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Research Report

Pathways into Receiving a Prescription for Diamorphine (Heroin) for the Treatment of Opiate Dependence in the United Kingdom

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Key Words

Diamorphine prescription · Opiate dependence

Abstract

In the UK, few doctors prescribe diamorphine for the treatment of opiate dependence to a small number of patients. A retrospective case note review of patients receiving diamorphine in 2000 was conducted in the UK to determine how and why these patients came to receive a prescription for diamorphine. Patient eligibility criteria were examined together with doctors' stated reasons for initiating a diamorphine (heroin) prescription. Two hundred and ten sets of patients' case notes were reviewed at 27 of the 42 (64%) drug clinics in England and Wales where diamorphine was prescribed by the doctor. There appeared to be a general consensus among the few doctors who had prescribed diamorphine that it was a treatment of last resort, for those with long histories of heroin use and injecting, and those who had not responded sufficiently well to previous other treatments. However, there was also a small number of patients initiated on diamorphine without ever having previously received opiate treatments and some because they were experiencing problems injecting methadone. This reflects the UK history of the individual doctor's clinical autonomy in deciding when diamorphine is appropriate and the previous lack of nationally agreed patient eligibility criteria.

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Introduction

Since 1968 in the UK, only doctors, usually consultant psychiatrists, licensed by the Home Office may prescribe diamorphine for the treatment of opiate dependence. UK guidelines on the clinical management of drug misuse [1–3] advised doctors not to undertake long-term prescription of opioids unless in consultation with a specialist doctor at a drug treatment clinic and to prescribe oral rather than injectable preparations of methadone. Diamorphine treatment is relatively rare in the UK. In 2000, few (46) doctors prescribed diamorphine, and under 450 patients were receiving it [4]. Additionally, there was a very uneven geographic distribution of doctors prescribing diamorphine [5].

There has been very little research evidence on which to base this clinical practice and, until recently, there was no consensus on clinical eligibility, rationale for prescriptions, dose or dispensing requirements. In 2003, a national guidance on patient eligibility [6] was published as a result of a renewed interest in expanding this treatment option [7]. There is little information on the basis on which a prescription for diamorphine was initiated [8]. A review of the case notes of patients receiving diamorphine in 2000 was conducted to examine how and why patients came to receive a prescription for diamorphine as part of routine clinical practice in the UK, before a new policy and guidance on prescribing diamorphine was introduced, and about which very little is known.

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