

NEWS

Methadone prescribing is to be reviewed in Scotland as user numbers continue to rise

Bryan Christie

Edinburgh

The use of opiate replacements such as methadone in the treatment of drug misuse is to be reviewed in Scotland after accusations that the policy had been a “disaster.”

The latest figures show that the number of drug users taking methadone has risen by 10% in the past five years to 24 507 and that methadone use is now responsible for more deaths (275 in 2011) than heroin (206).

That has led to emotive newspaper campaigns for a rethink of methadone prescribing and claims by the Scottish Conservative health spokesman, Jackson Carlaw, that its use had been an “utter disaster” and needed to be replaced with a new focus on abstinence based treatment.

These views, in turn, have been described as simplistic and failing to take account of international evidence on the benefits of opiate replacement treatment. These benefits included reductions in heroin use, needle sharing, HIV infection, and the offending that often accompanied illegal drug use.

The review will be led by Scotland’s chief medical officer, Harry Burns. It will consider the latest evidence on the use of opiate replacement treatment and make recommendations aimed at maximising the effects of these types of medical intervention. It is expected to report in the spring.

Burns said that this was an important but complex issue. He said, “We know that opiate replacement therapies stabilise the lives of people seeking to address their drug addictions. This work will give us a clearer picture of how these therapies are being used across Scotland.”

Methadone has been at the centre of Scotland’s harm reduction strategy since the 1990s after it was introduced to counter high rates of HIV infection in the generation of Scottish drug users

portrayed in the film *Trainspotting*. Although the strategy undoubtedly succeeded in that goal, concerns have been increasing at the number of people who take methadone for years without ever moving towards abstinence.

David Liddell, director of the Scottish Drugs Forum, the national policy and information agency, said that it was unfortunate that methadone policy had become something of a political football. He hoped that the review would help to establish a consensus on the best way to respond to drug use problems.

“The numbers on methadone have been used as a sign that the strategy is not working,” he said, “but the evidence base around methadone is clear and longstanding.

“Sadly, the key points about the context for problem drug use are too often missed.”

Opiate replacement has long been controversial and remains illegal or severely restricted in many countries. A paper published in the *BMJ* this month recommended its wider use, after an analysis of studies around the world indicated that it was associated with a 54% reduction in risk of HIV transmission.¹

bmj.com From the Frontline: Methadone is no panacea (*BMJ* 2012;345:e5670, doi:10.1136/bmj.e5670)

1 MacArthur GJ, Minozzi S, Martin N, Vickerman P, Deren S, Bruneau J, et al. Opiate substitution treatment and HIV transmission in people who inject drugs: systematic review and meta-analysis. *BMJ* 2012;345:e5945.

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