Faculty of Addiction Psychiatry Annual Conference

27-28 April 2023

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Conference Booklet

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General information

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Accreditation

This conference is eligible for 1 point per hour of educational activity, subject to peer group approval.

Catering

Refreshment breaks and lunch will be served in the Members Lounge, ground floor.

The welcome reception on Thursday at 5:00pm will be served on the first floor.

Certificates

Certificates of attendance will be emailed to delegates after the conference.

Feedback

Detailed online feedback forms can be found by here:

- Thursday 27 April 2023
- Friday 28 April 2023

All comments received remain confidential and are viewed in an effort to improve future meetings.

Posters

Posters can be viewed on the first floor, and on the online viewing gallery.

Social Media

If you wish to tweet about the conference please use **@RcpsychAddFac #addpsych2023**

Wifi code

- Code: **AMERICA SQUARE CONFERENCE**
- Password **AMSQ12345**

Programme

Thursday 27 April			
8.45 – 9.15	**Registration**		
9.15 – 9.30	*Session chair: Dr Emily Finch* **Welcome and Introductions** Dr Emily Finch		
9.30 – 10.00	**Public health and addictions: Implementing the Dame Carol Black report** Ms Rosanna O'Connor, Director, Addictions and Inclusion, Office for Health Improvement and Disparities, Department of Health and Social Care		
10.00 – 10.10	Q&A		
	The substance-related harm during and after the COVID pandemic: *Session chair: Dr Nicola Kalk*		
10.10 – 10.30	**The COVID hangover. Addressing long-term health impacts of changes in alcohol consumption during the pandemic** Dr Sadie Boniface, Institute of Alcohol Studies		
10.30 – 10.50	**Drug and alcohol related deaths in treatment during and after the COVID-19 pandemic** Craig Wright, Office for Health Improvement and Disparities, Department of Health and Social Care		
10.50 – 11.00	Q&A		
11.00 – 11.30	**Morning Refreshments**		
11.30 – 12.30	**Parallel sessions** – a choice of 3		
	Session A – Walbrook Room	**Session B – Ludgate Room**	**Session C – Fleet Room**
	Effective healthcare systems in addictions treatment Dr Arun Dundayundham, Dr Vyasa Immadisetty, Ms Anna Whitton	**Alcoholic liver disease Early detection of alcohol-related liver disease and safe addictions prescribing in liver disease** Dr Naina Shah **Palliative Care in Alcohol Related Liver Disease** Dr Wendy Prentice	**Avoiding the "rattle". Novel induction strategies to transition patients from opioid agonists to buprenorphine** Dr Joseph Tay Wee Teck **Sudden cardiac death, SCRAs and**

			methadone: mechanistic insights Dr Caroline Copeland
12.30 – 1.30	**Lunch**		
	Plenary session: Understanding recovery from addiction in the UK *Session chair: Dr Derrett Watts*		
1.30 – 1.55	**Recovery from substance and behavioural addictions in the UK: general population data** Dr Ed Day, National Recovery Champion		
1.55 – 2.20	**Strengthening recovery support and lived experience initiatives** Dr Suzie Roscoe and Dr Laura Pechey		
2.20 – 2.30	Q&A		
2.30– 3.30	**Parallel sessions** – a choice of 3		
	Session D - Walbrook Room	**Session E – Fleet Room**	**Session F – Ludgate Room**
	University responses to student drug use Ms Hanna Head **Implementing recovery services** Mr Luke Trainor *Session chair: Dr Ed Day*	**Is ketamine addiction on the rise? A service development project on pharmacological and recovery interventions in ketamine heavy users** Dr Irene Guerrini **Optimising treatment for prescription drug dependence in primary care** Dr Soraya Mayet	**Sex, drugs and serious and violent offending: vulnerability and crime in GBMSM Chemsex users** Dr Brad Hillier and Stephen Morris, Chemsex Crime Lead – London Division (HMPPS & Metropolitan Police)
3.30 – 4.00	**Afternoon Refreshments**		
4.00 – 4.45	**Faculty Lecture - Gambling Harms: A UK Overview** Professor Henrietta Bowden-Jones *Session chair: Dr Emily Finch*		
4.45 – 6.00	**Welcome Reception** All attendees welcome		

Speaker abstracts and biographies

Thursday 27 April 2023

Abstracts and biographies not included here were not available at the time of going to print.

Implementing the Dame Carol Black Report

Rosanna O'Connor

Dame Carol's review and the drug strategy give us the initial direction for a 10 year journey.

- £780m over three years for treatment and recovery
- Prevent nearly 1,000 deaths
- 54,500 new high-quality treatment places
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Adequate commissioning and co-ordinator capacity in every local authority

Rosanna O'Connor, Director for Addiction & Inclusion, Office for Health Improvement & Disparities, Department of Health & Social Care. Rosanna O'Connor was appointed Director of Addiction & Inclusion when the Office of Health Improvement & Disparities (OHID) was set up in October 21. This move followed a period as director of Public Health England's (PHE) Health Improvement Directorate, during the Covid pandemic and PHE's Transition.
Rosanna's role covers alcohol, drugs, tobacco, and gambling, plus the inclusion health agendas, which currently includes OHID's responsibilities for drug strategy and rough sleeping strategy deliverables.

The COVID hangover. Addressing long-term health impacts of changes in alcohol consumption during the pandemic

Dr Sadie Boniface

Drinking patterns in England changed during the COVID-19 pandemic. There has been an increase in the number of higher risk drinkers, and a 28% increase in alcohol-specific deaths in England. This modelling study used the HealthLumen microsimulation model along with a range of survey and healthcare data to project the impact of changes in alcohol consumption on nine of the main diseases linked to alcohol (high blood pressure, stroke, liver disease, and six forms of cancer) up to 2035.

The model projected there could be up to 147,892 additional cases of disease, 9,914 additional premature deaths, and £1.2 billion additional NHS costs.These increases in alcohol harm and costs to society are not inevitable and could be prevented as part of COVID-19 recovery planning by introducing evidence based alcohol control policies.

Sadie Boniface is Head of Research at the Institute of Alcohol Studies, where she leads on the delivery of IAS' research strategy. This includes conducting and supervising in-house research, collaborating with academics in the UK and elsewhere, co-ordinating commissioned projects, and managing the IAS Small Grants Scheme. Sadie is an experienced alcohol researcher who joined IAS in August 2019. She is also an expert on alcohol for the Science Media Centre and a visiting researcher at King's College London. Before joining IAS, Sadie worked as a research fellow on randomised controlled trials in the addictions field at the Institute of Psychiatry, Psychology & Neuroscience at King's College London.

Sadie completed a PhD in Epidemiology and Public Health at UCL in 2013. She also has a Master's degree in Health Sciences from Newcastle University and a BSc in Natural Sciences from Durham University.

Effective healthcare systems in addictions treatment

Dr Arun Dundayundham, Dr Vyasa Immadisetty, Ms Anna Whitton

Anna Whitton is the Chief Executive Officer at WDP. She has dedicated her career to working with complex social issues, championing inclusive services that make a positive difference. Having worked in the voluntary sector for over 17 years, Anna has developed considerable experience in leading teams to adapt, develop and innovate to respond to evolving and changing need and content.

Prior to WDP, Anna worked as an Executive Director for BBC Children in Need. She developed and implemented the charity's first Impact strategy before overseeing a significant change programme across the organisation's grant making alongside the charity's funding response to the COVID-19 pandemic.

Anna has extensive experience in the substance misuse field, having worked at Addaction (now known as We are With You) for 12 years. Starting as a frontline practitioner and manager, her last three years at Addaction were as the Executive Director of Operations.

Early detection of alcohol-related liver disease and safe addictions prescribing in liver disease

Dr Naina Shah

ArLD is the most common cause of Liver disease in the UK. It is often presents as end stage liver disease and accounts for a high morbidity and mortality. Early diagnosis of Alcohol related Liver disease and a timely intervention is highly recommended to prevent the progression to chronic Liver disease and its associated complications including mortality.

Dr Naina Shah is a Consultant Hepatologist at Kings College Hospital with an interest in Alcohol related Liver disease.

Palliative Care in Alcohol Related Liver Disease

Dr Wendy Prentice

Liver disease is the only major cause of death that is increasing year on year, but the provision of good palliative and end of life care to this group of patients is a challenge. There is also a substantial burden of morbidity from liver disease, a high cost to the NHS and a huge economic and human cost from liver related ill health. This session will focus on the real challenges of managing the increasing number of patients with alcohol related liver disease and the role palliative care may play in supporting.

Dr Wendy Prentice is a Consultant in Palliative Medicine and Clinical Lead for the clinical service at King's College Hospital NHS Foundation Trust, London. Since 2017 she has been a Co-CAG Lead for the Palliative Care Clinical Academic Group within King's Health Partners. Wendy has a longstanding interest in the better integration of specialist palliative care services within non-specialist settings; she has particular interests in intensive care, hepatology and complex decision making at the end of life.

Sudden cardiac death, SCRAs and methadone: mechanistic insights

Dr Caroline Copeland

Deaths following use of synthetic cannabinoid receptor agonsits (SCRAs) have increased in recent years. Analysis of SCRA-related deaths in the UK revealed that in approximately 90% of deaths other substances had been co-administered (Yoganathan et al., 2022). We have now conducted further research to understand whether this is simply due to increased incidence of polypharmacy in people who use SCRAs, or whether SCRA use alone has limited risk of fatality. This research has led to the identification of a potential causative mechanism of death - induction of longQT syndrome.

Dr Caroline Copeland heads a research group at King's College London whose projects have the broad collective aim of improving healthcare strategies for people who use drugs. Current projects range from the development of a wearable skin sensor to protect against opioid overdose, to the identification of drug-drug interactions between licensed medicines and illicit substances to prevent adverse effects.

Recovery from substance and behavioural addictions in the UK: general population data

Dr Ed Day

This presentation will feature early results from a general population survey of people's experience of overcoming a problem with drugs, alcohol or behaviours. It will explore the pathways utilised to overcome these problems and the participants' conceptualisation of the term 'recovery', ending

with a discussion of how this knowledge may be used in designing recovery-orientated systems of care in the UK.

Ed Day is the UK government's National Recovery Champion for drugs. He is a clinician who has led the orientating of clinical practice towards recovery and has a research interest in recovery support services and mutual aid. He is a Clinical Reader in Addiction Psychiatry at the Institute for Mental Health at the University of Birmingham, and a Consultant Psychiatrist with Birmingham and Solihull Mental Health NHS Trust.

Ed has been an expert advisor on addiction issues to Public Health England and the Department for Transport and is currently the President of the Society for the Study of Addiction. His research has focused on the broad theme of effective treatment interventions for drug and alcohol dependence. In 2008 he set up an MSc programme in the Treatment of Substance Misuse at the University of Birmingham and remains active in teaching at both undergraduate and postgraduate levels.

Strengthening recovery support and lived experience initiatives

Dr Suzie Roscoe and Dr Laura Pechey

Thriving recovery communities, lived experience initiatives, and high-quality recovery support services help people to sustain recovery long-term. To help alcohol and drug treatment and recovery partnerships understand the evidence for and value of lived experience initiatives and recovery support services, the Office for Health Improvement and Disparities (OHID) has co-produced forthcoming guidance with the College of Lived Experience Recovery Organisations and Dr Ed Day, National Recovery Champion.

As most of the existing research on recovery support services comes from the United States, OHID conducted a survey of English commissioners in 2022 about the provision of recovery support services to inform the guidance with a view to identifying opportunities to strengthen recovery-oriented systems of care in England.

In this presentation, Dr Suzie Roscoe and Dr Laura Pechey will outline what recovery support services and lived experience initiatives are, the evidence base, what is known about their current provision in England, and how partnerships can integrate and grow them.

Laura Pechey worked in alcohol and drug treatment and recovery service development and delivery in Haringey, North London for 11 years, and has been working on national policy and programmes for the last 5 years. She has developed digital alcohol interventions, recovery services and online training. Laura is currently focused on the drug strategy commitments to foster thriving recovery communities and to expand and enhance the alcohol and drug treatment and recovery

workforce. She is also a trustee of Bringing Unity Back Into the Community, a lived experience recovery organisation in Haringey.

Suzie Roscoe was a commissioner of alcohol and drug treatment and recovery services in the West Midlands for 10 years, during which she completed a Masters with a focus on "What supports people in recovery to stay in recovery". She then went on to win a scholarship to complete her Doctorate, entitled "*The impact of disinvestment from alcohol and drug treatment services in England: a multi-method study*". Following its completion, Suzie joined the Office for Health Improvement and Disparities in 2021, as part of a newly formed team to support the implementation of the drug strategy funding to support alcohol and drug treatment and recovery systems. In addition to this role, Suzie has been involved in support the drug strategy commitments to developing the Commissioning Quality Standard and fostering thriving recovery communities.

University responses to student drug use

Hanna Head

This session will look to explore the traditional zero-tolerance approaches briefly, before moving to look at some recent examples of higher education providers who have adopted harm reduction. It will highlight where the gaps lie for students who need support with their drug use, and discuss how those involved with treatment provision can engage with universities in order to better support student populations.

Hanna is an ESRC funded PhD student at the University of Birmingham, working alongside the charity Release to explore innovative police approaches to reducing drug related harms. She chairs the Universities UK Student Advisory Panel for the project on student drug use. She regularly attends conferences and gives guest lectures on student drug use and university drug policy. Prior to joining the University of Birmingham, Hanna completed her MA Comparative Drug & Alcohol Studies at Middlesex University, where she was awarded the Yvonne Heard Award in Criminology for best postgraduate dissertation, looking at the policy process behind university drug policy following a crisis. She also held the role of VP Welfare & Community at Southampton Solent for two years. She has also previously worked as a research assistant for Release where she assisted the policy review for the NUS & Release Taking the Hit report on university drug policy and student drug use, and has been a trustee for several charities including Yellow Door (formerly Southampton Rape Crisis & Womens Aid) and Mentor.

Is ketamine addiction on the rise? A service development project on pharmacological and recovery interventions in ketamine heavy users

Dr Irene Guerrini

Recent data from the Office for Health Improvement and Disparities (Jan 2023) indicated that the number of adult patients entering treatment with an addiction to ketamine has increased. Local audit data (Bexley Borough-Greater London) showed that in the last three years ketamine addicted patients reached approximately 4 % of the total number of clients entering treatment and 6% of the total referrals. They are predominantly young people below the age of 30s at their first experience of treatment with highly complex physical and mental health needs. Specific pharmacological and psychosocial pathways for this client group have been developed to facilitate engagement, treatment, and full recovery. Service development data will be presented.

Currently **Dr Irene Guerrini** is one of the Psychiatrist Leads in Addictions for the South London and Maudsley Hospital NHS Foundation Trust- Addiction CAG. She has been employed by Slam since July 2005 and holds the same position at present. Her managerial work has included implementing novel integrated services by joining statutory and third sectors partners into a single organisation under the umbrella of South London and Maudsley Hospital NHS Foundation Trust. Dr Guerrini is a Visiting Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience (IOPPN) King's College London and co-module lead in the MSc Addiction Studies at King's College London.

Dr Guerrini completed her PhD at UCL on Genetics of Alcohol Dependence in 2000 and has an extensive research experience in alcohol epidemiology, brain imaging and the genetics of alcohol addictions, having pioneered the field of the genetics of Wernicke Korsakoff Syndrome at University College London.

Dr Guerrini has published several peer-reviewed papers and six book chapters, most on the Genetics of Addictions, Wernicke Korsakoff Syndrome, alcohol and pregnancy and the pharmacology of addictions. She is a member of the Medical Council on Alcohol in UK, and also sits on the Editorial Advisory Board of "Alcohol and Alcoholism" Oxford University Press.

Since 2007, Dr Guerrini holds a volunteer position as Trustee with MIND, a UK-wide organization which provides support to Mental Health patients and their relatives in the community.

Optimising treatment for prescription drug dependence in primary care

Dr Soraya Mayet

Aims: Opioids, gabapentinoids, benzodiazepines and z-drugs cause dependence, increase deaths, and have been found to be ineffective for long-term conditions. Despite the risks, these are some of the most prescribed medications. In response, we worked with commissioners to develop an

innovative service ‘Optimise’ for the treatment of prescription medication dependence in primary care. Optimise aimed to support patients to reduce and stop prescribed medications that can cause dependence when the medications were not clinically recommended.

Methods: Optimise started in February 2020 in the North of the United Kingdom. The service was staffed by two addiction nurses, with support from the Addictions Consultant Psychiatrist and team leaders. GPs identified suitable patients, gained consent to refer and referred to Optimise. Patients received a harm information and service letter, after which they were offered telephone triage, assessment, and ongoing psychosocial support. The nurses worked closely with GPs and advised on prescribed medication reduction plans. Due to COVID-19, most patients had telephone appointments. Humber Teaching NHS FT service evaluation approval. All referrals were reviewed retrospectively to assess demographics and outcomes. Friends and family (FFT) test offered to patients. Data were analysed via excel.

Results Twenty-one GPs referred 258 patients (Feb 20-Oct 22). Most were female (70%) and all white; mean age 56 (21-97) years. Patients were prescribed opioids (92%), gabapentinoids (32%), benzodiazepines (9%), and/or zopiclone (7%). The most common opioid prescribed was morphine, followed by oxycodone and fentanyl. A letter was sent to 254 patients referred, 217 patients attended telephone triage, with 148 agreed to work with Optimise. Of 145 (56% of referred patients) who attended the assessment, 86% gradually stopped (n=24; 17%) or reduced (n=100;69%) their prescribed medications. Eighteen patients completed FFT and stated the service was good or very good.

Patient feedback ‘The nurse was informative and has helped me reduce my medications when I thought I wouldn't be able to.’ ‘Listened to my concerns and gave me time before changing my medication.’

Conclusions: Optimise is an innovative service that has helped patients of all ages to reduce and stop prescribed opioids, benzodiazepines, gabapentinoids and zopiclone, that can cause dependence, increase overdose risks, and were not clinically recommended. These patients had previously not been able to reduce or stop these medications. It is positive that with two nurses there has been such a great impact with excellent outcomes and good patient engagement. Commissioners should look at funding similar services to enhance the support for patients who are prescribed medications that can cause dependence.

Dr Soraya Mayet is a Consultant Addictions Psychiatrist and Director of Medical Education at Humber Teaching NHS Foundation Trust, along with Honorary Senior Lecturer at Hull and York Medical School. Dr Mayet combines clinical, teaching and research in Addictions and provides clinical leadership to the East Riding Partnership (ERP) community addictions service in North England (United Kingdom) which is a patient centred evidence-based service. Dr Mayet has experience of working across a variety of addictions settings from prison, inpatient, community, to

expertise with supporting patients and their families with addictions or substance use disorders, including complex patients with pregnancy, young people, mental health, chronic pain and prescription medication dependence - recently starting a new service to support patients in primary care.

Dr Mayet graduated as a doctor at University College London and completed an intercalated BSc in Physiology and Pharmacology with First Class Honours assessing pain receptors for the research project. Dr Mayet completed most of the psychiatry and addictions training at the Maudsley Hospital scheme, gaining membership of the Royal College of Psychiatrists, additionally completing a Post Graduate Certificate in Academic Practice in 2008 accredited by the Higher Education Academy and Doctorate in Medicine Research (MD Res) in Addictions Medicine at Kings College London in 2010. Dr Mayet is on the GMC specialist register for addictions and general psychiatry and has been awarded fellowship of the Royal College of Psychiatrists. Dr Mayet undertakes training on addictions for medical students, psychiatry trainees, other doctors, healthcare professionals, patients and carers. Dr Mayet is actively involved with addictions research and has a variety of publications, including the Lancet, NICE, WHO and Cochrane reviews.

Sex, drugs and serious and violent offending: vulnerability and crime in GBMSM Chemsex users

Dr Brad Hillier and Stephen Morris, Chemsex Crime Lead – London Division
(HMPPS & Metropolitan Police)

Faculty Lecture - Gambling Harms: A UK Overview

Professor Henrietta Bowden-Jones

The presentation will cover the last fifteen years tracking the NHS' involvement in the treatment of Gambling Disorder. In the talk I will address gambling harms at population level as well as outlining Gambling Disorder diagnosis and treatment at national and international level.

Professor Henrietta Bowden-Jones OBE is a medical doctor and neuroscience researcher working as a consultant psychiatrist in addictions. She is current Vice President of the Royal Society of Medicine. A regular advisor to the UK government on matters relating to gambling disorder, gaming disorder and mental health, she was appointed NHS England National Clinical Advisor on Gambling Harms in September 2022. As well as pursuing a clinical career she has a Doctorate in Medicine (MD) in the field of Neuroscience from Imperial College (Ventromedial Prefrontal Cortex impairment as a predictor of early relapse) and is Honorary Professor at UCL in the Faculty of Brain

Science. In 2019 Henrietta was awarded an OBE for services to addiction treatment and to research and in 2020 received the Psychiatrist of the Year 2020 Award from the Royal College of Psychiatrists. Henrietta is founder and Director of two national NHS clinics: the National Problem Gambling Clinic and the National Centre for Gaming Disorders. A Senior Visiting Research Fellow in the Department of Psychiatry at the University of Cambridge where she leads on the Behavioural Addictions work.
She is the Immediate Past President of the Psychiatry Section at the Royal Society of Medicine; a member of the World Health Organisation Expert Group on Gaming Disorders and a Distinguished Fellow of the International Society of Addiction Medicine.
She is a Past-President of the Medical Women's Federation and is the Royal College of Psychiatrists' spokesperson on Behavioural Addictions as well as being an elected member of the BMA's Board of Science.

Programme

Friday 28 April	
8.45– 9.15	**Registration**
9.15-9.30	**Welcome and Introductions** Dr David Bremner
9.30 – 9.50	**Plenary Session: Interfaces** *Session chair: Dr Owen Bowden-Jones* **RECO study – service models for co-occurring disorders** Professor Elizabeth Hughes
9.50 – 10.10	**Alcohol and suicide: Insights from LGBTQ+ communities' experiences** Eva Bell
10.10 – 10.30	**Improving opioid substitution treatment in the acute hospital setting** Professor Magdalena Harris
10.30 – 10:45	Q&A
10.45 – 11:15	**Morning Refreshments**
	OHID Alcohol Guidelines *Session chair: Dr Julia Lewis*
11.15 – 11.30	**Introduction to the Guidelines and reflections on the process** **OHID Alcohol Guidelines** Hazel Jordan and Dr Louise Sell
11.30– 11.50	**Experts through experience** Annabel Bouteloup, CDARS
11.50 – 12.10	**Specialist in-patient units** Dr Chris Daly
12.10 – 12.30	**Psychosocial interventions in alcohol dependence** Dr Luke Mitcheson
12.30 – 12.45	**Q&A and discussion**
12.45 – 1.45	**Lunch**

<table>
<tr><td>1.45 – 2.45</td><td colspan="3">Parallel sessions – a choice of 3</td></tr>
<tr><td rowspan="2"></td><td>Session G – Walbrook Room</td><td>Session H – Fleet Room</td><td>Session I – Ludgate Room</td></tr>
<tr><td>Deep Brain Stimulation for addiction
Professor John Strang, Professor Valerie Voon, Dr David Okai, Dr Owen Bowden-Jones, Dr Mike Kelleher, Dr Nicola Kalk, Dr Ed Day</td><td>Training in addictions: competency assessment for Addictions Tutors
Professor Julia Sinclair, Dr Louise Sell, Dr Fran Debell, Dr Derrett Watts, Dr Olamide Orimoloye</td><td>Alcohol Related Brain Damage – Building the Evidence Base in Wales and Beyond
Professor Bev John, Professor Gareth Roderique Davies, Dr Darren Quelch</td></tr>
<tr><td>2.45 – 3.10</td><td colspan="3">Afternoon refreshments</td></tr>
<tr><td>

3.10-3.30

3.30 – 3.50

3.50– 4.00
4.00 – 4.10</td><td colspan="3">Novel treatments for opioid use disorder
Session chair: Dr Nicola Kalk
FORWARDS-1 study – Baclofen in methadone detoxification
Dr Louise Paterson
EXPO study – Buprenorphine Long-Acting Injection
Dr Mike Kelleher and Professor John Marsden
Q&A
Closing remarks
Poster prizes
Dr David Bremner</td></tr>
<tr><td>4.10</td><td colspan="3">Close of conference</td></tr>
</table>

Speaker abstracts and biographies

Friday 28 April 2023

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RECO study – service models for co-occurring disorders

Professor Elizabeth Hughes

A significant proportion of people with severe and enduring mental illness have co-occurring alcohol and/or drug conditions. This is associated with relapse, longer inpatient stays, suicide, violence and victimisation, as well as social issues such as homelessness, family problems and unemployment. In the UK the approach adopted to address this issue has been "mainstreaming" where mental health and substance use services should be adequately skilled to be able to integrate mental health and substance use within one care plan, or work together to ensure that the persons needs can be met. Typically, mainstreaming requires local and senior leadership to ensure that workforce training needs are addressed and that there is agreed care pathways and shared care processes in place. However, there is limited evidence as to how models of care are operationalised and how they are theorised to work. The RECO study is an NIHR funded study which aimed to use Realist Approach to generate initial programme theories from a synthesis of literature and stakeholder involvement and then test and refine the theories in 6 case studies in the UK where there was a tangible model of care operating. In this presentation, the main findings will be presented with a discussion of the implications for the future development of care for this group and how Integration of care as well as the reinvestment in substance use services could be a real opportunity for positive improvement in care responses.

Professor Liz Hughes is Professor of Nursing at Edinburgh Napier and a senior applied mental health researcher. She has worked in the field of comorbidity in substance use as a mental health in London in the 1990s and undertook her PhD at Institute of Psychiatry, Psychology and Neuroscience which was a training trial of interventions in community mental health teams for people with comorbid mental health and substance use. She developed national Capability Framework and workforce training tools for the Department of Health. She was on the steering group for the Public Health England "Better Care for people with co-occurring mental health and alcohol/drug conditions" guidance. Liz leads a programme of research that broadly addresses physical health issues in people with severe mental illness.

Alcohol and suicide: Insights from LGBTQ+ communities' experiences

Eva Bell

With our partners in the Suicide Prevention Consortium, Samaritans have been exploring what the relationship between alcohol and suicide looks like for LGBTQ+ people living in England as well as

what effective support looks like, in their own words. This presentation will share our key findings and recommendations.

Eva Bell leads the Suicide Prevention Consortium which aims to bring the expertise of its member organisations and the voice of those with lived experience directly to policymakers, to improve suicide prevention in England. She previously worked at Rethink Mental Illness as Senior Policy Officer taking the lead on health inequalities policy development.

Improving opioid substitution treatment in the acute hospital setting

Professor Magdalena Harris

Magdalena Harris is Professor of Inclusion Health Sociology at the London School of Hygiene and Tropical Medicine and holds an honorary Inclusion Health Consultant position at University College London Hospital NHS Trust. She currently leads two large NIHR-funded research projects focused on improving hospital care for people who use opioids and expanding harm reduction provision for people who use crack cocaine, respectively. In 2020 she received the Society for Study of Addiction Impact Prize "in recognition of her high-quality, innovative research and its positive, practical impact for people who inject drugs" and in 2022 was elected an Membership through Distinction of the Faculty of Public Health.

OHID Alcohol Guidelines - Introduction to the Guidelines and reflections on the process

Hazel Jordan

OHID, in partnership with the devolved nations is developing the first UK -wide clinical guidelines on alcohol treatment which are soon to go out for public consultation. As part of the presentation on introducing the guidelines and reflections process led by Dr Louise Sell, I will speak about facilitating the contribution of people with lived experience.

Since 2015 Hazel Jordan has been Programme Manager for alcohol treatment in the Office of Health Improvement and Disparities (OHID). Before this I worked in, developed, and managed 3rd sector alcohol treatment and recovery services over 25 years. Professional qualifications: Diploma and MSc in Integrative Psychotherapy, Diploma in Psychological Therapies for Children and Young people

Specialist Inpatient Medically Assisted Withdrawals from Alcohol

Dr Chris Daly

To describe an outline of the OHID guideline on specialist inpatient medically assisted withdrawals in advance of the publication. I will be discussing the main themes and recommendations.

Consultant Addiction Psychiatrist and Deputy Medical Director at Greater Manchester Mental Health FT.

Chris Daly is a Consultant at Chapman Barker Unit specialist inpatient detoxification unit for 26 years . Developed RADAR pathway and treatment service development for complex withdrawals and complexity.

Psychosocial interventions in alcohol dependence

Dr Luke Mitcheson

As part of the session focused on the forthcoming UK alcohol treatment guidelines this talk will highlight some of the challenges in developing guidance for the delivery of psychosocial interventions. The guidance is yet to go to public consultation so the talk will consider how the working group proposed to meet these challenges.

Dr Luke Mitcheson, Consultant Clinical Psychologist, South London and Maudsley NHS Trust and Clinical Advisor to the Office for Health Improvement and Disparities. Dr Luke Mitcheson has worked in mental health and drug and alcohol treatment services since 1993 and South London and Maudsley NHS Foundation Trust since 1998. He is a Chartered Clinical Psychologist and Accredited Therapist with the British Association of Behavioural and Cognitive Psychotherapists. He has been involved in service initiatives for substance misusing populations, research focused on developing psychological treatment approaches for addiction and work with staff groups to deliver these interventions. He works at Lorraine Hewitt House, which is the SLaM Drug and Alcohol Treatment Service in the London Borough of Lambeth. He is seconded one day a week to the Office for Health Improvement and Disparities in the Department of Health and is involved in producing guidance for the treatment sector.

Deep brain stimulation for addictions

Professor Valerie Voon

Refractory addictions are a major public health issue. Disorders of addiction represent a brain network disorder interacting with underlying genetics and socio-environment. Deep brain stimulation (DBS) is effective for Parkinson's disease and obsessive compulsive disorder and has been approved since 1997 for Parkinson's with over 250,000 individuals having been through the procedure. This presentation reviews the need for therapies targeting refractory addictions and evidence for efficacy of DBS for neuropsychiatric disorders providing a rationale to support a pilot randomised controlled trial study in addictions. The procedure and study protocol of this Medical Research Council supported study of DBS for addictions is reviewed.

Valerie Voon is an interventional neuropsychiatrist with professorships at both the University of Cambridge and Fudan University. Her group studies self-control and repetitive behaviours

underlying disorders of addiction using multimodal approaches and asks how to optimise neuromodulation therapies for neuropsychiatric disorders. Professor John Strang is Head of the Department of Addictions at the Institute of Psychiatry, Psychology and Neuroscience.

Training in addictions

Professor Julia Sinclair

The new GMC curriculum has finally re- established that understanding and managing addictions is a core competence of all psychiatrists. From August 2022 all core trainees need to undertake two work-place based assessments before they can progress to higher training.
To facilitate the implementation we have set up a network of regional tutors which was launched at the last Addiction Faculty conference in 2022. Much progress has been made, there are now active regional groups across the country, a unified feedback form to help collate the benefits for trainees and how we can develop the network. The process has also shown where there are considerable deficits in system level understanding of the identification and management of addictions in patients with co-morbid mental disorders. This workshop will give an update on progress and challenges and look to upskill all those wishing to be involved in their local tutor network

Julia Sinclair is Professor of Addiction Psychiatry and clinical lead for the alcohol care team at University Hospital Southampton. Her priority is to improve outcomes for patients with alcohol use disorders and co-morbid physical and mental health conditions by research, teaching, policy, and clinical practice. She is the National Specialty Advisor for Alcohol Dependence to NHS England, and Trustee of the Society for the Study of Addictions. She chairs the Specialty Advisory Committee of the Addictions Faculty of the Royal College of Psychiatrists, committed to improving training and competences in addictions for all psychiatrists. She currently co-leads the NiHR funded National Evaluation of Alcohol Care Teams (ProACTIVE).

Meeting new addiction core trainee curriculum requirements - feedback from a pilot scheme at South London and Maudsley NHS Trust

Dr Fran Debell

This presentation will be part of a workshop on assessing addictions competencies in core trainees according to new RCPsych curriculum requirements. The presentation will describe a pilot case-based discussion programme set up in South London and Maudsley NHS Trust and discuss feedback from participants and issues faced in implementing the scheme. This will form a starting point for further discussion and presentations around how best to support core trainees to meet new addiction curriculum requirements.

I am a Specialty Trainee in Forensic Psychiatry at South London and Maudsley NHS Foundation Trust and I work in a medium secure unit at the Bethlem Royal Hospital, Kent. I am currently the Chief Registrar in my Trust (August 2022-August 2023) and in this role I am engaged in various leadership and management projects, including a project to improve addictions training for core trainees. Prior to becoming a doctor I gained LLB and LLM degrees in law and worked as a solicitor.

Dr Olamide Orimoloye (Ola) is currently an ST5 Dual Old age &General Adult trainee in the West Midlands deanery. She obtained her primary medical qualification from the college of Medicine, University of Lagos, Nigeria. Thereafter, she completed a master's in cell biology and genetics with the university of Lagos, Nigeria. She proceeded to residency training in psychiatry in Nigeria during which she transferred to the united kingdom on the medical training initiative scheme.

She is currently undergoing an Addiction endorsement training with the North Staffordshire combined healthcare Trust.

Other posts she holds include:

- the treasurer of the general adult west midlands higher trainee scheme
- honorary tutor of the Core Trainee 3 MRPSYCH Birmingham Cohort.
- The assistant social secretary of the association of black psychiatrist Uk(ABP-Uk)

She is very passionate about Addiction as a specialty as it gives her lots of fulfilment being part of the journey to recovery.

Alcohol Related Brain Damage – Building the Evidence Base in Wales and Beyond

Professor Gareth Roderique-Davies, Professor Bev John and Dr Darren Quelch

The term Alcohol Related Brain Damage (ARBD) is increasingly being used to describe the effects of long-term alcohol consumption on cognition, executive function, and complex behaviours. This emerging condition is poorly understood and recognised by healthcare professionals. As such, diagnosis, management, and long-term support for patients with this condition is limited. Furthermore, despite an evolving need, dedicated service delivery for these individuals is restricted. Through this session we will 1) Outline core knowledge and descriptors in relation to ARBD (DRQ), 2) Describe current gaps in academic knowledge, clinical practice and service provision (BJ), 3) Illustrate how the Addictions Research Group at the University of South Wales is building the evidence base surrounding ARBD in Wales and beyond (GRD), and 4) Invite discussion, viewpoints, recommendations and perspectives from expert healthcare professionals in the field of Addiction Psychiatry within the audience

Professor Gareth Roderique-Davies is a Professor of Psychology and has been a research active academic for over 20 years at the University of South Wales. He is a BPS Chartered Psychologist and a HCPC-registered Health Psychologist. He has developed externally acknowledged expertise in substance misuse, behavioural addiction, craving and the long-term effects of recreational drug

use. He has worked on numerous funded and commissioned research projects with a range of high-profile external partners. Gareth co-leads the Addictions Research Group at USW alongside Prof Bev John. Since 2016 the group has been engaged in research projects to address the absence of evidence and understanding around Alcohol Related Brain Damage (ARBD) as identified by Public Health Wales in 2014. He is a co-author of the Welsh Government's Substance Misuse Treatment Framework: Prevention, Diagnosis, Treatment and Support for Alcohol-Related Brain Damage.

Darren Quelch is a Senior Research Assistant in the Addictions Research Group at USW. He studied Biochemistry and Pharmacology as an undergraduate after which he went on to achieve his PhD in Neuropsychopharmacology from Imperial College London. Darren's thesis involved pre-clinical translational pharmacology with a particular focus on opioid and dopamine receptor imaging. As a post-doctoral researcher, he ran a Randomised Controlled Clinical Imaging Trial, in collaboration with Lundbeck, investigating the effect of opioid receptor modulation on reward pathways in alcohol-dependent individuals. Subsequently, Darren studied medicine and worked as a medical doctor in intensive care, anaesthetics, general practice, and acute medicine before returning to full-time research. Darren has undertaken multiple service development and evaluation projects within NHS settings, leading to optimisation of practice.

Professor Bev John is a Professor of Addictions and Health Psychology. She has worked in clinical addictions research for the past twenty-six years. She has made a significant contribution to the knowledge base and published widely, influencing both the nature of treatment and the probability that individuals will be referred to and engage with treatment. Bev's research has involved evaluating treatment efficacy and effectiveness and contributing to the research evidence base in pragmatic trials in clinical settings. Examples of this work include: Developing and validating the FAST Alcohol Screening Test in a study involving 3000 patients in Primary Care settings across England and Wales and, The United Kingdom Alcohol Treatment Trial, which was the largest trial of treatment for alcohol problems in the UK.

FORWARDS-1 study – Baclofen in methadone detoxification

Dr Louise Paterson

A growing population of individuals on long-term opioid substitution therapy (OST) may benefit from detoxification but find this difficult to achieve. We propose that the GABA-B receptor agonist, baclofen, has the desired properties to facilitate opiate detoxification. The FORWARDS-1 trial investigated the safety of acute baclofen in combination with prescribed doses of methadone in an adaptive, dose-finding dose escalation design. We established that it is safe to co-prescribe up to 70mg methadone per day with up to 60mg baclofen, i.e. doses of methadone that are consistent with current prescribing and doses of baclofen likely to be efficacious and well tolerated.

FORWARDS-2, currently in development, will investigate the efficacy of baclofen in supporting methadone dose reduction and detoxification in a UK multi-site feasibility and proof-of-concept trial.

Dr Louise Paterson is a Research Fellow in the Division of Psychiatry at Imperial College London and holds an honorary contract with Central and North West London NHS Foundation Trust. Her research is focussed on developing novel pharmacological approaches to treatment in addiction and understanding brain mechanisms of relapse using experimental medicine studies, clinical trials and functional neuroimaging. Louise trained in pharmacology at the University of Bristol (BSc, PhD) developing a track record in clinical research in mental health disorders and sleep. She then moved to Imperial College London to develop translational neuroimaging tools to understand neural mechanisms of addiction and relapse, to identify novel targets for treatment and to apply these in clinical cohorts.

Current projects include two clinical trials of baclofen in opiate detoxification, investigating the neurocircuitry of drug-related (cue) and non-drug related reward and emotional processing in substance dependence and the potential for NK1 receptor antagonism as a treatment.

Poster Abstracts

1. Quality improvement project and audit on cirrhosis/advanced liver fibrosis screening in male inpatient psychiatric unit

Dr Filipa Madalena Abreu Alves Teixeira, Dr Yasmin Yousof - Dr Oyewale Ogunlowo -

To evaluate and improve screening for cirrhosis in psychiatric hospital A significant proportion of psychiatric admissions misuse alcohol and an earlier screening would improve long-term prognosis Collected data from electronic system (diabetes, obesity, hepatitis B, C and alcohol misuse), based on the NICE guidance for cirrhosis screening and then presented results, implemented changes (started drawing ELF test and referring to ultrasound on discharge) and re-audited 100% improvement in ELF tests for indicated patients and significant improvements in ultrasound requests

2. Implementation of a blood test pathway in a Substance Use Disorder Treatment Partnership (Newcastle Treatment and Recovery - NTaR) – a rapid quality improvement project

Dr Olubunmi Arogunmati, Emily Jackson, Claire Buzzeo, Andrea Hearn.

Aims and hypothesis The blood tests pathway was established in March 2022 to develop a systematic approach to the management of all blood tests taken by the physical health clinic at NTaR. This project was undertaken to review the pathway with respect to the timely medical review of tests, feedback to patients and assurance of documentation and completion of an action plan. Background 1 in 20 people worldwide over 14 years lives with alcohol use disorder, while around one in 100 people have psychoactive drug use disorders. The North East of England continues to have the highest rate of deaths relating to drug poisoning and drug misuse (163.4 deaths per million people and 104.1 per million, respectively) (ONS 2022). Methods A review of the pathway protocol was conducted, and standards identified. The sampling frame was identified (1128) and a suitable sample size (70) selected via systematic sampling using n-15th person. A review of stored emails, documentation and letters was conducted. Descriptive analyses of data followed by qualitative exploration with the physical health team was completed. Result Blood tests were reviewed (100%) within a 6 hours reaction time from notification (98.6%). Action plans were documented (100%) with over a third (84.3%) of action plans completed. Conclusion. The pathway had helped identify and address biochemical abnormalities for patients with substance use and alcohol disorders. It was noted that not all action plans were executed. For those not completed this related to client being

transferred to acute care, admitted or not engaging with services after tests were carried out, and in some instances, clients were subsequently discharged from service due to non – engagement. Additional processes to reduce patient safety risks was disseminated within the partnership structure with plans for implementation and re-audit made. There was no previous nor national comparison for this data.

3. Dual Diagnosis Presentations in adolescents attending Tier 3 CAMHS: A case series exploring attitudes of young people and their carers towards illicit substance use and service utilisation for targeted interventions

Dr Aparna Badagala

Aims and Hypothesis: • To estimate burden of illicit substance-use in adolescents with psychiatric co-morbidities attending Tier-3 Community Child and Adolescent Mental Health Services (CAMHS). • To identify attitudes of young people and their carers towards illicit substance use and targeting services, and their impact on prognosis. • This knowledge is hypothesised to facilitate better integration of CAMHS and substance targeting services like Somerset Drug and Alcohol service (SDAS). Background: Dual diagnosis presentation among adolescents is common, complicating management. Addressing both the problems simultaneously is estimated to result in favourable outcomes. Methods: Electronic patient records from the entire caseload of Tier-3 Community CAMHS in East Somerset were searched using terms “Substance,” “drug” and “SDAS.” A sample of 23 cases was collected during 15-12-2022 to 15-02-2023, which satisfied the following inclusion criteria: • Adolescents aged 10-18 years. • Attending Tier-3 community CAMHS in East Somerset. • Presenting with illicit substance use and psychiatric co-morbidities. Individual case records reviewed. Descriptive statistics (frequencies, means) used for data analysis. Results: • 6.87% of the team’s caseload had Dual Diagnosis presentation. • 91.3% were using substances to manage psychiatric symptoms; 52.17% remained unmotivated for substance related changes. • 47.83% of carers were permissive towards the adolescent’s drug use. 56.52% of households had adults using drugs. Attitudes of carers about engaging with SDAS remain unknown in 56.52%. • 43.48% of adolescents refused substance targeted interventions, 17.39% refused SDAS but receiving substance specific interventions from CAMHS. 56.52% were engaging with CAMHS but not SDAS. • Marked functional impairment noted in 43.48% • 43.48% showed antisocial behaviours, 17.39% had contacts with county-lines. Conclusions: • The findings highlight significant disease burden from Dual Diagnosis presentations. • Substance misuse impacts compliance, prognosis and increases complexity. • Because of these conclusions and

scarcity of specialists in addiction psychiatry within CAMHS, we recommend development of addiction as sub-speciality in CAMHS, incorporating training for CAMHS doctors.

4. Treatment cessation off opiate substitution therapy utilising long acting injectable buprenorphine

Dr Mel Bagshaw

Treatment cessation off opiate substitution therapy utilising long acting injectable buprenorphine Aims and hypothesis The standard of care for opioid dependence includes treatment with methadone or oramucosal buprenorphine [OMBPN] both have been used for end of treatment detoxification. The pharmacokinetic profile of long-acting injectable of buprenorphine (LAIB) holds promise when it comes to tapering at the end of opioid substitution therapy (OST). Background In dependent opiate users, detoxification is a process supporting safe and effective discontinuation of opiates whilst minimising withdrawals. The process varies in duration from person to person. Methods Cardiff and Vale GP OST shared care scheme has had 149 patients prescribed LAIB between June 2020 and January 2023. Prior to treatment with LAIB, patients' existing opioid use was prescribed methadone, OMBPN, heroin or co-codamol. 28 patients so far have successfully ceased OST utilising LAIB. Length of time on LAIB treatment before cessation was between 1 and 32 months. The decision to discontinue treatment was patient led. Patients decided whether they tapered their current LAIB dose or opt for simple cessation. The option to re-start their LAIB treatment remained available.   Telephone follow-ups were undertaken each month. Patients were asked about emergent withdrawal symptoms, recurrence of illicit use, psychosocial stability, and physical health.   Results Of the 28 patients, 23 were male and 5 female. 3 opted for a LAIB tapering regime and 25 stopped from current dose. As at January 2023, the time off treatment was between 1 and 14 months. There were no significant self-reported withdrawals. No patients have represented for OST or reported illicit opioid use. Conclusions Most patients opted for simple cessation regardless of dose prescribed. LAIB appears to provide an acceptable tapering profile with positive patient outcomes during the period of follow up. This provides a promising additional tool to clinicians treating this population.

5. Screening for alcohol use disorders among patients admitted to acute inpatient wards

Dr Sharna Bennett, Philippa Case, Vijay Delaffon

Aims and hypothesis   To identify (1) the prevalence of alcohol use disorders, and (2) the extent to which alcohol use disorders were identified and alcohol policy was followed, across inpatient wards

in one large mental health trust in Southeast England. We hypothesised that alcohol use disorders (AUD) would be under-identified in clinical practice and that compliance with the policy would be variable. Background The co-occurrence of mental health and alcohol problems is common, with UK estimates for harmful drinking ranging from 15-36% of mental health inpatients. Despite this, the identification and treatment of AUD in inpatient settings remains low. Methods All consenting inpatients were administered the 10-item Alcohol Use Disorders Identification Test. Patients scoring 16 or higher were asked additional questions in line with the inpatient alcohol policy and corresponding data were collected from electronic records. Data on patient demographics and current and previous admissions over the past 12 months were collected. Results 148 inpatients were included in the audit, of which 102 (69%) consented to answer questions. 66% were classified as low risk, 19% as increased risk, and 15% as higher risk drinkers. Of the higher risk drinkers, 47% of patient notes had alcohol intake suggestive of AUD, 47% documented alcohol withdrawal history, 32% were prescribed vitamin B and 11% were prescribed Pabrinex. Only one patient had a documented cognitive assessment, yet 70% of patients completing the Addenbrooke's Cognitive Examination for this audit scored less than 88/100, indicating cognitive impairment. Conclusions Consistent use of standardised screening tools upon admission is needed to identify those at risk of AUD, enabling relevant investigations and appropriate prescribing. This would allow targeted interventions including vitamin prophylaxis, treatment of alcohol withdrawal and psychoeducation. This information will be disseminated across the trust in MDT meetings, teaching sessions and by placing flow charts on inpatient wards.

6. Audit of the type of opioids used by Opioid Substitution Therapy patients within the Southern Trust prior to treatment commencement

Dr Amy Coats

Aims and hypothesis To understand the type and route of opioids used by patients prior to commencing opioid substitution therapy (OST). The hypothesis was that non-heroin users were becoming more common within the service and an initial data set was needed. Background Historically the majority of OST patients within the Southern Trust were heroin users, but there was anecdotal evidence that this was changing. Methods • Data was collected from our caseload of 149 patients using "Paris" between 9/8/22- 9/9/22. • Initial assessment and risk assessment were used to collect data. If not recorded then keyworkers were asked. • Most recent prescription was used for type of OST. • Three patients excluded as not yet inducted or discharged. • Limitations: o This study relied on recording at initial assessment. This relied on

accurate self-reporting and may not reflect polysubstance use. o Content of illicit substances may not be accurate Results • There was a total of 146 patients on OST o 37.7% were prescribed methadone o 62.3% were prescribed Buprenorphine • Of these: o 84 (57.5%) of patients used only heroin prior to treatment o Of these: 38.4% used intravenously 42.9% used by smoking 18.78% used both o 35 (24%) of patients used non-heroin opioids o 27 (18.5%) of patients used both heroin and non-heroin opioids • Of the non-heroin substances, the following were reported by patients: o Illicit/prescribed codeine/co-codamol (12) o co-codamol and NurophenPlus (10, 10) bought from pharmacies o Mixed/unknown (9) o Oral Buprenorphine and Injected/Snorted Buprenorphine (8,8) o Oxycontin and fentanyl (5,5) o Methadone (4) o Dihydrocodeine (2) o Oxynorm, morphine, Kaolin, Tapentodol, Tramadol (1,1,1,1,1) Conclusion The majority of patients used heroin prior to OST, however a significant number of patients took other opioids. Anecdotally non-heroin patients are increasing within the service, and this audit provides the groundwork to follow service trends in the future.

7. What proportion of people starting OST reach zero quickly?

Dr Robert Cohen

Introduction: Previous work has shown that people on opiate substitution therapy (OST) who are able to reduce the dose of methadone / buprenorphine to 0 fall into 2 groups. The first group take 0-3 years (short term), the second 6-12 years (long term). This study quantifies the number of people in the short term group. Methods: contemporaneous clinical monitoring of progress of all patients who started on OST in a local drug treatment service between 1 April 2017 and 28 February 2019. Results: of 347 people who started OST in this period, 22 (6.3%) completed treatment in this manner. Discussion: the number of patients in this class is very small. The implications of the findings will be discussed. This study was part of my clinical work and received no additional funding.

8. Why do opiate dependent patients use on top of their script? Relation of clinical status of patients' motivation to evidenced drug use

Dr Robert Cohen

Introduction: Key goals of opiate substitution therapy (OST) are for opiate dependent patients to cease heroin (and other illicit opioid) use and to come off their scripts (successful discharges). However, opiate positive drug screens and long periods of treatment times are frequently observed. Clinical outcomes are thought to be related to the motivational state of the patient, so this study

aims to investigate how motivational state relates to drug use as evidenced by urine drug screens. Method: 116 patients on OST in a secondary care drug treatment service were medically reviewed in the course of a year. Clinical assessment of their motivational state and recording of all their urine drug screens throughout their treatment was made, with a view to calculating for each patient the percentage of opiate positive urines. Findings: 13 patients (11.2%) gave only opiate positive urines, 73 (62.9%) gave ≤50% opiate negative urines, 7 (6.0%) gave only opiate negative urines. 61 (52.6%) patients said they used because they wanted to use heroin (25), or gave a reason with similar import (36), 42 (68.9% of the 61) of whom gave ≤50% opiate negative urines. 21 patients (18.1%) used opiates to deal with anxiety, low mood, stress or problems, 3 (2.6%) to stop feeling ill. 11 (9.5%) patients expressed a wish to stabilise, 1 had stabilised, 7 (6.0%) had no desire to use on top of their script, 2 (1.7%) were motivated to detoxify and 2 were abstinent. For 8 (6.9%) patients there was no motivational statement. Discussion: 73.3% of this population continued to use drugs because they liked taking drugs or to deal with negative emotions; 16.4% wanted stability; 3.4% wanted abstinence. Service treatment goals fit poorly with the clinical motivational status of the patient population and should be revised. This study was part of my clinical work and received no additional funding.

9. Kratom: 100% organic trouble

Dr Cosmina Cross, Nicola Herod

Background Kratom is an herbal product obtained from the leaves of Mitragyna speciosa, an evergreen tropical tree indigenous to Southeast Asia. It is usually sold in powdered form of varied colour from green to brown, depending on added herbal compounds. Its main chemical compounds, Mytraginine and 7-hydroxymitragynine, are strong alkaloids that act on the miu-opioid receptors. In small doses Kratom acts as a stimulant similar to caffeine, whereas in larger doses it exhibits opioid-like effects. Ordinary urine drug screens will not detect Kratom. There are worldwide concerns regarding Kratom misuse, its toxicology and rising death toll. In the United Kingdom, Kratom has been subjected to the Psychoactive Substances Act 2016. Case Report Mr X, a 52-year-old man self-referred to the addiction clinic due to persistent requests by family members to seek specialist help regarding his use of Kratom. He started using it five years prior to presentation as a “healthy option” to the prescribed opioid medication for chronic back pain. He reported rapid escalation of amount use over a period of months. At the initial assessment he was consuming up to 30g of Kratom daily in four divided doses. Mr X reported withdrawal symptoms up to four times a day in-between ingestion of Kratom doses. He was able to remain comfortable

between 4-6 hours at a time. This interfered with his sleep, appetite and ability to participate in family activities, although he continued with his musical career. Discussion Initial and subsequent monitoring of the withdrawal symptoms, both subjective and objective, using The Clinical Opiate Withdrawal Scale demonstrated a positive response to Buprenorphine 6mg daily. He remained abstinent at 4 months review and reported significant impact on wellbeing and family life. Conclusion Support from the addiction services with opioid-replacement and psychosocial intervention is highly beneficial.

10. The impact of the Covid-19 pandemic on drug overdose ambulance call-outs, and drug-related deaths in Northern Ireland

Dr Zarah Fleming, Dr. Donna Mullen

Aims and hypothesis: To review data on Northern Ireland Ambulance service (NIAS) call-outs for drug overdoses, and drug-related deaths (DRD) in Northern Ireland (NI) for the period 2019-2021. Analyse in the context of Covid-19 restrictive measures to determine impact. There were more NIAS call-outs and DRD in NI during the Covid-19 pandemic and associated restrictions. Background: The Covid-19 pandemic impacted all health services. For drug users, there was decreased access to scheduled care including inpatient detoxification, face-to-face reviews and reduced supervision of Opioid Substitution Therapy. It was expected that this could have led to increased presentations to unscheduled care, and increased DRD. Hospital admission numbers due to drug overdoses decreased at the start of the pandemic, and have not returned to pre-pandemic levels. To our knowledge, until now data has not been examined to determine if there were fewer attendances overall, or more deaths prior to arrival at hospital in NI. Methods: Data obtained from NIAS, and NI Statistics and Research agency containing number of overdose call-outs and DRD broken down by month. This was mapped onto a timeline of lockdown measures. A retrospective review of trends at a population level was completed, and Pearson's correlation co-efficient was used to determine strength and significance of the relationship between call-outs and deaths. Results: Initial rise in DRD was observed in April-May 2020. Fall in number of arrivals at hospital for same period correlating with initial lockdown measures. 30 patients found deceased on arrival by NIAS 2020/21 (20, 12 previous years). Numbers refusing to attend hospital after call-out decreased despite the pandemic. Weak correlation was found between number of 999 calls and DRD, and between number arriving at hospital and DRD, (0.23 and 0.28 respectively) however these were not statistically significant. Conclusions: The lack of statistically significant findings may suggest that practice did not change as much as expected during the pandemic. It is possible that

there were fewer emergency department attendances and admissions, but more deaths due to fear surrounding being in hospital. The physiology of contracting Covid-19 could have made respiratory depression and therefore DRD more likely. The sustained reduction in numbers seeking help remains unexplained. Further analysis is required to shape future practice.

11. Its time to 'Whippet' into shape: the importance of developing treatment guidelines for Nitrous Oxide

Dr Elizabeth Hawke, Mary Thornton, Mike Kelleher, Emily Finch

Its time to 'Whippet' into shape: the importance of developing treatment guidelines for Nitrous Oxide. Background: Nitrous oxide use is increasing. Its recreational use is a growing public health concern, with a recent call for evidence by the Advisory Council on the Misuse of Drugs regarding associated health and social harms. Nitrous oxide is known to have wide ranging mental, physical and social impacts. Despite this there are no national treatment guidelines. We present a complex case highlighting these harms, the need for a multidisciplinary approach and the development of local and national guidelines. Case Summary: A young female presents to addiction services with daily nitrous oxide use, meeting dependence criteria. Despite attending key work sessions, her use continued to escalate. The patient developed symptoms consistent with subacute combined degeneration of the spinal cord secondary to functional B12 deficiency, which was treated in the acute setting. Following discharge nitrous oxide use resumed and she re-presented with neurological symptoms and later a relapse in psychosis, which required admission under the mental health act. Alongside these health impacts, there were wider psychosocial consequences. With appropriate multidisciplinary interventions the patient has made a full recovery and nitrous oxide use has ceased. Discussion: Cases of nitrous oxide use and its associated harms are likely to become more prevalent across psychiatric, addiction and medical settings. At present the majority of local cases are presenting through the acute medical route, without specialist addiction input. Around one third of cases represent after discharge with relapse of symptoms. Given the complexity of the sequelae it is imperative that a multidisciplinary approach is taken and there is urgent need for the development of both local and national treatment pathways. Treatment pathways should include involvement of addiction services with a goal of preventing relapse, recurrence of symptoms and long term morbidity.

12. Establishing a higher trainee post in Addictions Psychiatry in a third sector organisation

Dr Nicola Herod

Aim: To establish a higher trainee post in addiction psychiatry in a third sector organisation, Change, Grow, Live (CGL). Background: There has been a significant reduction in the opportunities for trainee psychiatrists to gain experience and work in addiction psychiatry in the UK. It is important that all psychiatrists understand addiction psychiatry given the prevalence of co-occurring conditions. It is also recognised that addiction services need specialist doctors as part of a multidisciplinary team approach to providing the best patient care. Many addiction services are run by third sector organisations which creates additional challenges for approval of training posts. There was no higher trainee post available in our local Wessex Deanery having been lost when local providers changed. Methods: We collaborated with our local mental health trust, Southern Health Foundation Trust, and Wessex Deanery, to agree a higher trainee post based in CGL, Southampton. Funding was negotiated between CGL and Southern Health. A secondment contract was agreed honouring all national trainee doctors' terms and conditions. The trainee had an educational supervisor in Southern Health and a clinical supervisor in CGL. Results: We successfully recruited a higher trainee psychiatrist who worked in CGL Southampton for a year. She had opportunities to work in specialist services for homeless and criminal justice populations, liaison addictions, inpatient detox unit and become a group facilitator of self-management and recovery training (SMART). The trainee provided educational sessions for other trainees and professionals. Conclusions: The higher trainee post has been established. We have had considerable interest in the post by trainees and our next trainee has already started. The feedback has been positive, staff appreciated the support of our trainee and there was closer working with mental health services. The establishment of this post has positive implications for the future addictions workforce.

13. Reviewing the use of a FIBROSCAN® machine in Belfast Trust Addiction service

Dr Benjamin Johnston, Dr Joy Watson, Dr Helen Toal

Aims and Hypothesis To review how a Fibroscan® machine has been used in the addictions service Background Belfast Trust Addictions Service was among the first addictions teams in the UK to get their own Fibroscan® machine, in March 2021. In the two preceding years (2019-2020), only 32% of patients referred by addictions to hepatology for hepatitis C virus (HCV) in 2019-2020 attended their appointments. Patients under the addictions service are known to access healthcare services poorly while being at increased risk, with a clear need to improve their access to appropriate care. Methods We reviewed our case records of all patients offered a Fibroscan®, and whether they attended the appointment, and reviewed indications of each scan in the three following categories. Firstly, for those with alcohol misuse. Secondly, for HCV cases in which Fibroscan® results help

decide treatment choice. Thirdly, 'other' – for example, consultant discretion due to LFT results. Results 308 patients were offered Fibroscans® between March 2021 and February 2023. 238 patients attended their appointments, of which 194 were for alcohol misuse, 43 for HCV and 1 'other'. 70 patients did not attend their appointments, of which 67 were for alcohol misuse and 3 'other'. Scans for HCV were completed ad hoc (ie without an arranged appointment) so are not included in attendance rates. The attendance rate for scheduled Fibroscan® appointments (for alcohol misuse and 'other') was 74%. Of the 194 patients scanned for alcohol misuse, 40 were then referred to hepatology with likely cirrhosis. Conclusions 238 patients underwent a Fibroscan®, leading to 40 hepatology referrals for likely cirrhosis, and 43 patients being offered appropriate HCV treatment. Gross DNA rates potentially much improved – 74% attendance at our Fibroscan® appointments vs 32% attendance at hepatology referral appointments.

14. Service Evaluation Project: use of non-prescribed, non-illict substances by inpatients

Dr Joseph MacDonnell

Aims To assess the effectiveness of the clerking process at identifying service users who use non-prescribed, non-illicit substances To assess the prevalence of use of such substances in the inpatient sample Methods Searched notes for all inpatients for references to substances Carried out an anonymous survey with hospital inpatients on current and previous use, as well as amount and form used Compared the results of the survey with results of notes review Substances included were caffeine, CBD, herbal remedies, over-the-counter vitamins/minerals, workout supplements (not including protein powder) and any others not covered by these categories. Substances not included were alcohol, tobacco/nicotine, or illicit substances, because these are routinely assessed during both the medical and nursing admission process, and are specifically named on the clerking proforma Results None of the sets of notes (n=32) included any mention of any of the substances since admission, other than non-specific details of caffeinated drinks. Survey results (n=17) Caffeine currently used by 16 inpatients. Mean caffeine consumption calculated at 302mg per day. 7 were using at least 1 non-prescribed substance: 4 using CBD, and 3 had used in the past 3 using herbal remedies, and 2 had used in the past 6 using over-the-counter vitamins and minerals, and 2 in the past None were currently using workout supplements, but 2 had in the past Conclusions Caffeine was used by the vast majority of the inpatient population, and average use exceeded the British Dietetic Association's recommended limit of 300mg. Side effects of caffeine include anxiety, agitation and insomnia, which are often medicated for during admission. 7 out of 17 patients were using another non-prescribed substance which had not been

picked up on admission clerking, suggesting this is not routinely explored There is the potential for interaction between these substances and prescribed medications

15. Patient Attendance and Keyworker Contacts for those on Buvidal

Nandini Mishra, Dr Andrea Hearn,

Aims The Buvidal injection became available as an option for opioid substitution therapy in July of 2022 at Newcastle Treatment and Recovery. This audit evaluated the patient's attendance and quality of keyworker contact for those prescribed Buvidal. Background Buvidal is currently the only long-acting buprenorphine licensed for use in the UK. It is available as a weekly or monthly injection, providing patients greater freedom than supervised administration regimes of methadone and oral buprenorphine. Methods Data collection was via online patient records. Standards were established using the local standard operating procedure (sop) and national guidelines. Criteria for keyworker review was based on bio-psycho-social domains and agreed with the psychiatrists consulted for this project. 64 out of the 66 patients on the Buvidal injection at NTaR were included in this project. Two patients had not received the injection long enough for inclusion. Quantitative analysis was conducted using excel. Results 54.3% of all patient contacts with keyworkers were planned appointments, with 45.7% being unplanned contact. 4.7% of patients received a day 4 post-injection review after their first dose (as per the SOP). 49.7% of keyworker reviews covered the established criteria of physical, mental, and social wellbeing. 26.8% of patients received the required number of reviews by their keyworker. Conclusion Almost half of the contacts between patients on Buvidal and keyworkers were unplanned, and this impacted on the quality of the review. Further work is needed to assess whether patients on Buvidal are receiving less contact than those on oral medication and whether this is affecting outcomes.

16. The effectiveness of digital health technologies for reducing substance use among young people: a systematic review and meta-analysis

Jessica O'Logbon, Alice Wickersham - Charlotte Williamson - Daniel Leightley

Aims and hypotheses: To assess the effectiveness of digital interventions for reducing substance use (alcohol, smoking, and other substances) among young people (10-24 years old). Background: Substance use amongst young people poses developmental and clinical challenges, necessitating early detection and treatment. Considering the widespread use of technology in young people, delivering interventions digitally may help to reduce and monitor their substance use. Methods: Embase, Global Health, Medline, PsychINFO, Web of Science and reference lists of relevant papers

were searched in November 2020. Studies were included if they quantitatively evaluated the effectiveness of digital health technologies for treating substance use. A narrative synthesis and meta-analysis were conducted. Results: 18 studies (n=8,296) were included in the meta-analysis. Digital interventions showed small, but statistically significant reductions in weekly alcohol consumption compared to controls (SMD=-0.12, 95% CI=-0.17 to -0.06, I2=0%), but no overall effect was seen on 30-day smoking abstinence (OR=1.12, 95% CI=0.70 to 1.80, I2=81%). Pooled effect sizes from sensitivity analyses varied according to the type of control group under study: the effectiveness of digital interventions for reducing weekly alcohol use was better than no intervention (SMD= -0.13, 95% CI=-0.19 to -0.06), yet comparable to face-to-face therapy (SMD= -0.11, 95% CI=-0.29 to 0.07) and passive interventions (e.g., leaflets, helplines) (SMD=-0.00, 95% CI=-0.28 to 0.28). The effectiveness of digital interventions on smoking abstinence was also comparable to face-to-face therapy (OR=0.94, 95% CI= 0.29 to 3.05) and passive interventions (OR=1.40, 95% CI=0.76 to 2.59). Conclusions: The effectiveness of digital interventions for reducing substance use is generally weak and short-lived. However, significant reductions in alcohol use were seen. Large-scale studies should investigate the viability of digital interventions, collect user feedback, and determine cost-effectiveness.

17. The Home at Last Team Model

Dr E. Naomi Smith, Dr Ruta Rele

Aims – We aim to present our Home at Last Team (HALT) model and how it has impacted treatment in a busy inner city area of Sheffield. Background – It is well documented that people who are homeless or without stable housing suffer from higher rates of substance use and higher rates of mental and physical ill-health, in comparison to the general population. People of no fixed abode often experience barriers to accessing appropriate care. HALT is an intervention specifically designed to support this population. Methods – We will illustrate our HALT model and detail approaches to care and feedback to date. Results – Results from structured feedback and time spent working with the HALT team will be reviewed. Conclusions – Results to date suggest that providing specific interventions for people without stable housing and substance use disorders has improved outcomes in comparison to standard care.

18. A case study of Hyperprolactinemia induced by Buprenorphine

Dr Paster Venan, Dr Praneeth Dara, Dr Vyasa Immadisetty

Aims and hypothesis To ascertain the nature of endocrinological side effects during the course of opiate substitution therapy, in this particular case with Buprenorphine. The working hypothesis is that the endocrinological side effects are usually minimal during the course of opiate substitution therapy with Buprenorphine.   Background In the course of day-to-day clinical practice in an addiction psychiatry setting, we stumbled upon an incidence of hyperprolactinemia in a patient who was initiated on Buprenorphine, which led to searching for research evidence looking at the prevalence of endocrine side- effects for patients who are prescribed with an opiate substitute medication.   Methods – A case report Ms. L is an 18-year-old female referred to Addiction services with a 5-year history of Opiate abuse and dependence. At the point of referral, she was dependently using co-codamol 30/500mg taking up to 60 tablets a day as 20 three times a day. She was supported by the local young person's drug and Alcohol services at age 17 where she received a supported reduction programme. She was able to benefit from this initially, reduced her co-codamol to 44 per day in the first 3 months, and further reduce to 28 tablets per day by end of month 5. She struggled to make any progress from then on and hence was brought to the attention of addiction services.   Results She was prescribed Buprenorphine as substitute prescribing; the dose of buprenorphine had been increased up to 20mgs per day. Following this, it was observed she had developed elevated serum prolactin levels, which had been sustained with an unmistakable temporal correlation with the prescription of buprenorphine and the onset of hyperprolactinemia.   Conclusions Given the risk for hyperprolactinemia in patients treated with opioids, clinicians should endeavour to inquire about associated signs and symptoms.

Forthcoming events

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Guidance:

- Suggest a topic and describe your session idea
- The abstract should not exceed 250 words
- Sessions will be between 45 minutes to 1 hour in length
- Consider using interactive features such as polling, video clips, audience engagement, as well as slide presentations
- A maximum of 2 presenters per session will be given a complimentary conference place on the day of your session. Additional presenters can register and pay to attend

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