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Letter to the editor

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**HEROIN ADDICTION &  
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PROBLEMS**

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## En Route to 90% Retention. 'Active Rehabilitation' in Central Norway

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**TO THE EDITOR:** I would like to report that one third of patients in Central Norway receive buprenorphine/naloxone (bup/nx) combination at average daily doses of 22.4 mg bup/nx, to effectively deal both with craving and with depressive symptoms, and to explain why the team in Central Norway now recommends transferring some stable methadone patients to bup/nx. The high-threshold 'active rehabilitation' system has retained an impressive 88.4% of patients in treatment over two years and helped 78.2% of patients to achieve abstinence.

### 1. Switching over... switching on

In the face of the rising diversion and IV misuse of buprenorphine, which commands a 50% higher street value than the combination product in Central Norway, the decision was taken to switch all eligible buprenorphine patients to bup/nx. Meanwhile, ineligible patients are no longer given take-home dosing privileges for buprenorphine alone. Minimal side-effects were experienced during the transfer, and nearly all adverse effects tapered and disappeared over the subsequent months.

Given bup/nx's positive impact on depression and alertness, and the lower weight gain observed, the Central Norwegian group now recommends the transfer of methadone patients to it. Being more 'awake' may help patients participate and engage with the impressive range of rehabilitation opportunities on offer within the intensive and comprehensive treatment programme that has been made available.

### 2. Side-effect confusion

We must stress the importance of identifying and adequately treating somatic or psychiatric comorbidities, whose symptoms may masquerade as treatment side-effects

and impact treatment compliance. For example, patients can easily mistake the nausea and headache of HCV for a bup/nx reaction; on the clinical plane, comorbid anxiety or the effects of benzodiazepine abstinence may confound patients' emotional response to further treatment. Meanwhile, underdosing, thyroid dysfunction or drug interactions can all appear in disguise, as if they were the adverse effects of opiate maintenance. My patients are told that naloxone alone has a very low incidence of side-effects and, considering its very short half life, if they are still experiencing an adverse effect 24 hours after dosing, the effect should not be attributed to the naloxone content of bup/nx.

### 3. Education, education, education

The education process does not end with adverse effects, however. As part of their comprehensive approach to patient support, we must highlight the critical nature of adequate patient (and prescriber) education. In the Central Norwegian system, all those who interact with patients have a range of educational materials that help them to understand every aspect of their treatment package and the maintenance drug prescribed, from finding the right dose, to supervised dosing.

### 4. Active rehabilitation

The Central Norwegian package's high level of efficacy is largely due to the intensive package available. According to Norwegian guidelines the indications for starting ORT are the following: 25 years of age and only after they have been unsuccessful with drug-free treatment. These patients, who live in 83 municipalities in Central Norway, receive the ORT-drug and a package comprising access to leisure activities, comprehensive

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treatment for comorbidities and training opportunities in financial management, everyday activities, and vocational areas. Quarterly multi-disciplinary meetings with social workers, doctors and nurses ensure a holistic and systematic approach to patient management.

### **5. Supporting abstinence**

The Central Norwegian system also benefits from inbuilt tools designed to support and promote abstinence. At treatment entry, patients must surrender their driving licenses, which are only given back after 6 months of demonstrated abstinence. Ongoing abstinence earns an increase in take-home privileges with bup/nx; these privileges are lost for 2-3 months after any drug-positive urinalyses. Such relapses are also followed by increased cognitive behavioural support.

International delegates were left in little doubt that

patients can achieve outstanding results with such a comprehensive package. Patients in Central Norway with a population of about 700 000 people, can access the Rolls Royce of treatment services and through that accomplish abstinence (78,2%), work or studies (63%) and an self-esteem, dignity and quality of life.

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The author has no relevant conflict of interest to report in relation to the present report.

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