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MODEL PROJECTS WITH HEROIN MEDICATION IN WESTERN EUROPE

1 Introduction and design.

From the 1990s we have seen in Western Europe a development from a repressive drug policy to a model focusing on harm reduction. Cities like Hamburg, Zurich, Amsterdam and Frankfurt passed in 1990 a document called the Frankfurt Resolution. These cities stated in that document: «The attempt to eliminate both the supply and the consumption of drugs in our society has failed. ...A dramatic shift in priorities in drug policy is essential. Help for drug addicts must constitute together with preventive and educational measures an equally important objective of drug policy...»

This new drug policy is based on three main strategies: a focus on methadone prescription, on needle exchange programmes and on the establishing of safe injection rooms or crisis centres or consumer rooms. From 1994 we get the first projects with heroin treatment in Switzerland, 1998 in the Netherlands, 2001 in Spain and 2002 in Germany. That is the topic for my lecture today:

The traditional therapeutic treatment system for drug addicts has over a long period been confronted with the fact that we have a certain amount of drug addicts or patients who cannot be reached with such treatment. May be they do not enter or continue with treatment, or the treatment success is too low.

Based on various estimation methods for those European countries, which have established model projects for heroin assisted treatment, it is realistic to assume that at least 530.000 persons use heroin in the countries I mentioned. (My numbers are from 2006.) International evaluation studies indicate that about 10 % – 20 % of the patients don't profit from methadone treatment or only in an insufficient way. The risks for patients without treatment are extremely high both on the individual and the social level: an increased mortality risk and the risk for chronic illness such as hepatitis, Aids, other infections and psychiatric disorder.

I will now, as one example, give some information about the design and objective of the German model project. But first I have to say that the study was conducted in accordance with the ethical principles of the German Ethics Committees, the World Medical Association and the Declaration of Helsinki.

The objective of the German Study is to find out whether the controlled and structured treatment with pure heroin is more successful in certain groups of heroin addicts than standard addiction therapies (methadone treatment). Such goals are harm reduction, integration into the support system, reduction of illicit drug use, health, mental and social improvement, controlling and overcoming dependency, distancing from drug scenes and enabling of new drug-free contacts. The target group is heroin dependants, who need treatment, but could not be reached with therapeutic measures through the existing addiction support system.

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A total of 1015 patients participated in the first design in the end of 2003, located in seven German cities. Nearly half of those (n=487) represents the group of heroin addicts, who had not sufficiently benefited from methadone treatment. The other half (n=528) were heroin addicts, who were not effectively reached by the drug treatment system. These two groups were each randomised into four groups. These four groups differ in terms of medical treatment (experimental group: heroin versus control group: methadone) and psychosocial treatment. In other words, there were eight groups receiving treatment for 12 months within the first study phase. At the end of this period, patients could move on to the second phase, also with the duration of 12 months.

Heroin is administered up to three times a day, in the morning, at noon and in the evening. In accordance with the Swiss and the Dutch studies, the maximum daily dose of heroin is 1.000 mg, the single maximum dose 400 mg. On the average during 12 months, the daily maximum dose is 442 mg with a falling tendency. The mean daily dose of additional methadone prescribed to heroin patients is about 8 mg, encompassing all days of heroin dispensing. Methadone patients were treated with an average daily dose of 99 mg. The tendency here is stable as well.

2 The results.

The central result of the German model project indicates a significant superiority of heroin treatment over methadone treatment. Heroin treatment achieved significantly higher response rates with respect to health conditions (heroin 80.0 %, methadone 74.0 %, p=0.023) as well as the decrease of illicit drug use (Heroin 69.1 %, methadone 55.2 %, p>0.001). The retention rate of heroin treatment is 67 % after 12 months and slightly lower than the rates of the Dutch (98 % after 12 months) and Swiss studies (71 % after 12 months).

The research on the effects of heroin treatment on drug-related delinquency indicates a highly significant reduction of such delinquency, which is persisting after discharge. The reduction of drug-related delinquency is about 50 % in the first year of treatment, with an additional 25 % in the second year, for nearly all offences. The reduction of crime is more significant in heroin than in methadone treatment. But this refers only to certain crimes of the research, like shoplifting, dealing with drugs and robbery (private persons). It does not refer to theft, assault and fraud. Other significant effects of the treatment are “distance to the drug scene” and “reduction of illicit drug use”.

In this context some research findings from Switzerland support the findings of the German research: The research shows a high reduction of crime (between 59 % and 70 %) for all criminological indicators (fraud, dealing with drugs and sacrifice of both theft and fraud by buying of drugs). But on the other hand this research also shows that the reduction of crime is not a consequence of social integration or a better reintegration.

The second study phase focuses on the effects of the 2-year heroin treatment. The health situation of heroin patients stabilises or improves. Their housing situation stabilises, social contacts slightly increase and leisure activities develop positively. The effects on the patients working situation are also remarkable. But two

thirds of the patients have no stable partner and one tenth no reliable friends. This indicates that the process of social integration outside the drug scene is a slow one.

The fear that heroin treatment will be a treatment with no end is unfounded, as research from Switzerland indicates. The numbers for Switzerland are in this context most interesting, because heroin treatment has been longest here, namely 9 years. After two years 50 % of the patients have already finished heroin treatment. After nine years the numbers of those who have continued with heroin treatment decline to 27 %. A second fear, that heroin treatment would result in a weakening of other traditional drug therapy-forms, is equally unfounded according to the research. Thirdly, the model project with heroin treatment in Switzerland has not resulted in the lowering of the threshold against heroin consumption. The incidence rate has declined in Switzerland from 850 in 1990 to around 150 in 2002. For Europe in general, the numbers are stable or slightly falling. A plausible explanation of this development in Switzerland is the high degree of methadone treatment. Another explanation of this development focuses on the changing image of heroin as a "looser-drug", missing models (new role models?) and new trends.

Drug-related mortality is also related to this development. Since 1991, with a top about 400, drug-related deaths have declined 50 % in Switzerland from 1999 to 2003, and have now stabilized below 200 annually.

Costs

The costs for heroin treatment is approximately the same for Switzerland, Netherlands and UK, between 42 € and 44 €. On the other hand, the benefit per patient day is over 70 €, due to fewer costs for the prosecution- and prison system. So we can conclude that heroin treatment is generally a "cheap" treatment.

To sum up the development in countries with heroin treatment

In all countries there are significantly fewer health problems for patients. And there is also significantly less illicit drug consumption in Switzerland, Germany and Spain. In respect to the expectations of the patients' environment, research from Switzerland indicates that heroin treatment contributes to, besides other factors, the disappearance of the open drug scene and the reduction of the consumption of drugs and the number of used needles found in public spaces. To sum it up with the grand old man of heroin treatment, Ambros Uchtenhagen from Switzerland, drug-related crime and the load for the public decline and all the changes go in a positive direction.