BACKGROUND INFORMATION

Prescribed and supervised heroin is available to a small number of people in the UK and some European countries, and there is evidence that it may be more effective where other treatments fail. In 1997, the then Liberal ACT Government attempted to introduce a prescription heroin trial, but this was stopped by the Federal Government. Methadone has been extensively used overseas for twenty years; however new research shows that this is not the case in Australia, where the use of methadone as a substitute for heroin is minimal. The use of methadone depends on the availability of medications to work effectively.

These types of medications are available for tobacco (i.e. nicotine patches) and opiate (i.e. methadone) use. These medications assist in withdrawal management, and encourage stability in dependent opiate users by substituting the drug with medications such as methadone to counteract withdrawal symptoms and encourage abstinence from the drug.

Types of pharmacotherapies

- **Methadone**
- **Buprenorphine/Naltrexone combination**, also known as **Suboxone**
- **Naltrexone**
- **Levo-alpha-acetyl-methadol** also known as **LAAM**
- **Slow Release Oral Morphine** (SRORM)

**Pharmacotherapies**

- **Naltrexone**
- **Buprenorphine**
- **Methadone**
- **Levo-alpha-acetyl-methadol**

**Drawbacks of naltrexone rapid detoxification**

Clinical trials in Australia suggest that — like all detox procedures — rapid detox is only at the beginning of treating drug dependence, and that long-term outcomes are no different, and no better, than those associated with standard detox procedures. To quote Dr. James Bell, who conducted the Sydney Hospital Pilot Study, "This is not the magic bullet. Being drug-free is a change in consciousness".

It is doubtful that naltrexone removes the physical cravings for opiates for everyone, and it certainly does not remove the psychological dependency. Counselling, a good support group, and the support from family and friends, are essential for the next — maybe even a lifetime — for many people. This treatment should only be considered if there is an absolute faith in the medical professionals overseeing the treatment, and never tried at home. The costs and risks of the treatment should be fully evaluated and considered. Naltrexone is not registered in Australia for rapid detoxification.

**Naltrexone maintenance**

When taken daily, naltrexone blocks the effects of heroin and other opioids. It should only be taken under medical supervision. The use of black market naltrexone is dangerous. If someone is still dependent on opioids when they take naltrexone, they will experience severe withdrawal symptoms (as in the rapid detox method). A person must have ceased heroin use seven to 10 days before attempting naltrexone maintenance, and ceased methadone use 15 days before commencing naltrexone. The usual dose is half to one tablet daily. The basis of treatment is that if a person on naltrexone uses a normal dose of heroin it will have no effect.

Many programs and trials of naltrexone maintenance treatment (including Australian research) report very high drop-out rates. It seems that naltrexone is most useful for those who are very highly motivated to stop using, and who have strong support and incentives to do so. It is important not miss doses, and it is good practice for a carer to supervise dosing.

There are no withdrawal symptoms when stopping naltrexone, but this should only be done with adequate counselling to avoid the likelihood of relapse. Patients should carry identification that they are taking naltrexone, and in the event of an emergency or medical treatment, advise doctors that opiates will not be effective.

Finally, remember that once detoxed or maintained on naltrexone, tolerance to opiate is back to zero. There have been numerous reports of people overdosing on heroin after naltrexone detox or stopping maintenance treatment. If a person on naltrexone is unconscious, call an ambulance.

**Buprenorphine**

Buprenorphine is an opioid medication that is similar to methadone, but different as it is a partial agonist — it has milder opioid effects at high doses, and withdrawal from Buprenorphine can be less severe than from heroin or methadone. It is used in short-term withdrawal programs to get through the discomfort of stopping or reducing heroin use, and it is used as a maintenance treatment to support people to stop using heroin. It may be useful for people who have come down to a low dose of methadone (30mg daily or less), to transfer to Buprenorphine as the withdrawal is less severe than methadone.

Buprenorphine comes in sublingual tablet form which means the tablets are placed under the tongue until they dissolve, which can take two to eight minutes. They are not effective if chewed or swallowed. They are also dangerous if they are injected, and can cause an overdose with the tendency to use mood swings and increased risk of infections and other health problems.

Buprenorphine comes in three tablet sizes: 8mg, 2mg and 0.4 mg tablets. The effects of buprenorphine last longer than methadone, and while treatment programs will usually start with one-day or two-dosing, after a period of time they expect that the dosage will be lowered. It is not effective if chewed or swallowed. They may be experienced as it is less effective. Buprenorphine is also useful in reducing the risks of these substitution types of medications being diverted (taken during the dosing procedure to be either injected or sold).

**First aid for possible overdose**

These are basic first aid strategies if someone on pharmacotherapies passes out or experiences problems:

- If the person is drowsy, rouse them gently. Do not leave them unconscious. Snoring or gurgling sounds may indicate a person’s airways are partially blocked. Do not let their head fall forward or back: this restricts oxygen flow to the lungs.
- If the person is unconscious, turn them on their side to reduce the risk of them vomiting and choking. Make sure their airways are clear. Do not leave them alone. Call an ambulance immediately on 000 or 112 from a mobile phone (you don’t need credit or to be in range).
- If the person is unconscious, give mouth-to-mouth resuscitation. If there is no pulse, commence CPR if you are trained.

**TIPS FOR FAMILIES**

Support and encourage the person to also attend counselling to complement the use of pharmacotherapies. Be sensitive to any depression that may be associated with both opioid withdrawal and naltrexone use. If you feel you can support your family member then be committed, and know what to do in the event of an overdose.

Pharmacotherapies are not a miracle cure for opioid dependence. This is why counselling and other support are also important when a person is on these types of programs. These programs take a regular — often daily — commitment in order for these medications to work effectively.

**OTHER PHARMACOTHERAPIES**

**Naltrexone**

Naltrexone has been used extensively overseas. It is an opioid antagonist that blocks the effects of opioids in the body, and can be used for both maintenance and detoxification. Naltrexone is minimally absorbed so that associated risks and discomfort are minimised.

**Buprenorphine**

Buprenorphine is a long-acting opioid medication used at home without any medication, at home and while treatment programs will usually start with one-day or two-dosing, after a period of time they expect that the dosage will be lowered. It is not effective if chewed or swallowed. They may be experienced as it is less effective. Buprenorphine is also useful in reducing the risks of these substitution types of medications being diverted (taken during the dosing procedure to be either injected or sold).

**Suboxone (buprenorphine/ naltrexone)**

Suboxone comes in a tablet designed to dissolve under the tongue. It usually takes two to 10 minutes to dissolve, and the full effect will be felt within 30 to 60 minutes. The onset of effects is faster than methadone; however this will vary according to the dose and the individual. As with buprenorphine, if it is swallowed or chewed, withdrawal symptoms may be experienced as it is less effective. Suboxone is also useful in reducing the risks of these substitution types of medications being diverted (taken during the dosing procedure to be either injected or sold).

**Contact the National Drug & Alcohol Research Centre, your local community health centre or the Alcohol & Drug Information Service in your State for further information.**