

UK Diamorphine shortage: an unfolding tragedy

Since the Department of Health announced a critical shortage of injectable heroin in December 2004, hundreds of patients have been left waiting, in agonising circumstances. Sally Cook, Rupert White, Alison Owen and Adrian Flynn spell out what it means for clients in their area, and express their overwhelming frustration at being stuck in a crisis without any sign of a resolution.

Since the factory of the main UK manufacturer shut down production of injectable diamorphine at Christmas, any remaining supplies have largely been reserved for the hospitals. As a consequence there has been an unprecedented shortage in the community, which has impacted most on heroin users receiving injectable diamorphine as a treatment for their heroin dependency.

According to the NTA (2003) there are 450 such individuals across the country. Because injectable diamorphine as a treatment is reserved for those who have not responded to other interventions, although 450 is a relatively small number, it includes the most disadvantaged and psychologically damaged drug users in the country, and therefore, arguably, some of the most vulnerable individuals in the UK. In addition, heroin use by any one of these individuals has the potential to affect many others.

In Cornwall there were 51 individuals receiving diamorphine by injection. As described in a letter to the journal *Addiction* (forthcoming), nearly all (43) were converted to methadone within a few days of the supplies running out. A brief survey of these clients carried out two months later demonstrated that side effects and withdrawal problems during the conversion, which persisted despite dose adjustments, were apparent in 41. More importantly it revealed, perhaps not surprisingly, that 35 of the 41 had relapsed or increased their heroin use substantially.

Converting the majority of these clients to diamorphine tablets improved the situation somewhat, but because of a lack of guidance and support from the centre, and a lack of transparency from the manufacturers themselves, it was, and continues to be, extremely difficult to plan safe and effective treatment. In particular there has been no indication of when, or even if, supplies will return to normal, and the small supplies that are being made available are insufficient to provide the stability that is the key to good prescribing to substance misusers.


The whole episode has been like watching a tragedy unfold, a tragedy that was almost certainly preventable, and yet we have felt powerless to do anything. In Cornwall we have written to magazines and journals, lobbied the NTA and recently held a service-user meeting, which was the best attended meeting of its kind that we have ever had. In fact there were not enough chairs in the building to seat

all those who attended. The atmosphere in the room was one of high emotion, and the meeting was nearly an hour and a half long. After the meeting a petition was signed by clinicians, relatives and patients of the drug-team in Cornwall, which has been sent to the local MPs. Service-users also shared anecdotes and stories, and agreed for them to be included in this article.

One woman who had been living independently and working part-time having been stable on diamorphine for a number of years, told us she had relapsed quickly into heroin use when the supplies dried up, and contracted botulism. She subsequently lost her job and her accommodation. A couple in their thirties with one child had been stable for around five years and having not bought heroin during this time, had managed to save £2,500. When they both relapsed they lost all their savings, and are now nearly £10,000 in debt. A single mother at the meeting told us that despite having considerable psychiatric problems requiring admissions to hospital she had been heroin free for two years, but that since the diamorphine shortage she has had her child taken into care, and spent all her savings. Another explained that having been free of street-drugs for two years, she had lost her job and been dismissed from her college course. A man having been stable for four years explained that he had relapsed, and had not only lost his part-time work and college course, but that he'd been banned from having contact with his son, and had more than one admission to hospital from infections resulting from groin injecting.

The impact that the diamorphine crisis has had cannot be over-estimated. There is no doubt in our view that whilst, in Cornwall, there are may be two or three clients who have apparently coped with the shortage, the remainder have not. Discussions with colleagues outside of Cornwall also suggest that the problems are not just local in nature. Despite this, and despite our efforts, we are still no closer to knowing when, or even if, the supplies will return.

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