

Is heroin dependence a “chronic long-term condition”?

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Introduction: Heroin dependence is often described as a recurrent, ‘chronic, long-term condition’, associated with high rates of mortality and a greater burden of disease than any other illicit drug. But is this type of progression inevitable? To find out, this study aimed to examine the long-term pathways, or trajectories, of heroin use over 20 years, and identify factors that were associated with different groups.

Methods: The 18-20-year follow-up was completed in 2022, on 615 treatment and non-treatment seeking people originally recruited in 2001. Over 79% of the surviving cohort was reinterviewed. Group-based trajectory modelling was used to identify trajectory groups based on use of heroin in each year and examine predictors of group membership.

Key Findings: Five trajectory groups were identified. Over one-quarter (28.2%) were classified as having ‘rapid decrease to maintained abstinence’ in heroin use, with use declining steeply in the first 2–3 years and remaining low. A further quarter (24.7%) were classified as ‘little decrease’ in heroin use, with use remaining high. The remaining trajectories represented other fluctuating patterns of use. Years of school, age when first used heroin, and history of sexual trauma were found to predict trajectory group membership.

Discussions and Conclusions: Several key factors associated with risk of relapse were identified. These suggest there remains a need for early and sustained intervention, a need to treat both mental and substance use disorders together in people with heroin dependence, trauma informed care, and the importance of people with heroin dependence receiving appropriate mental health care.

Implications for Practice or Policy: These findings provide evidence that significant levels of improvement can be achieved and maintained over the long-term, and that heroin dependence is not necessarily the ‘chronic relapsing condition’ that is inevitably associated with long-term recurrence, relapse, multiple treatment episodes and treatment failure.

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