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RESEARCH AND DEVELOPMENT

Substitution versus hedonism

In the heart of Tuscany, forming a triangle with Pisa and Florence, lies Pietrasanta, a small town where we went to meet up with a group of drug dependency specialists who came from Asia, Western and Eastern Europe, and North America.

The topics proposed for debate revolved around two issues: heroin and cocaine addictions; and the problems encountered by substitution programmes -using methadone and buprenorphine - to retain, normalise or in the best of scenarios improve the situation of patients.

The scientific community agreed in acknowledging that the main enemy of substitution is Pleasure; in other words, the frustration that addicts find when they drink or swallow the substitution drug and do not experience any "rush", it doesn't get them "high", they do not find what their minds seek: -intense and immediate pleasure.

Given this problem: -cocaine and heroin, when injected or smoked, take control of the tiller of neurotransmission in seconds, generating the "buzz", the "trip" sought by people dangerously hooked on "hard" drugs - scientists have tried increasing the doses and in some cases this has worked. However for most patients all this does is cause greater frustration, as with the increase in milligrams of methadone, the mind waits for the yearned-for "rush" and again, it never comes. This means that when they leave the treatment centre they will go and have a few beers, smoke a few "joints", then a few pipes of crack and then give themselves "a good shot of heroin".

Of course, this way we do not solve very much, as the patient's health does not improve, nor does their relationship with their family, and obviously their work situation does not get any better either. So, what can be done? Well, one can try with buprenorphine. The results of research comparing groups on methadone and groups on buprenorphine, award victory to the latter in terms of improvement of the patient's mental and physical health and their relations with their family. In addition, most of those who stand for the entire treatment find work.

This would be perfect, were it not for the fact that it is much more expensive than methadone, but even this is not its main problem; rather, the fact that it is a partial antagonist substitution drug, means it does not allow the patient to experience pleasure at all. So when the frustrated addict, who does not feel the drug in his brain, seeks out other drugs on the street, they do not have any effect on him either, and he has to consume great quantities to find the desired pleasure. This means that substitution programmes using Buprenorphine lose over 50% of their patients in the first few months.

Another access route to the reality of the needs of addicts that seek rehabilitation is via the way in which the drug is administered. In other words, experimenting with the patient injecting the substitution drug. In fact, in substitution programmes with heroin, the patients who best normalise their life and least seek drugs on the street are those who take the substitution drug by injection. Some studies show that this possibility improves the situation.

In short, we continue to search in the minds of those who experiment with psychoactive substances, to find out how to re-channel that part of the brain that takes them to risk their lives daily for a few minutes of immediate and intense pleasure.

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EUROPEAN OPIATE ADDICTION TREATMENT ASSOCIATION (EUROPAD)
5th Italian methadone and other substitutive therapies conference – 4 to 6 December 2003 – Pietrasanta, Italy