The Opinions and Outcomes of Clients Following Cessation of Diamorphine Prescribing in a Community Substance Misuse Team

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INTRODUCTION

The prescription of diamorphine (heroin) to those in treatment for opiate dependence is a much debated issue. There has been comparison of the 'British System' – lower doses, but large take home amounts, and less supervision – with the system developing in Europe – higher doses and stricter supervision in designated injecting centres[1,2,3]. The National Treatment Agency has produced guidelines which set out principles for the prescription of injectable treatment[4]. These state that "injectable maintenance is likely to be a long term treatment with long term resource implications". The latest Department of Health 'Orange' guidelines recommend that patients on injectable opioid treatment initiated under the 'old system' should have their treatment continued if it is beneficial[5].

Injectable and oral diamorphine were prescribed to a limited number of clients treated by the substance misuse service in Gloucestershire (now the Countywide Specialist Substance Misuse Service – CSSMS) from the early 1990s. Towards the end of the decade, due to concerns about finance, diversion to the illicit market, lack of supervision in comparison with the new European model and individual clinical concerns, the decision was taken to terminate the diamorphine prescriptions.

AIMS

This study aims to revisit the clients who were prescribed diamorphine at that time, and who underwent detoxification or transfer to another opiate, look at measures of their current functioning, and seek their opinions on the cessation of that episode of treatment.

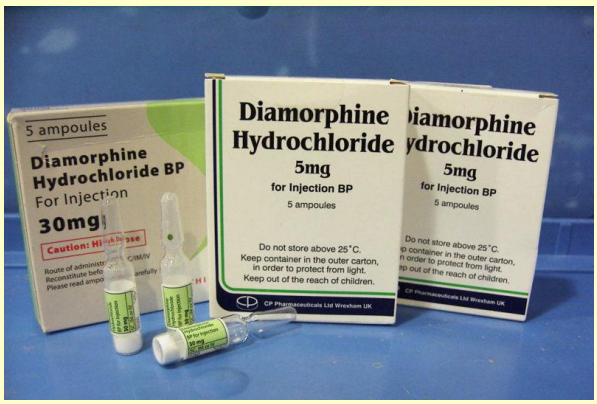
DESIGN, SETTING, PARTICIPANTS

Audio-taped interviews and case note review with seven of the original 29 clients who had diamorphine prescriptions terminated between June 2000 and November 2002 in the Gloucestershire Specialist Substance Misuse Service. Case notes were reviewed for the three deceased clients. The semi-structured part of the interview was transcribed and analysed qualitatively.

MEASUREMENTS

The interview consisted of the General Health Questionnaire-12 (GHQ-12)[6] and a second questionnaire devised by the authors. This assessed demographic information, drug use, mental and physical health, a semi-structured part concerning the participants' experiences of the diamorphine cessation and structured questions about opinions on diamorphine treatment. Information from the notes included details of the diamorphine prescription, medical complications and admissions to hospital. Christo Inventory for Substance-misuse Services (CISS) scores were estimated from the notes prior to diamorphine prescribing, in 2000 and most recently[7].

Asian Heroin photographed by US Drug Enforcement Administration



Picture: Pete Chapman

FINDINGS

Three clients had low scores on the GHQ-12, three scored highly – indicating psychiatric morbidity – and one scored in the middle.

Of the seven clients interviewed, the majority was single (four) and had two or three children. Three were in employment and two were homeowners. Three were drinking more than 21 units of alcohol weekly. They were all prescribed opiates (six methadone - including tablets - and one dihydrocodeine). There was one injecting complication recorded in the notes – thrombosed veins. The range of diamorphine doses was 120mg-400mg daily and it was prescribed orally and/or intravenously.

CISS scores indicated an improvement of overall functioning between the time just prior to the prescription and 2000. There was a smaller overall improvement between 2000 and the time of the study.

Five felt that they had benefited from diamorphine (able to work, not having to score, feeling "stable") but highlighted drawbacks including short half life and frequent appointments. The cessation was perceived as sudden and with insufficient information. Participants felt angry,

"Well, I was sort of angry about the whole thing but…I could see that it could have been positive…but, it just didn't turn out that way…"

but one felt relief,

"I was becoming so disenchanted with the diamorphine by this point that…it became…I don't know how best to describe it…it was a relief more than anything else, I suppose."

It was seen as causing deaths, relationship breakdown and changes in drug use,

"So, you know, after the diamorphine I stopped using street heroin, 'cos like, to me, it's like having champagne and then having street meth."

Two of the deceased clients died of opiate overdose. They were the only two which had undergone detoxification rather than stabilisation on methadone. The deceased clients were prescribed lower doses of diamorphine, were taking it orally and had their prescriptions stopped earlier.

CONCLUSION

Clinicians planning to have diamorphine prescribing as part of their service need to outline clearly, from the start, the duration of treatment. Should the need to stop the treatment arise, attention needs to be given to the process of ensuring clients have adequate time, information and involvement. Some clients feel they benefit from prescribed diamorphine but are not keen on the restrictions it may involve. This may have implications for those considering a service with designated injecting centres.

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