Eleven reasons why injectable heroin should be available as an option to physicians who are treating heroin addicts.

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There has been a recent interest around the world in injectable and oral heroin maintenance as a way of treating heroin addicts. The British have been providing this service for decades with positive outcomes. The Swiss in 1997 completed the worlds largest evaluation of heroin maintenance. 800 addicts received heroin at 18 different centres around the country. The outcomes were impressive; negative behaviours (e.g. crime, unsafe sex) were reduced and positive behaviours (e.g. return to work/school, improved social functioning) were increased. Based on this success researchers in Germany, Holland and Canada have announced that they would like to study the effectiveness of heroin maintenance.

Both heroin and methadone have advantages and disadvantages when used in the treatment for addiction. The obvious advantage of Methadone is that it is metabolised more slowly and needs to be taken less frequently and therefore "stability" is easier to obtain. While the advantages of methadone maintenance are well known, the advantages of heroin maintenance are less well publicised. The following is a list of some of the advantages of in heroin maintenance.

1) Heroin maintenance would produce less diversion to the black market. Addicts will sell their methadone to buy heroin but they will not sell heroin to buy methadone.

2) Injectable heroin has been associated with lower crime rates than oral methadone. While both heroin and methadone have been proven to reduce crime rates, heroin maintenance has been shown by some studies to be more effective. One possible explanation for this is that methadone maintenance clients who are not using methadone exclusively will commit crimes to purchase illicit heroin.

3) Heroin maintenance would be more destructive to the black market. The most efficient and effective way to dismantle the illegal, socially distructive, organizations that import and sell heroin is to compete with them directly.

4) Empowerment of addicts is an important treatment goal. Many heroin addicts have been traumatized by abusive backgrounds and as a result have diminished self-esteem. Services should be structured to increase a client's sense of personal power. These addicts often state that they would prefer heroin maintenance to methadone maintenance. A program which honours client preference demonstrates respect for the clients. When respect is consistent throughout a program's policies the clients will feel valued and this will improve their self esteem.

Respect for the demands of addicts is a reflection of a larger global change in the redistribution of power. Many groups which have historically been underpowered (i.e. women, aboriginal groups, children, and gays) have all gained in power over the last 10 years. Drug users and

addicts are now just beginning to organize to gain political power. Groups like Vandu, the Consumer Board and the Compassion Club are part of this global change in Vancouver. As these groups gain power, their ability to have their needs met **as they see them,** will increase. Heroin maintenance has been a repetitive request from users groups for many years.

5) Heroin is **much** is easier to withdraw from than Methadone as longer acting drugs are associated with longer withdrawal times. If the eventual goal is abstinence the client will experience the stress of withdrawal at the end of the program. Even with gradual tapering this process is much less painful with heroin.

6) Heroin has fewer side effects than Methadone.

7) Heroin maintenance is associated with greater retention of clients in the program. Quite simply, heroin addicts usually prefer heroin to methadone. Longer treatment durations are associated with better outcomes. The initial Swiss study (1995) indicated that approx. 10% of the clients were involved in abstinence based treatment. The follow-up study (2001) indicated 22% of the clients were involved in abstinence based treatment.

8) An effective program needs to be able to acknowledge and work with clients who are regular injectors. One of the guidelines of a successful harm reduction program is respect for the current needs of the client. Many clients are fixated on the process of using needles. Oral methadone programs exclude this type of client. A reasonable treatment strategy is to work with clients to progress through stages of diminishing harm. Injecting street heroin of unknown strength and purity is more harmful than injecting pure standardized legal heroin. Reasonable next steps could be either oral heroin or methadone and eventually abstinence. The guiding principle should be to provide services to engage clients in each stage of change.

9) There are fewer deaths associated with heroin maintenance than methadone maintenance.

10) A heroin maintenance program would be more inclusive of the target addict population (IV heroin users) than methadone. Heroin is often more attractive to heroin addicts than methadone. Some addicts will not join a methadone program and will continue to use street heroin if they have the choice between legal methadone and illicit heroin. A heroin maintenance program would allow more users to be included in the program.

11) Heroin maintenance programs have the option of being less restrictive and therefore less expensive to operate. Many of the “control needs” of methadone programs stem from the fact that clients often sell methadone to by heroin. This problem is diminished with heroin maintenance programs so programs have the option of being more flexible.

While the above comments assume that methadone and heroin maintenance are separate programs this is not necessarily the case. A physician who has access to both drugs could prescribe either in isolation, or in combination depending, on the needs of the individual being treated.