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THE HEROIN TRIAL FAILURE

by Anders Ulstein



The Lancet report (29 May 2010) of a recent heroin prescription trial has been widely promoted as a success. But only five out of 43 clients - who received a 450 mg of legal heroin twice a day plus a nightly oral methadone supplement over a 26 week period - managed to get off street heroin.

The remaining 38 decreased their consumption of street heroin while on the legal stuff but are still involved in the illegal heroin market, still involved in the crime, harm and misery related to it.

Regardless of the results, the authors make the following recommendation based on their study: "UK Government proposals should be rolled out to support the positive response that can be achieved with heroin maintenance treatment for previously unresponsive chronic heroin addicts."

What is a significant and surprise finding is that, even when offering free heroin, the programme has such a limited impact on the use of street heroin. And it is far costlier than rehab - up to five patients could go to rehab with a possibility of becoming drug free for the cost of each one still on drugs and with unchanged lifestyles in the Riott trial.

The cost of heroin prescription per client is estimated to be about €18,000 a year, far more than for other treatment options. The UK government has spent about €700,000 on two heroin trials last year.

MISLEADING MEDIA REPORTS



Even Reuters fell victim to the prescribers' interpretation. "Prescribing heroin to addicts who can't kick their habit helps them stay off street drugs, British researchers said Friday", under the headline "Prescription heroin helps addicts off street drugs". This is misleading.

Associated Press reports that "Some heroin addicts who got the drug under medical supervision had a better chance of kicking the habit than those who got methadone, a new study says", under the title "Study: heroin better than methadone to kick habit".

First of all, to "kick the habit" means to get off the addiction. The aim of the trial was not to get people off addiction, and it did not even measure that. Second, the study does not say that heroin is better than methadone, it suggests that for some hard to treat clients (5-10% of the heroin addicts) heroin might give better results.

To see such inaccurate and misleading reporting by the world's two most serious news agencies should worry everyone who is interested in how science is translated.

What this trial illustrates is the limitations of such harm reduction measures rather than its strengths. It also illustrates how scientific results may be distorted and misleading, possibly intentionally.

The researchers display a profound lack of understanding of what addiction is. The report's lead author John Strang says the results shows they have "turned around" the users' drug problem. What is in fact "turned around" is a small piece of the symptoms of addiction in a small group of people. The drug problem is not turned around and certainly not the addiction.

REFERENCE

The study is called *Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial*, written by John Strang and colleagues.

<http://www.addictiontoday.org/addictiontoday/2010/06/the-heroin-trial-failure.html>

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