

***'It's like a shining light':***  
**Prioritising patient perspectives on England's first  
Heroin Assisted Treatment (HAT) programme**

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# **Heroin Assisted Treatment Intervention (HATI): A qualitative exploration**

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## **3 part study:**

- **Exploring staff and stakeholder perspectives (Poulter et al, 2022, under review)**
- **Exploring service user perspectives**
- **Pilot examination of pre and post-treatment health needs**

# Heroin Assisted Treatment Intervention (HATI): A qualitative exploration

## Background – Opioid dependency, drug related deaths (DRDs) and standard treatments

- Britain has the highest reported opiate using population in Europe (Department of Health, 2021)
- Drug related deaths (DRDs) in England and Wales are at a record high (ONS, 2021)
- Opioids implicated in over half of DRDs (ONS, 2021)
- Standard treatment options repeatedly unsuccessful for approximately 5% of long-term opioid dependent individuals (Strang et al, 2015)

# Heroin Assisted Treatment Intervention (HATI): A qualitative exploration

## Background – Heroin Assisted Treatment (HAT)

- HAT – involves treatment with prescribed medical grade heroin (diamorphine)
- International evidence from Switzerland, Canada, Germany, Holland, Denmark, and Luxembourg (Haasen et al., 2007; March et al., 2006; Oviedo-Joekes et al., 2009; Perneger et al., 1998; van den Brink et al., 2003)
- UK evidence base - Randomised Injecting Opiate Treatment Trial (RIOTT) (Strang et al., 2010)
- HAT as effective in reducing illicit heroin use, criminal behaviour and DRDs, and improving service users' physical and mental wellbeing (Strang et al 2015)

# Heroin Assisted Treatment Intervention (HATI): A qualitative exploration

## Background – Heroin Assisted Treatment (HAT) – Middlesbrough

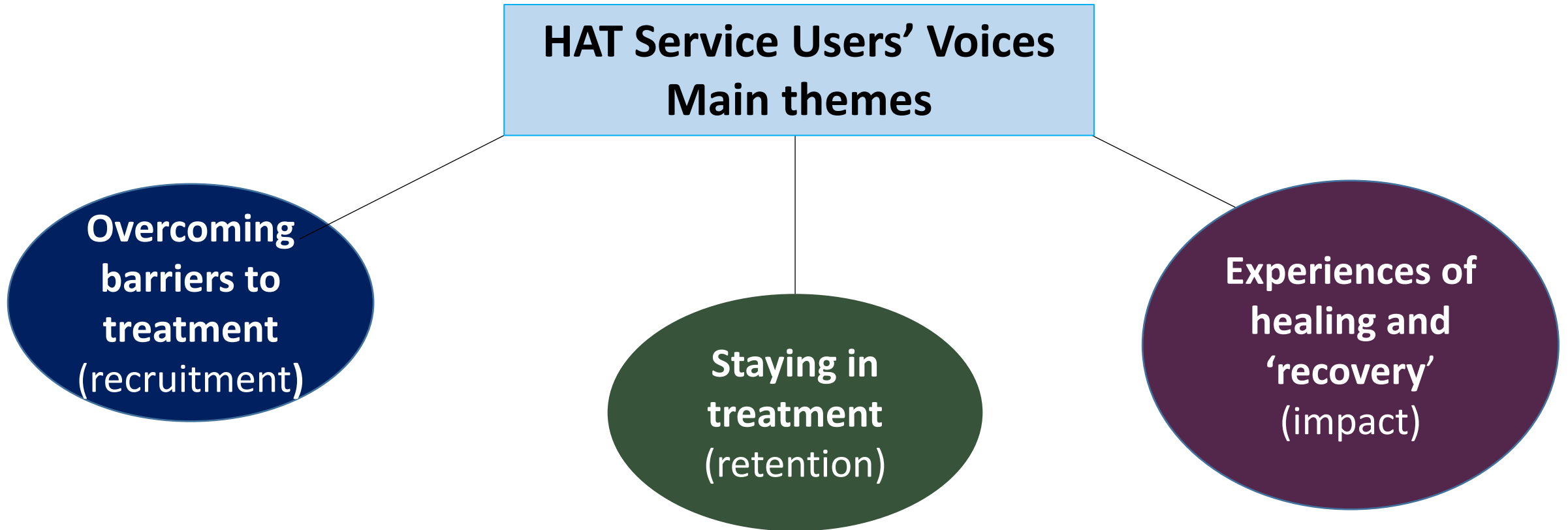
- HAT Middlesbrough began operation in 2019 – capacity 15 patients
- Daily supervised injection of diamorphine within existing drug treatment service (usually twice daily)
- Small initial evaluation evidenced reduced crime, improved health and increased wellbeing (Poulter et al, 2022)
- No qualitative evidence (very little qualitative research internationally)

**Aim: Explore barriers and facilitators to HAT recruitment and retention, treatment experiences and impacts from staff and service users' perspectives**

# Heroin Assisted Treatment Intervention (HATI): Service user perspectives

## Method

- Semi-structured interviews, face to face, on-sight within clinic
- 12 participants – (9m, 3f) 10 active HAT patients, 1 who had completed treatment, 1 who had withdrawn
- Length of treatment ranged from two weeks to two years
- Thematic analysis (Braun & Clark, 2012)



## Overcoming barriers to treatment

### **Lack of awareness and concerns about treatment longevity**

*There's some people that don't even know about the programme... With there only been like a couple of people on it, it's not really out there. - Brian*

*How long am I going to be funded for? What happens if the funding goes and then I'm left back on the streets? Am probably going to end up back in jail.....my future basically is in the hands of HAT. – Frankie*

### **Eligibility criteria and lack of confidence in treatment**

*So it became a bit of a problem to try and get me enrolled, because I hadn't filled the criteria properly because of not taking my methadone on time. – Bobby*

*They offered me this, and I turned it down.....Because I thought it was going to be like a methadone programme, you get on it and you'll be on it for years and years and years, you can't get off it. – Billie*

**Mitigated by staff persistence and encouragement and peer communication**



# Overcoming barriers to treatment

## Service user motivation

*I was so desperate to get on this course because I wanted to stop, I wanted to get off the merry-go-round.....I want to rebuild the relationships, and enjoy the rest of my life – Bobby*

*This stuff wants me dead, do you know what I mean? It really does. It won't stop until I'm dead. – Ryan*

**Motivated by a strong desire for change, repeated treatment attempts, concerns around physical health and mortality**

# Staying in treatment

## Twice-daily commitment and travel

*I think the most annoying part of it is having to come twice a day .....I have to get....four buses to get here and home and then four buses to get here and home again. So eight buses a day – John*

## De-stigmatisation, medicalisation and supportive staff relationships

*They're really nice in there. They let you get on with it.....they do watch over you but they don't crowd you or they don't stand over you a lot or anything. - Terry*

*They was constantly in touch .....make sure I was always getting to the appointments all the time and stuff..... They helped me want it. They showed me that I did want it by being the way they were being. – Ryan*

# Staying in treatment

## Contact with other people who use drugs and poly-drug use

*Because I'm on HAT, the downfall was...I'm bumping into people and going with them.....- Bobby*

*Things were getting that bad for me, like I didn't feel like I had anybody anymore, so it was just like I needed to get as much off my head as I could, because I ..... I just did not feel that I deserved to be here no more. – Ryan*

**Overcome through commitment to treatment, experiencing visible improvements, family support, staff support and wrap-around services**

## Experiences of healing and ‘recovery’

### **Criminal activity, drug consumption and physical health**

*There were about four of us that were prolific shoplifters, offenders in here, and all four of us have stopped.... I haven't been to jail since I've been on this. - Brian*

*I had abscesses all over. I'm getting my leg sorted now, so I'm getting proper medical treatment. I didn't even have time to get medical treatment..... So I've got that sorted now. - Jessie*

### **Social engagement and relationships**

*What I found is I had more time to spend with my family and build those relationships back up..... I just don't want to let my kids down anymore. – Bobby*

*I'm with me family now. That's the best thing about this programme, I'm with me family now - Brian*

## Experiences of healing and ‘recovery’

### Emotional and psychological wellbeing

*Yes, feel as though it's been a big change in myself. You're disciplined, self-discipline. I just feel a lot better. I'm not on a see-saw.... achievement you're proud of it, you're proud of what you're doing and that's why I enjoy it. I enjoy paying my bills and that, being in control. – Brian*

*I feel like I found myself again. Coming here gives me a chance to turn over a new leaf. I'm starting to pick the pieces up and put it back together. – Ian*

# Heroin Assisted Treatment Intervention (HATI): Service user perspectives

## Conclusion

- Data supports existing evidence base on benefits of HAT
- Service users' motivation for change coupled with staff support facilitated engagement and retention
- Healing and 'recovery' across a spectrum of physical, behavioural and psychosocial outcomes

## References

Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association.

Department of Health (2021) United Kingdom drug situation 2019. Retrieved from <https://www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report/uk-drug-situation-2019-summary>

Haasen, C., Verthein, U., Degkwitz, P., Berger, J., Krausz, M., & Naber, D. (2007). Heroin-assisted treatment for opioid dependence. *The British Journal of Psychiatry*, 191, 55-62. <https://doi.org/10.1192/bjp.bp.106.026112>

March, J. C., Oviedo-Joekes, E., Perea-Milla, E., & Carrasco, F. (2006). Controlled trial of prescribed heroin in the treatment of opioid addiction. *Journal of Substance Abuse Treatment*, 31(2), 203-211. <https://doi.org/10.1016/j.jsat.2006.04.007>

ONS. (2021). *Deaths related to drug poisoning in England and Wales: 2020 registrations*.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

Oviedo-Joekes, E., Brissette, S., Marsh, D. C., Lauzon, P., Guh, D., Anis, A., & Schechter, M. T. (2009). Diacetylmorphine versus methadone for the treatment of opioid addiction. *The New England Journal of Medicine*, 361(8), 777-786. <https://doi.org/10.1056/NEJMoa0810635>

Perneger, T. V., Giner, F., del Rio, M., & Mino, A. (1998). Randomised trial of heroin maintenance programme for addicts who fail in conventional drug treatments. *Bmj*, 317(7150), 13-18. <https://doi.org/10.1136/bmj.317.7150.13>

Poulter, H., Moore, H., Crow, R., Ahmed, D., & Walker, T. (2022). Diamorphine assisted treatment in Middlesbrough: a UK drug treatment case study. *Journal of Substance Use*, 1-7. <https://doi.org/10.1080/14659891.2022.2120433>

Strang, J., Groshkova, T., Uchtenhagen, A., van den Brink, W., Haasen, C., Schechter, M. T., Lintzeris, N., Bell, J., Pirona, A., Oviedo-Joekes, E., Simon, R., & Metrebian, N. (2015). Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction [Article]. *British Journal of Psychiatry*, 207(1), 5-14. <https://doi.org/10.1192/bjp.bp.114.149195>

Strang, J., Metrebian, N., Lintzeris, N., Potts, L., Carnwath, T., Mayet, S., Williams, H., Zador, D., Evers, R., Groshkova, T., Charles, V., Martin, A., & Forzisi, L. (2010). Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial. *Lancet (London, England)*, 375(9729), 1885-1895. [https://doi.org/10.1016/S0140-6736\(10\)60349-2](https://doi.org/10.1016/S0140-6736(10)60349-2)

van den Brink, W., Hendriks, V. M., Blanken, P., Koeter, M. W. J., van Zwieten, B. J., & van Ree, J. M. (2003). Medical prescription of heroin to treatment resistant heroin addicts: Two randomised controlled trials. *BMJ: British Medical Journal*, 327(7410), 305-310. <https://doi.org/10.1136/bmj.327.7410.310>

I feel like a new page in my life has opened up, I can write a new story. I'm with me family now. That's the best thing about this programme, I'm with me family now. - Brian

I think if they didn't get me on to this I wouldn't be here now. - Billie

*I believe that the diamorphine saved me from whatever that heroin was going to do...I could have lost limbs. I could have died - Ryan*

DAT has worked wonders for me. - Frankie

*DAT just gives you a bit of an uplift, and then that makes you want to get up and start. A reason just to fight again. - Terry*

This programme's come, and it's like a shining light. It really is. - Ian

*I felt successful, I felt like things were changing and I had a chance. - Bobby*



