

Research into the experience of patients in heroin assisted treatment

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Disclaimer

In the last 3 years:

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The studies

Fischer (2009) and Demaret (2014) reported on heroin users views of proposed heroin trials

Romo (2009), Blanken (2010), Naber (2010), O-J (2014) all reported on subjective responses from people who received prescribed heroin

Overall focus of the studies was quite variable, but some clear themes emerged.

Canada (Fischer, 2009)

47 ss in focus groups: views of methadone

- Most respondents considered methadone “harmful to the body”
- *“Methadone causes laziness & loss of motivation – the boredom is astronomical”*
- Most used other drugs – esp alcohol, marijuana, and cocaine - because methadone gave no high
- Most users strongly disliked and had very little respect for clinic staff
- *“I absolutely hate it. I hate the structure, to have to see the doctor and all the stuff with it”*

Canada (Fischer, 2009)

Positive views of methadone

- Respondents in Rx said methadone helped to get off heroin, stop crime and prostitution
- Some reported benefit of structure and stability
- Despite negativity, many not in treatment use street methadone
- Some stressed importance of changing their entire lifestyle and completely getting away from the social drug environment

Canada (Fischer, 2009)

Views on heroin prescribing

- Most respondents felt program needed to be regulated, medically supervised, and with strict rules and guidelines
- Some users thought that it should only be for long-term, “hardcore users” - *“you can clearly tell the people who are beyond the point, who will always be hooked and a junkie—they don’t have real hopes and dreams anymore”*
- Not all participants were motivated to quit heroin use

Canada (Fischer, 2009)

Views on heroin – maintenance or detox?

- A few felt that heroin addicts would not be capable of making long-term decisions on their own regarding staying on injectable heroin
- Some did not want a choice of dosage, preferring a standardised regime
- Dosing at a clinic should not required more than two times a day because it would be too restrictive

Demaret (Belgium, 2014)

52 street heroin users in Leige (city with IOT clinic)

47 gave reasons for not participating, 18 gave reasons for participating, 17 gave reasons both pro and con

28 respondents did not IOT because of the heroin:

- they wanted to decrease heroin use (n=14) or
- they were afraid of exacerbating their addiction by having a access to pure heroin (n=11)

25 were unwilling because of the time-limit of 1 year

Some expressed dislike of supervised injecting, being controlled, no take-aways, going every day

Interviews with participants in IOT

Romo (2009) Spain – 3 themes

- 1. IOT “medicalised” heroin use, reduced stigma for patients and families**
- 2. Participants expressed relief at having an assured supply of heroin**
- 3. They expressed concern at loss of control over treatment, frustration at needing to comply with rules, and resentment at therapeutic input of staff**

Blanken (2010) Netherlands

1. Variable comments on the effect of diamorphine

- *Well, in the beginning you get a “flash”, yes, and then, you'll get stoned from it.*
- *But the euphoric feeling, that comes along with street heroin, you don' t get it.*
- *“You get your heroin, that is to say, I do not consider it to be heroin, it has nothing to do with heroin ...You'll become just apathic.*

Naber and Haasen (2006) Germany

Half the patients reported no kick nor euphoria from injecting high-dose heroin

The proportion reporting a strong “kick” went from 14% initially to 21% at one month, dropping to 16 % at 12 months and 14% at 2 years

Oviedo-Joekes (2014) Canada

Several respondents said IOT gave them “*their lives back*” - time to stop criminal and drug-seeking activities and stabilise their situation.

- *“It wasn’t about gettin’ high for me. It was about getting a life.”*
- *I really miss the comfort and the attention and the really caring staff*

Discussion – key themes

1. **Although drawn to Rx in the hope of a euphoric effect, many users experience little flash or euphoria from prescribed heroin**

Two possible reasons

1. **“Drug, set, and setting”**

- **the setting is supervised, sterile and clinical,**
- **the “set” is medication**

Prescribed heroin lacks the impact of street heroin use

Loss of euphoria

2. The second reason for little euphoric effect is tolerance

High dose heroin induces tolerance, making prescribed heroin – and street heroin – much less reinforcing.

This is the presumed basis on which prescribed heroin suppresses street heroin use

Second theme - Ambivalence

- Users would like assured, indefinite access to heroin, but fear they will never come off
- There is a perception that it is for hopeless junkies
- Some perceive medicalisation as helpful, others miss street heroin
- Some like staff support, others resent it

Not everyone dependent on heroin wants to remain on it; nor do they want to come off it

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