Heroin-assisted treatment showed better efficacy than methadone

TADAM, treatment assisted by diacetylmorphine (DAM): a randomised controlled trial

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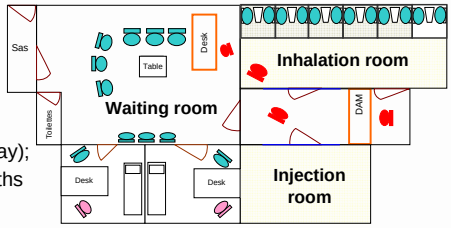
Introduction

- **Target group:** Severe heroin addicts still using street heroin in spite of available methadone treatment
- **Background** : **Heroin-assisted treatment (HAT)** can help these heroin addicts to decrease their street heroin use with prescribed **diacetylmorphine (DAM).**
- **Objective:** To assess in Belgium the feasibility and efficacy of HAT compared to existing methadone treatment.

Methods

- **Design**: An open label randomised controlled trial with 74 patients (36 in HAT and 38 in methadone treatment)
- **Experimental intervention**:
  - DAM medically prescribed;
  - self-administration up to 3 times a day
  - under nurse's supervision;
  - in a specific centre (no take-away);
  - HAT was stopped after 12 months



- **Inclusion criteria**:
  - 5 years of heroin addiction,
  - (almost) daily use of street heroin
  - a previous attempt of methadone treatment.
- **Assessment**: At baseline and every 3 months.
  Self-reported data completed by toxicological analysis and criminal proceedings

Results

Treatments

Participants in the DAM group used a mean daily dose of 574 mg DAM. In the control group, participants received a daily dose of 77 mg methadone.

Route of administration

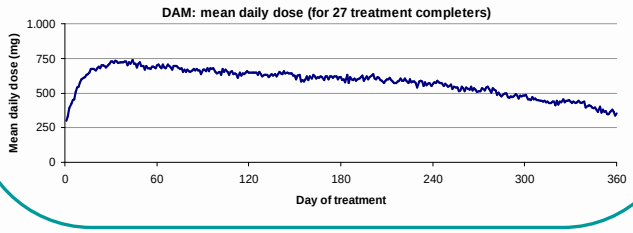
93% (n=69) of the patients choose to inhale DAM → in the trial.

The 27 completers in the DAM group used DAM through inhalation.

The smoking cabins →

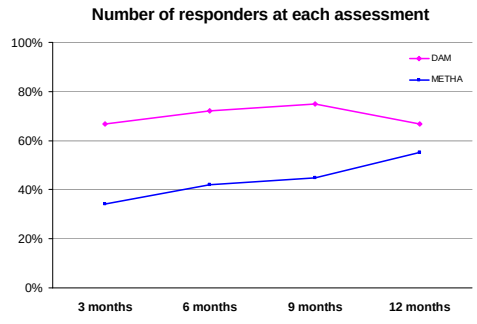
Diacetylmorphine prescription

The DAM group increased their DAM dose the first weeks of treatment then they decreased it during the rest of the treatment.



Efficacy: intention-to-treat analysis

At each assessment, the number of responders was greater in the DAM group. The difference of percentage between the groups was significant (p<0,05) at 3 months (30%), 6 months (30%) and 9 months (30%) but not at 12 months (11%; p=0,35). At 12 months, the DAM group condition worsened. This lack of significance seemed an artefact due to the end of HAT at 12 months.

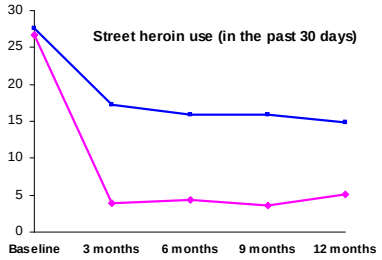


Efficacy in other countries

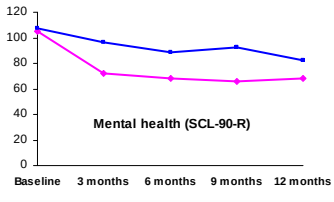
In 6 other randomised controlled trials, HAT showed better efficacy than methadone. Patients used less street heroin, their health improved and their criminal behaviour decreased.

Efficacy: efficacy indicators

During the 12 months, street heroin used in the past 30 days decreased significantly more in the DAM group (p=0,0011).



Mental health in the DAM group improved also significantly more during the 12 months (p<0,001), particularly on the depression and the psychoticism dimensions (p=0, 0021 and p=0,0016).



Conclusion

- As in other countries, HAT is an effective treatment for severe heroin addicts resistant to methadone treatment. However, a predetermined duration of treatment counteracted the improvements obtained by HAT.
- Setting an arbitrary time limit for HAT is also in contradiction with the long-term character of this chronic relapsing disease

Author's disclosures

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