



c/o Royal College of Physicians
11 St Andrews Place
Regent's Park
LONDON
NW1 4LE

To:
All ambulance service CEOs
All ambulance service medical directors
All ambulance service advisory committee chairmen
All ambulance service training managers
Kathryn Stelfox, Policy advisor DH
Matthew Cooke, DH
All JRCALC members

30th September 2004

Dear Colleagues

URGENT NOTICE

Re: WITHDRAWAL OF NALBUPHINE(NUBAIN®)

We are writing to you to inform you that Nalbuphine (Nubain®) is to be withdrawn imminently from the worldwide marketplace by its sole manufacturer Bristol Myers Squibb.

You should note that **NO ALTERNATIVE SUPPLY** will be made available once current stocks, estimated to be in the region of three to six months, are exhausted.

Nalbuphine has been the mainstay of parenteral (intravenous) analgesia in ambulance services for some years. However it is the only clinical arena in the UK where it is used with any regularity as pure-agonist opioid drugs are preferred by medical practitioners.

The JRCALC guidelines committees, the JRCALC Paediatric advisors and the Executive committee therefore recommend that ambulance services begin to use MORPHINE as the **ONLY** alternative. This has been in the JRCALC pharmacopoeia for some time now and is recognised as the best available drug for use by State Registered Paramedics for the treatment of severe pain in all age groups.

It is appreciated that some ambulance services have yet to migrate towards using Morphine in their clinical practice and that there are issues around security and storage that need to be addressed. However a number of ambulance services have successfully implemented the use of Morphine with few difficulties.

JRCALC will publish the contact details of individual ambulance services who have successfully introduced Morphine on its secure web site, so that they can be contacted for advice and support.

The Department of Health is also considering an approach to the Home Office to attempt to establish a clear set of guidance on the security issues as it is clear that there is significant and unnecessary local variation in the application of the law in this regard by Police Services.

It is suggested that those service who se both *Morphine and Nalbuphine*, cease this practice and use *only Morphine*. This will ensure that stocks are maintained for those services that are still to introduce Morphine and will hopefully give them a little more time for the process to be undertaken.

Please remember that Entonox still remains as a means of providing analgesia. It is appreciated that Ambulance services could use other parenteral analgesics such as intravenous Tramadol or intravenous Paracetamol under Patient Group Directions. This is not recommended by JRCALC as intravenous Tramadol is untested in children and the evidence base behind the use of intravenous Paracetamol in the pre-hospital field has yet to be established.

JRCALC therefore urges services to move to Morphine as the replacement for Nalbuphine.

Further information regarding the withdrawal of Nalbuphine can be obtained form: Ludwig Reidl from Bristol Myers Squibb (office number: 0208 754 3590 mobile number: 07966 769 126).

Please do not hesitate to contact JRCALC if you require further guidance.

Yours sincerely,



Dr Iain McNeil
Honorary Secretary
JRCALC



Dr Simon Brown
Chairman
JRCALC guidelines committee

pp: Dr Fiona Jewkes
Paediatric Advisor
JRCALC