Heroin Assisted Treatment

Heroin-Assisted Treatment (HAT) is a life-saving intervention for individuals struggling with addiction to illegal heroin when other treatments have not succeeded. Empirical studies demonstrate that HAT programs, as part of comprehensive treatment strategy, provide substantial benefits to long-term heroin users who have not been responsive to other treatment.

Q. What is Heroin Assisted Treatment (HAT)?
A. Heroin Assisted Treatment is a carefully controlled medical intervention that involves dispensing medically prescribed heroin to heroin users who have not benefited from previous repeated attempts at methadone maintenance and other treatment programs. The goal of HAT is to twofold: to improve the overall health of people using heroin and to reduce the risks that they face because heroin is illegal. Health is defined broadly as physical, mental, and social health, including reduced involvement in crime.

Although each program is different, many operate on the same general principles. Participants must enroll on their own free will, must have attempted several treatment options, must be legal adults and must be current heroin users. HAT is not a stand-alone treatment, but is offered in addition to other services, typically at least physcho-social services but often including health and other services as well. In some countries, heroin (typically referred to as diamoprhine or diacetylmorphine) is provided in conjunction with methadone.

HAT is nearly always provided in a clinic-based setting. The drug is required to be consumed on-site, under medical supervision. This allows staff to intervene in the event of overdose or other adverse reaction and also reduces diversion into underground markets. The clinic-based model also encourages interaction between clients and staff, which may improve uptake of health and other services. All HAT programs have gone forward with the support of local or national government, often after consultation with legal advisors and law enforcement officials.

Q. Why should we discuss HAT now?
A. Empirical studies of currently operating HAT programs elsewhere demonstrate that heroin assisted treatment, as part of comprehensive treatment strategy, provides substantial benefits to long-term heroin users who have not been responsive to other treatment and the communities in which they live. HAT clients overwhelmingly demonstrate a reduction in substance use and an improvement in overall physical and mental health. Additionally, several studies have found that individuals who participated in these programs significantly reduced their involvement in criminal activities, generating large cost savings. Since chronic heroin addiction is responsible for great costs in terms of money and lives in the D.C. area, it is reasonable to study whether these positive results could be replicated here.

Q. What are the benefits of this project to DC residents and the addicted population?
A. Heroin addiction creates tremendous social and health costs. These include crime, diseases such as HIV and Hepatitis C and unemployment. Based on extensive evaluations of HAT in other countries, it is reasonable to believe that HAT could likewise save DC residents an enormous amount of money and untold suffering. Similar studies conducted in Canada and Europe among people with chronic addictions have reported improved health status, decreased use of illicit drugs, significant reductions in criminal activity and increased employment.

Q. Are you trying to promote the legalization of heroin?
A. No. HAT does not promote the legalization of heroin. It is simply a tool to help reduce the harms caused by the use of illegal heroin by providing an empirically validated method for long-term users to reduce the harm of their use, access health and social services, and act as a bridge to treatment.

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Q. By giving heroin to people, won't you create more people who will have a heroin addiction?
A. No. Only people who have a long history of heroin addiction, are current heroin users, and have attempted numerous times to quit will be eligible to participate. Studies consistently show that HAT is effective in reducing and in many cases eliminating heroin addiction. HAT is expected to decrease, not increase, the number of heroin users in the DC area.

Q. How is this different from a supervised injection site?
A. One of the goals of HAT is to remove patients from the illegal drug market. Participants receive treatment (prescribed heroin) as well as social supports, so they will not need to engage in the illicit drug trade to feed their addiction. Conversely, Supervised Injection Facilities are legally protected places where drug users consume pre-obtained drugs in a safe, non-judgmental environment that also features receive health care, counseling, and referrals to other health and social services, including drug treatment.

Q. Would anyone be eligible for HAT, or would the program have some form of eligibility requirements?
A. HAT is designed only for those long-term heroin users who want to stop using, and have tried unsuccessfully to do so using available therapies. Existing programs vary in their eligibility requirements, but all require participants to be adults, to be current heroin users, and to have attempted unsuccessfully to stop on a number of occasions.

Q. How much would this program cost and who is going to pay for it?
A. Although heroin assisted treatment (HAT) is more expensive than methadone maintenance treatment (MMT) in the short term, a number of studies have now shown that the treatment results in significant cost savings to society from reduced crime and health expenditures , even after accounting for the higher price of the treatment.

Q. Where would this medical-grade material come from?
A. Diacetylmorphine (or Diamorphine to the Brits) is legal in many countries for pain management and addiction treatment, and is produced for the medical market by established pharmaceutical companies. The drug would likely be imported from one of these companies, following a strict protocol monitored by the federal government and the International Narcotics Control Board.

Q. Isn't heroin illegal?
A. Heroin is banned except for research purposes in the United States, but is legal for medical uses including drug abuse treatment in several other countries. The United States has a mechanism for making heroin available for federally approved scientific studies, which is how a study in DC would operate.

Q. Isn't methadone better for helping to break heroin addiction?
A. Methadone is an effective treatment for heroin addiction for many people. A substantial proportion of people with opiate addiction do not, however, benefit from methadone maintenance therapy (MMT). Although these individuals represent a small proportion of long-term heroin users they account for a disproportionately large percentage of the problems and costs associated with illicit heroin use

Q. Would the maintenance be for an indefinite, possibly forever, duration, or would some sort of treatment plan be created that would outline goals and time frames to wean participants off the medication?
A. Studies show that while some people may require long-term maintenance, a large number are able to transition from HAT to another treatment, or to become entirely abstinent from drugs. In Switzerland, which now operates 23 HAT centers throughout the country, over 40% of those who leave HAT enter into an abstinence-based program.

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Q. Won't stored heroin be an enticement to drug dealers and others? How do you keep it/participants/employees safe?
A. The study would be designed with safety in mind. Like all controlled substances, the medication would be securely transported and kept securely locked, and it is never permitted to leave the premises. In other places where HAT centers operate, there have been clear safety procedures incorporated into the study to ensure protection of staff, participants and the general public. Strict security provisions prevented the theft or removal of any of the drug from the medical clinics.

Q. Does law enforcement support this? Won't participants be arrested for using heroin?
A. In every country in which HAT programs have gone forward, they have done so with the support of politicians, health officials and law enforcement. Since the programs have a strong and consistent record of decreasing crime and public disorder by reducing the need for heroin users to purchase street drugs and in many cases helping them get off drugs altogether, it is reasonable to expect that law enforcement will be supportive.

HAT is provided in a clinic-based setting. The medication is required to be consumed on-site, under the watchful eye of trained professionals. It is kept securely locked, and it is never permitted to leave the premises. Since the study would be authorized as a research trial with the approval of the Attorney General, the medication would not be illegal and there would be no grounds for arrest.

Q. What can I do to support this debate?
A.

1. Sign up for emails, news updates, and action alerts from DPA:
http://actioncenter.drugpolicy.org/Register

2. Write letters to the media:
letters@washpost.com
talkback@baltimoresun.com
letters@nytimes.com

Or check the Opinion page of your local paper.

3. Contact your D.C. City Councilmember:
John A. Wilson Building, 1350 Pennsylvania Ave, NW, Washington, DC 20004
dccouncil@dccouncil.us
Tel: (202) 724-8000
Fax: (202) 347-3070

Or visit: http://www.dccouncil.washington.dc.us/contactuscouncil
To find your ward and specific councilmember.

4. Tell a friend:
http://actioncenter.drugpolicy.org/site/TellAFriend

Or just start a conversation about Heroin Assisted Treatment in DC!

The Drug Policy Alliance is the nation's leading organization working to end the war on drugs. We envision a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights. Our mission is to advance those policies and attitudes that best reduce the harms of both drug misuse and drug prohibition and to promote the sovereignty of individuals over their minds and bodies.

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