

*Exploration of the benefits of methadone treatment for  
dual users of heroin and crack  
who inject or have previously injected drugs  
Preliminary findings*

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The authors declare no conflicts of interest

# This talk

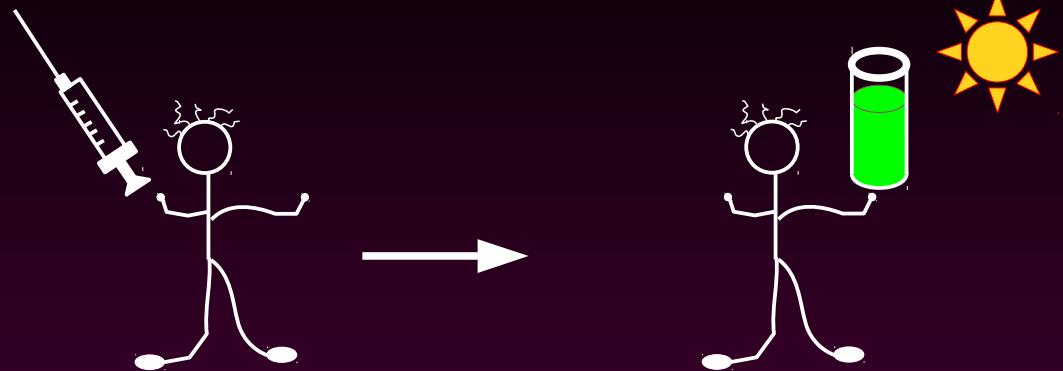
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- Background & Aim
- Methods
- Results
- Discussion
- Conclusion

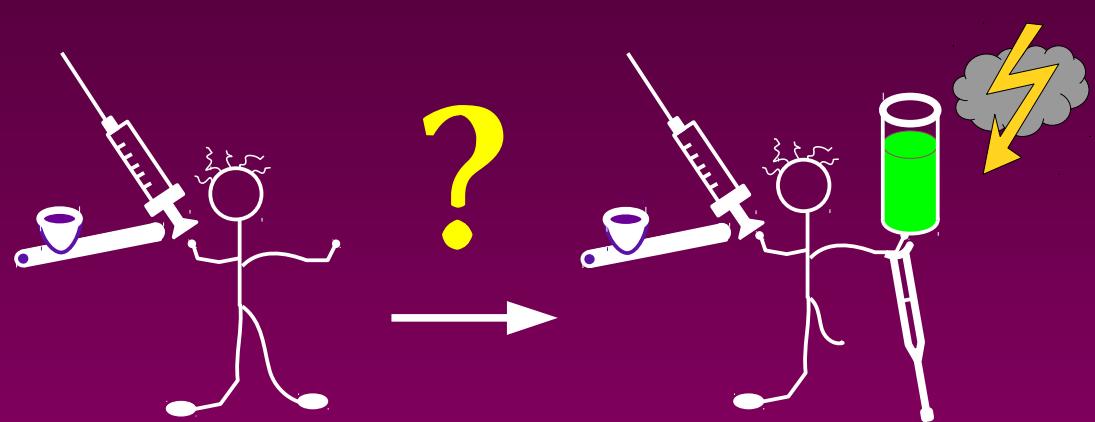
# Background

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- Higher doses of MTD - better outcomes
- dual users (H+C) - more heroin on MTD
- high dose + heroin use → OD risk
- IV use → OD and poor health



Dual users + IV use + high dose = higher risk of poor health and OD

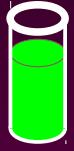


# Background & Aim

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To explore the **physical health** and **heroin use** of

**IV drug users** in **methadone** treatment by comparing

**high**  ( $\geq 70$  mg daily) vs.

**low**  ( $<70$  mg daily) dose

and **crack** use.

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# Methods

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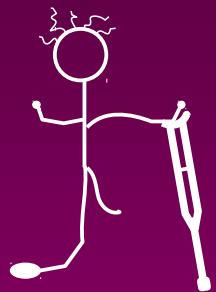
Sample:

- current/previous IV users of heroin **currently** in methadone treatment
- two community treatment centres in London, UK

- Medical records, n=258
- Heroin-only + dual users

- EQ-3D and in-depth interviews (mixed quantitative/qualitative), n=36
- Dual users only
- More accurate data

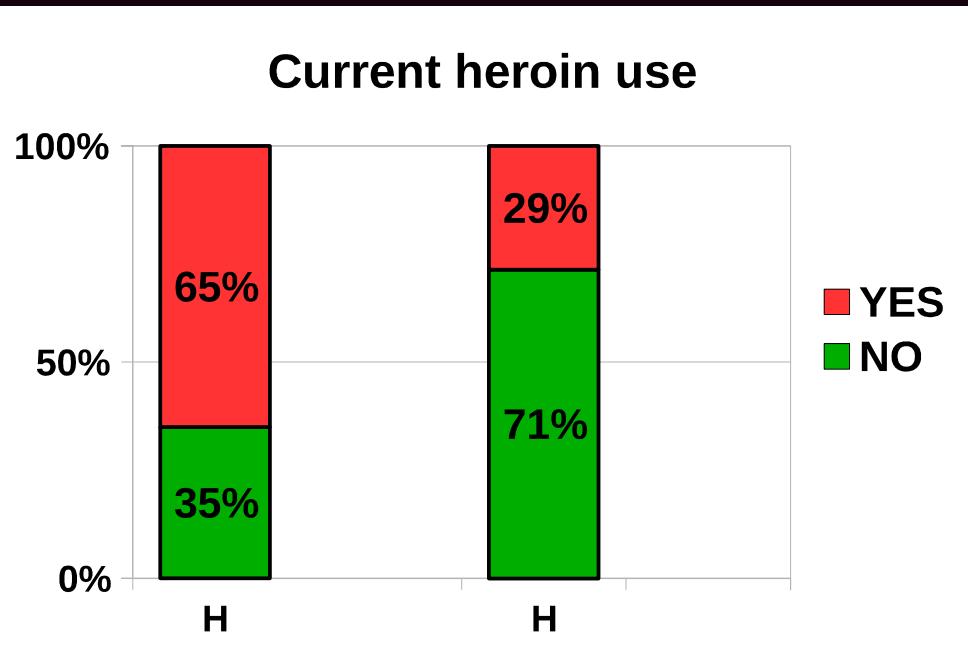
Poor health: medium to severe IV-related adverse events such as varicose veins, septic arthritis, septicaemia, DVT, pulmonary embolism, endocarditis, stroke.



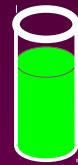
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The study was approved by the Ethics Committee of the London South Bank University and was partially funded by Lifeline Project.

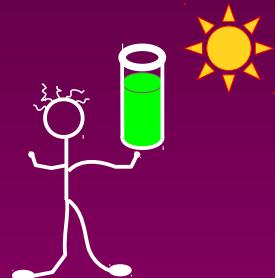
# Results – Clinical records n=258



MTD



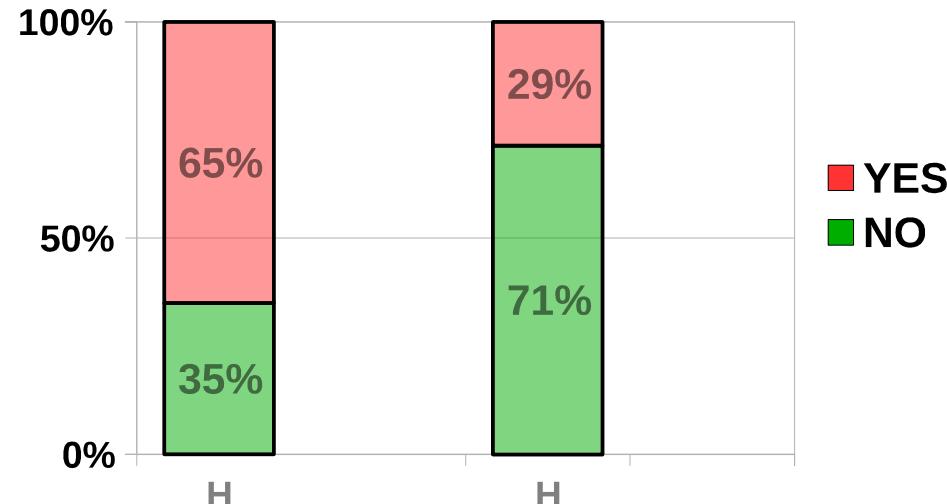
Heroin-only users



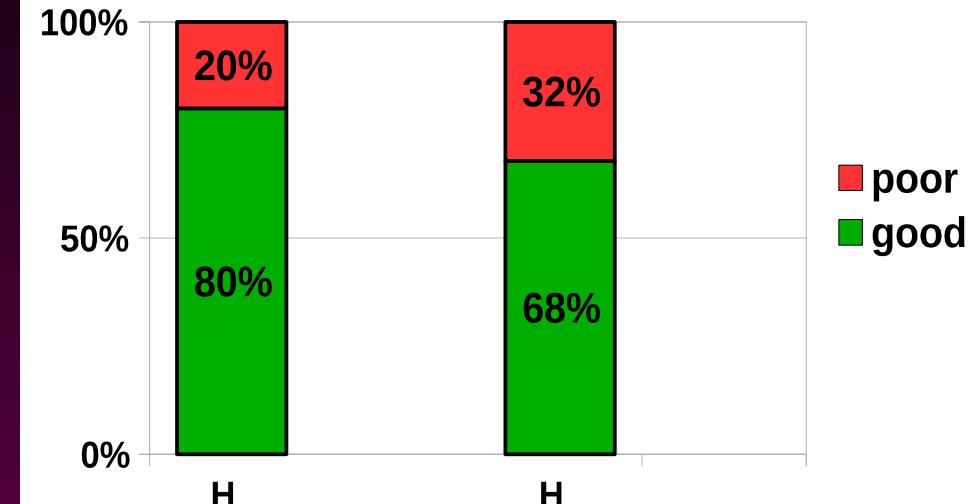
High dose - less heroin use for **heroin-only** users

# Results – Clinical records n=258

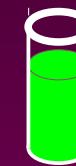
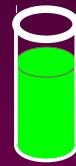
Current heroin use



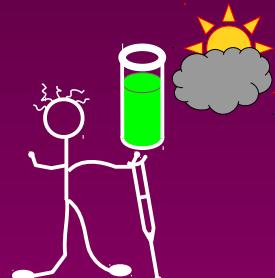
Physical health



MTD

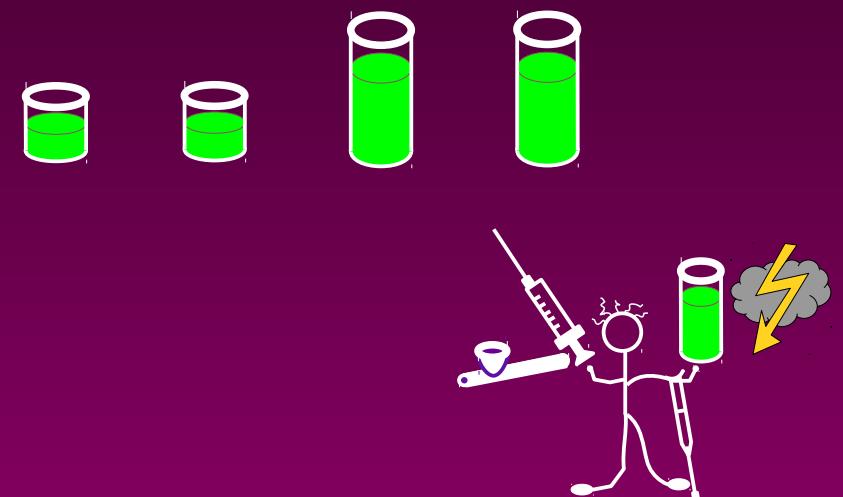
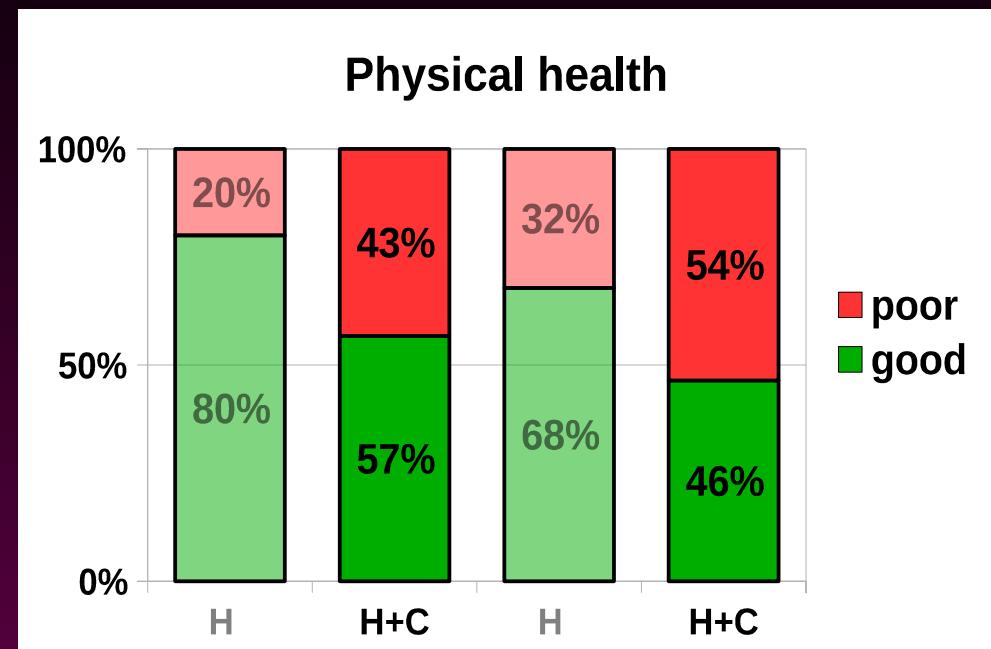
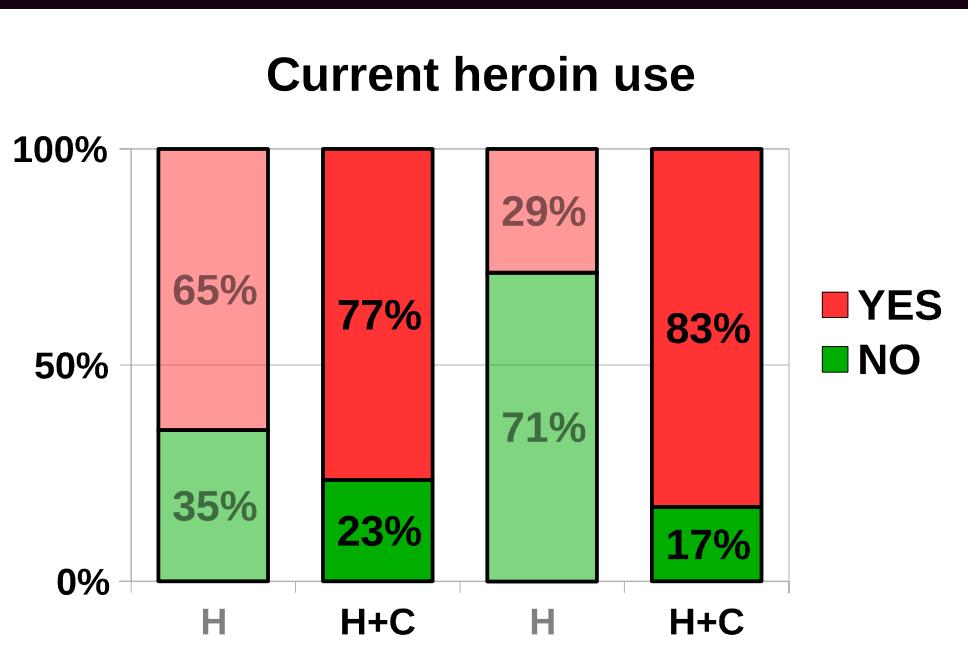


Heroin-only users



High dose – less people in good health for **heroin-only** users

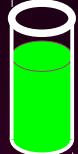
# Results – Clinical records n=258



more heroin users and less in good health regardless of dose (dual users)

# Results – Interview study – Dual users only n=36

## Sample differences

				
	%	N=21	N=15	$\chi^2$
Currently using heroin		<b>81</b>	46.7	P=.002
Poor physical health		38.1	<b>73.3</b>	P<.001
Overdoses (OD)	none	33.3	33.3	
	few	<b>42.9</b>	20	P=.020
	many	23.8	<b>46.7</b>	
High-risk injecting sites*		23.8	<b>66.7</b>	P<.001

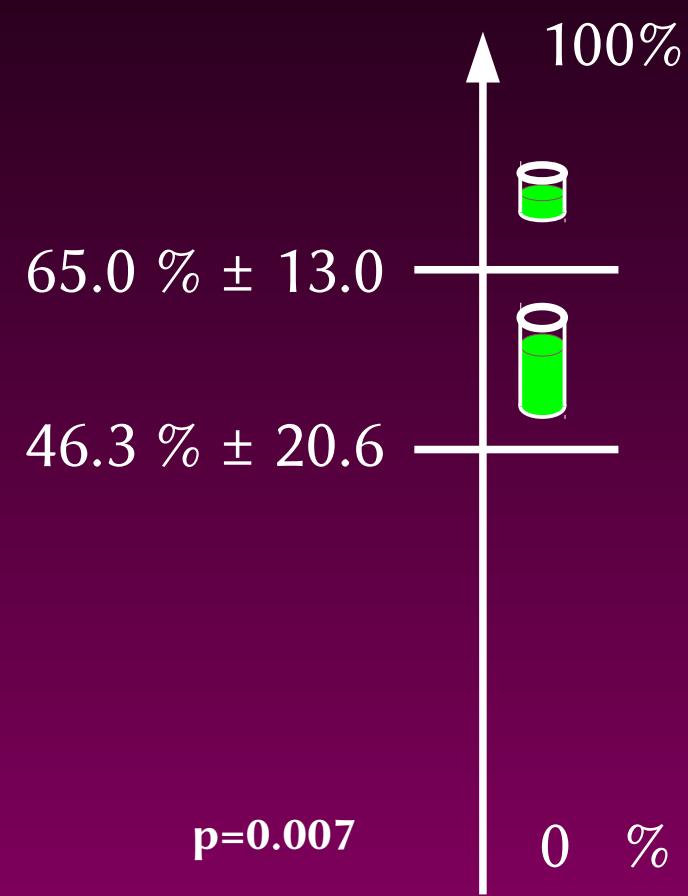
\* groin, neck

High dose – less heroin use but more people in poor health, more frequent OD, more high-risk IV

# Results – Interviews (EQ-3D standardized health measure)

	%	N=21	N=15	$\chi^2$
Mobility	no probl	70	14.3	
	some	20	<b>64.3</b>	P<.001
	a lot	10	21.4	
Looking after myself	no probl	85	35.7	
	some	10	<b>57.1</b>	P<.001
	a lot	5	7.1	
Doing usual activities	no probl	55	14.3	
	some	35	<b>78.6</b>	P<.001
	a lot	10	7.1	
Pain or discomfort	none	50	7.1	
	some	30	28.6	P<.001
	a lot	20	<b>64.3</b>	
Worried, sad, unhappy	not at all	20	0	
	a bit	55	<b>71.4</b>	P<.001
	very	25	28.6	

Health today



High dose – lower ratings on all E3-QD items

# Results – Interview study – Dual users only n=36

## Bivariate associations with physical health

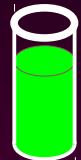
	OR	95% CI	p value
Methadone dose	0.18	0.04-0.78	<b>0.022</b>
Duration of heroin use	0.95	0.89-1.02	0.17
Duration of crack use	1.01	0.93-1.09	0.849
Duration of treatment	0.86	0.77-0.96	<b>0.009</b>
Duration of IV use	0.9	0.83-0.99	<b>0.023</b>
Duration of IV use off MTD	0.98	0.90-1.07	0.647
Duration of IV use on MTD	0.8	0.61-0.92	<b>0.006</b>
High risk injecting sites	0.1	0.02-0.48	<b>0.004</b>
Cardiovascular risk	0.97	0.92-1.02	0.237
Injecting technique	1	0.93-1.08	0.957
Ever street homeless	2.53	0.57-11.26	0.224

High dose, treatment and IV duration, high-risk IV – poor health

# Results – Interview study – Dual users only n=36

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## Qualitative data – most frequent reason to stop IV use



- severe health complication ± no veins at a high-risk site

A simple line drawing of a test tube containing a green liquid, positioned to the left of the second bullet point.

- switch to smoking when no veins at lower-risk sites
- high-risk sites = 'no go'

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Not the MTD but choices motivated by personal circumstances and beliefs

# Discussion

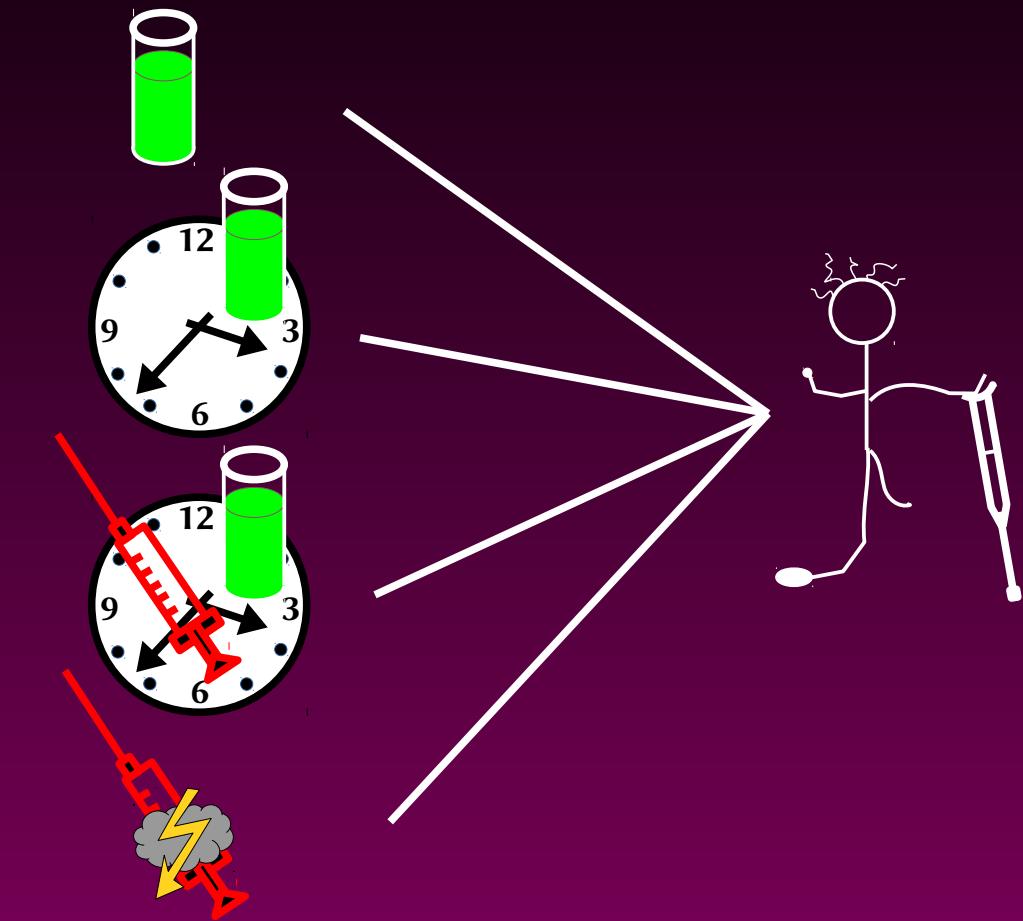
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**High MTD dose**

**Longer times on MTD**

**Longer IV use on MTD**

**High-risk IV sites**



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What does this mean?

# Possible scenario

MTD

- Stability, better quality of life
- Better conditions for safer IV use
- IV use cessation/Less frequent IV use
- More health care access

Vein damage can be a long-term process



How veins collapse  
[www.exchangesupplies.org](http://www.exchangesupplies.org)

For people who continue injecting:

MTD minimizes acute IV complications



MTD stops chronic vein damage and associated severe CV events



## Possible scenario – why the dose difference?

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- some dual users might have stopped injecting drugs and preserved a good health on a high dose of methadone, gradually reduced the medication and been successfully discharged from treatment
- our results give a detailed description of users long-term in treatment, who might be ambivalent about their drug use

# Possible scenario – why the dose difference?

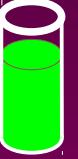
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MTD – stops the withdrawals but does not give people the same 'high'

- lower tolerance



- find easier to switch to smoking because they can feel the high

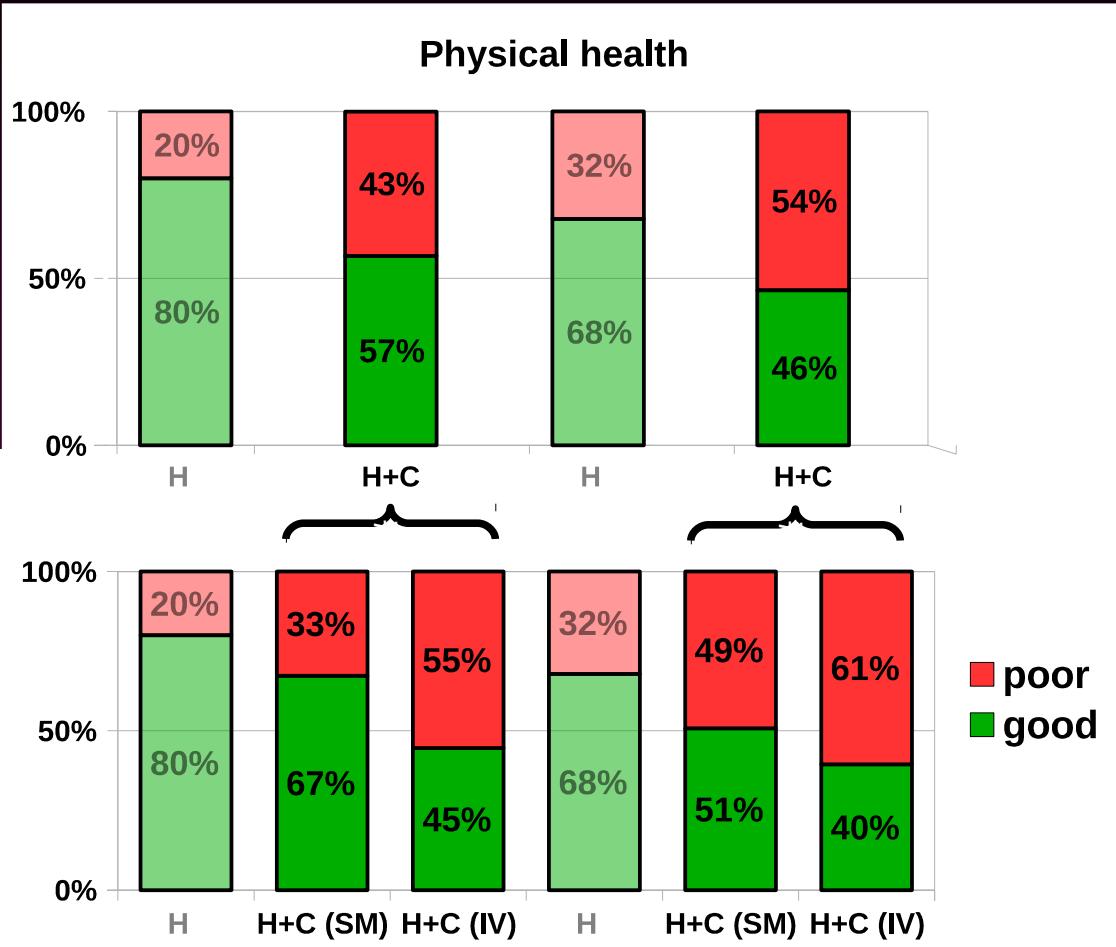


- Higher tolerance

- IV use → high

# What about the crack?

Clinical records n=258



DIRECT:  
Crack use = more IV use

INDIRECT:  
Crack use → more heroin use  
= more IV use  
→ less safe IV use

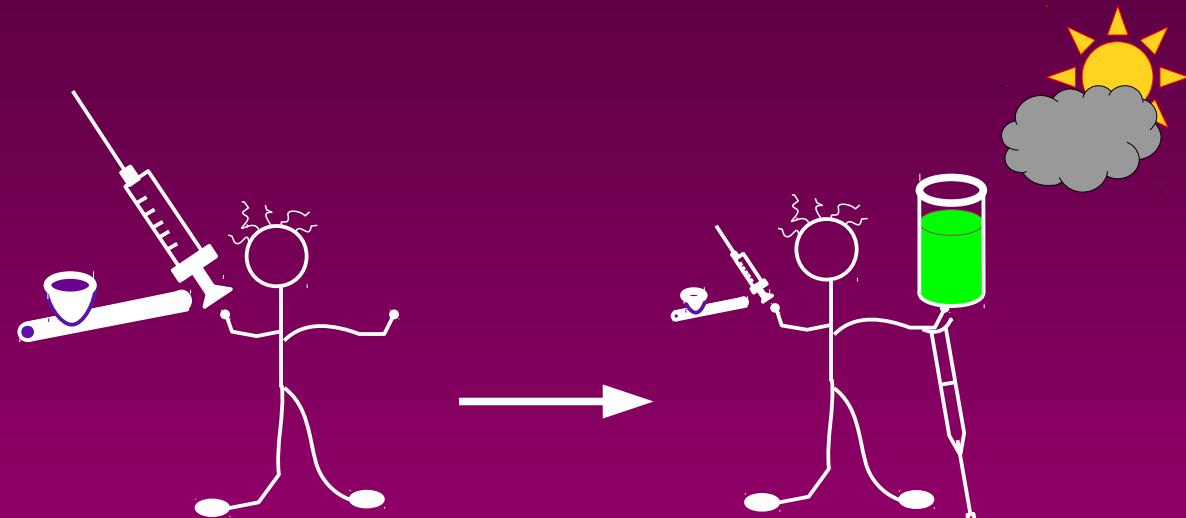


Any crack use but particularly IV use is linked to poor health

# Conclusion

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If there is no change in IV, or even progression to high-risk sites, dual users (especially when on high dose of methadone) could benefit from additional interventions addressing IV use and crack use to prevent further health deterioration.



# Acknowledgements

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- Jean Pender
- Lifeline Project for partially funding this project

**More on my research:**

[www.lifeinmymind.net](http://www.lifeinmymind.net)