

Heroin dependence - drug treatments

Drug treatments (pharmacotherapies) for heroin or other opioid dependence include methadone, buprenorphine and naltrexone. When a person becomes dependent on heroin or other opioids (such as morphine and codeine), they have a problem that may need treatment and support.

Before a person starts a drug treatment program, it is important to understand what is involved. This can be explained by a doctor experienced in drug treatment or a drug counsellor. An approved prescriber can prescribe a regular dose of methadone or buprenorphine to a person who is heroin dependent.

Methadone

Methadone is cheaper than heroin and remains active in the body for longer. This means a single daily dose is all that is required. It allows the person to stabilise their addiction and start looking after themselves. Methadone treatment can be long term (months or years), to help the person reduce the risks of illicit drug use, or short term (two weeks or less) to assist the person to safely withdraw from heroin.

Effects of methadone

Methadone is an opioid. Unlike heroin, it does not provide the user with a euphoric sensation. However, its effects on the body are similar to heroin in many other ways, including:

- Pain relief
- Feelings of general wellbeing
- Reduced blood pressure
- Slower heart rate
- Drop in body temperature.

Side effects of methadone

Methadone can cause unpleasant side effects, but adjusting the dose can help. In other cases, side effects can be caused by taking more than the recommended dose or by using other drugs at the same time, such as alcohol or tranquillisers.

Side effects can include:

- Sweating
- Constipation
- Sexual dysfunction (inability to reach orgasm)
- Changes to the menstrual cycle
- Drowsiness
- Heart palpitations
- Dizziness
- Nausea and vomiting
- Skin rashes.

Buprenorphine

Buprenorphine (Subutex™®) is a partial opiate agonist, which means it stimulates the cell receptors that are normally stimulated by opioid drugs like heroin and methadone. Characteristics include:

- Buprenorphine is as effective as methadone in managing the symptoms of heroin withdrawal.
- Methadone withdrawal can be unpleasant and lengthy, while the effects of buprenorphine withdrawal are mild and brief.
- A short course of buprenorphine can help a person to withdraw from their methadone maintenance program.
- Only one daily dose (or less) is needed.
- Buprenorphine is administered in tablet form. The tablet isn't chewed or swallowed, but dissolved under the tongue for about half an hour.

Buprenorphine is also combined with naloxone as a tablet or a film. This is known as Suboxone™®. Naloxone is an opiate antagonist. This means that it blocks the opiate receptors in the brain and the effects of the opiates.

Naltrexone

Naltrexone is an opioid antagonist, which means it blocks the effects of opioids. Characteristics include:

- Naltrexone doesn't appear to be as effective as methadone in controlling the symptoms of heroin withdrawal.
- Naltrexone offers faster detoxification than methadone.
- Naltrexone does not, itself, cause physical dependence.
- Naltrexone does not directly stop someone wanting to use heroin.
- It is expensive.
- This treatment may only suit people who are highly committed to giving up heroin.
- Naltrexone works best as part of a comprehensive treatment program which includes counselling.

Advantages of opioid drug treatments

Some of the advantages of methadone and buprenorphine maintenance treatments include:

- They aren't injected, which reduces the risk of blood-borne viruses such as hepatitis and HIV.
- They are manufactured using strict controls, unlike street drugs which can vary in strength and contain harmful fillers.
- The effects of heroin last only a few hours, while the effects of pharmacotherapy treatments last from 24 hours to a couple of days or more.
- The person who is heroin dependent no longer has to worry about getting heroin multiple times every day, which reduces anxiety.
- With their dependence (addiction) stabilised, the person can focus on looking after themselves, including improving their health, nutrition, relationships and employment situation.
- Pharmacotherapy treatments cost less than heroin, so the person can put their money to better use.
- It is no longer necessary to commit crimes in order to pay for heroin.

How to start treatment

Methadone and buprenorphine treatments are offered through a general practitioner (GP) who is an approved prescriber or through a specialist drug treatment service. To be part of a program, you need:

- A doctor who holds a government permit to prescribe treatment for you.
- Regular check-ups with your doctor- they will check your dose and may examine your urine for methadone and other drugs.
- To visit your local pharmacist or dispenser for your daily dose. Remember, it might take a few weeks before the correct dose for you is worked out.
- To visit a counsellor. This may be optional in some cases, but research shows that people on drug treatment programs are more likely to successfully quit heroin if they undergo comprehensive treatment, including counselling.

Where to get help

- Your doctor
- DirectLine Tel. 1800 888 236 – for confidential counselling, information and referral to registered methadone prescribers.
- DrugInfo Tel. 1300 858 584 – for alcohol and other drug information
- Youth Support and Advocacy Service (YSAS) Tel.1800 014 446
- Family Drug Help Tel. 1300 660 068 – for information and support for people concerned about a relative or friend using drugs.

Things to remember

- Methadone is a synthetic opioid drug used as a substitute for heroin.
- Other drug treatments for heroin dependence include buprenorphine and naltrexone.
- A doctor who is an approved prescriber can prescribe a person who is heroin dependent a regular dose of methadone or buprenorphine.
- People on drug treatment programs are more likely to successfully quit heroin if they undergo comprehensive treatment, including counselling.

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