

# Patients receiving long term heroin prescribing

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# History

UK has unique history of prescribing heroin for heroin addiction



It has changed from being the most common form of treatment for addiction in the UK to one that is rarely prescribed

# Brief history

- 1920 – Restricted to medical use (Dangerous Drugs Act)
- 1926 – Approval for use in drug treatment (Rolleston Report)
- 1967 – Restricted to licensed doctors (Dangerous Drugs Act)
- 1968 - New drug clinics established
- 1975 – Move away from heroin towards oral methadone
- 2002 – Government recognises potential of heroin treatment (Drugs Strategy )
- 2003 – NTA Guidance on patient eligibility for injectable treatment

# Patients receiving heroin in 2000

- Who prescribed heroin to them?
- What was the clinical rationale for prescribing heroin to these patients ?
- What type of heroin / treatment did they receive?

# Methods

drug

- National UK survey of doctors holding licences to prescribe heroin conducted in 2000
- Retrospective casenote analysis of patients receiving heroin in 2000
  - From participating clinics identified through survey
  - Conducted retrospectively between April – September 2002

Who were the doctors prescribing  
heroin?

# Doctors prescribing in 2000: Survey sample

- **Survey sample: (n=111/164 Home Office registered licensed doctors;68%)**  
*(32 moved away from address and 21 failed to response)*
- **70 x doctors licensed to prescribe heroin in 2000**

# Doctors prescribing heroin

	Doctors prescribing heroin	
	N	
<b>England</b>	<b>43</b>	
Northern and Yorkshire	5	
Trent	6	consultant
Eastern	1	psychiatrists in
London	9	addiction,
South East	9	consultant
South West	4	general
West Midlands	2	psychiatrists with
North West	7	an interest in
<b>Wales</b>	<b>3</b>	addiction, junior
		doctors (under
		supervision)
<b>TOTAL</b>	<b>46</b>	general
		practitioners



Who were the patients receiving  
prescribed heroin?

# Doctors prescribing heroin and patients receiving heroin

	Doctors prescribing heroin N	Patients receiving heroin N
<b>England</b>	<b>43</b>	<b>419</b>
Northern and Yorkshire	5	27
Trent	6	46
Eastern	1	5
London	9	93
South East	9	42
South West	4	56
West Midlands	2	22
North West	7	128
<b>Wales</b>	<b>3</b>	<b>29</b>
<b>TOTAL</b>	<b>46</b>	<b>448</b>

Table reproduced from Stimson, G.V. & Metrebian, N. (2003) *Prescribing heroin: What is the evidence?*. London: Joseph Rowntree Foundation Drug and Alcohol Research Programme

# Proportion of NHS opiate prescriptions in England & Wales

□ ~	Methadone		Buprenorphine	Diamorphine
1995 <i>Strang et al</i> 1996	97%		1%	1.6%
1995 <i>Strang et al</i> 1996		ampoules 9.3%		
2005 <i>Strang et al</i> 2007	83%		16%	0.3%
2005 <i>Strang et al</i> 2007		ampoules 1.85%		

# Patients receiving heroin: Casenote review sample

## **Clinic sample: (n=27/42 clinics; 64%)**

*(7 non response; 2 refused; 1 unable to participate, 4 not reviewed due to lack to time)*

*The sample of clinics includes those from all over the UK including :*

*urban and rural areas*

*Size of heroin caseload (fewer than five, between 10-20 and over 20 patients)*

## **Patient sample: (n=210/ 292 patients; 72%)**

*(24 refused; 23 not asked; 33 unknown; 1 missing any casenotes)*

# Patient profile at 2000 (n=210)

- White UK (83%)
- Male (77%)
- Median age of 44 years (range 25-66 years)
- Majority unemployed/sickness benefit (66%)
  
- Illicit drug use in 3 months prior to last attendance in 2000
  - Heroin ( 22%; 41/186)
  - Crack/cocaine (13%; 21/162) (12%; 17/139 UDS)
  - Benzodiazepines (9%; 16/178) (7%; 13/143 UDS)
- Alcohol problems in 3 months prior to last attendance (15%;28/190)

# Patient profile (previous drug treatment) at 2000

## Drug treatment

%

n

Community oral methadone maintenance

62.6

119

In-patient methadone detox

49.4

75

Community oral methadone reduction/detox

27.9

53

Injectable methadone

3.2

7

Injectable heroin

3.2

7

No previous treatment

3.7

7

Not recorded

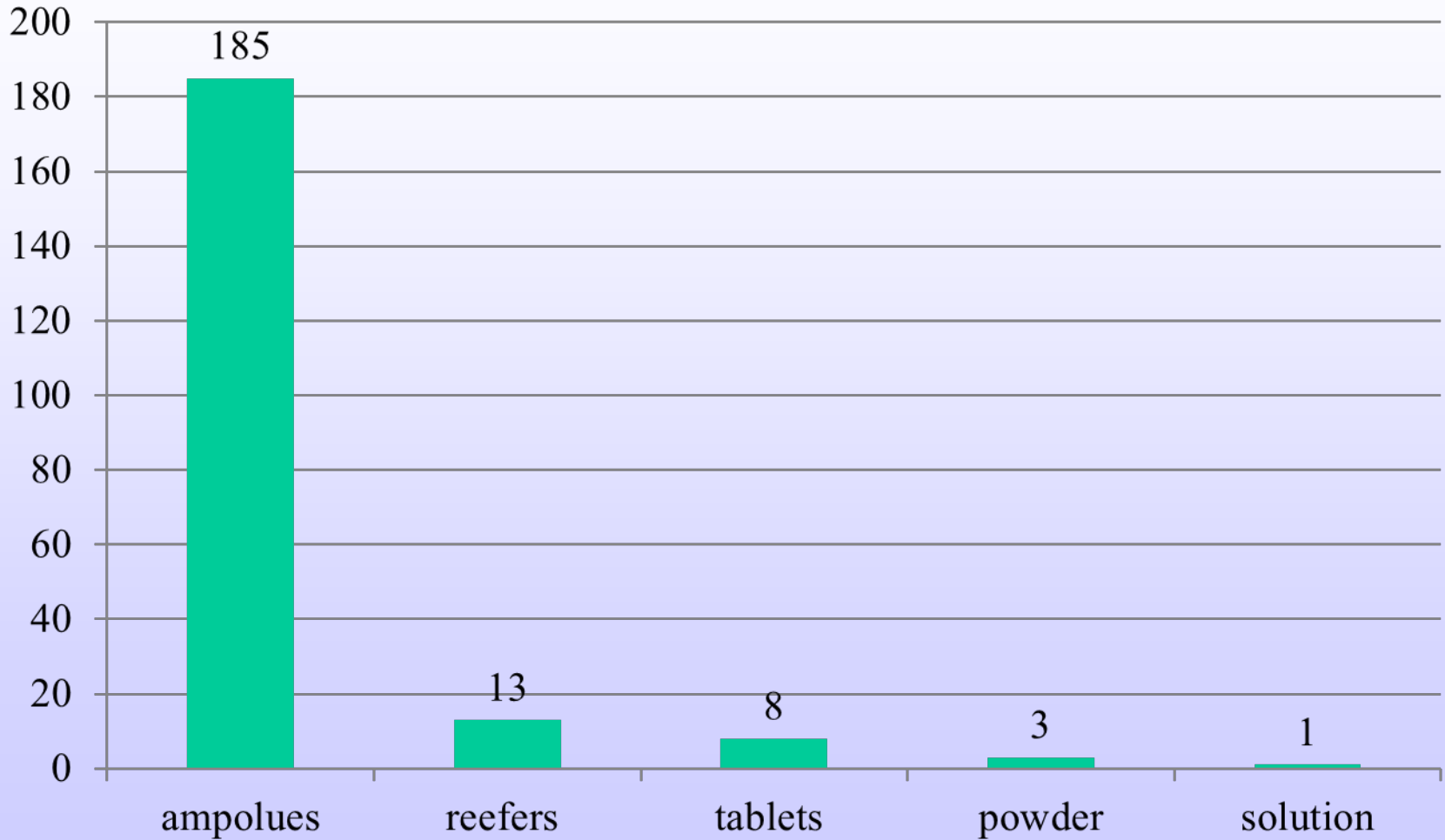
8.4

16

*Categories are not mutually exclusive*

What treatment were patients  
receiving ?

# Heroin preparation received by patients





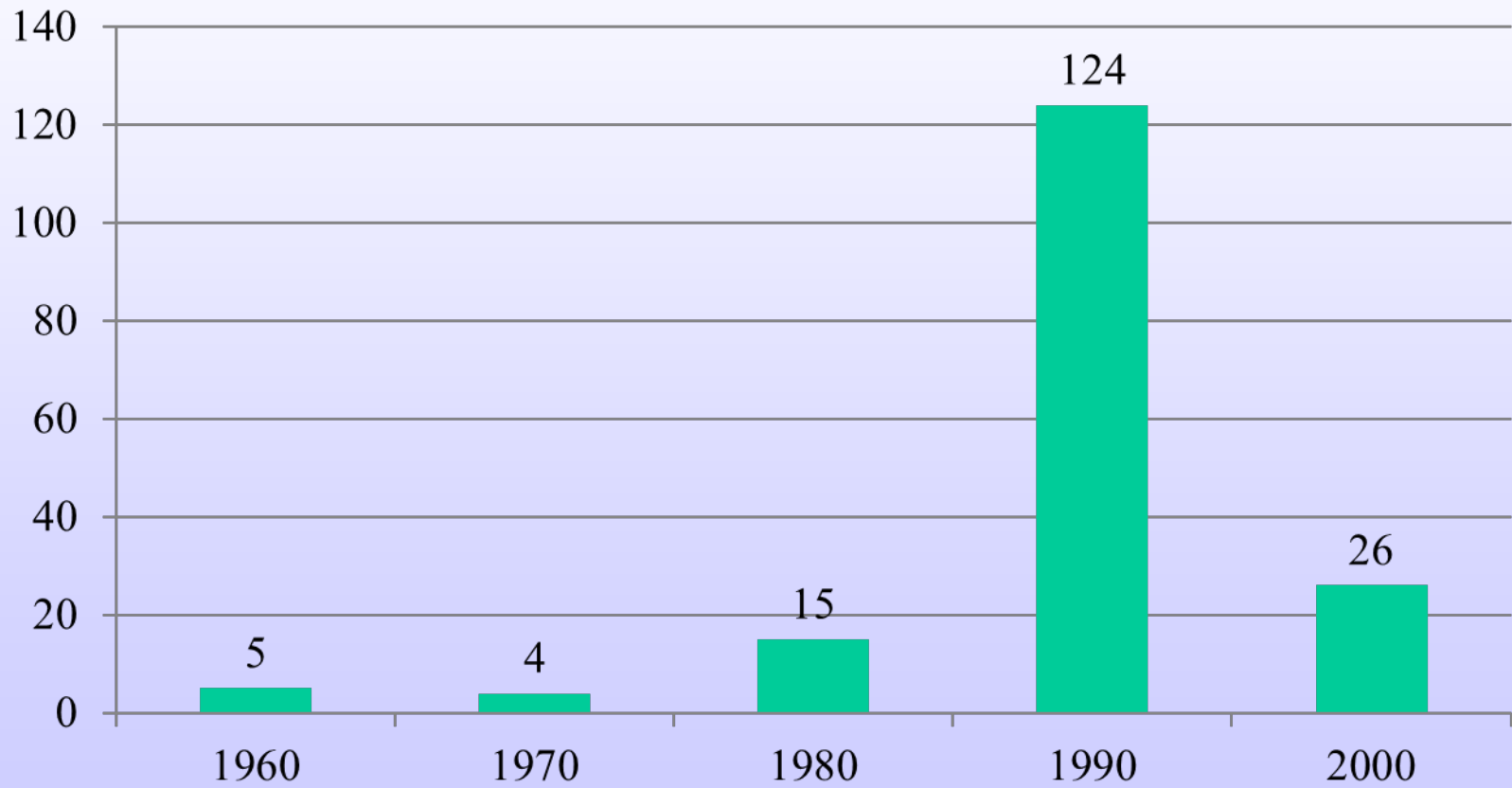
# What treatment were patients receiving in 2000 ?

- Patients' recorded median heroin dose 200mg/day (range 10 – 900 mg/day).
  - Two clinics had a ceiling dose, one of 200mg and another of 150mg.
- Majority (88.4%; 168/190) dispensed heroin from community pharmacies for take home self-administration.
- Four (2%; 4/190) had injection or consumption regularly supervised.



# Patients profile at initiation onto heroin prescription

# Year of initiation of heroin prescription (n=184)



# Patients profile and treatment at initiation of heroin prescription

- Patients initiated by 41 doctors between 1966 and 2000
- Majority initiated by six doctors (at 16 clinics)
- One doctor had initiated 34 patients
- 7 patients initiating doctor unknown

# Patient profile at time of initiation

- White UK (83%)
- Male (77%)
- Median age 34 years (range 16-52 years)
  
- Stable place to live (55%; 100/184)
- Unstable place to live (9%; 17/184)
  
- Unemployed (40%; 73/184) & employed f/t (20%;37/184)

# Patient profile at time of initiation: drug use history

- Illicit heroin (71% 130/184 (self report) & 83%; 64/87 (urinalysis ))
- Crack/cocaine (17%; 32/184 (self-report) 22%; 19/87 urinalysis))
- Thirteen patients not using any illicit drugs at time of initiation
- Majority injecting illicit drugs (60%; 110/184)
- Few smoking illicit drugs (8%;14/184)

*(Information on route of administration was not recorded for 37 patients).*

- Median length of heroin use of 10 years (range 2 – 36 years)
- Median length of injecting career of 9 years (range 2 – 28 years).

# Patient profile at time of initiation: drug treatment history

- Majority (80%) had previously received an opiate treatment a median number of three times (range 1 - 7 times).
- Over sixty per cent (63%; 120/190) had previously received oral methadone treatment.
- Seven had not received any previous treatment.
- Forty-one per cent (41%; 75/184) were receiving an opioid prescription at the time of initiation (commonly for oral methadone, injectable methadone, diconal and dihydrocodeine)
- In some cases patients had been transferred to injectable heroin from injectable methadone to reduce injection related problems.

# Patient profile at time of initiation: health

- General health problem (40%; 73/184)
  - No problems (22%; 40/184)
  - No information available (39%; 71).
- Injecting related health problem (34%;62/184)
  - No problems were recorded (18%; 38 /184)
  - No information available (45%; 85/184).
- Psychological problem (42%;78/184)
- No information was recorded for 66 patients (36%).



# Doctors reasons for initiating heroin prescriptions (n=147)

Reason	Patients (n,%)	
Failed previous/current treatment	61	41
Using illicit drugs onto of prescription	61	41
Long history/chronic user	47	32
Asking for diamorphine	43	31
Reduce crime/prostitution	27	18
Stabilise heroin use	22	15
Transfer from injectable methadone	19	13
Injection-related venous damage	13	9
Preliminary to withdrawal/detoxification	12	8
Partner on diamorphine prescription	11	7
Intolerance of methadone	10	7
Improve general health	9	6
Refuses oral methadone	9	6
Alcohol problems	7	5

# Conclusions

- Prescribing heroin rare
- While many patients met NTA Patient Eligibility Criteria others did not. And varied reasons for initiating a heroin prescription
- Significant minority prescribed non-injectable forms of heroin reflecting the diversity and clinical freedom of doctors at the time
- Wide variations in the daily doses of heroin prescribed (10 mg to 900mg) similar to those reported being prescribed in early days of clinics
- The low doses prescribed may reflect doctors' anxiety about over-prescribing and diversion with no supervised injection/consumption.
- Prescribing heroin a long term commitment