Supervised co-prescription of heroin to treatment-resistant heroin addicts is more effective than treatment with methadone alone


Q Is supervised prescription of heroin successful in treating people addicted to heroin, who have not benefited from methadone maintenance treatment?

METHODS

Design: Two randomised controlled trials.
Allocation: Open.
Blinding: Open.
Follow up period: 12 months.

Setting: Methadone maintenance programmes in 6 cities in the Netherlands; recruitment from 15 July 1998 to 1 October 2000.

Patients: 649 people aged >25 years; using illicit heroin daily or almost daily; not voluntarily abstaining from heroin for >2 months in the previous year. Participants must have regularly attended methadone maintenance programmes during the previous 6 months and used methadone at a dose of >50mg/day for the inhaling treatment RCT and at >60mg/day for the injecting heroin RCT for a minimum uninterrupted period of 4 weeks in the previous 5 years. People were allocated to the injecting RCT, or the inhaling RCT, depending on how they normally used heroin.

Intervention: Inhaling RCT: 375 people randomised to: 12 months of methadone alone (maximum 150 mg/day); 12 months of methadone plus inhalable heroin (maximum 1000 mg/day); or 6 months of methadone alone followed by 6 months of methadone plus inhalable heroin. Injecting RCT: 174 people randomised to: 12 months of methadone alone, or 12 months of methadone plus injectable heroin (maximum 1000 mg/day).

Outcomes: A positive treatment response defined as: a >40% improvement compared with baseline in at least 1 of the following 3 measures: physical functioning (defined according to the Mossey Addiction Profile), mental health (defined according to the symptom checklist (SCL-90)), or social integration (based on the self-reported number of days in activities, and had >30minutes contact with a non-user), provided that any improvement was not associated with a serious (>40%) deterioration in function of either of the other outcome measures or a large (>20%) increase in cocaine or amphetamine use. Patient follow up: 94%.

MAIN RESULTS

In both RCTs, treatment with methadone plus heroin produced more positive responses in at least one of the physical, mental, or social outcome measures compared with methadone alone (see table 1).

CONCLUSIONS

Supervised co-prescription of heroin to treatment-resistant heroin addicts was more effective than treatment with methadone alone.

NOTE

There were a number of methodological limitations that were identified by the authors, such as reliance on self reported outcome measures, and difference in settings between the treatment groups.

Table 1 Outcome measures in the inhaling and injecting RCT.

<table>
<thead>
<tr>
<th></th>
<th>Inhaling</th>
<th></th>
<th>Injecting</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Methadone alone (n = 139)</td>
<td>Methadone plus heroin (n = 117)</td>
<td>ARR (95% CI)</td>
<td>Methadone alone (n = 98)</td>
</tr>
<tr>
<td>Completed 12 months treatment (%)</td>
<td>121 (87)</td>
<td>80 (68)</td>
<td>18.7 (8.8 to 28.6)</td>
<td>83 (83)</td>
</tr>
<tr>
<td>Response rated ITT (%)</td>
<td>37 (27)</td>
<td>58 (50)</td>
<td>22.8 (11.0 to 34.6)</td>
<td>31 (31)</td>
</tr>
<tr>
<td>Sustained* response at 12 months (%)</td>
<td>6 (4)</td>
<td>26 (22)</td>
<td>17.9 (9.7 to 26.1)</td>
<td>11 (12)</td>
</tr>
</tbody>
</table>

* Sustained responders were people who achieved a positive response before the 12 month assessment and remained responders throughout the trial.