Heroin-assisted treatment showed better efficacy than methadone

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

Marc Ansseau and Isabelle Demaret (University of Liège, Belgium)

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.

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.

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

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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