

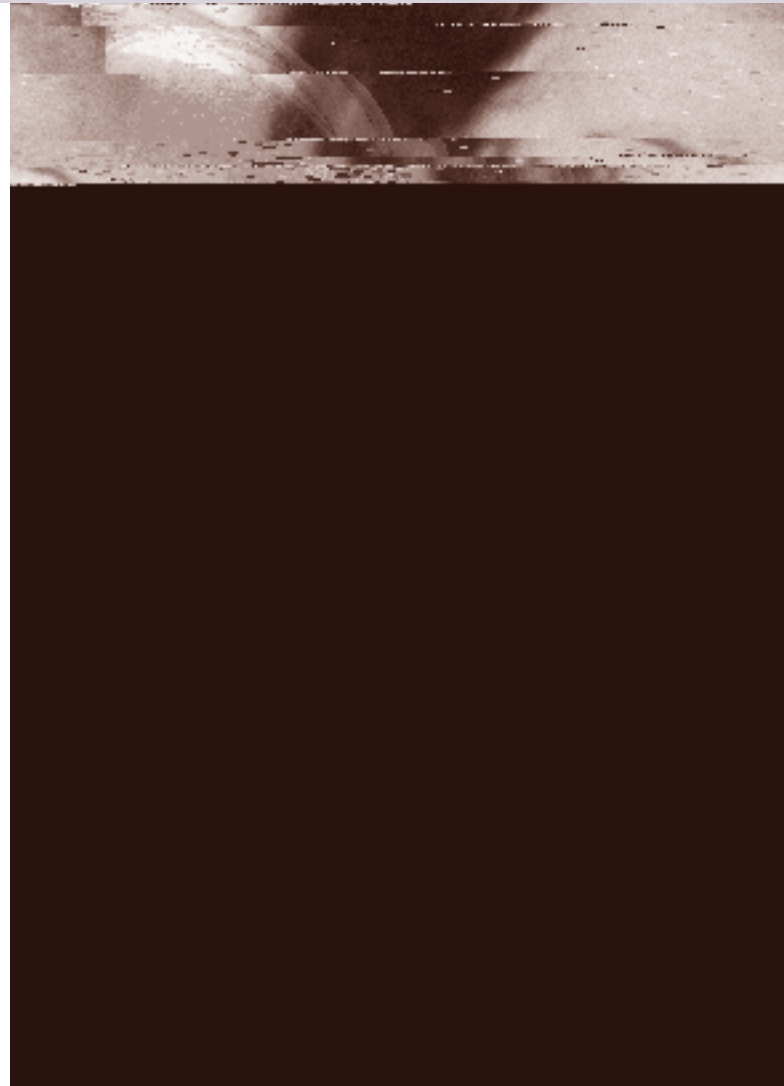
Background

Methadone maintenance treatment is widely recognised as the most effective treatment for heroin dependence (Bell & Zador, 2000; Gibson et al., 1999; Ward et al., 1998; World Health Organization & United Nations Office on Drugs and Crime, 2004). It is finding increasing support internationally, especially in the Asia-Pacific region (Humeniuk & Ali, 2005; Irawati et al., 2006; U.S. Department of State, 2006). This study was designed with this success and expansion in mind, and its aim was to improve understanding of some of the challenges this valuable program faces for the purposes of policy development and service delivery.

Methadone is a full agonist synthetic opioid developed mainly for the treatment of pain. It forms the basis for methadone maintenance treatment (MMT), a central element in Australia's harm minimisation drug policy instituted in 1985 (National Drug Strategy, 1998). MMT involves daily consumption of a prescribed dose of methadone, usually under the supervision of a pharmacist or nurse. To minimise the inconvenience associated with daily dosing, many clients

are prescribed one or more 'takeaway' doses

to minimise the injection of buprenorphine (discussed below). Together these three medications make up pharmacotherapy treatment in Australia.



A main health and enforcement concern around pharmacotherapy treatment focuses on the phenomenon of 'diversion'. This is where medication is either sold on the black market by clients or shared with friends and family. Also of concern is the injection of medication. In New South

Main conclusions drawn from the study

- 1 Takeaways were of central importance to almost all clients interviewed in this study, be they male or female, located in urban or regional settings, new to treatment or veterans of treatment.



