
**THE PRACTICES AND CONTEXT OF
PHARMACOTHERAPY
OF OPIOID DEPENDENCE
IN SOUTH-EAST ASIA AND WESTERN
PACIFIC REGIONS**



WORLD HEALTH ORGANIZATION
Department of Mental Health and Substance Dependence

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Abstract

This publication presents an overview of the practices and the context of pharmacotherapy of opioid dependence in selected countries of the South East Asia and Western Pacific regions of the World Health Organisation. Based on reports provided by professionals involved in treatment of opioid dependence in these regions, the document describes the current situation with opioid use and its health consequences in Asia, the role of pharmacological treatment of opioid dependence in public health responses to opioid dependence and associated health consequences in the region, as well as priorities for development of treatment responses. The publication contains key informant reports from Australia, China, Hong Kong, Indonesia, Lao Peoples Democratic Republic, Malaysia, Myanmar, The Philippines, Thailand and Vietnam. This publication has been prepared in conjunction with another WHO document that is focused on pharmacotherapy of opioid dependence in selected countries of Central and Eastern Europe and both documents are a part of the global activity on treatment of opioid dependence which is currently being implemented by the WHO Department of Mental Health and Substance Dependence.

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Part One

Michael Farrell, Robert Ali, Walter Ling, John Marsden

Pharmacotherapies of Opioid Dependence

In Asia Pacific Region

BACKGROUND

The problem of opioid dependence is historically weaved into the fabric of most societies in Asia. It is a long and complicated story that has been strongly influenced by many key historical themes. The stories of major social upheaval and turmoil have shaped the growth and restrictions in opium production over time. These strands run through the ancient and contemporary history of opium use in Asian societies.

The area of particular concern has been the continued growth and spread of heroin use and drug injection use throughout the region (Ghys et al., 2001) which follows the continued global spread of drug injection use (Des Jarlais, 1994). This ongoing spread has major public health implications concurrent with the spread of HIV through drug injection and sexual risk-taking behaviour. The sustained growth of heroin production and heroin problems and the long-standing experience of many countries in developing effective responses to these problems are now well recognized. Development of diverse and comprehensive treatment services for drug-dependent people is one of the main strategies in responding to these problems. Joint problem recognition, problem resolution and information sharing in the area of drug dependence treatment are important mechanisms for regional and global responses to the spread of opiate use and opioid dependence and their health and social consequences.

The aim of this publication is to compare the current practices and contexts of pharmacological treatment of opioid dependence across the South East Asia and Western Pacific regions, in the general framework of pharmacological treatment of opioid dependence. Several sources of information have been used for this publication including key informant country reports presented at the Workshop for pharmacotherapies to manage opioid dependence in Asia and convened by the authors in Bangkok, Thailand, in April 2001.

TREATMENT RESPONSES TO OPIOID DEPENDENCE

In developing responses to opioid dependence there is a need to clarify the scale of the problems that have to be tackled (Box 1), the currently available resources utilized in responding and the evidence for the efficacy of currently used or currently available interventions. The needs assessment exercise aims to ensure

that an identified problem and a clearly defined means of responding to it are organized so that resources are used as effectively as possible. The actual cultural setting will also have a major influence on what is and what is not an acceptable form of treatment irrespective of the evidence on the efficacy of the treatment. The cultural acceptability and sensitivity to cultural issues is a critical part of the overall approach to community consultation and community engagement and involvement as part of the service development.

Box 1**Problems to be tackled:**

- Polysubstance use
- Injecting drug use
- Associated transmission of HIV and other blood-borne infections
- Chronic health problems
- Social exclusion
- Personal / Social functioning
- Crime involvement

The initial focus is usually on long term residential and drug free rehabilitation as the key part of the service response to opioid dependence. However in many countries, as the scale of the problem grows and access is required for substantial populations, then consideration is given to developing more affordable and accessible community based treatments. The increasing focus into community based treatments with involvement of broad generic health and social welfare resources enables broader community involvement.

The challenge for the coming decade is to fashion public health based treatment systems for drug dependence that can enable a broad range of prevention and treatment interventions to be targeted at the 'at risk' population. This should reduce the risks associated with this pattern of drug use and maximize the numbers who return to a fully functioning role in society.

There is a need for clarity of aims and objectives of treatments. When these have been made clear and the goal of the treatment is clearly set, it should be possible to measure these objectives while treatment is being delivered (Box 2). Over a twenty-year period it is estimated that a heroin addict has the same chance of managing to stop using drugs as they have of dying from drug use. About one third die, one third manage to stop and the other third continue a long battle with their addiction, including time in prison, time in treatment and time on the street. In the long term many continue using heroin persistently into their middle age and beyond.

Because of the chronic nature of heroin addiction and the repeated use of local health services, health practitioners came to realize that methadone maintenance could provide major stability and improvement for those who were continuing drug use despite abstinence-oriented treatment. The method of maintenance agonist pharmacotherapy is controversial and initially unappealing. However, in the face of the range of options and following extensive and repeated experimental trials there is now a high level of consensus on the efficacy of this form of treatment. The advent of HIV and AIDS added a new degree of urgency to finding structured ways of responding to injecting drug use in the community and has spurred many countries to rapidly expand methadone maintenance treatment as part of the HIV prevention strategy. This type of treatment is no magic bullet. In regular practice it achieves moderately modest outcomes but systematic reviews indicate that these are significant treatment effects and it is judged that these treatment effects are cost effective and practical in the face of the limited alternative options.

Box 2**Treatment outcome expectations:**

- Elimination or at least reduction of illicit opiate and other drug use
- Reduction in risk of infectious diseases
- Improved physical and psychological health
- Improved social functioning
- Reintegration into society
- Reduction in criminal behaviour

Marsch (1998), from a meta-analysis of studies, concluded that methadone maintenance treatment has a moderate but significant effect on illicit opiate use and a small to moderate effect on HIV risk behaviours. In terms of overall criminal behaviour, methadone maintenance treatment was found to have a small to moderate effect but when analyzed in terms of type of crime, methadone maintenance treatment was found to have a significant and large effect on drug-related criminal behaviour.

The Treatment Outcomes Prospective Study (TOPS) found that retention in treatment at three months was highest for methadone maintenance treatment (65%), followed by therapeutic communities (44%) and outpatient drug-free treatment (40%). In terms of reductions in drug use and criminality, methadone maintenance treatment and therapeutic communities were equally effective. But these were naturalistic studies where patients chose their own treatment modality. The three major US large-scale outcome studies, conducted over the last three decades respectively DARP, TOPS and DATOS all reported similar positive findings using methadone maintenance with major reductions in the key outcome domains of drug use, criminality and risk taking behaviour (Simpson et al., 2000). The English NTORS evaluation of the treatment of Drug Dependence during the 1990s, also reported similar positive findings for both residential drug free

treatment and methadone based treatment in the community, at five year follow up (Gossop et al., 2000).

Among heroin users attending public treatment centers in Italy, the retention rate after one year was 40% for methadone maintenance treatment, 18% for naltrexone, and 15% for drug-free treatment.

Over the past decade there have been a number of studies aimed at developing alternative long acting opioid agonists that could be used for opioid agonist maintenance pharmacotherapy. Buprenorphine, which is a μ -receptor partial agonist and LAAM (levo-alpha-acetyl-methadol) have been most extensively assessed. Buprenorphine has been used in many settings especially in Europe. Both medications appear to be comparable in efficacy to methadone and there are both advantages and disadvantages to the differing medications.

INTERNATIONAL PERSPECTIVES AND ROLE OF PHARMACOTHERAPY OF OPIOID DEPENDENCE IN HIV/AIDS PREVENTION

There has been a major expansion in the provision of opioid maintenance treatment in the European Union over the past decade (EMCDDA 2000). One of the key drives behind this expansion has been concern about HIV and concerted efforts to contain the spread of HIV among injecting drug users. After an initial epidemic spread there is reasonable evidence that HIV infection among injecting drug users has been significantly contained over the past five years (EMCDDA 2000). No single intervention can account for this, but the provision of a broad range of treatments including drug substitution treatment has been an important component of this result.

Most countries in the EU have seen a down turn in new infections and a downturn in the incidence of AIDS, however the reduction in incidence of HIV/AIDS may be related to development of new anti-retroviral treatment agents. Overall there is consensus that the broad range of interventions including educational, prevention, and treatment approaches has had an impact on the range of risk taking behaviour in injecting drug users.

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