

NALTREXONE

is a drug designed to help you stay clean from heroin. You have to be free of opiates (eg. by detoxing at the clinic) before you can start using naltrexone, and it will only be effective if you have the inner determination to stay off heroin (otherwise methadone or buprenorphine may be more appropriate treatments). However, naltrexone can be a very effective therapy option because when you have it in your system it will block the effect of any heroin you might take.*

Naltrexone can produce side effects in some individuals. You will need to take naltrexone tablets for at least two weeks before having an implant to check if it is right for you.

Naltrexone is known as an opiate antagonist, or opiate blocker. Imagine that your body is a house with thousands of doors, each with thousands of key-holes. On each door, one of these key-holes is an opiate receptor. Imagine that one dose of heroin contains thousands of keys that will get into your body, find the key-holes and open the door to the opiate effect (and its consequences). Within this metaphor, naltrexone is like an alternative set of thousands of keys that seek out the key-holes, but simply cover them up instead of opening the doors. Thus, any subsequent heroin is blocked.*

IMPLANTS

of naltrexone can be used instead of daily naltrexone tablets and are particularly effective,* because people don't need to remember to take their naltrexone every day (and your inner addict has no chance to let you 'forget'). A triple implant (which costs \$1900) lasts for approximately 9 months at an equivalent cost of \$6/day.

To implant naltrexone a local anaesthetic is used below the belly button before a small incision is made. Then the implants are inserted under the skin where they will slowly be absorbed. They will eventually disappear, but there will be a small amount of scar tissue.

Basic costs are:

- 9 month implant \$1900
- 6 month implant \$1400
- Rapid detox \$440

BLOCKING

the heroin is only part of the solution. Naltrexone or any other maintenance treatment is only part of getting you clean and keeping you there. Your own decision that you really want to stay clean is the biggest factor here.

naltrexone (in your blood)	then	heroin (taken later)	=	little or no effect*
heroin (in your blood)	then	naltrexone (without detox)	=	acute withdrawal
Ceasing naltrexone (for 3+ days)	then	heroin (your usual dose)	=	risk of overdose (use small amount)

HEROIN

dependence is often described as a chronic recurring illness. To stay clean for a long time requires significant lifestyle changes and a serious commitment. Naltrexone can be a very effective tool for helping people get some clean time under their belts, during which they can concentrate on improving other aspects of their life so that they will not relapse in the future. Ongoing counselling is highly recommended and the First Step Program can help with appointments or referrals.

People using heroin develop a tolerance to opiates, but THIS TOLERANCE WILL BE GREATLY REDUCED AFTER ANY DETOX. If someone stops taking naltrexone tablets because they want to take heroin again, they have to use less than half of what they are used to, to avoid risking overdose (the same as if they had just detoxed). Furthermore, there is also a risk of overdose if someone tries hard to override the implant.

* It must be noted that the use of naltrexone tablets and implants is still in an experimental phase. Although there is convincing anecdotal evidence (particularly regarding the implant form of naltrexone), scientific research about naltrexone is not yet conclusive about the drug's efficacy for the treatment of opiate dependence

Maintenance Treatment

In this context the term 'maintenance' refers to the constant use of a legally prescribed alternative to heroin. Some maintenance therapies are legal replacement opiates (*methadone*), some are opiate inhibitors (sort of the opposite of opiates, like *naltrexone**) and some are in-between (like *buprenorphine/subutex*).

Why go onto maintenance therapy?

- To reduce or stop heroin use.
- To minimise harm associated with heroin use, such as:
 - possibility of contracting blood borne viruses (Hep B, Hep C, HIV) through sharing equipment
 - unsafe injecting causing trauma and infection of injection sites
 - overdose and accidental death
- To reduce the need to obtain large amounts of money to support the heroin use, and so reduce possibility of illicit actions.
- To improve functioning within the family, with friends and at work.

What are the maintenance options?

Methadone and Buprenorphine may be prescribed as substitutes for heroin, without the need to completely withdraw from heroin before starting the therapy. These are dispensed daily by an approved pharmacy, and the doses are closely monitored by the prescribing doctor, to minimise possibility of overdose or withdrawal. Methadone and Buprenorphine are opiates, with the effects of opiates, and maintenance therapy aims to keep the patient stable on the therapy, i.e. to minimise the possibility of intoxication or withdrawal. These therapies are found to be effective in long-term use, with a significant number of patients (approximately 50%) abstinent from heroin after 12 months. Once the patient is ready to attempt withdrawing from maintenance therapy, this can be done in a controlled way over a period of time.

As with heroin, concomitant use of other drugs, such as alcohol, and some prescription medications such as benzodiazepines, sleeping tablets and some antidepressants, may increase the risk of respiratory depression.

Ceasing Methadone or Buprenorphine abruptly precipitates opiate withdrawal symptoms.

Naltrexone therapy is suitable for decreasing cravings for heroin, and for blocking any effects of heroin. Naltrexone causes immediate withdrawal from heroin, and so one can only safely take Naltrexone after abstinence from opiates for 10 days, or after undergoing a supervised Detoxification program. Naltrexone is either taken as a daily tablet, or one may undergo a procedure to have an implant, the effects of which may last for an extended period, depending on the implant. Naltrexone does not have opiate effects, and ceasing the tablets usually does not cause withdrawal symptoms. Naltrexone maintenance assists in being able to improve one's general wellbeing and health, and to make lifestyle changes without opiates.

There is a possibility of becoming more sensitive to opiates after ceasing Naltrexone, with the risk of overdosing and death from heroin, if used.

How do you choose?

Various factors need to be taken into account before deciding which maintenance therapy to choose. These include the aims of treatment, prior experience with therapy, lifestyle issues, medical factors, and concomitant use of prescription drugs and other substances.

Inform yourself as much as possible about your treatment options, and remember **it is essential to discuss these options with a qualified medical practitioner to ensure maximum safety and suitability of treatment.**

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