

*Exploration of the benefits of methadone treatment for
dual users of heroin and crack
who inject or have previously injected drugs*

—

Preliminary findings

Felicia Heidebrecht, Jenny Corless and Lynne Dawkins

**felicias.research@gmx.de
www.lifeinmymind.net**

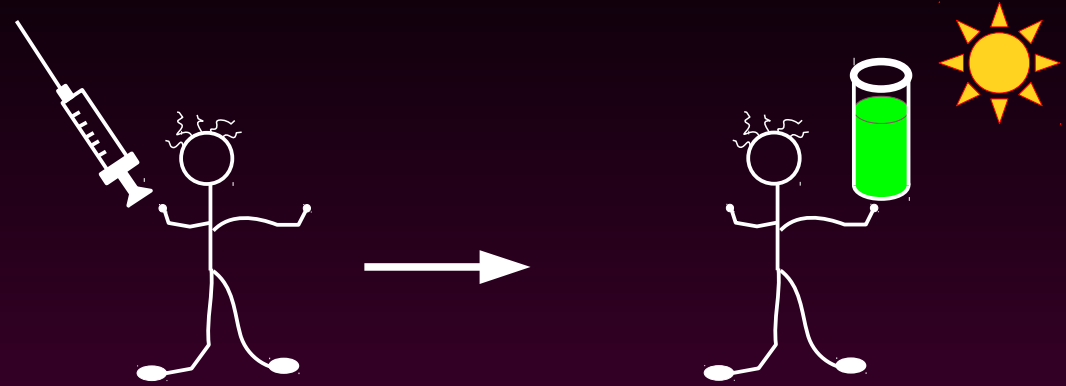
The authors declare no conflicts of interest

This talk

- Background & Aim
- Methods
- Results
- Discussion
- Conclusion

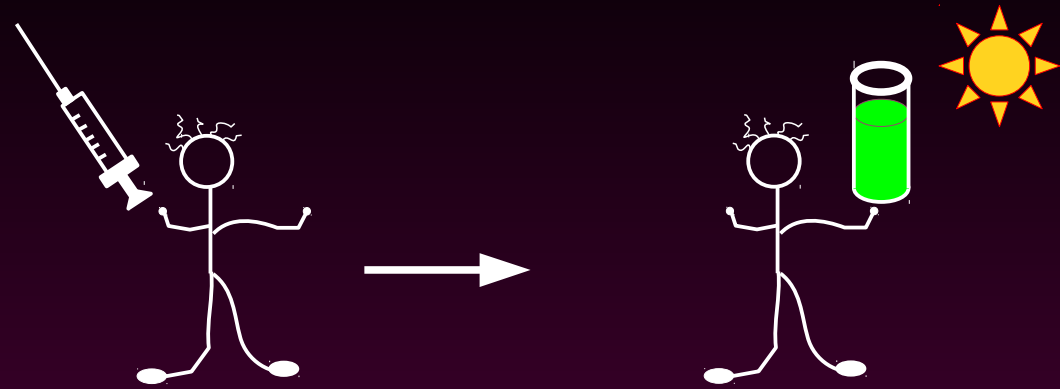
Background & Aim

- Higher doses of MTD - better outcomes



Background & Aim

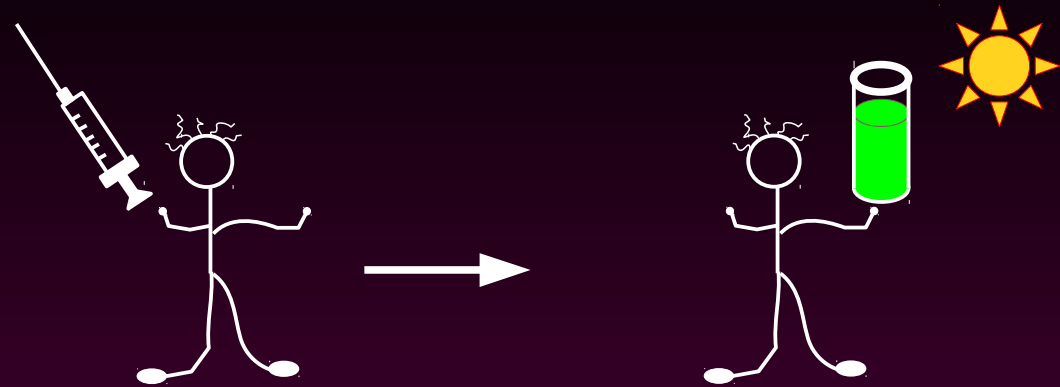
- Higher doses of MTD - better outcomes



- dual users (H+C) - more heroin on MTD
 - high MTD dose + heroin use → OD risk
 - IV use → OD risk and poor health
-

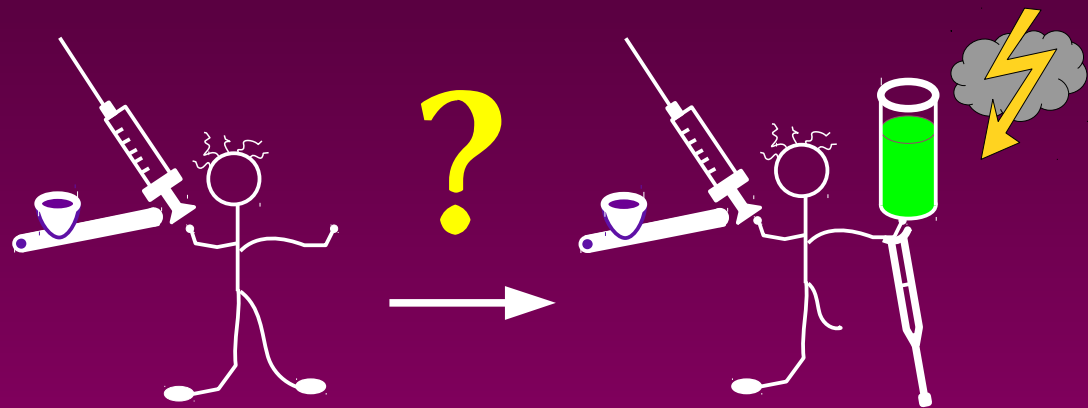
Background & Aim

- Higher doses of MTD - better outcomes



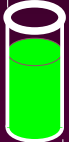
- dual users (H+C) - more heroin on MTD
- high MTD dose + heroin use → OD risk
- IV use → OD risk and poor health

Dual users + IV use + high dose = higher risk of poor health and OD



Background & Aim

To explore the **physical health** and **heroin use** of **IV drug users** in **methadone** treatment by comparing

high  (≥ 70 mg daily) vs.

low  (<70 mg daily) dose

and **crack** use.

Methods

- Sample:
- current/previous IV users of heroin **currently** in methadone treatment
 - two community treatment centres in London, UK
-

Methods

Sample:

- current/previous IV users of heroin **currently** in methadone treatment
- two community treatment centres in London, UK

- Medical records, n=258
 - Heroin-only + dual users
-

Methods

- Sample:
- current/previous IV users of heroin **currently** in methadone treatment
 - two community treatment centres in London, UK

- Medical records, n=258
- Heroin-only + dual users

- EQ-3D and in-depth interviews (mixed quantitative/qualitative), n=36
- Dual users only
- More accurate data

The study was approved by the Ethics Committee of the London South Bank University and was partially funded by Lifeline Project.

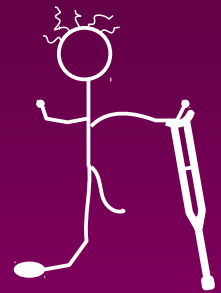
Methods

- Sample:
- current/previous IV users of heroin **currently** in methadone treatment
 - two community treatment centres in London, UK

- Medical records, n=258
- Heroin-only + dual users

- EQ-3D and in-depth interviews (mixed quantitative/qualitative), n=36
- Dual users only
- More accurate data

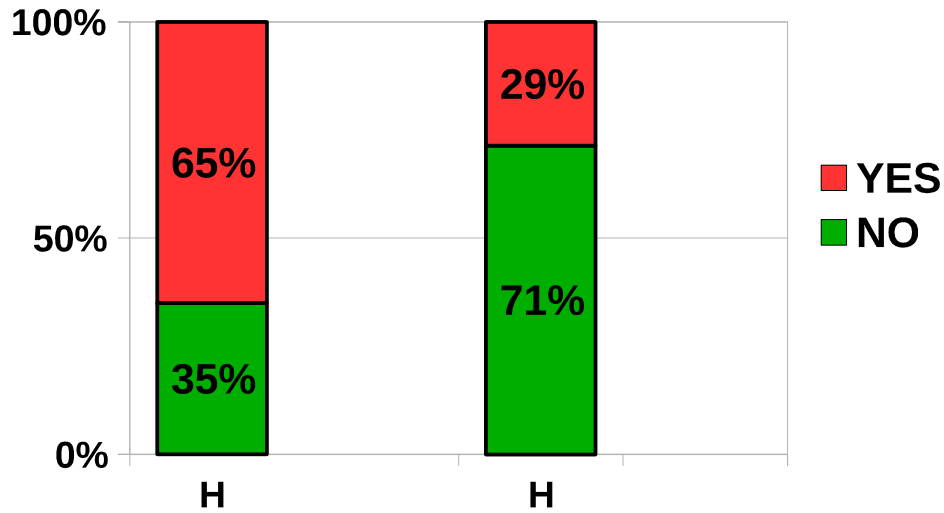
Poor health: medium to severe IV-related adverse events such as varicose veins, septic arthritis, septicaemia, DVT, pulmonary embolism, endocarditis, stroke.



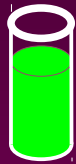
The study was approved by the Ethics Committee of the London South Bank University and was partially funded by Lifeline Project.

Results – Clinical records n=258

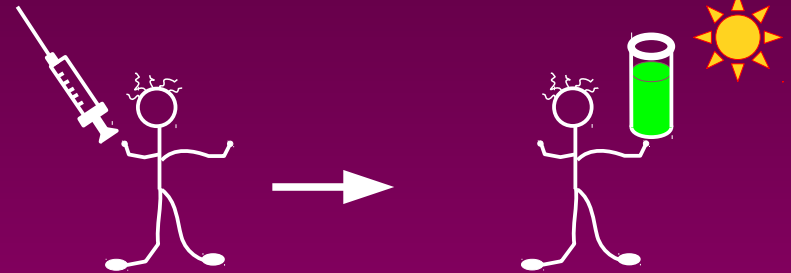
Current heroin use



MTD



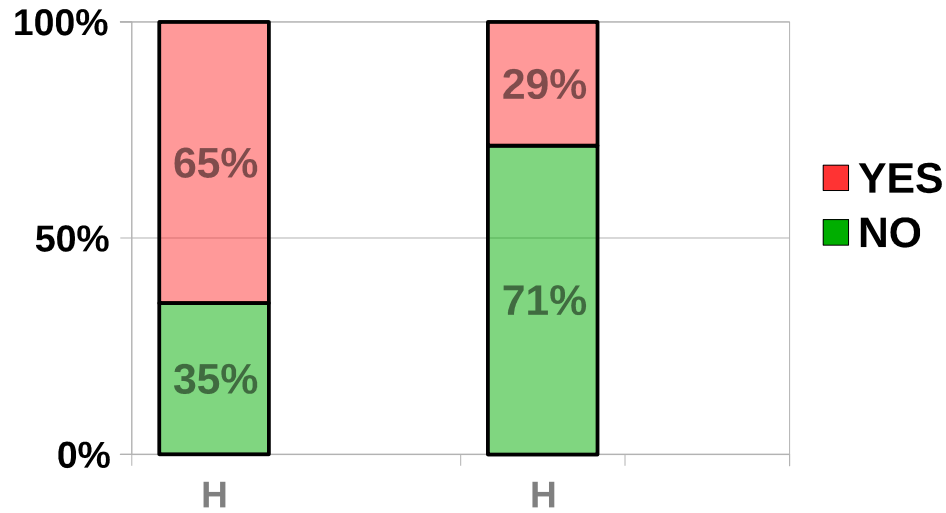
Heroin-only users



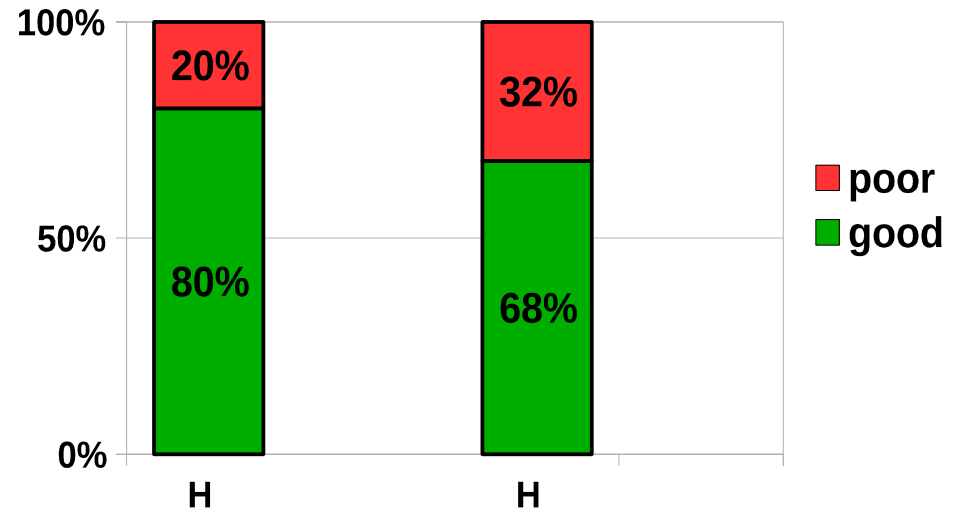
High dose - less heroin use for **heroin-only** users

Results – Clinical records n=258

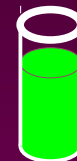
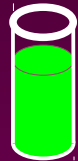
Current heroin use



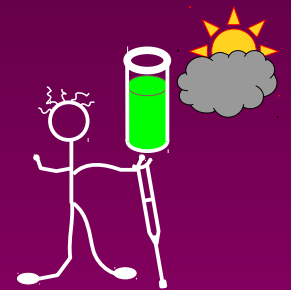
Physical health



MTD



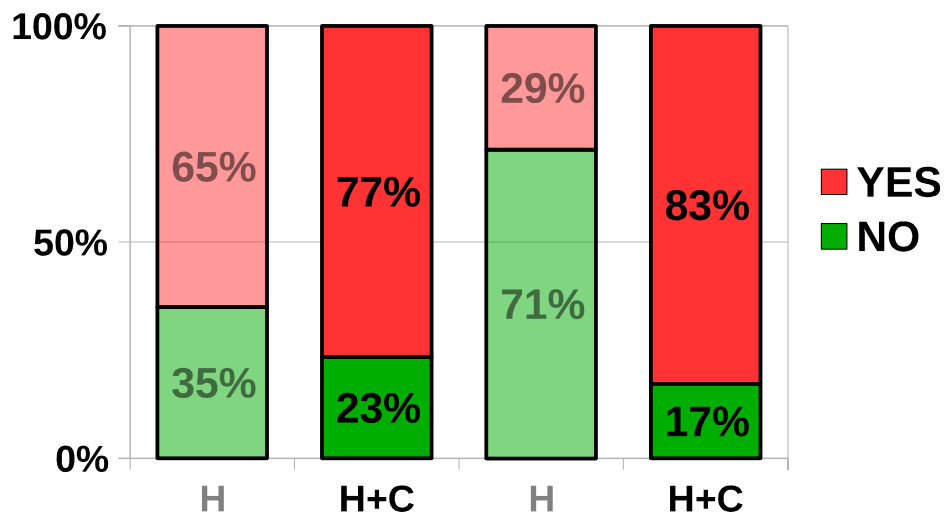
Heroin-only users



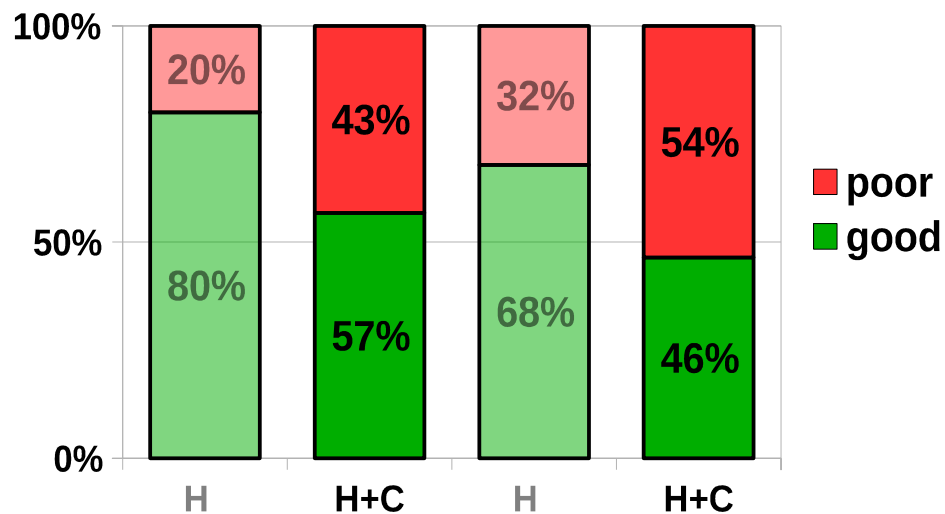
High dose – less people in good health for **heroin-only** users

Results – Clinical records n=258

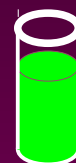
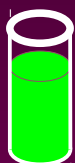
Current heroin use



Physical health



MTD


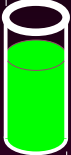


more heroin users and less in good health regardless of dose (dual users)

Results – Interview study – Dual users only n=36

Results – Interview study – Dual users only n=36


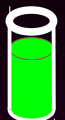
Sample differences

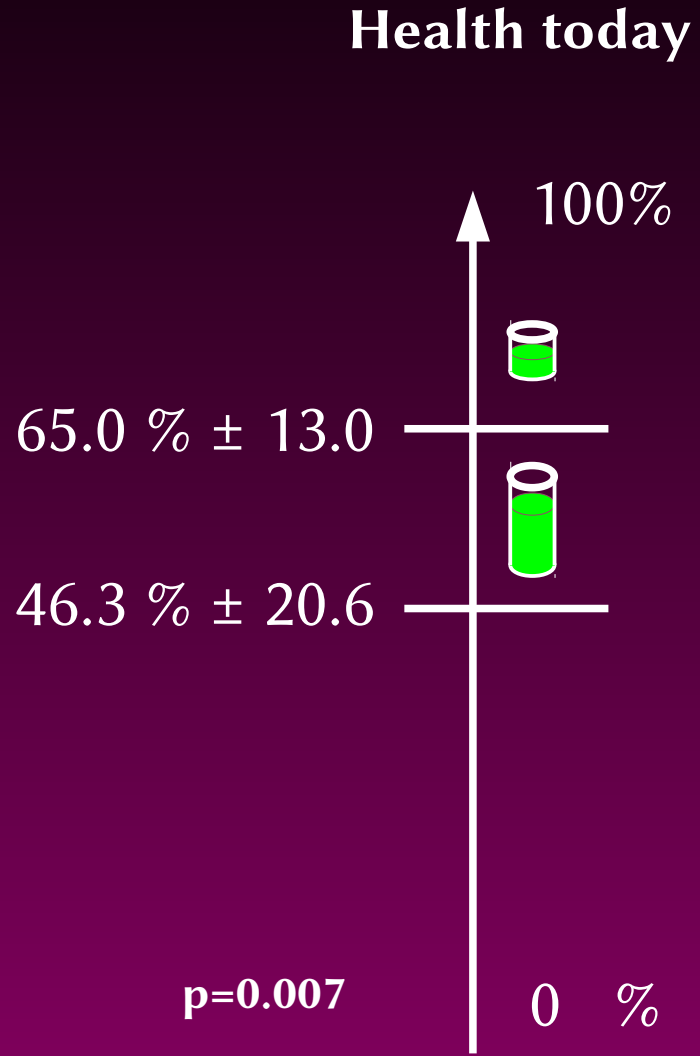
%		 N=21	 N=15	χ^2
Currently using heroin		81	46.7	P=.002
Poor physical health		38.1	73.3	P<.001
Overdoses (OD)	none	33.3	33.3	P=.020
	few	42.9	20	
	many	23.8	46.7	
High-risk injecting sites*		23.8	66.7	P<.001

* groin, neck

High dose – less heroin use but more people in poor health, more frequent OD, more high-risk IV

Results – Interviews (EQ-3D standardized health measure)

	%	 N=21	 N=15	χ^2
Mobility	no probl	70	14.3	P<.001
	some	20	64.3	
	a lot	10	21.4	
Looking after myself	no probl	85	35.7	P<.001
	some	10	57.1	
	a lot	5	7.1	
Doing usual activities	no probl	55	14.3	P<.001
	some	35	78.6	
	a lot	10	7.1	
Pain or discomfort	none	50	7.1	P<.001
	some	30	28.6	
	a lot	20	64.3	
Worried, sad, unhappy	not at all	20	0	P<.001
	a bit	55	71.4	
	very	25	28.6	



High dose – lower ratings on all E3-QD items

Results – Interview study – Dual users only n=36

Bivariate associations with physical health

	OR	95% CI	p value
Methadone dose	0.18	0.04-0.78	0.022

High dose – poor health

Results – Interview study – Dual users only n=36

Bivariate associations with physical health

	OR	95% CI	p value
Methadone dose	0.18	0.04-0.78	0.022
Duration of heroin use	0.95	0.89-1.02	0.17
Duration of crack use	1.01	0.93-1.09	0.849
Duration of treatment	0.86	0.77-0.96	0.009

Duration of treatment but not of drug use – poor health

Results – Interview study – Dual users only n=36

Bivariate associations with physical health

	OR	95% CI	p value
Methadone dose	0.18	0.04-0.78	0.022
Duration of heroin use	0.95	0.89-1.02	0.17
Duration of crack use	1.01	0.93-1.09	0.849
Duration of treatment	0.86	0.77-0.96	0.009
Duration of IV use	0.9	0.83-0.99	0.023
Duration of IV use off MTD	0.98	0.90-1.07	0.647
Duration of IV use on MTD	0.8	0.61-0.92	0.006
High risk injecting sites	0.1	0.02-0.48	0.004

Duration of IV use ON but not OFF treatment – poor health

Results – Interview study – Dual users only n=36

Bivariate associations with physical health

	OR	95% CI	p value
Methadone dose	0.18	0.04-0.78	0.022
Duration of heroin use	0.95	0.89-1.02	0.17
Duration of crack use	1.01	0.93-1.09	0.849
Duration of treatment	0.86	0.77-0.96	0.009
Duration of IV use	0.9	0.83-0.99	0.023
Duration of IV use off MTD	0.98	0.90-1.07	0.647
Duration of IV use on MTD	0.8	0.61-0.92	0.006
High risk injecting sites	0.1	0.02-0.48	0.004
Cardiovascular risk	0.97	0.92-1.02	0.237
Injecting technique	1	0.93-1.08	0.957
Ever street homeless	2.53	0.57-11.26	0.224

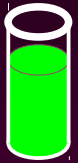
High dose, treatment and IV duration, high-risk IV – poor health

Results – Interview study – Dual users only n=36

Qualitative data – most frequent reason to stop IV use

Results – Interview study – Dual users only n=36

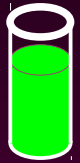
Qualitative data – most frequent reason to stop IV use



- severe health complication ± no veins at a high-risk site

Results – Interview study – Dual users only n=36

Qualitative data – most frequent reason to stop IV use



- severe health complication ± no veins at a high-risk site



- switch to smoking when no veins at lower-risk sites
- high-risk sites = 'no go'

Not the MTD but choices motivated by personal circumstances and beliefs

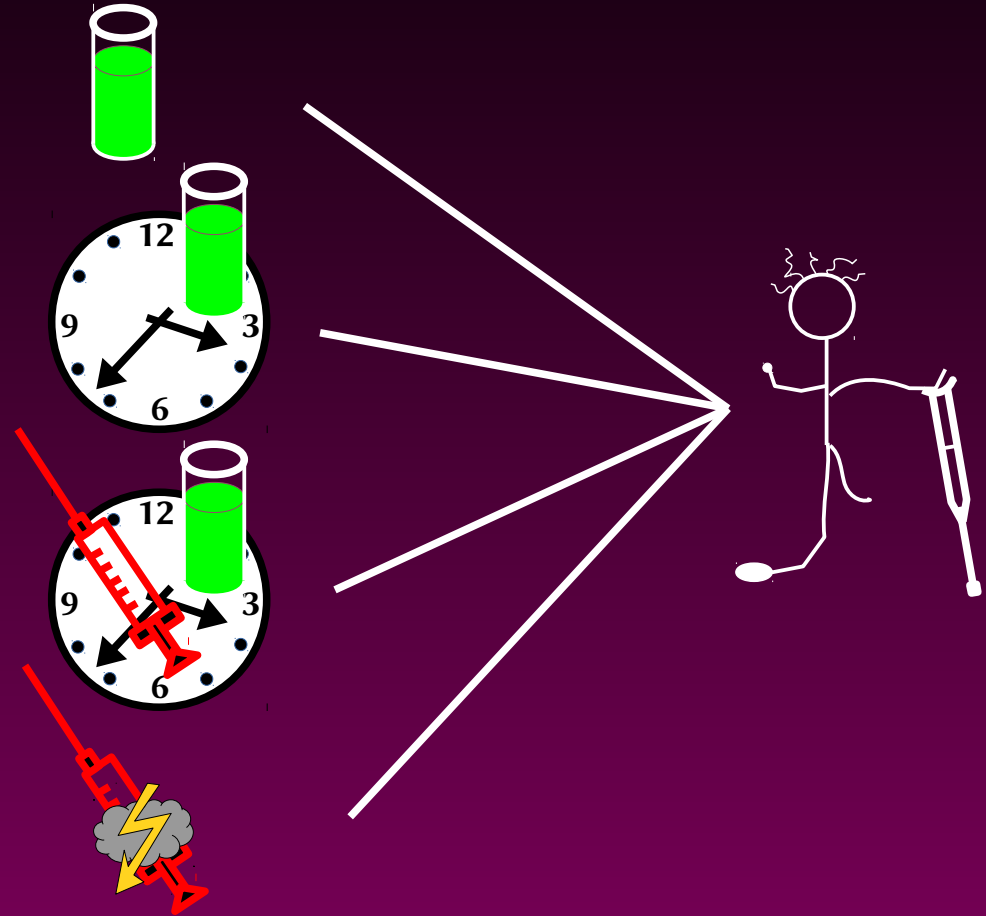
Discussion

High MTD dose

Longer times on MTD

Longer IV use on MTD

High-risk IV sites



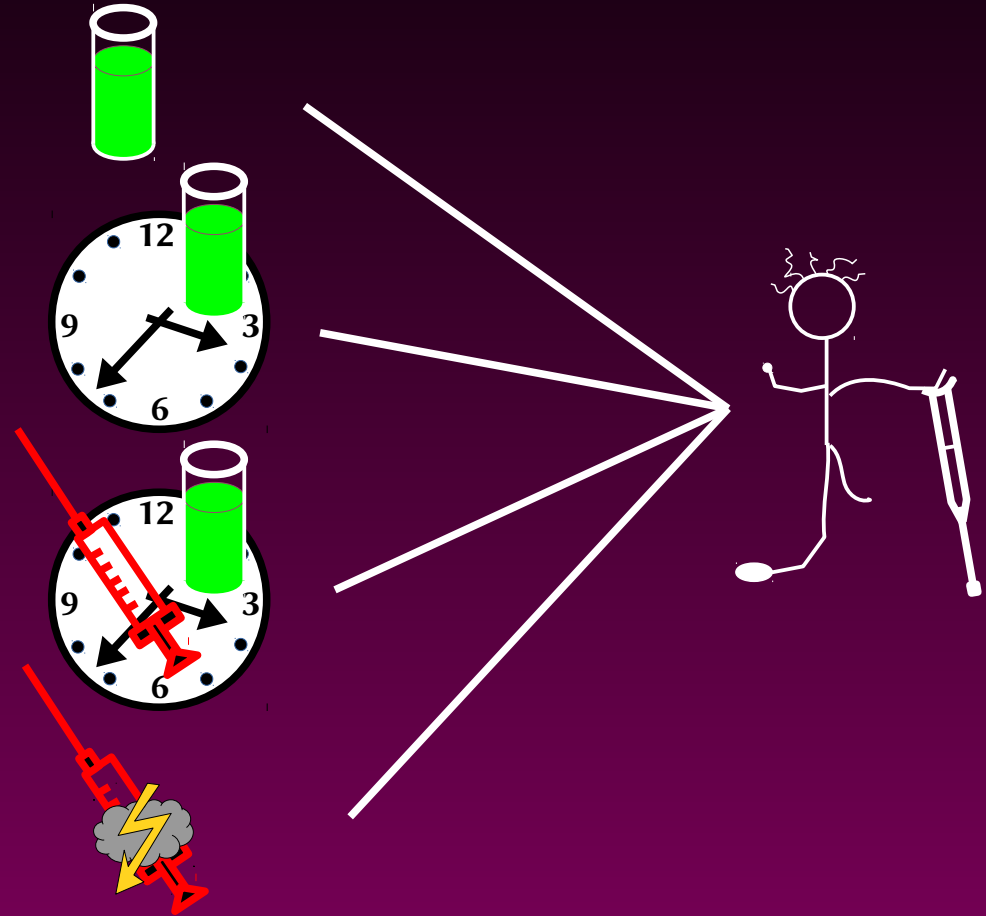
Discussion

High MTD dose

Longer times on MTD

Longer IV use on MTD

High-risk IV sites



What does this mean?

Possible scenario

MTD

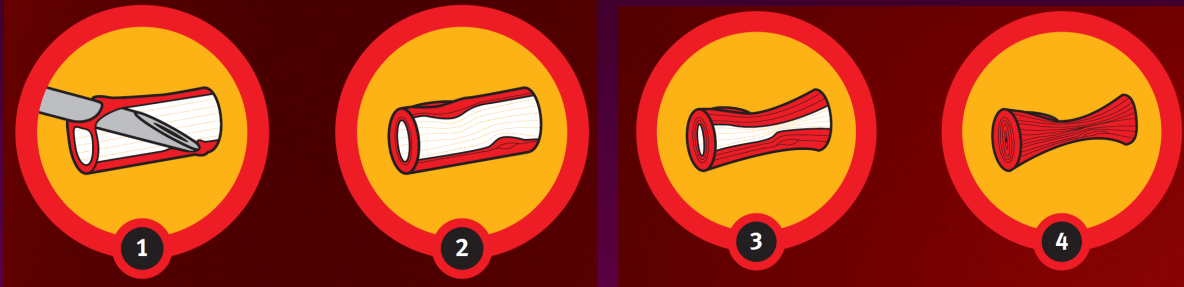
- Stability, better quality of life
 - Better conditions for safer IV use
 - IV use cessation/Less frequent IV use
 - More health care access
-

Possible scenario

MTD

- Stability, better quality of life
- Better conditions for safer IV use
- IV use cessation/Less frequent IV use
- More health care access

Vein damage can be a long-term process



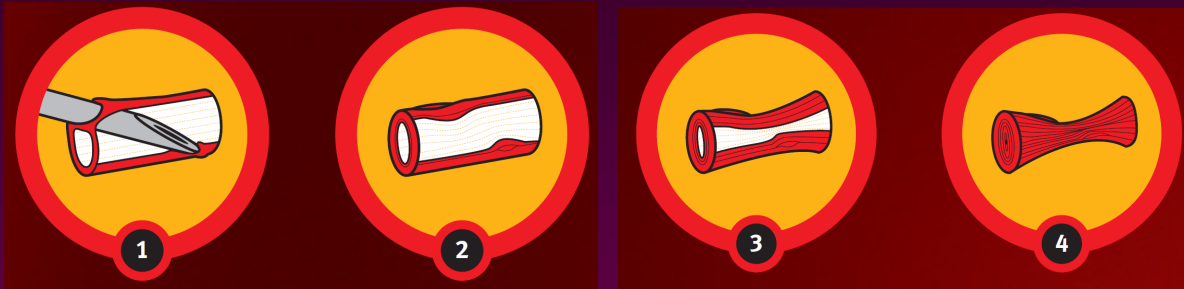
How veins collapse
www.exchangesupplies.org

Possible scenario

MTD

- Stability, better quality of life
- Better conditions for safer IV use
- IV use cessation/Less frequent IV use
- More health care access

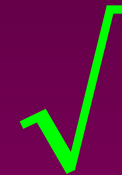
Vein damage can be a long-term process



How veins collapse
www.exchangesupplies.org

For people who continue injecting:

MTD minimizes acute IV complications

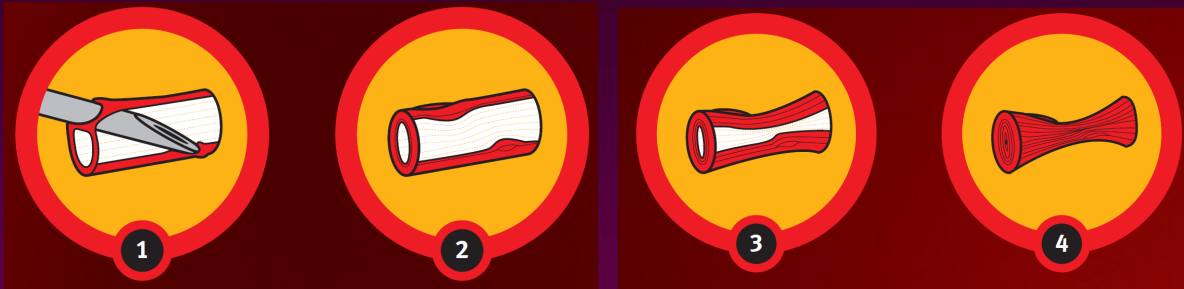


Possible scenario

MTD

- Stability, better quality of life
- Better conditions for safer IV use
- IV use cessation/Less frequent IV use
- More health care access

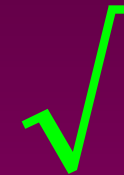
Vein damage can be a long-term process



How veins collapse
www.exchangesupplies.org

For people who continue injecting:

MTD minimizes acute IV complications



Doesn't stop chronic vein damage and associated severe CV events



Possible scenario – why the dose difference?

Possible scenario – why the dose difference?

- some dual users might have stopped injecting drugs and preserved a good health on a high dose of methadone, gradually reduced the medication and been successfully discharged from treatment
- our results give a detailed description of users **long-term** in treatment, who might be ambivalent about their drug use

Possible scenario – why the dose difference?

MTD – stops the withdrawals but does not give people the same 'high'

Possible scenario – why the dose difference?

MTD – stops the withdrawals but does not give people the same 'high'



- lower tolerance

- find easier to switch to smoking because smoking → 'high'

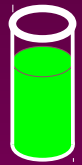
Possible scenario – why the dose difference?

MTD – stops the withdrawals but does not give people the same 'high'



- lower tolerance

- find easier to switch to smoking because smoking → 'high'



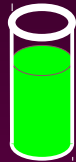
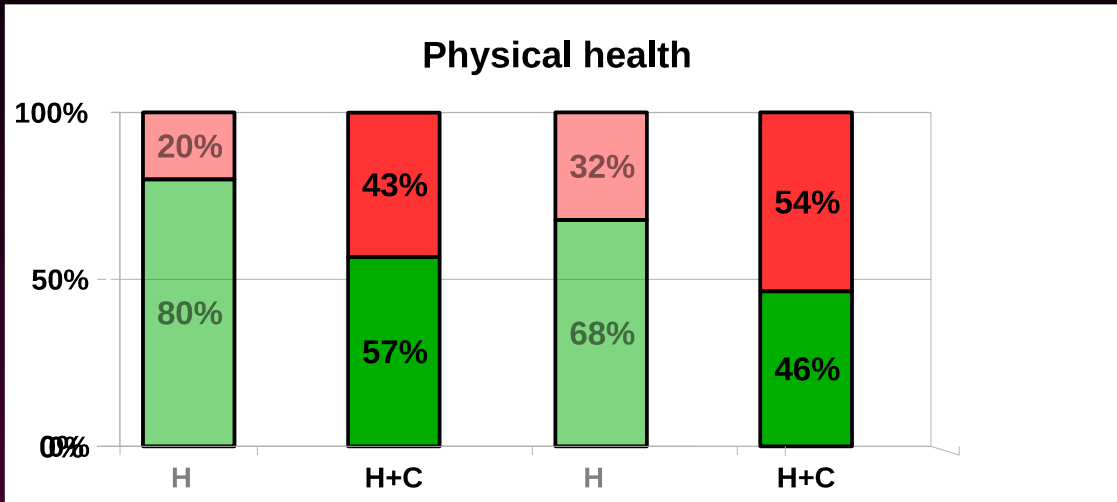
- Higher tolerance

- IV use → 'high'
→ physical health deterioration

What about the crack/cocaine?

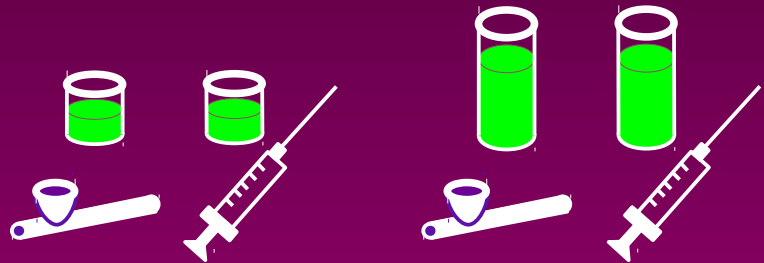
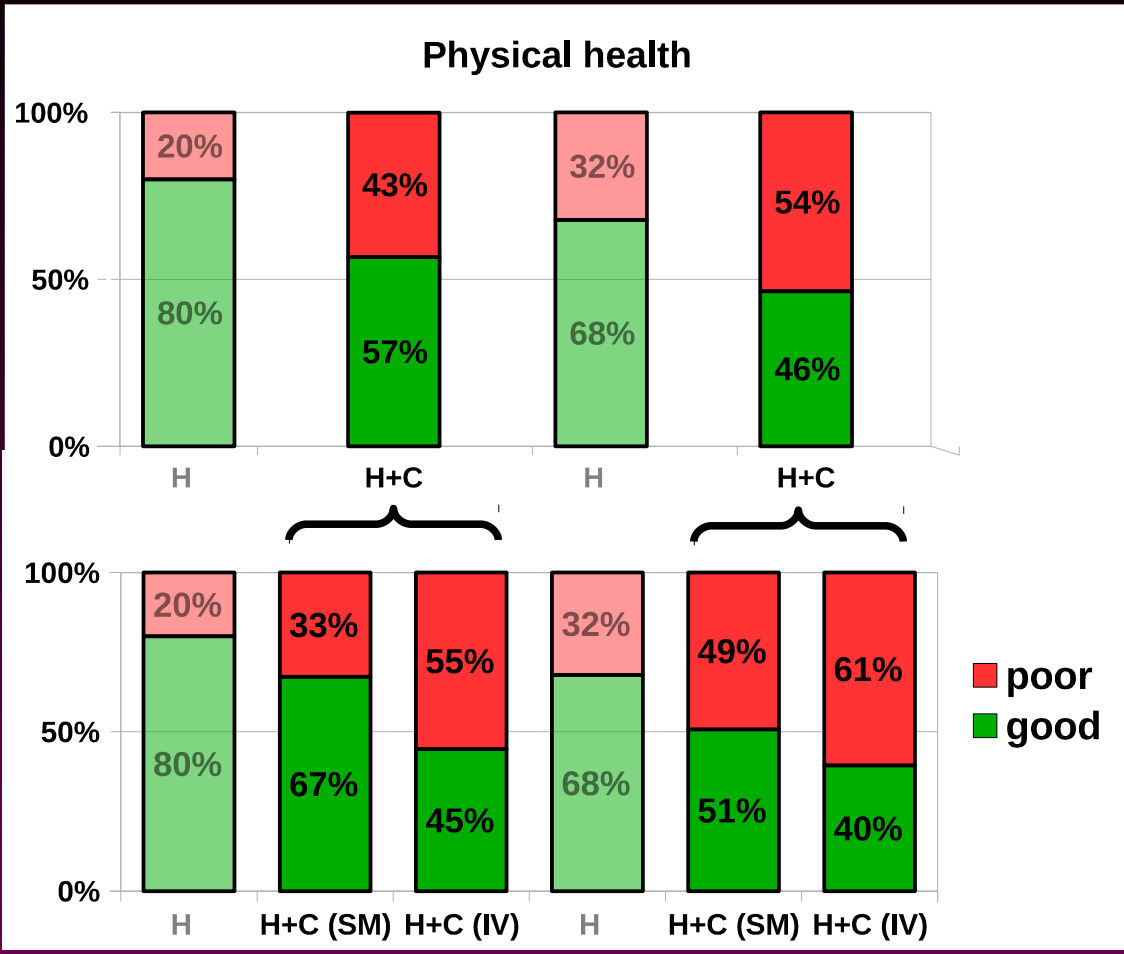
What about the crack?

Clinical records n=258



What about the crack?

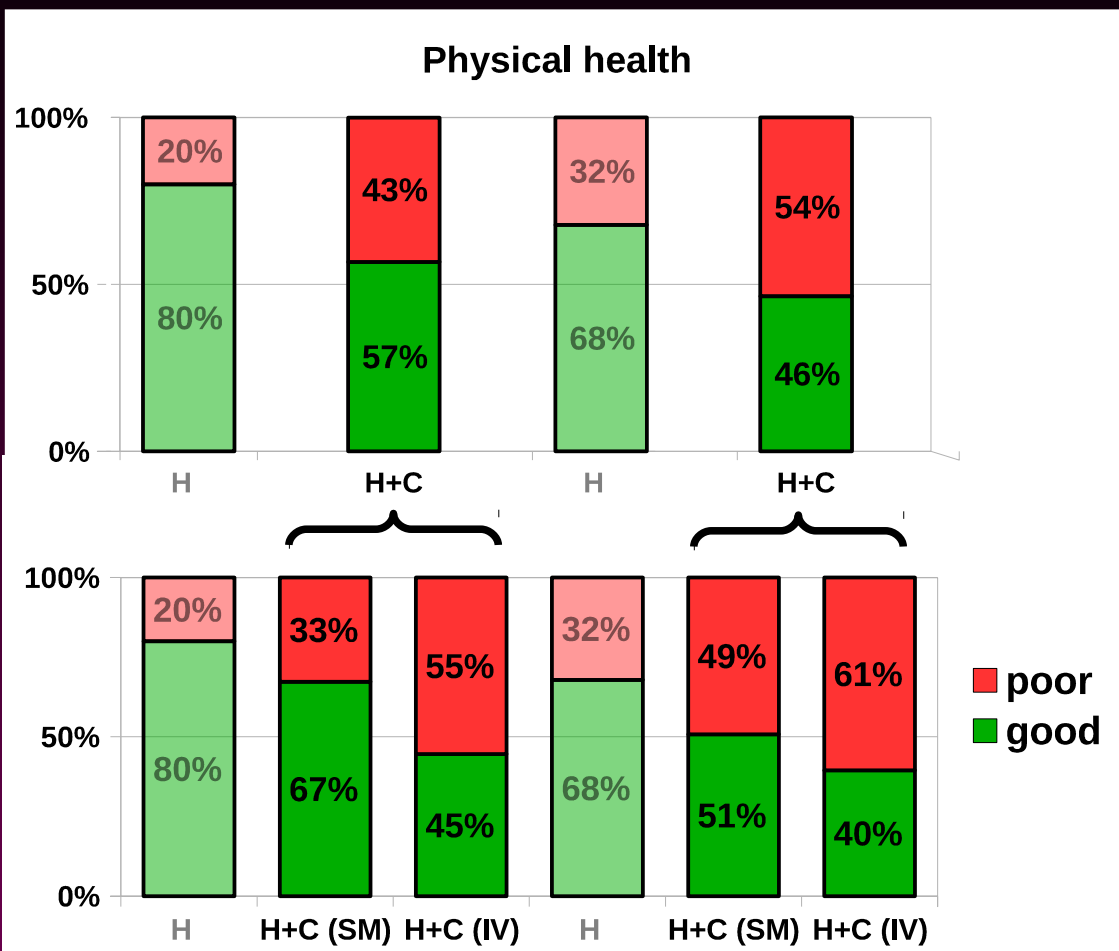
Clinical records n=258



Any crack use but particularly IV use is linked to poor health

What about the crack?

Clinical records n=258



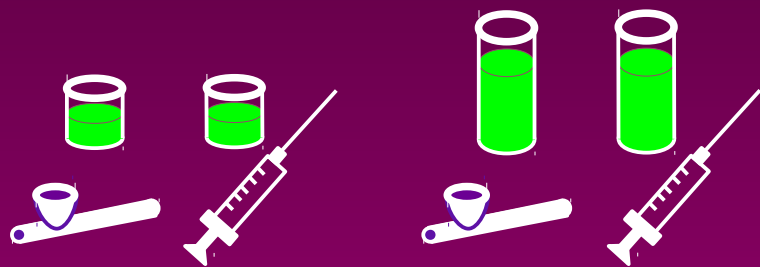
DIRECT:

IV Crack use = more IV use

Crack use → less safe IV use

INDIRECT:

Crack use → more heroin use
= more IV use



IV use → physical health deterioration

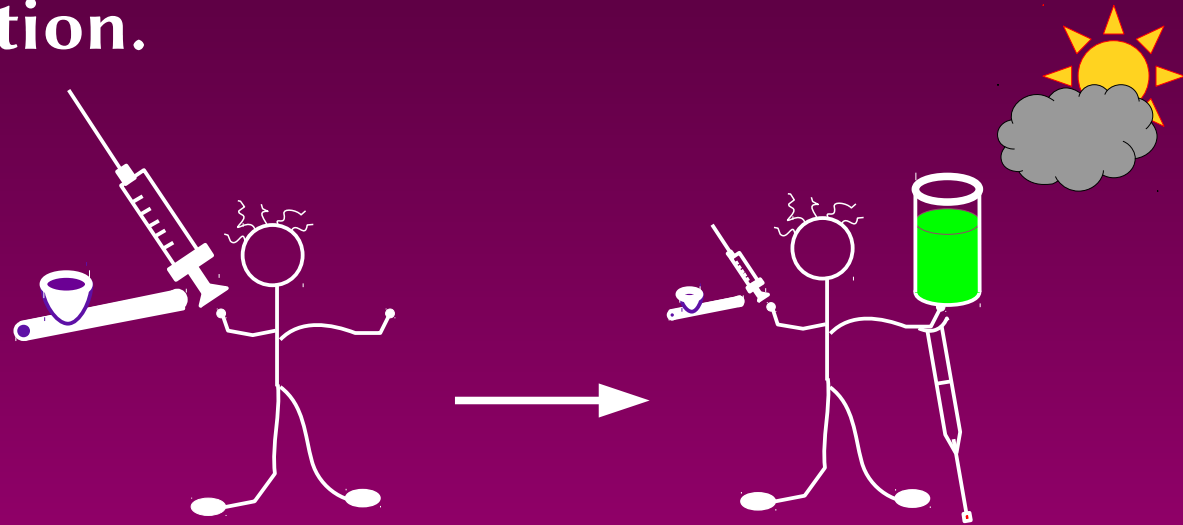
Any crack use but particularly IV use is linked to poor health

Conclusions

For dual users, especially when on high dose of methadone, if there is:

- no change in IV, or
- even progression to high-risk sites:

- **the risk of overdose needs to be reconsidered**
- **IV use and crack use need to be addressed to prevent further health deterioration.**



Acknowledgements

- Mary Bell MacLeod
- Recovery Teams in Southwark and Waltham Forest
- Jean Pender
- *Lifeline Project* for partially funding this research

Acknowledgements

- Mary Bell MacLeod
- Recovery Teams in Southwark and Waltham Forest
- Jean Pender
- *Lifeline Project* for partially funding this research

More on my research:

Posters 82 and 266, Poster Session 21, Thursday 12.45

www.lifeinmymind.net