

Hulpverleningsmodellen bij opiaatverslaving

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Prevalence

- The average prevalence of problem opioid use among adults (15–64) is estimated at 0.41%, the equivalent of 1.4 million problem opioid users in Europe in 2011.
- The injection of drugs continues to be an important mechanism for the transmission of infectious diseases, including HIV/AIDS and hepatitis C. Injecting drug use accounts for 58% of all HCV diagnoses
- Drug use is one of the major causes of mortality among young people in Europe, both directly through overdose (drug-induced deaths) and indirectly through drug-related diseases and accidents, violence and suicide.
- Users of opioids (mainly heroin) represent 48% of all clients who entered specialised treatment in 2011 in Europe (197 000 clients) and around 30% of those entering treatment for the first time.

How heroine does affect the brain

- Feeling a surge of euphoria (“rush”) accompanied by dry mouth, a warm flushing of the skin, heaviness of the extremities, and clouded mental functioning.
- After the initial euphoria, the user may go into an alternately wakeful and drowsy state.
- About 4 houres
- Sometimes nausea, vomitus .
- Very pain-relieving



Risks and damage

- Fatal overdose, spontaneous abortion,
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses
- Infectious diseases like hepatitis C and HIV
- Constipation and gastrointestinal cramping, and liver or kidney disease.
- Pulmonary complications, including various types of pneumonia, may result from the poor health of the user as well as from heroin's effects on breathing.
- Physical dependence

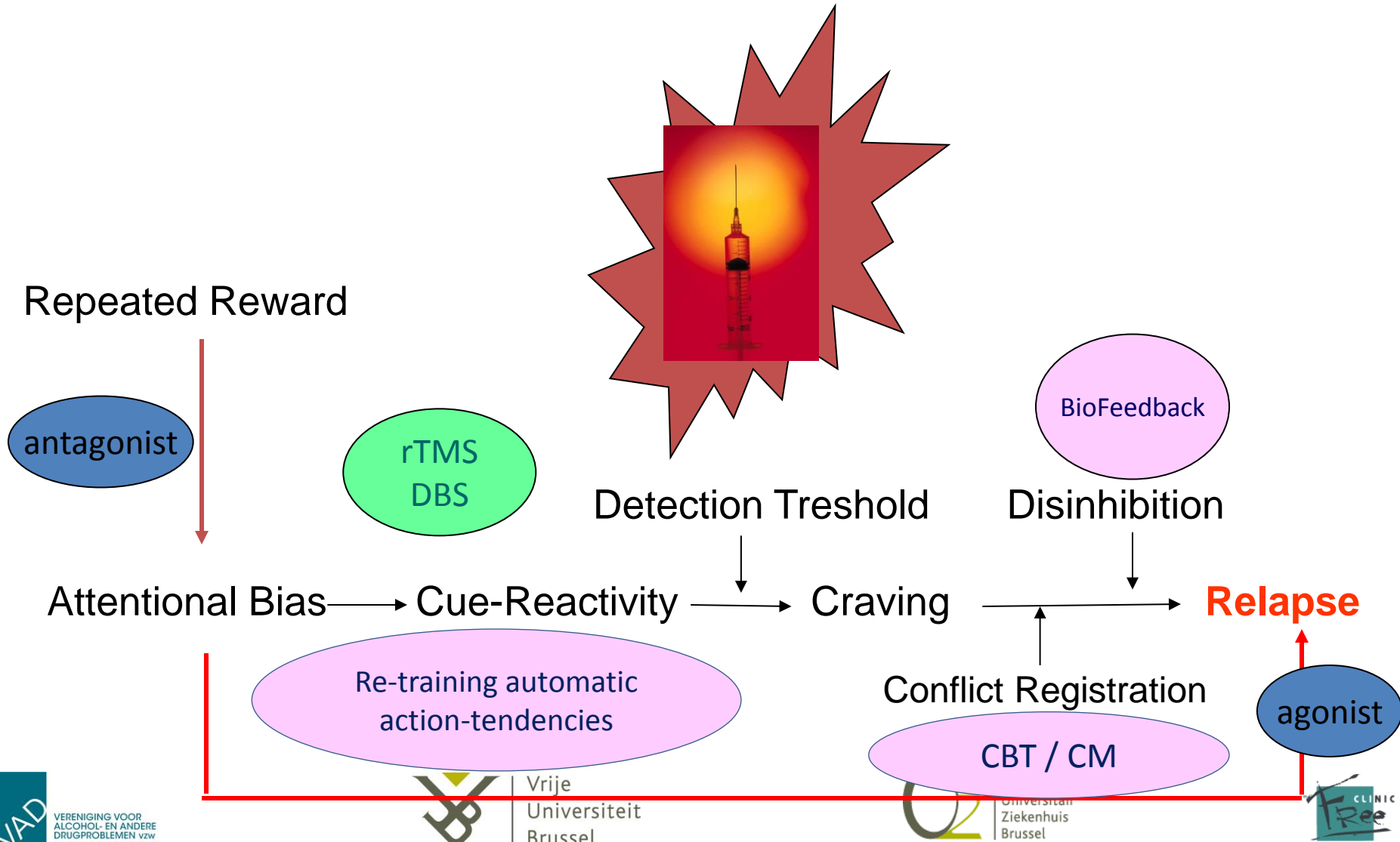
Symptoms of withdrawal

- Restlessness
- Muscle and bone pain
- Insomnia
- Diarrhea and vomiting
- Cold flashes with goose bumps (“cold turkey”)
- Kicking movements (“kicking the habit”)
- Craving for the drug during withdrawal, which can precipitate continued abuse and/or relapse


Treatment

- Overdose
- Withdrawal
- Relapsprevention (what we know from the neurobiology)
 - Reward-system
 - Attentional Bias
 - Craving
 - Disinhibition

Attentional Bias-Cue-Reactiviteit Craving-Relapse




Treatment Career and Treatment Goals General Model



TYPE	GOAL	PROCESS
Crisis Intervention	Immediate Survival	- Reanimation
Cure	Stable Abstinence	- Motivation - Detoxification - Relapse Prevention
Care	Stabilization Harm Reduction	- Reduction Illicit Drug Use - Psychosocial Support
Palliation	Pain Relieve	- Provide Drug of Abuse - Support

Treatment Career and Treatment Goals Applied General Model



TYPE	GOAL	PROCESS	MEDICATION
Crisis Intervention	Immediate Survival	- Reanimation	Antagonist
Cure	Stable Abstinence	- Motivation - Detoxification - Relapse Prevention	Agonist tapering Part Agonist tapering Symptomatic Antagonist maintenance
Care	Stabilization Harm Reduction	- Reduction Illicit Drug Use - Support	Agonist maintenance Part Agonist maintenance
Palliation	Pain Relieve	- Provide Abused Drug	Agonist maintenance

Goals and Interventions Heroin Addiction

Type	Goal	Process	Medication	EBM
Crisis Intervention	Survival	Reanimation	- Naloxone	+++
Cure	Abstinence	Detoxification	- Methadone reduction Buprenorphine reduction Clonidine/Lofexidine Naltrexone (ROD/UROD)	+++ ++ ++ ++
		Relapse prevention	- Naltrexone maintenance (implants/depot)	±/-
Care	Stabilization	Reduction illicit Drug use	- Methadone maintenance HD LAAM *	+++ +++
	Harm reduction	Secondary prevention	Buprenorphine maintenance Methadone maintenance LD Heroin maintenance	++ + ++
Palliation	Pain relieve	Provide abused drug	- Methadone/Heroin	

*levo- α -acetylmethadol

Van den Brink and Haasen, 2006; Lingford-Hughes et al., 2004; Vocci et al., 2005; O'Brien, 2005

Treatment goals

- **Abstinence** oriented treatment **from all** prescription, non-prescription and illegal **opiates** which starts with detoxification and if possible followed by a treatment focused on relapse prevention.
- A treatment focused on complete **abstinence from all non-prescription and illegal opiates** by a maintenance treatment with an effective dose opiate agonists: methadone, buprenorphine or heroin on medical prescription.
- A treatment aimed at **reducing** the use of **non-prescribed and illicit opiates** and the prevention of drug-related harm through a maintenance treatment with a lower dose of methadone or buprenorphine possibly combined with participation in a needle exchange program.
- Care with the (provisional) goal: **reduction of the drug related harm**, (user rooms, stable living situation, activation program) without the requirement to participate at once in one of the treatment programs mentioned above ("housing first").

Effects of heroin and methadone

HEROIN

- Full agonist
- Flash, euphoria and sedation
- Rapidly metabolised
- Withdrawal for a short time
- Tolerance quickly
- Illicit drug
- Composition not known

METHADONE

- Full agonist
- Do not create euphoria and sedation
- Slow metabolisation
- Withdrawal for weeks
- Tolerance quickly
- Prescribed
- Controlled composition

Comparison

	methadon	buprenorphine
	Volledige μ agonist	Partiële μ agonist
Heroin substitution	+++	++
Heroin blocking	++ In hoge dosis (>60 mgr)	++++ Bij lage dosis (> 4 mgr)
Side-effects	Like opiates	Less sedation Less euphoria
Risk of fatal overdose	High	Low
Withdrawal symptoms	+++ Prolonged and severe	++ Less severe

Heroïn Assisted treatment (HAT)

- Patients receiving HAT appear to be more likely to be retained in treatment than those engaging in oral methadone substitution therapy.
- Compared to M substitution, HAT brings about additional reductions in illicit heroin use
- Consistently (almost entirely, but not completely) now considered as second-line treatment
- Direct medical or nursing supervision of all injectable doses

The supervised injecting heroin-prescribing clinics

- 7 days per week : typically 2-3 blocks of opening hours
- Higher daily doses; no take-home injections
- Oral take-home supplements

For research

- Flexible prescribing - oral take-home conversion on request
- Dedicated facility - specific function

Psycho-social interventions

- Brief motivational interventions are effective in general practice but not in addition to an addiction treatment
- CBT without medication could help to achieve abstinence in opiate addicts who refuse to participate in substitution treatment
- There is evidence that Contingency Management is useful as an addition to methadone maintenance treatment. CM has positive effects on abstinence and reducing use of heroin
- There are indications that standard CBT may be of value as an addition to substitution treatment for patients with many psychiatric comorbidity.

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