

Joint trajectories of heroin use and treatment utilisation over 10-years

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Introduction and Aims: Heroin is contributing to the worst drug addiction epidemic in US history; recent rates of use, dependence and death have also increased dramatically in other parts of the world. An improved understanding of the long-term relationship between heroin use and treatment utilisation is essential to inform clinical and public health responses. We aimed to identify joint trajectories of heroin use and treatment utilisation, and predictors of group membership over 10-11years among a cohort of Australians with heroin dependence.

Methods: A total of 615 people with heroin dependence were recruited as part of a prospective longitudinal cohort study between 2001-02. This analysis focuses on 428 participants (70.1% of the original cohort) for whom complete data were available over 10-11years.

Results: Five joint trajectory groups were identified: i) 'long-term stable' (17%: decrease in heroin use alongside high treatment utilisation); ii) 'long-term success' (13%: decrease in heroin use alongside decreased treatment utilisation, until there was maintained abstinence with no treatment utilisation); iii) 'treatment failure' (12%: no decrease in heroin use alongside high treatment utilisation); iv) 'late success' (9%: gradual decrease in heroin use alongside increased treatment utilisation); and v) 'relapsed' (9%: heroin relapse alongside increase and decrease in treatment utilisation). Few variables predicted joint group membership.

Conclusions: The role of treatment in recovery from heroin dependence is undeniable; however, a considerable proportion of people are able achieve and maintain abstinence without the need for ongoing treatment. An equally significant proportion will continue to use heroin despite being in long-term treatment.

Implications: Although few characteristics differentiated between who will achieve maintained abstinence and who will continue to use in a chronic high use, high treatment utilisation pattern, both pathways have crucial implications in terms of long-term outcomes and the critical timing of interventions.

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