

(DRU0069)

Evidence submitted anonymously (DRU0069)

[Note: this evidence has been redacted by the Committee. Text in square brackets has been inserted where text has been redacted.]

Diamorphine Assisted Treatment

Submission Author

1. I am [name] a registered mental health nurse prescriber and integrative psychotherapist who specialises in support people who use drugs.
2. I am submitting this evidence as the clinical lead for Diamorphine assisted treatment programme in [place] which is the only area that diamorphine assisted treatment is available in England and Wales.
3. I am submitting this evidence to raise awareness of the intervention, the significant challenges it faces in continuing and widening access across England based on my experience of providing the intervention since 2019.

Introduction

4. Diamorphine assisted treatment (DAT), also referred to as heroin assisted treatment (HAT) or injectable opioid treatment (IOT) is a cost effective evidenced based intervention that is shown to be an effective second line treatment to first line opiate substitute medications such as methadone for individuals experiencing problematic heroin use.
5. Evidence has been gathered both national and internationally – A compendium of evidence can be accessed here: [link]
6. Approximately 5% to 10% of individuals will fail to benefit from methadone which has significant consequences for the individual, the community and the wider health and criminal justice systems. The individual due to continuing substance use is at risk of significant health and consequences including death, the community is impacted by the ongoing anti-social behaviours associated with problematic drug use and the wider health and criminal justice system is impacted by the reactive manner this group access health care (emergency) and by overheating the local police, probation and prison systems, often identified as high crime causers. Often the chosen individuals for DAT interventions have decades of historic problematic drug use that has not responded to treatment.

The treatment

7. Diamorphine assisted treatment requires the chosen participants to attend specialist service twice daily to self-administer diamorphine under the supervision of clinical staff.
8. The intervention is provided 7 days a week, 365 days a year enabling.

Current provision

9. Currently Diamorphine assisted treatment is only available in 1 clinical setting in England in [place] . The intervention has been available since October 2019 and currently has 10 patients receiving the treatment.

10. An independent evaluation of the intervention via Teesside university found significant improvement in many of the participants in several key areas:

Improvements in physical and mental health

Improvements in quality of life

Improvements in social circumstance

Improvements in engagement with substance use, health interventions

Termination or reduction in the use of street heroin

Cession (or reduction) of criminal behaviour and severity of crime.

11. [links]

Why is DAT not available more widely?

12. It's frustrating that an intervention know to be effective, known to be cost effective remains unavailable in England but to a very small handful of people for who the access to treatment remains fragile.

13. There is appetite in many areas to include DAT as a treatment intervention, but significant barriers remain in place.

14. One such barrier refers to the use of diamorphine ampoules (amps) v diamorphine vials.

Diamorphine ampoules

15. DAT guidance produced March 2021 suggests the preferred preparation of diamorphine is single use amps. Single use amps are commonplace for most medications to be prepared for injection in the UK. Single use amps are seen as preferable to reduce the risk of potential contaminated medications effecting multiple patients.

16. The utilisation of diamorphine amps creates 2 significant issues for DAT to be more widely available.

17. The first and most significant is the lack of availability of amps in the UK. The supply chain for Diamorphine amps is extremely fragile, currently (March 2022) there are no diamorphine amps available for use in England (at the required strengths and volumes of use).

18. Secondly the cost of diamorphine amps is significantly higher than Diamorphine vials. The cost and supply disruption makes the single use amp effectively redundant for use.

Diamorphine Vials

19. Established DAT services in Europe utilise Diamorphine in vial form. The vial is utilised as a multidose preparation specifically designed for use in substance use clinics for the delivery of DAT.

20. Diamorphine vials are prepared for use in clean conditions using aseptic technique in DAT clinics across Europe.

21. Supply chains of Vials are not fragile and have apparent longevity. Diamorphine vials are significantly cheaper than single use amps.

22. DAT guidance advises in the UK any multi dose vial must be prepared in full aseptic conditions, based on interpretation of the Medicines Act. Historically multi-dose vials of medications in the UK have been prepared in such conditions. During the COVID pandemic multi dose vials were prepared and used in multiple nonclinical settings (non-aseptic conditions) from vaccine buses, church halls or shopping centres as part of the vaccine roll out changing the landscape of use of multi dose vials, their preparation and which professional can prepare them.

23. There are no known recorded incidents of either Diamorphine vials or COVID vaccines leading to cross contamination and patient infection in either the UK or internationally.

24. During the COVID pandemic multi dose vials have been seen as suitable to deliver medication to every member of our community, including the extremely clinically vulnerable, elderly and children. It begs the question of why the same dispensations to allow the use of multi dose vials in another extremely vulnerable group (heroin users at risk of death) at a time when the UK leads the table for drug related deaths across Europe can not be undertaken.

25. Supporting the use of Diamorphine vials for use within specialist clinics is a critical issue in introducing and widening access to diamorphine assisted treatment.

Funding

26. Despite multiple examples of evidence affirming the cost effectiveness of DAT as a treatment intervention, the perceived high-cost v traditional treatment methods (which have been demonstrated to be ineffective for this patient group), such as methadone remains a barrier.

27. Targeting Diamorphine treatment at those known to be at the most risk of harm and as causing the most harm to their community and support systems yields system wide savings in health, social care and criminal justice. The Middlesbrough DAT service treating a small number of patients has demonstrated some of the potential savings (though it's important to note this research was not a formal study on the cost effectiveness of DAT).

(DRU0069)

28. The perception is that because the number of people who can be treated is relatively low that funding that impacts a wider population maybe best use of funding. This argument fails to acknowledge that despite the cost the intervention remains cost effective. The significant impact stabilising this group that have failed to benefit from previous first line interventions has profound system wide community effect. Not treating this group with diamorphine is extremely costly both financially and through the well documented damage to community cohesion problematic drug use causes.

29. Its been suggested that DAT funding should be accessed from multiple sources due to the wide impact of DAT on multiple systems, this is counter to funding arrangements for other treatment interventions (e.g. methadone) which are known to have similar benefits to systems when effective for an individual. Why is system wide funding required for 1 evidenced based intervention (DAT) that is not expected to be gathered for another evidence based treatment intervention (methadone etc).

Conclusion

30. DAT is a cost effective evidenced based intervention demonstrated to be making a difference to those who can access the intervention and to the community's they live in.

31. DAT requires appropriate funding to allow growth and development, the high cost, low participant perception needs challenge and recognition of its cost effectiveness championed.

32. DAT as a treatment option could be more readily available across England by supporting the use of Diamorphine vials.

33. Without the above DAT is unlikely to be sustained at the 1 current service in England, access will not widen beyond Middlesbrough and will remain a treatment non-option.

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