Misuse of dihydrocodeine tartrate (DF 118) among opiate addicts

Harith Swadi, Brian Wells, Robert Power

Medway Health Authority, Chatham, Kent ME4 6DL
Harith Swadi, MRCPsych,
consultant child and adolescent psychiatrist

Riverside Health Authority, London SW1
Brian Wells, MRCPsych,
consultant psychiatrist

Department of Psychiatry, Charing Cross and Westminster Medical School, London W6
Robert Power, PhD, senior research fellow

Correspondence to:
Dr Swadi.

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Evidence of the misuse of dihydrocodeine preparations remains largely anecdotal,^{1,2} consisting of case reports of dependence mainly among users of the proprietary form of dihydrocodeine tartrate DF 118. Recent estimates of the extent of dihydrocodeine misuse in the general population and among drug users are lacking. This paper reports the results of an investigation into the level of DF 118 misuse (excluding other dihydrocodeine preparations) among opiate addicts at a London treatment centre.

Methods and results

The clinic notes of all opiate addicts at a central London drug dependency treatment centre were inspected for the results of their first pretreatment urine test. Gas spectrometry was used to detect various substances. With this method it was possible to detect different types of opiates as well as different types of dihydrocodeine preparations. Clients were also asked about past and current use of DF 118. At the time of the study (July 1988) there were 143 active clients on the register for opiate addiction, 99 men and 44 women, with mean ages of 30 and 28 years respectively. This figure excluded four clients undergoing treatment for benzodiazepine dependence and one for cocaine dependence, but none gave a positive result for DF 118 on urine testing and only one benzodiazepine dependent client reported DF 118 misuse in the past. Among the 143 clients positive urine tests were recorded for the following substances: DF 118 31, amphetamine 21, barbiturates 79, benzodiazepines one, cocaine one, codeine 38, heroin 122, methadone 71, morphine 101, phenothiazines 11,

Age and sex distribution of opiate addicts in each category and numbers misusing DF118

Age (years)	Men		Women		Total	
	Total	DF 118 users	Total	DF 118 users	Total	DF 118 users
<21	8	1	4	1	12	2
21-25	22	7	10	3	32	10
26-30	31	6	17	5	48	11
31-35	11	5	7	2	18	7
>35	27	10	6	3	33	13
Total	99	29	44	14	143	43

and other dihydrocodeine preparations six. The table shows the age distribution of the clients and the prevalence of DF 118 misuse in both sexes in each age category. In addition to the 31 DF 118 users detected by urine testing 12 others reported that they occasionally or frequently used DF 118 as an opiate substitute. Therefore 43 (30%) of the population had ever misused DF 118. DF 118 misusers were equally distributed among men and women (29% and 32% respectively).

Comment

DF 118 is the proprietary name for dihydrocodeine tartrate BP. It is available in tablet, elixir, and injection forms and widely used as a strong analgesic. The manufacturers report that it has a "low addiction potential."³ This paper documents the potential for DF 118 misuse among non-prescription users. Our point prevalence estimate showed that 31 (22%) of all opiate addicts undergoing treatment were using DF 118 for non-medical purposes, but this may well be an underestimate given our methods. Misuse tended to occur more commonly among established older addicts of either sex. Officially the number of opiate addicts in the United Kingdom is 5000,⁴ but the general consensus is that there may be as many as 50 000. Thus between 1000 and 10 000 opiate addicts in the United Kingdom may be consuming DF 118 on any given day.

The potential for DF 118 misuse was confirmed by clients, who reported that it is widely misused and preferred to other dihydrocodeine preparations. DF 118 is not available to NHS patients but can be obtained on private prescription. It is sold on the street for up to £2 a tablet, a highly inflated price. Ampoules of DF 118 were reported by clients to be extremely scarce.

We have little doubt that dihydrocodeine is widely misused, especially in its popular DF 118 proprietary form, and many treatment centres may wish to confirm our report. It is important that prescribers, notably general practitioners and dentists, are aware of this potential. Opiate addicts seem to prefer DF 118 to other dihydrocodeine preparations, but the reasons for this remain obscure and worth exploring. It may be reasonable to suggest that private prescribers should follow NHS policy when prescribing dihydrocodeine and use its generic form.

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- 2 Wood P. Opiate dependence in west Yorkshire. In: Levy J, Budd K, eds. *Opioid use and abuse*. London: Royal Society of Medicine, 1986:37.
- 3 Association of British Pharmaceutical Industry. *ABPI compendium 1988-1989*. London: Datapharm, 1989:427.
- 4 Home Office. *Home Office statistical bulletin*. London: HMSO, 1988.

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Somatostatin analogue treatment for malignant hypercalcaemia

M Harrison, N James, K Broadley,
S R Bloom, R Armour, S Wimalawansa,
D Heath, J Waxman

Correspondence to: Dr J Waxman, Department of Clinical Oncology, Hammersmith Hospital, London W12 0HS.

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Hypercalcaemia is common in malignant disease and occurs in 5% of patients.¹ Humoral hypercalcaemia is thought to relate to the ectopic production of parathyroid hormone related peptide.² We describe the successful treatment with octreotide, a somatostatin

analogue, of a patient with a pheochromocytoma and diphosphonate resistant hypercalcaemia leading to decreased production of parathyroid hormone related peptide and normocalcaemia.

Case report

A 51 year old man presented in 1985 with weight loss, abdominal pain, a left sided abdominal mass, diabetes, hypertension, and hypercalcaemia. Computed tomography of the abdomen showed a retroperitoneal tumour. After excision of an adrenal pheochromocytoma he became normotensive and normocalcaemic.

He remained well until May 1988, when he developed locally recurrent and metastatic disease with hyper-