluate results

- **Results of a 4-pillar policy :**

- CH : ca. 70% in treatment; reduction of heroin use, HIV/Aids, overdose death, related crime and public nuisance

- Iran : same policy, same objectives, first results