



Vermont Legislative Research Shop

Methadone Maintenance Programs and the Treatment of Heroin Addiction

Heroin use statistics in Vermont

In 1998 substance abuse treatment centers in Vermont admitted 353 patients for treatment who reported heroin as a problem. Of these, 214 reported heroin as the primary drug used. See figure 1 (VT Dept. of Health, 1998). That represents a 50 per cent increase since 1997. It should be noted that this trend parallels an increase in treatment sought for all substance abuse problems (see figure 2).

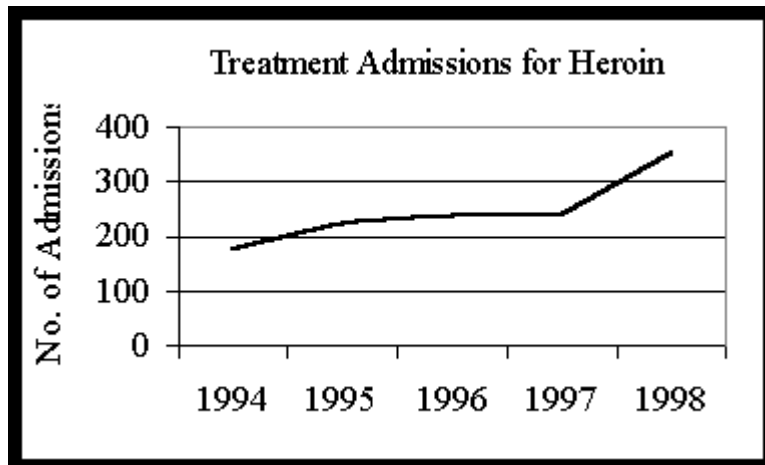


Figure 1: The numbers reflect total patient reports stating heroin as a problem. Numbers are taken from the annual Statistical Reports of the Office of Alcohol and Drug Abuse Programs, 1998.

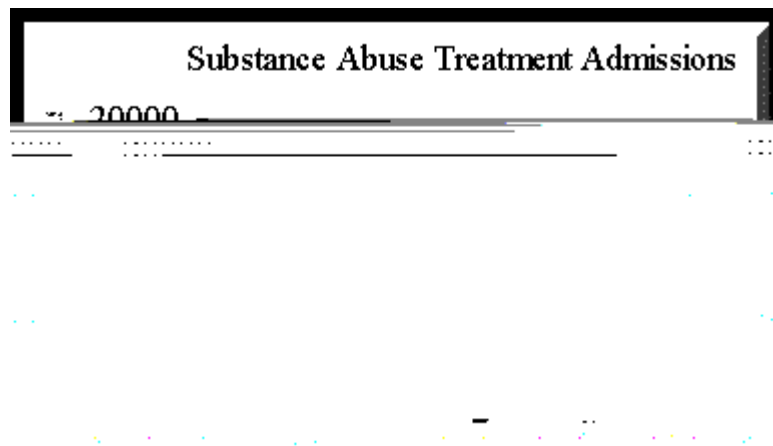


Figure 2: Total reports across **all** substances (heroin included) and all problem levels. Numbers are taken from the annual Statistical Reports of the Office of Alcohol and Drug Abuse Programs, 1998.

What are the current treatment options available for heroin addiction in Vermont?

The State of Vermont contracts with treatment providers for substance abuse treatment. There are three levels of treatment available: outpatient, intensive outpatient, and residential. Outpatient treatment combines individual counseling, group counseling, family counseling, and self-help meetings such as AA. Clients meet with counselors an average of 1 or 2 times a week. Intensive outpatient clients meet with counselors 3 to 4 hours per day, 3 to 4 days per week. It is an alternative for patients who cannot afford residential care due to job or family obligations. Residential care treatment is highly structured and takes place in a residential facility, for up to 21 days for adults and 90 days for adolescents (VT Dept. of Health, 1996).

What are the advantages of clinic-based methadone treatment?

Methadone is a synthetic oral narcotic that works like morphine to suppress withdrawal symptoms among opioid addicts (primarily heroin). It does not produce euphoria, rather it blocks the euphoria associated with other opioid drugs, i.e. preparations or derivatives of opium. It does, however produce dependence (Farley, 1994).

Studies have found methadone maintenance programs are more effective than drug-free treatment in that they reduce: (1) illicit opiate use; (2) the risk of acquiring HIV associated with injection and ; (3) criminal activity (Farrell et al., 1994). The reduction in drug use and crime are directly related to the length of time in the program (Farrell et al., 1994). "Patients stay in [methadone] maintenance programs at a rate two-and-a-half times that of patients in self-help residential programs, and five times that of patients in drug-free outpatient programs" (Farley, 1994). Also according to Farrell et al., better treatment outcomes are achieved with better support services. And while treatment is costly, it is "substantially cheaper than the cost to the community of the active or incarcerated drug user" (Farrell et al., 1994).

What are the disadvantages of methadone clinics?

Approximately one quarter of patients continue to inject heroin during treatment, "even in the most effective programs." In addition, relapse rates are 70% for patients after leaving treatment. There is also concern that take-home doses of methadone are sold rather than consumed, encouraging strict regulation of clinics (Farrell et al., 1994). Some deaths have occurred during initiation of methadone maintenance, when tolerance is incorrectly assessed, and during maintenance when several days' doses are combined. Those responsible for maintenance programs are often not in a position to monitor increased mortality in the community (Harding, 1993).

What is the relationship between heroin use, HIV, and methadone therapy?

The relationship between heroin use through needle injection and contraction of the HIV virus is important to consider. Because patients are receiving controlled methadone treatment the risk of users being infected by HIV through injection is reduced (Harding, 1993).

Also important to consider are the effects of methadone on patients already infected with HIV. According to researchers at Yale University and VA Healthcare System in West Haven, Connecticut, HIV-positive patients who are simultaneously receiving methadone treatment and the AIDS drug

References