NUGGETTE

Evidence is mounting that after rapid detoxification more patients transfer to naltrexone and stay opiate-free in the short-term, but that the gains tend to fade. The latest is from a small Dutch study in which 15 patients each were allocated to rapid detoxification under anaesthesia or to a methadone taper lasting one or two weeks.[1] Just six of the methadone group completed detoxification and started naltrexone but over the next three months virtually all were abstinent from opiates. In contrast, all the rapid detoxification patients completed the procedure and started to take naltrexone and 14 sustained abstinence two months later, but by three months the figure had dropped to ten.

In an Australian study patients started naltrexone after inpatient detoxification under anaesthesia or using a clonidine-based conventional procedure.[2] Withdrawal was completed and naltrexone initiated by just 14 of the 50 conventional patients but 40 of the 50 rapid patients. Six months later heroin use was still significantly less among the rapid patients. However, by 12 months both groups had made substantial but equal reductions in use.

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Interim results from a US trial also suggest limited long-term gains.[3] Withdrawal was under anaesthesia or controlled by either buprenorphine or clonidine. Nearly all the patients completed the first two procedures and started naltrexone compared to just a quarter on clonidine. But during the 12 weeks of aftercare few of the patients in any of the groups sustained virtual heroin abstinence.

1 Krabbe P.F.M. *et al*. "Rapid detoxification from opioid dependence under general anaesthesia versus standard methadone tapering: abstinence rates and withdrawal distress experiences." *Addiction Biology*: 2003, 8(3), p. 351–358.

2 McGregor C. *et al.* "A comparison of antagonist-precipitated withdrawal under anesthesia to standard inpatient withdrawal as a precursor to maintenance naltrexone treatment in heroin users: outcomes at 6 and 12 months." *Drug and Alcohol Dependence*: 2002, 68, p. 5–14.

3 Collins E.D. *et al*. "Randomized comparison of buprenorphine, clonidine and anesthesia-assisted heroin detoxification and naltrexone induction." *Drug and Alcohol Dependence*: 2002, 66, S2-S202, p. S35.