

Re-writing the script on heroin

Around 15,000 heroin users are failing to respond to methadone treatment, while only 300 are being maintained on diamorphine. **Max Daly** gains exclusive access to a trial which could revolutionise the provision of heroin on the NHS.

It's the last place you'd expect to see people injecting heroin. The room has the sterile whiff of a hospital. One half is taken up by a row of four cubicles, each with its own chair, desk, mirror, bin-liner and disinfectant dispenser.

But here, at a drug service in south London, which cannot be named for security reasons, nurses have been handing diamorphine-filled syringes placed on cardboard platters to some of Britain's most entrenched heroin users twice a day for the last 18 months. If positive, the results could spark the biggest shake up in heroin treatment since the start of methadone prescribing in 1970s. Alongside two other government-funded clinics in Darlington (set up in August last year) and Brighton (to open in the summer), London is hosting the first supervised prescription heroin injecting trial in the UK.

Clinics were set in motion by the government's Home Affairs Select Committee report in 2002, which called for pilot supervised injecting heroin clinics, similar to schemes in Switzerland and the Netherlands which have proved adept at treating long term users. The Select Committee reflected a concern that a hardcore of about 15 per cent of people on methadone maintenance treatment were failing to respond, in other words, continuing to use the same or more street heroin on top of their scripts. A year later the NTA set up guidance on the prescription of injectable opiates which stipulated it should be an option of last resort utilised only for those who had failed extensive oral methadone treatment. The £500,000 trial, funded by the Big Lottery and managed by Action on Addiction will evaluate heroin treatment within the new clinics.

Although the results of the trial are not due for another year, Druglink was given an exclusive insight into the clinical impression gained by doctors co-ordinating the trial gauging the impact of NHS scripted and supervised heroin injecting on entrenched street heroin drug users.

DRAMATIC

"The effect has been dramatic in many users, people are responding very well," says Dr Deborah Zador, a consultant physician in addiction who is running the trial at the London site. "Their physical health has improved, the majority report less criminality and there is high reduction in street heroin use, it's very positive." Those taking part in the trial are drug tested once a week. Unlike most other testing methods, this test can detect the difference between pharmaceutically prepared heroin and street heroin. It represents the first UK trial with an independent validator of self-reported heroin use. Results of the tests are only seen by researchers running the trial to ensure the results do not influence the service provided.

"People are gaining weight, are socially more engaging and have achieved increased stability and structure in their lives over the six months," adds Dr Zador. "We have seen a big reduction in injection-related infections, therefore we have been able to work on other problems in their life such as housing and employment." She said patients receiving injectable methadone have also made considerable improvements but some had complained of minor side-effects.



One recruit, who has been in treatment for 23 years, told staff the intervention had "saved his life". "He stopped all street heroin within the first month of the trial," says Dr Zador. "He said for first time in many years he was able to have meaningful conversations with his ex-wife, his son had wanted to see him, he had made a home-cooked meal and most surprising, he has booked an appointment at the dentist."

So far a third of the 150 needed have entered the trial. Recruits have to have used street heroin regularly despite being on oral methadone treatment for at least six months at the clinics. They must be over 18 and have used heroin for several years and have no serious physical or mental illnesses.

Most of the people on the trial are in their late 30s and early 40s, have been using heroin for an average of 15 years and have been through an average of 10 years treatment. Many are unemployed and without a stable home, while one or two have full time jobs and a small number are rough sleepers.

THE CLINIC

The average dose given out to injectable heroin recruits is 400mg a day, twice the average prescribed by doctors at present. The diamorphine is bought from Switzerland – a far cheaper supplier than the UK – dispensed into individual's doses and then drawn up in a syringe. Clients can inject using intravenous, intramuscular or under the skin methods. In the clinic's room, there is a curtain on one booth to provide privacy where necessary. People are allowed a maximum of three attempts to find a vein, if they can't find they have to go intramuscular, under the skin or are given oral methadone to take home.

Although patients have formed a good rapport and strong therapeutic relationships with staff, the accent is on the clinical. Signs on booths read 'Have you washed your hands?' and 'Have you cleaned your injecting site?'. So where do they go after injecting? "The atmosphere of the clinic is sterile, clinical, brightly lit so they usually want to leave," says Dr Nicola Metrebian, a senior researcher at the National Addiction Centre and manager of the trial. Metrebian is aware that the tactic of heroin prescribing has been

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misrepresented as handing out 'free heroin to druggies' by some politicians and newspapers. "This is not decriminalising heroin, this is medical treatment."

Staff check for signs of intoxication or sedation before and after heroin is taken in order to prevent overdoses. The trial has seen one non fatal overdose which occurred after a patient missed a day's heroin and replaced it with a large amount of benzos. He was immediately stabilised with naloxone. Staff are convinced had he not been inside the clinic the overdose would have been a fatal one.

As part of what could soon be the 'old system' 400 people, a tiny proportion of the estimated 80,000 on substitute opiate scripts in the UK, receive 'take away' prescription heroin from a small pool of 46 Home Office-licensed doctors, who actually prescribe heroin. A further 3,000 receive injectable methadone. But the heroin prescription system has had no eligibility criteria, there is little evidence of its effectiveness and no control over whether the heroin is illegally sold on.

By the end of the trial in 2008, researchers hope to have come to a conclusion over whether supervised heroin prescribing is a safe, effective and cost-effective option in treating problem heroin users who have failed to respond to methadone or other heroin substitute scripts.

WILD CARD

The one question mark over the trial is the influence crack cocaine, now being taken by most heroin users, exerts over a person's progress through treatment for opiate addiction. Is crack a spoke in the wheels of the trial?

"Those with significant crack problems might have been deterred from joining the trial," says Dr Zador. "They might have found it difficult to come twice a day, but we would certainly not exclude crack users and there are a number on the trial."

"Those who come in after recent crack use have trouble injecting heroin so sometimes we give them an oral methadone dose. Some have reduced their street heroin use but still have a crack problem, and we deal with that like any other treatment centre. If they are speedballing, the fact they are reducing their use of street heroin means they often then reduce their use of crack. It will be interesting to see what impact injecting heroin has on crack use – so far it is too early to tell."

After recruits have finished the six months trial they can continue receiving the same treatment at the clinic. Of the 25 who have completed the study the majority have stayed on. Despite the positive mid-term impressions of this ground-breaking trial, the future funding for the clinics which are hosting it remains uncertain, as does the government's reaction to a trial which looks set to add to the evidence in support of a significantly expanded system of prescription heroin for drug users. ●

