

TREATMENT OPTIONS FOR HEROIN AND OTHER OPIOID DEPENDENCE



**A Guide for
Frontline Workers**

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Disclaimer: All information contained in this booklet was correct at the time of publication.

The opinions expressed in this document are those of the authors and are not necessarily those of the Australian Government. This document is designed to provide information to assist policy and program development in the government and non-government organisations.

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Introduction

Opioid dependence is a serious health problem in Australia that can have a devastating effect on people's lives. However, there are effective treatments, and with support and their own willingness to change, people can overcome their dependence.

The treatments in this guide are for people who are dependent on 'opioids' - usually this will be heroin, but also includes drugs like morphine, pethidine, codeine, and non-prescribed methadone. Often, people will be experiencing problems with other drugs as well, such as alcohol, cannabis, tranquillisers, amphetamines or cocaine. It is important that other drug use is discussed with a medical practitioner or other health worker at the start of any treatment program.

Making Contact with Heroin and Other Opioid Users

People who are dependent on heroin may be reluctant to enter treatment, and many never come into contact with specialist drug services. Frontline workers, however, such as medical practitioners and nurses, pharmacists, social welfare and outreach workers, hospital emergency personnel, and those who work in the police and justice system may all have contact with heroin users as a part of their 'every day' work. If heroin dependence is identified or suspected, it is an important opportunity to offer accurate information about the options available and encourage entry into treatment.

Australian Research and the NEPOD Project

Over the past few years, some new ways to treat opioid dependence have been researched in studies across Australia. A project known as '**NEPOD**' or the **National Evaluation of Pharmacotherapies for Opioid Dependence** brought together the results of many of these studies, and some of the findings have been included in this guide (look for the 'research boxes').


The aim of this guide is:

- to provide frontline workers with accurate information about the treatment options available for heroin and other opioid dependence, to pass on to users and their families, carers and friends.

Two information booklets, one for heroin dependent people, and one for their families and carers have also been produced as a part of this work, entitled:

- **Treatment Options for Heroin and Other Opioid Dependence**
– A Guide for Users, and
- **Treatment Options for Heroin and Other Opioid Dependence**
– A Guide for Families and Carers

What are Opioids?

Opioids are a class of drug that includes heroin , methadone, buprenorphine, opium, codeine, morphine, pethidine, etc. Opioids relieve pain and bring on feelings of well-being. They are also 'depressants', which means they slow down the functions of the central nervous system, causing respiratory depression, coma and possibly death in high doses.








What is Opioid Dependence?


The way in which dependence on heroin and other opioids develops is much the same as for other drugs. Using daily or almost every day over a period of time leads to certain physical (the body) and psychological (the mind and emotions) changes.

Physically, the body adapts or 'gets used to' having heroin on a regular basis. Eventually the drug is needed to function 'normally', and more is needed to get the same effect. When this happens, stopping or cutting down is very difficult because a person will start 'hanging out' or withdrawing. Heroin may then be taken to ease or stop withdrawal occurring.

Psychologically, a person's thoughts and emotions come to revolve around the drug. A person will 'crave' the drug (have strong urges to use), and feel compelled to use even though they know (or believe) it is causing them difficulties - perhaps financial or legal worries, relationship problems, work difficulties, physical health problems and psychological problems such as depression and anxiety. This loss of control over heroin use is a key feature of dependence.

The symptoms of opioid dependence are:

-  tolerance (needing to use more heroin to get the same effect)
-  withdrawal (unpleasant symptoms when use is stopped)
-  using in larger amounts or for longer than intended
-  a persistent desire to use or unsuccessful efforts to control use
-  spending a great deal of time obtaining and using heroin, and recovering from its use
-  important activities are given up or reduced in order to use
-  continuing to use even though it is associated with problems (physical and/or psychological)

 Because most people who are opioid dependent in Australia use Heroin (slang names include: 'smack', 'hammer', 'h', 'horse'), it has been mentioned the most in this booklet. The information, however, applies to all opioids of dependence.

Opioid dependence is an ongoing and relapsing condition. Like many other chronic conditions, for example, diabetes or arthritis, it will require long-term treatment. There is no quick fix or instant cure. For most people it will take a number of attempts to reduce or stop heroin use completely.

The Benefits of Treatment

There is a lot of evidence that treatments for heroin dependence work in reducing or stopping heroin use. In general, while a person is receiving treatment their heroin use falls dramatically - the longer they stay in treatment the lower it falls.

Once a person leaves treatment, however, it can be very difficult to keep up the changes made and relapse (going back to heroin use after a time of not using) is common. The benefits of treatment include:

- reduced risk of death - especially from drug overdose
- reduced heroin use (including 'abstinence', that is, not using any heroin)
- improved physical health (e.g. less risk of HIV, hepatitis C and bacterial infections)
- improved emotional health (e.g. reduction in depression, anxiety)
- reduced crime
- increased employment
- improved relationships and parenting

Points to Consider about Treatment

- there is no 'best method'. No one type of treatment will work for everyone. People may need to try a number of options before finding what best suits them. Also, a certain type of treatment may suit a person at one stage in their life, but may not be useful at another.
- the importance of assessment. Treatment will be more effective if it fits in with a person's individual circumstances. Everybody is different, and an assessment by a medical practitioner/health professional will help identify the types of treatment that best suit a person's severity of dependence, goals and preferences.

- **different treatments have different goals.** Some treatments are aimed at getting people completely heroin-free (often called 'abstinence-based' treatment), such as therapeutic communities and many self-help groups (e.g. Narcotics Anonymous). Other treatments can be used to achieve abstinence, but are also able to stabilise people at a reduced, safer level of use (e.g. long-term methadone or buprenorphine program).
- **regardless of the treatment(s), any decrease in heroin use or the related harm is a positive outcome.** For some people it may be that reduced or controlled use, stable relationships, employment or better health are more achievable than abstinence. These important changes may encourage abstinence in the future.
- **'slip ups' or lapses should not be viewed as failure.** Lapses are a normal part of changing any human behaviour. Every time they occur, a person can learn from the experience and develop better ways of dealing with a similar situation in the future. It may be that only through a number of unsuccessful attempts at controlled use a person decides on a goal of abstinence.

What are the Treatment Options?

The three main approaches to treating heroin and other opioid dependence are:

- detoxification (also called withdrawal)
- substitution treatment with methadone or buprenorphine, and
- abstinence-based treatment (e.g. naltrexone treatment, residential rehabilitation in a therapeutic community)

Detoxification programs are short-term (i.e. about 1 week) and deal with the physical side of dependence. **Detoxification itself is not a treatment** – but it is the first step a person needs to take if they want to enter abstinence-based treatment. A key part of detoxification programs is linking people to ongoing assistance, such as counselling, or residential rehabilitation programs. People who continue in some form of treatment after detoxification do better.

For long-term reductions in heroin use, a treatment program needs to deal with the psychological and social aspects of dependence, that is, the reasons for using heroin and the lifestyle that goes with it. This will involve **combining** methods, for example, detoxification followed by rehabilitation in a therapeutic community, or the combination of a methadone substitution program with counselling and other social supports.

Detoxification (Withdrawal) Programs

What is 'detoxification'?

Detoxification is the clearing of heroin and other drugs from the body. When a dependent person suddenly stops taking heroin, or severely cuts down the amount they use, they will experience withdrawal. This is the body attempting to readjust without the drug.

Common symptoms of withdrawal include:

Runny eyes and nose, 'goose bumps', sneezing, yawning, sweating, feeling irritable and anxious, stomach cramps, hot and cold flushes, bone, joint and muscle pains, muscle twitching, diarrhoea, nausea, vomiting, strong urges to use the drug (increased cravings), disturbed sleep and general feelings of weakness.

In general, withdrawal begins 6-12 hours after the last use of heroin, peaks between the second and fourth day, and settles down by seven days. Some symptoms, such as disturbed sleep, cravings, mood swings and emotional problems may continue for weeks to months.

Heroin withdrawal is rarely life-threatening, but it is distressing and uncomfortable. Experience shows that people differ a lot in the severity of withdrawal symptoms and how long they last. It's a good idea for people to find out what may happen during withdrawal – the more a person knows about what to expect the better they will cope. The same advice applies to the people supporting them. People can contact the alcohol and drug information service in their area for further information and advice.

What are detoxification (withdrawal) programs?

Detoxification programs aim to help people through the opioid withdrawal period safely and comfortably, and link them with some form of ongoing assistance such as counselling or rehabilitation. Programs can be:

- outpatient (e.g. home, outpatient clinics), or
- residential (e.g. inpatient detoxification clinic, public hospital), and
- medicated or non-medicated (i.e. with or without medicine)

If a person has a stable 'non-drug using' home environment and support, home detoxification can be recommended. It is important that clinicians provide people with information regarding what to expect. In a supervised home detox, a medical practitioner and/or nurse will visit at least daily to check on progress, give advice and support. Some self-help groups (e.g. Narcotics Anonymous) can provide a volunteer support person.

Outpatient or home detox might not be suitable in every case, for example, where someone has other drug dependencies (alcohol and certain pills in particular) or medical conditions that might complicate withdrawal. An assessment by a medical practitioner, nurse or other drug and alcohol specialist will ensure that the most appropriate setting is selected.

Supervised withdrawal using medicine is called 'medicated' or 'medical' detox (see over the page). Although no medicine or combination of medicines will completely stop all symptoms of heroin withdrawal, many people find that it eases the discomfort of withdrawal, and helps them to get through it.

Detoxification options using medicine

Until recently, medicated detox programs have involved:

- Clonidine (brand name Catapres®) plus some medicines that target specific symptoms such as nausea, diarrhoea, sleep disturbance or leg pains, or
- just the medicines that target the withdrawal symptoms without clonidine (e.g. paracetamol or ibuprofen for bone/muscle pain and benzodiazepines ▼ for sleeplessness/anxiety).

Methadone has also been used in medicated detox programs. Detox using buprenorphine is now another option. You may have also heard about 'rapid' detox using naltrexone or naloxone. These methods are described in more detail below.

Methadone can be used to help withdraw people who have a high level of tolerance to heroin (i.e. more than two injections per day), and where other methods of detox have not worked. Heroin is replaced by methadone and the dose is then reduced to zero over 5-21 days. This is an effective way to detox, but may extend the withdrawal period depending on how long methadone is used.

Detoxification using buprenorphine (brand name Subutex®) is a recently introduced method of managing heroin withdrawal, and is becoming more common.

Experience so far suggests that buprenorphine:

- works better to reduce withdrawal symptoms and cravings than combinations of other medicines (e.g. clonidine, benzodiazepines), and
- does **not** extend the withdrawal period when used for short periods

Another benefit of detox using buprenorphine is that it can be followed by a range of treatment options, including:

- a longer term program (with buprenorphine or methadone) if the person feels they can not complete detox without using heroin (see Substitution Treatment section), or
- naltrexone treatment if a person's goal is to be heroin free (see Naltrexone treatment section)

People should talk to their medical practitioner or health worker about the possibility of continuing with these treatments before starting detox.

- ▶ Benzodiazepines, sometimes called 'benzos' or minor tranquilisers, are usually prescribed to help people with anxiety or sleep problems. Examples of benzodiazepines include Valium, Normison, Serepax, and Rohypnol. Benzos are depressants, slowing down the functions of the brain and body. Using benzos with other depressant drugs, such as heroin, alcohol and methadone can be very dangerous, leading to overdose and death.

What does detoxification using buprenorphine involve?

Detoxification from heroin using buprenorphine involves taking a daily dose of buprenorphine for 4 or 5 days – tablets are placed under the tongue until they dissolve. In an outpatient program, buprenorphine is usually given once a day at the clinic or pharmacy. In an inpatient detox, dosing may occur several times a day. When buprenorphine is taken for a short period (e.g. 4 or 5 days), there are usually only mild withdrawal symptoms for 1 to 3 days after stopping buprenorphine.

In a recent Australian research project, **more heroin dependent people completed detoxification using buprenorphine** than a 'standard' detoxification (clonidine and other medicines), and it was **more likely to lead to ongoing treatment** than any other method of detox tested.

'Rapid' detoxification using naltrexone or naloxone is a more recently introduced method of detoxification that is not widely available, and is only an option for selected people. In rapid detox, people are given naloxone (brand name Narcan®) and naltrexone (brand name Revia®) to speed up withdrawal, along with other medicines to reduce discomfort and help them cope with the procedure. The methods and medicines used vary, but in most programs people are sedated to some degree so they do not experience the worst of the withdrawal symptoms.

By speeding up withdrawal, it seems more people are able to complete rapid detox than other types of detox, and start long-term naltrexone treatment. Naltrexone treatment may be a useful option for people who have decided on abstinence (see Naltrexone treatment in the Abstinence-Based Treatment section).

Issues to consider about rapid detoxification

Rapid detoxification does shorten the most intense part of withdrawal, but symptoms can continue for several days after the procedure, and be quite severe. For this reason, all rapid detoxification procedures must be carried out by specialist drug and alcohol personnel who can care for people as in-patients in case of severe withdrawal reactions.

Rapid detox can cost up to several thousand dollars at some private clinics, depending on inclusions of the program, for example, counselling and naltrexone tablets needed following the initial procedure.

Because of the risks and costs associated with rapid detox, it is not available in most states in the public health system – it is mostly done through private hospitals. Note that naltrexone is not currently registered in Australia for rapid detox. It is very important that treatment providers inform people fully of the possible risks of rapid detox (in writing) and other treatment options.



Naloxone (also known as Narcan®) is used to reverse the effects of heroin overdose, and sometimes used in rapid detoxification to speed up withdrawal.

Many people have unrealistic hopes about rapid detox. Research shows the chances of completing detox and starting naltrexone treatment are higher with rapid detox than with other methods (e.g. clonidine and other medicines, detox using buprenorphine). However, rapid detox does not work any better when it comes to staying on naltrexone and ceasing heroin use in the long-term (i.e. a few months after detox).

Detoxification of any type (e.g. inpatient or home, medicated or non-medicated) is best thought of as a **starting point**. Even though people feel better after detox, research shows there is a **high risk of going back to using heroin**. People who continue in some form of treatment after detox, such as counselling, residential rehabilitation or a buprenorphine program appear to do better than those who do not. People should take some time to think about what they want to do once their detox is over and what treatments they might continue with.

If relapse occurs, it is important for people to remember that it often takes more than one attempt to stop or reduce harmful drug use. Any break (even if temporary) from heavy heroin use is worthwhile, even if the person starts using again at lower levels.

For further information and details about withdrawal programs, people can contact the alcohol and drug information service in their area (listed at the end of this guide). The cost of programs will vary greatly. Government and many non-government services are free or bulk bill, whereas private clinics can be quite expensive and may require private health insurance.

WARNING: A person's tolerance to heroin and other opioids drops significantly during withdrawal – this means that the **risk of overdose** is greatly increased. If a person does use heroin again, they should:

- use a small test dose, and much smaller amounts
- avoid mixing it with alcohol or benzodiazepines (e.g. Rohypnol, Valium)
- not use alone, and
- make sure their friends know what to do in the event of an overdose (see the Overdose section)

Substitution Treatment

What is 'substitution' treatment?

Substitution treatment, sometimes called 'maintenance treatment', involves using a long-acting opioid medicine to control a person's drug use on a long-term basis (months to years). The idea behind treatment is to substitute an illegal, short-acting, expensive drug (heroin), which is usually injected, with a legal, longer lasting, inexpensive drug, which is taken orally (methadone OR buprenorphine).

Substitution treatment works really well for many people as it gives them the chance to improve their health and social situation, and reduce the risks related to heroin use without having to deal with withdrawal. People can focus on other areas of their life, for example, finding stable accommodation, getting work or further education, as the time and stress involved in 'scoring' heroin is reduced. Dependent users who have failed at detoxification or who have unstable social circumstances may be better suited to substitution treatment.

Substitution treatment is provided by specialist clinics, private clinics, medical practitioners and community pharmacies. The first step to entering a program is to see a medical practitioner who is an approved methadone or buprenorphine prescriber (people should contact the alcohol and drug service in their state or territory for referral). In some public programs there will be no cost, whereas in other settings - such as a pharmacy or private clinic - a dispensing fee will be charged.

Issues to consider about substitution treatment

There are many benefits to entering a methadone or buprenorphine program, but there are also issues which people need to know about and consider carefully before making this decision.

Benefits

- it holds a person stable while they get control over their drug use and life
- a person will not experience withdrawals if they are on the right dose
- it costs less than heroin, removing the need for crime to support a habit
- people do not need to detoxify first to start substitution treatment
- it gives people time to focus on improving their lifestyle
- it reduces the risk of HIV and hepatitis
- it offers access to other health and support services

Considerations

- a person is still dependent on opioids during this treatment and there will be withdrawal symptoms at the end of treatment (reducing the dose slowly will minimise symptoms)
- people will need to attend a clinic/pharmacy daily or several times a week for dosing
- travel can be difficult (especially interstate and international) and must be organised well in advance
- methadone and buprenorphine can be dangerous when used incorrectly (e.g. injected, mixed with other drugs, high doses)
- there may be side effects from treatment (see below)

Side effects of substitution treatment

Most side effects of substitution treatment occur in the first week or two of treatment, and settle down after that. Some of the more common side effects people might experience include: increased sweating, constipation, lowered sex drive, skin rashes and itching, loss of appetite, nausea and vomiting (usually stops after a few days), headache, abdominal cramps, changes to menstrual period and tooth decay (all opioids reduce the production of saliva which helps prevent tooth decay).

Many things can be done to reduce these effects – people should talk to a medical practitioner or pharmacist, and if needed dentist, about any problems they are experiencing.

Substitution treatment with methadone

What is methadone?

Methadone is a long-acting opioid that has been used to treat heroin and other opioid dependence in Australia for about thirty years. A single daily dose of methadone will stop withdrawal and cravings for heroin for 24 hours or longer. Methadone typically comes as a liquid that is swallowed.

What does substitution treatment with methadone involve?

In a methadone program the person attends the clinic or pharmacy daily (or several days a week) for their dose of methadone under supervision. The strength of dose is worked out by their medical practitioner according to their individual needs. Good results will usually be achieved with a dose of between 60 to 100mg per day. Because methadone can be dangerous if given in high doses, the starting dose is low (not more than 40mg).

A person will then be stabilised over several days to achieve the best dose for them, and then they will see their medical practitioner regularly to make sure they are not experiencing withdrawal symptoms or alternatively, being prescribed too much. It may take several weeks for a person to feel comfortable on methadone. Ultimately, people should not feel sedated or euphoric on methadone, just at ease and not experiencing withdrawal symptoms. In general, people who continue this treatment on a larger dose for a longer time achieve better results.

Substitution treatment with methadone is one of the most successful and widely used treatments for opioid dependence in Australia. Heroin use among people receiving this treatment drops greatly.

Research has found that methadone reduces heroin use, death from drug overdose, HIV infection and criminal activity, and improves general health, social functioning and mental wellbeing. It is very effective for women who are pregnant and breastfeeding.

Substitution treatment with buprenorphine

What is buprenorphine?

Buprenorphine is also a long-acting opioid and can be used instead of methadone in a substitution program. Buprenorphine became available in Australia in 2001.

Compared to methadone, buprenorphine:

- is easier to withdraw from
- is longer lasting - at higher doses its effects can last up to 2 (or 3) days, and
- is in the form of tablets (made in 3 strengths) that are taken sublingually, which means, placed under the tongue until they dissolve. Some states may either break or crush the tablet before it is placed under the tongue

What does substitution treatment with buprenorphine involve?

Substitution treatment with buprenorphine will also begin with daily dosing under supervision at a clinic or pharmacy until a person has stabilised their dose and drug use (this may take several weeks). Most people will need between 8 - 24mg per day to feel comfortable without using heroin. Once stabilised, many people can take buprenorphine at a higher dose once every 2 or 3 days. This will not suit everyone – some people experience increased cravings and withdrawal symptoms. Many people, however, will be comfortable with dosing every second day and find it convenient.

As with methadone treatment, the first dose of buprenorphine will be low (usually between 2 – 6mg) and then adjusted through talking with the medical practitioner. The first dose of buprenorphine can sometimes cause withdrawal symptoms if a person has a lot of heroin or methadone in their body. People should try and plan to take their first dose of buprenorphine at least 6 hours after they last use heroin, and at least 24 hours after their last methadone dose, to avoid this occurring.

Care needs to be taken if people want to switch from methadone to buprenorphine treatment. This is really only recommended for people on low methadone doses (30mg or less) otherwise it could result in withdrawal symptoms and destabilise a person. Transferring from buprenorphine to methadone substitution treatment, however, is straightforward.

Research shows that for most people buprenorphine is as effective as methadone in treating opioid dependence. The important point is that people now have a choice. People will simply prefer one medicine to the other.

Australian research shows that heroin users on a buprenorphine program reduce their heroin use as much as those on a methadone program.

WARNING: Methadone and buprenorphine are generally safe, and deaths from overdose with these medicines alone are uncommon. However, the **risk of overdose and death** is increased greatly if methadone or buprenorphine are mixed with other medicines or drugs that have a depressant effect.

It is dangerous to mix methadone or buprenorphine with drugs like:

- alcohol
- sleeping pills and tranquillisers (e.g. benzodiazepines such as Rohypnol, Serepax, Valium, etc. or barbiturates)
- other opioids (such as heroin, morphine, pethidine and codeine)
- antidepressants (e.g. Tryptanol, Tofranil)

especially in the first few weeks of treatment when the risk of overdose is highest. People should not take any of these drugs **unless** they are prescribed by the medical practitioner treating them with methadone or buprenorphine. All drugs must be taken only as the medical practitioner has advised.

Abstinence-Based Treatment

Abstinence-based options for treating opioid dependence include naltrexone treatment, therapeutic communities, self-help groups and counselling.

Generally speaking, these treatments are for people who have withdrawn from heroin or other opioids, and want to be abstinent. However, some of these options, such as counselling and self-help, will also be useful for people who are being treated in methadone or buprenorphine substitution programs.

Naltrexone treatment

What is naltrexone?

Naltrexone is a drug prescribed on a long-term basis to help a person remain heroin-free after completing detox. It works by blocking the effects of heroin and other opioids for up to 72 hours (depending on the strength of the naltrexone dose).

What does naltrexone treatment involve?

Treatment involves swallowing a tablet (usually 50mg) once a day, or every two or three days at a higher dose. The idea behind treatment with naltrexone is that if a person does not experience any effect when they use heroin, they will stop using.

Issues to consider about naltrexone treatment

A person must be completely detoxified from heroin before taking their first dose - otherwise it will bring on immediate, and possibly severe, withdrawal symptoms. Naltrexone is not a replacement for heroin - there are no pleasurable effects from taking it and it does not produce tolerance or physical dependence. Naltrexone is similar to Narcan®, a drug used to revive people from heroin and other opioid overdose, except naltrexone is longer acting.

In general, not very many opioid dependent people enter naltrexone treatment and among those who do, drop-out rates are high. Long lasting naltrexone implants, which are inserted under the skin, are being trialled in some clinics, to see if they can help people stay in treatment. However, implants are not registered for use in Australia and should be considered experimental until further research has been conducted.

Naltrexone is only available on prescription, under the trade name Revia®. Although any medical practitioner can prescribe naltrexone, it is recommended that people find one who is experienced in treating drug and alcohol dependence. It is important that the medical practitioner chosen can offer a thorough assessment and link people up with counselling and other support services, as people who are well supported seem to do better.

Note that naltrexone is also used to treat alcohol dependence. When naltrexone is prescribed to treat opioid dependence, people will have to pay the full cost of the drug where it is not subsidised by the Government.

Side effects of naltrexone treatment

Side effects of naltrexone treatment are common, but usually mild, and improve with time. Some of the more common side effects include: difficulty sleeping, anxiety, nervousness, stomach pain, nausea and/or vomiting, low energy, joint and muscle pain and headache. Less commonly reported side effects are: depression, loss of appetite, constipation, diarrhoea, increased energy, increased thirst, irritability, dizziness, skin rash, delayed ejaculation and chills.

Some of these effects may be symptoms of heroin (or other opioid) withdrawal. People should talk to their medical practitioner about any problems they are experiencing.

In Australian research, people taking naltrexone tablets reduced their heroin use dramatically. However, most people stopped treatment in the first few months - a lot more than stopped methadone or buprenorphine treatment.

WARNING: The biggest danger with naltrexone treatment is using heroin or other opioids after missing a dose or stopping naltrexone. This is because not using opioids while on naltrexone rapidly reduces a person's tolerance, even after only a few days. An **overdose may occur** if a person uses the same or even a smaller amount of heroin than they used before they started taking naltrexone. If a person does use heroin again they need to be very cautious, and:

- use a small test dose, and much smaller amounts
- avoid mixing it with alcohol or benzodiazepines (e.g. Rohypnol, Valium)
- not use alone, and
- make sure their friends know what to do in the event of an overdose (see the Overdose section)

Therapeutic communities

What are therapeutic communities?

Therapeutic communities (TCs) are residential programs where people live and work in a community of other users, ex-users and professional staff. Programs can last anywhere between 1 to 12 months or more.

The aim of therapeutic communities is to help people build up the skills and attitudes to make positive, long-term changes towards a drug-free lifestyle. A program will usually include activities such as employment, education and skills training, life skills training (e.g. budgeting, cooking), counselling, group work, relapse prevention training, and a 're-entry' process where people are helped return to their community.

Issues to consider about therapeutic communities

Most therapeutic community programs are quite structured and have well defined rules. People who dislike rules and regulations may find them unsuitable and this might be why drop-out rates in the early weeks are high. For other people, a therapeutic community can provide the support and security they need that is not otherwise available in their usual environment.

Not all therapeutic communities take the same approach – some may have a religious base, a 12-step program (Narcotics Anonymous), a total abstinence goal or a harm-minimisation-on-the-way-to abstinence approach. Some therapeutic communities may include naltrexone treatment as part of their program. It all depends on where a person chooses to go and what they feel they need.

People should find out as much as possible about a program before they decide to enter, so they choose one that best suits and know what to expect. Many of the programs have web sites, and people might like to talk to others who have been through the program.

Even though therapeutic communities may not be as popular as other types of treatment (e.g. substitution treatment with methadone), research shows that for those people who complete a therapeutic community program, heroin use and crime are reduced, and employment opportunities increased.

Self-help groups

What are self-help groups?

Self-help groups for heroin (and other opioid) dependence are made up of people who have been directly affected by heroin use helping each other to stay drug free. These groups are run by their own members rather than by professionals.

The major self-help group for people who use heroin and other drugs is Narcotics Anonymous (NA). NA runs self-help groups in the community that follow the 12-step program first developed by Alcoholics Anonymous (AA). Members work through the 12 steps at their own pace with the support of their sponsor and other members. At meetings people share their experiences as drug users, and the issues they face.

Issues to consider about self-help groups

One of the best things about self-help groups is the understanding of problems that groups can offer, as members have real life experience. They also provide an opportunity to make friends, and join social networks that do not involve using drugs. Some groups provide a range of other helpful support services too, for example, support and advice during detoxification.

NA can be made a part of any treatment plan where the goal is to stop using drugs. Some NA groups accept members who are in substitution programs (methadone or buprenorphine) as well.

Self-help groups, such as NA, are free, regular, generally easy to access, and available for as long as a person wants to attend. Everything said during meetings is kept confidential and anonymous. NA is listed in the telephone directory and has a web site listing all meeting times and locations.

Very little research has been conducted on how effective self-help groups are, and for whom, mainly because of their rules about members remaining anonymous. This **does not** mean they are not helpful.

It is important for people to find a self-help group with whom they feel comfortable - it is recommended that people go to a meeting at least 3 times to see how suitable it is likely to be for them.

Counselling and support services

What does counselling involve?

Reducing or stopping heroin use will usually involve significant social and lifestyle changes. Counselling can help people deal with these changes, as well as avoid going back to heroin use after detoxification and treatment.

In counselling people are encouraged to talk about their drug use and related issues. The person and counsellor work together to set goals and form a treatment plan. Sessions focus on developing problem solving and drug-refusal skills, identifying risky situations where a person may feel tempted to use (e.g. when stressed/upset), and working out ways to deal with these situations. Some of the sessions may be in a group (e.g. coping with social pressure to use), as a group can often come up with more ideas, and the person will hear what works for others.

Getting additional support, such as help with finances, legal problems, domestic violence, accommodation, health concerns, childcare and employment are other services counsellors will be able to help people access.

Issues to consider about counselling

There are different forms of counselling, and drug and alcohol counsellors and agencies will work in different ways. It is important that a person finds a counsellor whom they feel they can trust, and have an open and supportive relationship. They should be able to talk freely about their concerns and behaviours without being judged. Sometimes people prefer to have a counsellor of the same gender or cultural group and this needs to be provided.

A range of outpatient counselling and support services are available in a variety of agencies (e.g. drop-in-centres, community health centres, drug treatment agencies). Counselling may also be provided as part of other treatment programs, for example, in methadone or buprenorphine substitution treatment, or naltrexone treatment.

Research shows that counselling works best when the counsellor is understanding, supportive and helps a person identify their own solutions rather than impose a solution on them.

Most people agree that counselling on its own will probably not be enough to change dependent heroin use. Counselling and support services **as a part of other treatments**, however, can be more effective (e.g. substitution treatment with methadone or buprenorphine and counselling).

What to do in the Event of Overdose

Overdose may occur if:

- too much heroin is used, or it is a strong batch
- a person has not used heroin or other opioids for a couple of days or longer and their tolerance is reduced (e.g. after withdrawal, after naltrexone treatment)
- heroin and other opioids (including methadone and buprenorphine) are used with other depressant drugs, such as alcohol or benzodiazepines.
Most overdoses occur as a result of combined opioid, alcohol and benzodiazepine use

Signs a person has overdosed include:

- being unresponsive, difficult or impossible to wake
- breathing slowly or not breathing
- cold, clammy skin
- loud snoring or gurgling noises – this is **NOT** a sign the person is OK, or ‘sleeping it off’. **NEVER** leave a person like this, try and wake them immediately

If you find a person collapsed, and they are difficult to wake or cannot be woken, do the following:

- call Emergency **000** for an ambulance
- check that the person's airway is clear. If not, remove anything from the person's mouth and extend the neck to open the airway
- check breathing. If the person is not breathing start mouth-to-mouth resuscitation immediately (gentle-breaths)
- check circulation by feeling for a pulse in the person's neck. If there is no pulse start heart massage immediately
- if Airway, Breathing and Circulation are OK, put the person in the recovery position on their side
- loosen any tight clothing that might restrict breathing
- keep the person comfortably warm with blankets or a coat
- do not give the person fluids
- stay with the person until professional help arrives
- explain to the ambulance crew what has happened and what you have done. If you have the information, tell them what the person has taken and how long ago

It is very important a person receives professional help as soon as possible. **Quick responses can save lives.** Overdose is not a crime and the police are only called if they are needed.

Some benefits and considerations of each treatment approach.....

APPROACH	BENEFITS	CONSIDERATIONS
Detoxification program	<ul style="list-style-type: none"> *helps manage withdrawal *provides a break from heroin use and related harms *links people to further treatment *first step to abstinence 	<ul style="list-style-type: none"> *does not produce long-term change; best as a starting point to treatment
Substitution treatment	<ul style="list-style-type: none"> *helps people to reduce or stop heroin use *gives people more time for other areas of their life *widely used, popular treatment *a lot of evidence it works 	<ul style="list-style-type: none"> *need to attend clinic/pharmacy regularly for dosing *people still dependent on opioids; will be withdrawal period at the end of treatment *may be side effects
with methadone	<ul style="list-style-type: none"> *recommended treatment during pregnancy/breastfeeding 	<ul style="list-style-type: none"> *may need to reduce methadone dose if people want to transfer to buprenorphine
with buprenorphine	<ul style="list-style-type: none"> *alternative to methadone *can be taken every second day *easier to withdraw from than methadone *can start naltrexone after buprenorphine treatment *easy to transfer to methadone from buprenorphine 	<ul style="list-style-type: none"> *not recommended during pregnancy/breastfeeding *first dose may bring on or 'precipitate' opioid withdrawal
Naltrexone treatment	<ul style="list-style-type: none"> *can help some people to remain heroin-free (i.e. abstinent) after detox 	<ul style="list-style-type: none"> *must be completely detoxed before starting treatment *not recommended for use in pregnancy/breastfeeding or for people with certain liver conditions (e.g. acute hepatitis) *opioid type pain-killers (such as codeine or morphine) will not work while taking naltrexone *increased risk of overdose if people use heroin after missing a dose or stopping treatment, due to loss of tolerance

APPROACH

Therapeutic community

Self-help groups (e.g. NA)

Counselling

BENEFITS

- *provides high level of support, structured program, and a non-drug using environment
- *teaches skills to make long-term lifestyle changes

- *provides high level of mutual support, social contact and understanding between members
- *easy to access, informal, free, regular, ongoing
- *can be part of any treatment plan where goal is to stop using drugs

- *can help with forming a treatment plan, reaching goals, and preventing relapse
- *links people to other support services (e.g. accommodation, employment)
- *range of services available, easy to access
- *can make other treatments (e.g. methadone, buprenorphine, naltrexone) more effective

CONSIDERATIONS

- *there are different types of programs, people should look around if possible to find one that best suits them
- *may be a waiting list
- *usually cannot take children

- *recommended people attend at least 3 meetings to see how suitable self-help groups can be for them

- *finding supportive and understanding counsellor is very important
- *works best for people who want counselling

Key Contacts

For further information, please contact the alcohol and drug telephone service in your area. These 24-hour services provide counselling, information and referral for users and their families, the general public, and health professionals.

New South Wales

24-hour telephone service:

Alcohol and Drug Information Service (ADIS) (02) 9361 8000 1 800 422 599 (toll free)

Government drug and alcohol department:

NSW Drug Program Bureau (02) 9391 9000
NSW Health
<http://www.health.nsw.gov.au/public-health/dpb>

Drug user organisation:

NSW Users and AIDS Association (NUAA) (02) 8354 7300 1 800 644 413 (toll free)

Victoria

24-hour telephone service:

Direct Line 1 800 888 236 (toll free)

Government drug and alcohol department:

Drug Treatment Services (03) 9637 5232
Department of Human Services
<http://www.dhs.vic.gov.au/phd/dts/index.htm>

Drug user organisations:

Victorian Drug Users Group (VIVAIDS) (03) 9419 3633

Association of Participating Drug Users (APSU) (03) 9573 1778

South Australia

24-hour telephone service:

Alcohol and Drug Information Service (ADIS) (08) 8363 8618 1 300 131 340 (toll free)

Government drug and alcohol department:

Drug and Alcohol Services Council (DASC) (08) 8274 3333
SA Department of Human Services
<http://www.dasc.sa.gov.au/site/page.cfm>

Drug user organisations:

SA Voice of IV Education (SAVIVE) (08) 8362 9299

Users Association of S.A (08) 8362 9299

Western Australia

24-hour telephone service:

Alcohol and Drug Information Service (ADIS) (08) 9442 5000 1 800 198 024 (toll free)

Government drug and alcohol department:

The Drug and Alcohol Office (08) 9370 0333
Government of Western Australia
<http://www.dao.health.wa.gov.au>

Drug user organisation:

WA Substance Users Association (WASUA) (08) 9227 7866

Queensland

24-hour telephone service:

Alcohol and Drug Information Service (ADIS) (07) 3236 2414 1 800 177 833 (toll free)

Government drug and alcohol department:

Alcohol, Tobacco and Other Drug Services (ATODS) (07) 3234 1709
Queensland Health
<http://www.health.qld.gov.au/atods>

Drug user organisations:

Queensland Intravenous AIDS Association (QUIVAA) (07) 3252 5390 1 800 172 076 (toll free)

Sunshine Coast Intravenous Aids Association (SCIVAA) (07) 5443 9576

Drug Users Network Education and Support (DUNES) (07) 5520 7900

Tasmania

24-hour telephone service:

Alcohol and Drugs Service (03) 6222 7511 1 800 811 994 (toll free)

Government drug and alcohol department:

Alcohol and Drugs Service (03) 6233 6535
Department of Health and Human Services
<http://www.dhhs.tas.gov.au/alcoholanddrugs/index.html>

Drug user organisation:

Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD) (03) 6234 1242

Northern Territory

24-hour telephone services:

Alcohol and Drug Information Service (ADIS) 1 800 131 350 (toll free)

Drug and Alcohol Clinical Advisory Service (DACAS) 1 800 111 092 (toll free)

Government drug and alcohol department:

Operational

Alcohol and Other Drug Services (Darwin) (08) 8922 8399

Central Australian Alcohol and Other Drug Services (Alice Springs) (08) 8951 7580

Policy Directorate

Alcohol and Other Drugs Program (08) 8999 2691

Department of Health and Community Services

<http://www.nt.gov.au/health/healthdev/aodp/aodp.shtml>

Drug user organisation:

Territory Users Forum (TUF) (08) 8941 2308

Australian Capital Territory

24-hour telephone service:

Alcohol and Drug Program (02) 6205 4545

Government drug and alcohol department:

Alcohol and Other Drug Services (02) 6205 4545

ACT Community Health

<http://health.act.gov.au/communityhealth>

Drug user organisation:

Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) (02) 6262 5299

National

Useful resource and research centres for information and advice about drug and alcohol treatment:

Australian Drug Information Network (ADIN) based in Melbourne http://www.adin.com.au	(03) 9278 8100
Australian Drug Foundation (ADF) based in Melbourne http://www.adf.org.au	(03) 9278 8100
National Drug and Alcohol Research Centre (NDARC) based in Sydney http://ndarc.med.unsw.edu.au	(02) 9385 0333
National Centre for Education and Training on Addiction (NCETA) based in Adelaide http://www.nceta.flinders.edu.au	(08) 8201 7535
National Drug Research Institute (NDRI) based in Perth http://www.curtin.edu.au/curtin/centre/ncrpda	(08) 9426 4200
Turning Point Alcohol and Drug Centre based in Melbourne http://www.turningpoint.org.au	(03) 8413 8413
Alcohol and other Drugs Council of Australia (ADCA) based in Canberra http://www.adca.org.au	(02) 6281 0686
The Australian National Council on Drugs (ANCD) based in Canberra http://www.ancd.org.au	(02) 6279 1650
National Drug Strategy based in Canberra http://www.nationaldrugstrategy.gov.au	(02) 6289 1555

National policy and guideline links:

National Policy on Methadone Treatment

<http://www.health.gov.au/pubhlth/publicat/document/methad.pdf>

National Buprenorphine Policy

http://www.nationaldrugstrategy.gov.au/resources/publications/buprenorphine_policy.pdf

National Clinical Guidelines and Procedures for the use of Buprenorphine in the Treatment of Heroin Dependence

http://www.nationaldrugstrategy.gov.au/resources/publications/buprenorphine_guide.pdf

Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence

http://www.health.gov.au/pubhlth/publicat/document/methadone_cgguide.pdf

Clinical guidelines and procedures for the use of methadone in the maintenance treatment of opioid dependence (Abbreviated version)

http://www.health.gov.au/pubhlth/publicat/document/methadone_cgguide_s.pdf

Clinical guidelines and procedures for the use of naltrexone in the management of opioid dependence

http://www.health.gov.au/pubhlth/publicat/document/naltrexone_cgguide.pdf

Clinical guidelines and procedures for the use of naltrexone in the management of opioid dependence (Abbreviated version)

http://www.health.gov.au/pubhlth/publicat/document/naltrexone_cgguide_s.pdf

Professional development and support services:

Australian Professional Society on Alcohol and Other Drugs (APSAD)

(02) 9385 0252

<http://www.apsad.org.au>

Drug and Alcohol Nurses of Australasia (DANA)

(08) 8201 5226

<http://www.danaonline.org>

The Royal Australasian College of Physicians

(02) 9256 5473

Australasian Chapter of Addiction Medicine

<http://www.racp.edu.au/public/addictionmed.htm>

Drug and Alcohol Multicultural Education Centre (DAMA)

(02) 9699 3552

<http://www.damec.org.au>

Family support:

Family Drug Support – 24 hour hotline 1 300 368 186

Non English speaking callers:

Translating and Interpreting Service 13 14 50

Drug user organisation:

Australian Injecting and Illicit Drug Users League (AIVL) (02) 6279 1600

