

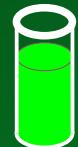
Reverse transition from injecting to smoking heroin and/or crack cocaine on lower methadone dose: Sub-therapeutic dosing or safer drug use?

Felicia Heidebrecht and Mary Bell Macleod

The authors declare no conflicts of interest

Background

- Heroin use in methadone treatment is common, especially for dual users of heroin and crack/cocaine or other stimulants
- Although recommended for achieving abstinence, many people reject high doses of methadone
- Smoking is a safer use practice than injecting



This study explores heroin **reverse transition (RT)** from injecting to smoking in **methadone treatment**

Methods

Participants: Users of heroin and crack who have ever injected heroin, and still use heroin in methadone treatment in London, UK, aged over 40

Outcomes: Reverse Transition (IV → SM) (for heroin)
Health (poor health = DVT, septicaemia, pulmonary embolism, endocarditis, stroke.)

Data collection: Clinical records (N=117);
Semi-structured interviews (N=10)

The study was approved by the Ethics Committee of London South Bank University

Clinical records

N=117

Correlates of Reverse Transition

EVER

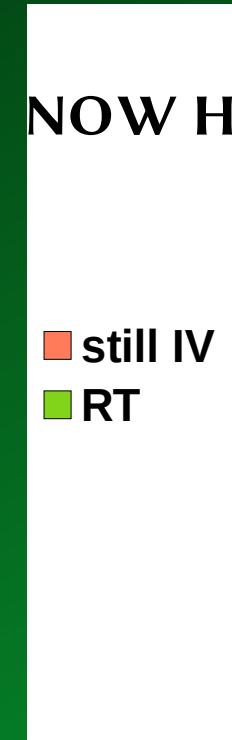
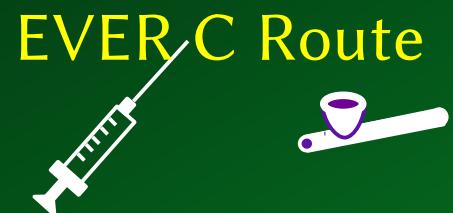
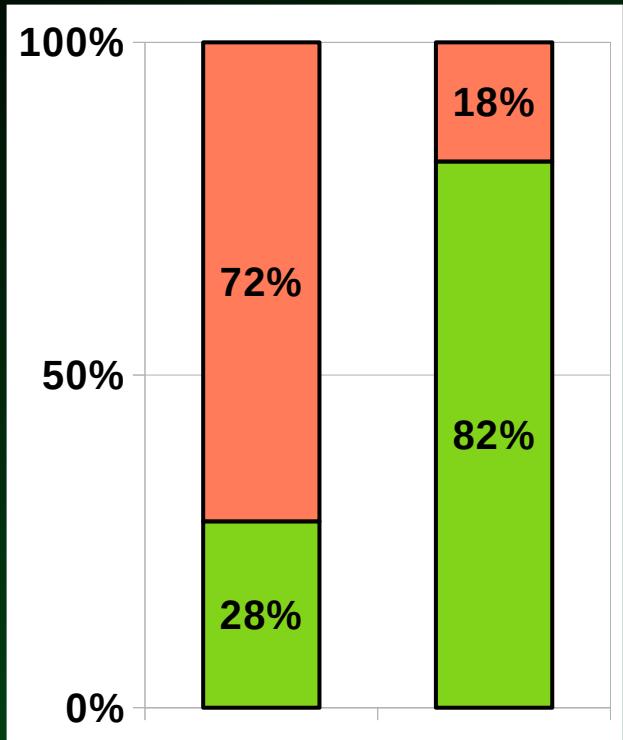


NOW



Correlation Heroin RT \leftrightarrow Ever Crack Route N=117

$\varphi = 0.544, p < .001$



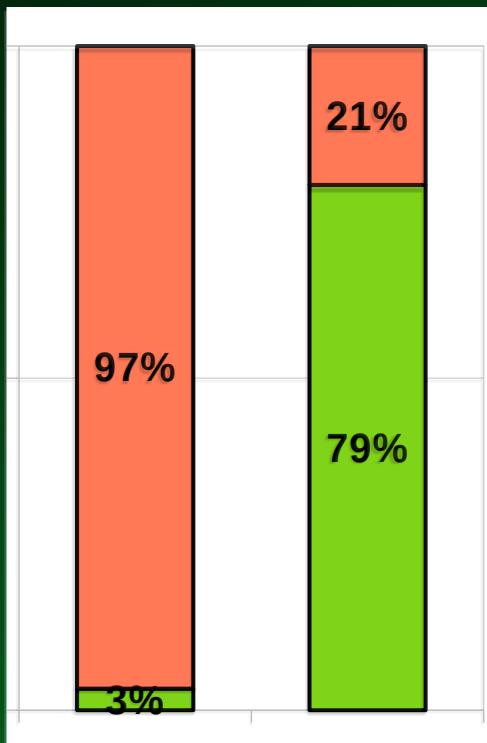
Correlation Heroin RT \leftrightarrow Current C Route

N=117

$\varphi = 0.544, p < .001$



$\varphi = 0.680, p < .001$



EVER C Route



NOW C Route

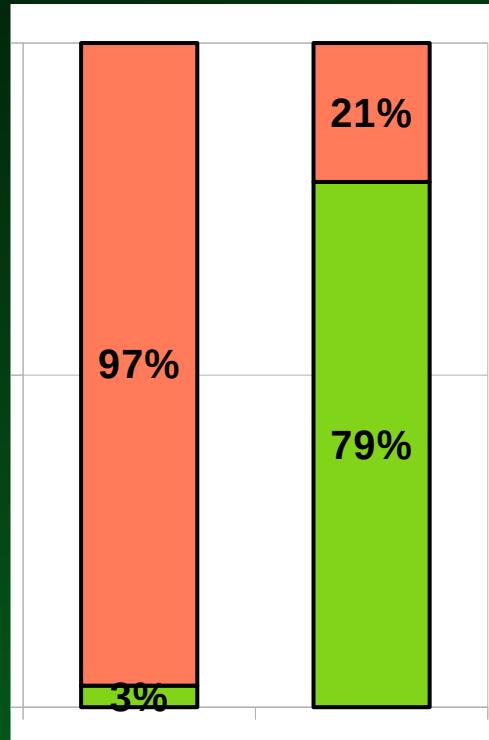
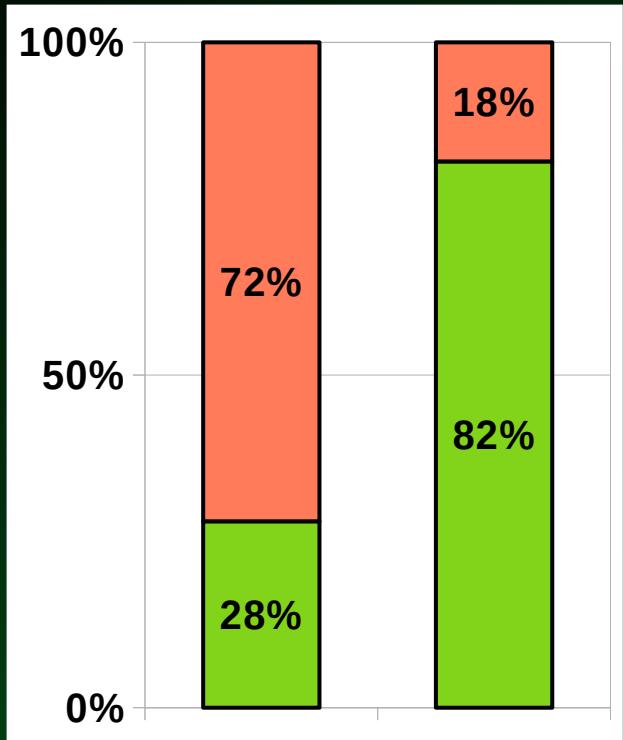


Correlation Heroin RT \leftrightarrow Crack Route

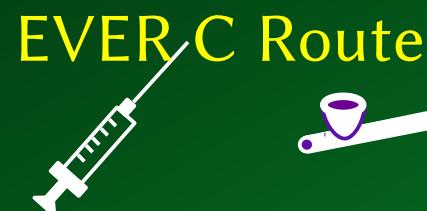
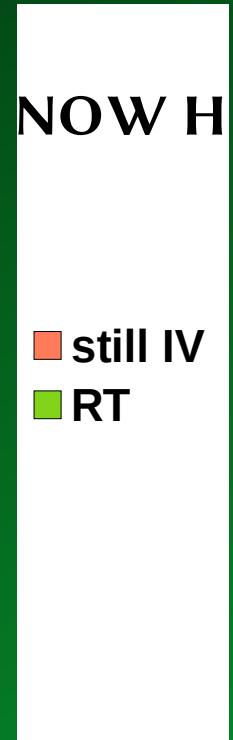
N=117

$\varphi = 0.544, p < .001$

$\varphi = 0.680, p < .001$



**Crack Route
MATTERS!**



- Injecting crack correlates with LESS heroin RT

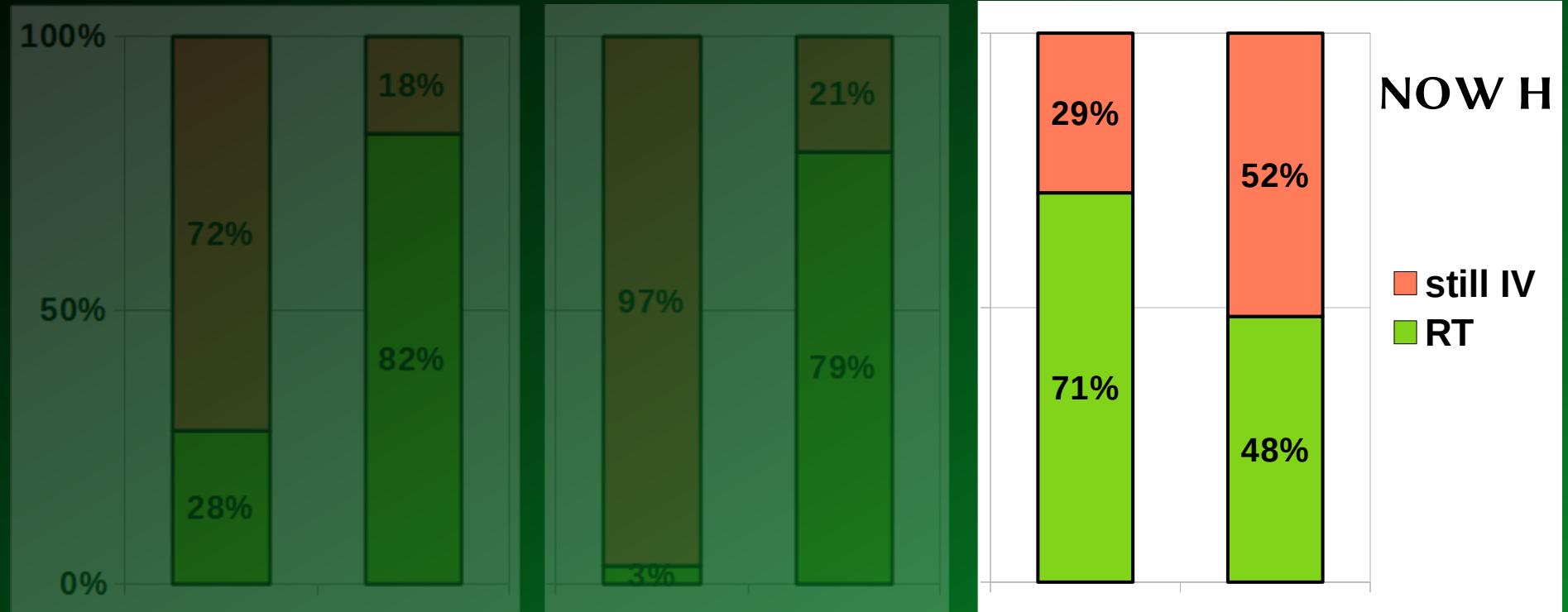
Correlation Heroin RT \leftrightarrow Health

N=117

$\varphi = 0.544, p < .001$

$\varphi = 0.680, p < .001$

$\varphi = 0.229, p = 0.013$



HEALTH

GOOD POOR



- RT is not enough to preserve health

Interviews

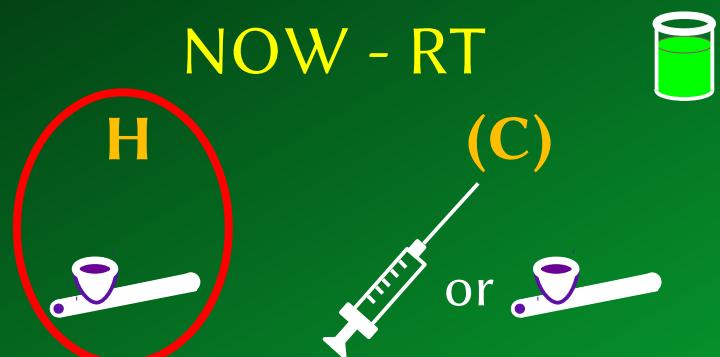
N=10

Why was RT not always linked to good health?

EVER



NOW - RT



Their reasons for treatment were not abstinence

*To reduce
drug use*

To get some stability

*To reduce heroin
use, maybe to
stop later.*

*To minimize the
withdrawal but
still enjoy the buzz*

Part 2

Some people's reasons for treatment were not abstinence

To reduce drug use

To get some stability

To reduce heroin use, maybe to stop later.

To minimize the withdrawal but still enjoy the buzz

It stabilizes me

I am not using every day

Allows me to have a good life and look nice

I can spend more time with my family

I don't feel sick

Methadone helps with the [crack] come-down



Methadone helps them too!

RT and health - observations

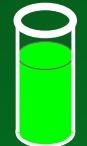
GOOD HEALTH

- RT mainly at lower dose of methadone (30-60 mg daily)
- mainly no high risk injecting sites (groin, neck)
- if high risk IV RT before exhausting sites and before health problems

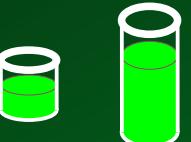


POOR HEALTH

- RT at higher dose of methadone (70-100 mg daily)
- Started IV in high risk sites on methadone
- RT only when high risk sites exhausted or after severe health problems



Methadone for safer drug use – people's views



Before being on methadone I would use two brown for one white [2 bags of heroin for 1 bag of crack], now I use one brown for every two white.

Methadone helps with the [crack] come down, sometimes I can now use the crack without heroin.

Crack is the one I enjoy. If I have methadone I feel comfortable using only the crack, before I always had to have heroin to come down

- MTD can replace or reduce the H as means to help the 'come down'

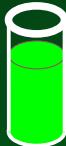
Optimizing the high on methadone – people's views



GOOD HEALTH

Smoking on methadone feels the same as without methadone

Injecting feels no different than smoking



POOR HEALTH

IV feels the same on methadone

- for the same high you can SM on lower but need to IV on higher dose

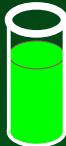
Optimizing the high on methadone – people's views



GOOD HEALTH

Smoking on methadone feels the same as without methadone

Injecting feels no different than smoking



POOR HEALTH

IV feels the same on methadone

there's no heroin buzz on methadone unless you first smoke the crack

- for the same high you can SM on lower but need to IV on higher dose
- higher MTD dose blocks the effect of H, adding the crack first allows someone to feel the heroin again

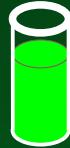
Optimizing the high on methadone – people's views



GOOD HEALTH

Smoking on methadone feels the same as without methadone

Injecting feels no different than smoking



POOR HEALTH

IV feels the same on methadone

there's no heroin buzz on methadone unless you first smoke the crack

- Is RT easier on low MTD dose because smoking provides a high?

Interviews

N=10

**Is it only the methadone dose?
What else encourages RT?**

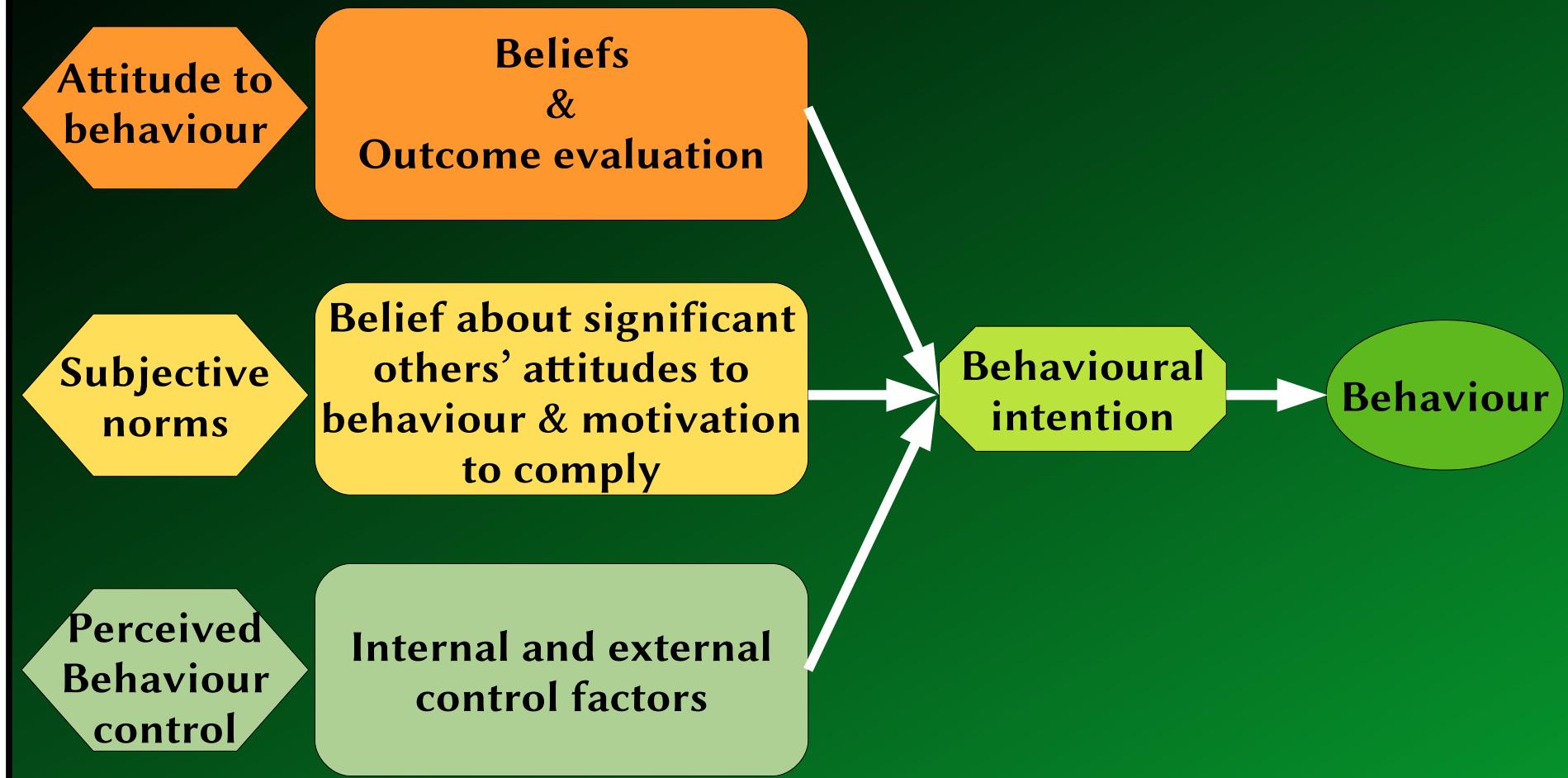
EVER



NOW



Theory of Planned Behaviour (TPB) (Ajzen, 1985)



Theory of Planned Behaviour (TPB) (Ajzen, 1985)



Aim is not abstinence!

Part 2

TPB

GOOD HEALTH / POOR HEALTH

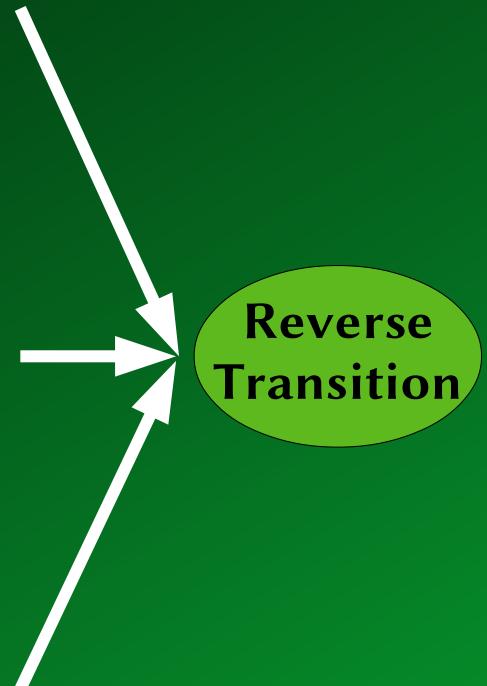
It does work to go back to SM, heroin feels good

IV feels the same on MTD

Attitude to behaviour

Subjective norms

Perceived Behaviour control



Aim is not abstinence!

TPB

GOOD HEALTH / POOR HEALTH

Attitude to behaviour

- I promised my partner that my daughter won't grow up with a dad using drugs*

Subjective norms

- I stopped IV because my partner was only SM*
- I stopped IV because I listened to my family telling me 'what are you doing to yourself?'*

Perceived Behaviour control

- I was lucky to have a job before having a habit. My job helped me control the H*
- MTD helps with C come down*

- Caring for an old man helped me reduce my use because I put his needs first*

Reverse Transition

Part 2

TPB (Ajzen, 1985) GOOD HEALTH

It does work to go back to SM, heroin feels good

Attitude to behaviour

- I stopped IV because I was scared of sharing*
- I never used my groin because people can't walk*
- SM is more controlled than IV*

Subjective norms

- I stopped IV because my partner was only SM*
- I stopped IV because I listened to my family telling me 'what are you doing to yourself?'*

Perceived Behaviour control

- Caring for an old man helped me reduce my use because I put his needs first*

Reverse Transition

Attitudes based on **possible future health problems.**



Part 2

TPB (Ajzen, 1985) POOR HEALTH

IV feels the same on MTD

Attitude to behaviour

- *I stopped IV after getting sick from it several times and ending up in hospital [on dialysis]
Being in hospital with a DVT put me off of IV*

Subjective norms

- *I promised my partner that my daughter won't grow up with a dad using drugs*

Perceived Behaviour control

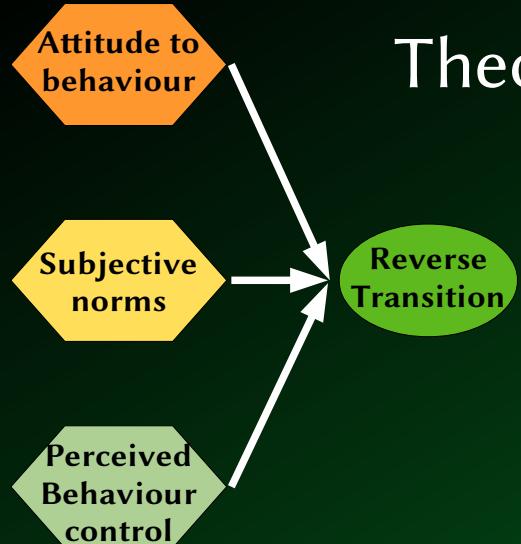
- *I can't find veins anywhere*

- *I was lucky to have a job before having a habit. My job helped me control the H
MTD helps with C come down*

Attitudes based on acute health problems
Incapacity as negative motivator

Reverse Transition

Summary



Theory of Planned Behaviour (TPB) (Ajzen, 1985)

If someone's aim in treatment is not abstinence

Could we use



lower
MTD dose +

psychosocial interventions aimed at
changing attitudes & beliefs
about health and drug use

to facilitate an early RT and preserve better health?

Conclusions

- For IV users of both heroin and crack, heroin RT is more difficult than for smokers of crack – **CRACK ROUTE MATTERS!**
- RT is linked to good health only when it precedes compromised health due to high risk injecting
- Lower methadone doses could be a harm reduction option for those who choose to continue drug use – **more research needed!**
- Methadone and psychosocial interventions could support people's choice of **abstinence** but also **safer drug use**

Acknowledgements

- All interviewed drug users for their time and willingness to share their views and experience
- Jean Pender, Jenny Corless and recovery workers in drug services for facilitating the research
- *Lifeline Project* for partially funding this research

More on our research:

Poster 704

www.lifeinmymind.net