Conference Booklet

Contents

Programme: Day One

Day 1 - Thursday 29 April 2021	
Session 1	
12:30-12:40	**Welcome and Introductions** Professor Julia Sinclair
12:40-12:55	**The impact of disinvestment from alcohol and drug treatment services** Suzie Roscoe
12:55-1:10	**Alcohol Care Teams - Spin and Reality** Professor Tom Phillips
1:10-1:25	**Alcohol Assertive Outreach Treatment: evidence and practice** Professor Colin Drummond
1:25-1:40	**Q and A**
1:40-2:00	Break
Session 2	**Chair: Dr Ed Day**
2:00-2:15	**DVLA: New recommendations for a High-Risk Offender Drug-drive Scheme new drug guidelines** Professor Kim Wolff, Professor of Analytical, Forensic and Addiction Science
2:15-2:30	**Aviation Psychiatry: Drugs and Alcohol** Dr Jane Marshall
2:30-2:45	**Alcohol Harm reduction in Maternity Services** Professor Lesley Smith, Professor of Women's Public Health, Hull University
2:45-3:00	**Mental Capacity Act and Substance Use Disorders – Practicalities and Challenges** Dr Clementine Maddock, RCPsych Legal Lead, MHAct reform
3:00-3:15	**Q and A**
3:15-3:35	Break
Session 3	**Chair: Dr Emily Finch**
3:35-3:50	**Public injecting, HIV and other drug-related harms in Scotland:**

	the potential of drug consumption rooms Kirsten Trayner
3:50-4:05	**Peer to peer Naloxone results from Cleveland and Redcar service** George Charlton and Gary Besterfield
4:05-4:20	**Homelessness and addiction – what can we learn?** Dr Jenny Drife, RCPsych Homeless lead
4:20-4:35	**Q and A**
4:35-5:00	Break
Session 4	**Chair: Professor Julia Sinclair**
5:00	**Faculty Lecture: The Neurobiology of Addiction** Professor Anne Lingford Hughes
5:45	**Q and A**
6:00	**Close of day one**

Programme: Day Two

Day 2 - Friday 30 April 2021	
Session 1	**Chair: Professor Julia Sinclair**
9:15-9:25	**Welcome and Introductions** Professor Julia Sinclair
9:25-9:40	**Suicide and Self harm rates during Covid: Recent results from the National Confidential Inquiry into Suicide and Safety in Mental Health** Professor Nav Kapur, Professor of Psychiatry and Population Health
9:40-9:55	**Impact of the Covid pandemic on domestic abuse survivors and services** Sarah Davidge, Research and Evaluation Manager, Women's Aid
9:55-10:05	**Q and A**
	Chair: Professor Anne Lingford-Hughes
10:05-10:20	**Comparison of European Alcohol Treatment Guidelines** Dr Miriam Hillyard, MRC Addiction Research Fellow
10:20-10:35	**Evidence of dysregulated engodenous opioid signalling in alcohol dependence** Dr Sam Turton, MRC Addiction Research Fellow
10:35-10:50	**Development of a suicide prevention intervention for Emergency Department attendees presenting with self-harm and substance misuse** Dr Prianka Padmanathan, MRC Addiction Research Fellow
10:50-11:05	**Q and A**
11:05-11:30	Break
Session 2	**Chair: Professor Anne Lingford-Hughes**
11:30-11:40	**Trainee Prize lecture: Why do people presenting to specialist community addiction services in England get admitted to hospital?** Dr Emmert Roberts
11:40-11:50	**Q and A**

	Chair: Iain Smith
11:50-12:05	**Alcohol Consumption and its Role in Society and Community Formation** Professor Robin Dunbar, Prof of Evolutionary Psychology, Oxford
12:05-12:20	**The Politics of Alcohol** Dr James Nicholls
12:20-12:35	**Inebriate reformatories and the relations of alcoholism to insanity in Britain, 1880-1920** Dr David Beckingham
12:35-12:50	**Q and A**
12:50-1:30	Break
Session 3	**Chair: Dr Louise Sell**
1:30-1:45	**Britain's Opioid Crisis** Dr Peter Byrne, Consultant Liaison Psychiatrist
1:45-2:00	**Managing the Risks and Benefits of Analgesic Medication - NICE guidelines** Dr Cathy Stannard, Consultant Pain Specialist
2:00-2:15	**New patterns in post mortem toxicology in Drug related Deaths** Dr Hilary Hamnett, Toxicologist
2:15-2:30	**Q and A**
2:30	Close of day 2

Speaker Abstracts and Biographies

Day 1 - Thursday 29 April 2021

The impact of disinvestment from alcohol and drug treatment services

Suzie Roscoe

Whilst only a small proportion of the population experience substance use disorders, the burden of related harm is substantial and far-reaching. Alcohol and drug treatment is an effective policy approach to improving health and social outcomes for individuals, their families and society. Since 2014, local authorities' spending on treatment for substance use disorders has reduced substantially during a period of sustained public sector austerity. This presentation summarises a multimethod study examining the impact of disinvestment from alcohol and drug treatment services.

Suzie Roscoe has ten years' experience of leading strategy and commissioning for alcohol, drugs and community safety within the public sector. Suzie has a Masters in Public Health and is in the final stages of completing her PhD at the University of Sheffield focussing on the impact of disinvestment from alcohol and drug treatment services in England.

Alcohol Assertive Outreach Treatment: evidence and practice

Professor Colin Drummond

Assertive outreach is increasingly being used as an enhanced treatment option for people with alcohol dependence and complex needs who are challenging to engage in more conventional addiction treatment services. This presentation will review the evidence on the effectiveness of Alcohol Assertive Outreach treatment (AAOT) for people who have a history of disengagement with addiction services and people with alcohol dependence who frequently attend hospital for alcohol related reasons. While practice is currently ahead of the evidence base, future implementation is likely to be dependent on demonstrating evidence of cost effectiveness. This in turn will require targeting of more resource intensive interventions such as AAOT towards high need, high cost patients. AAOT is a means of helping people to engage with evidence based interventions and care.

Colin Drummond is Professor of Addiction Psychiatry, Head of the Alcohol Research Group, and Consultant Psychiatrist at the National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London and South London and Maudsley NHS Foundation Trust. Trained in medicine in Glasgow and completed psychiatry training at the Maudsley Hospital in London. He was Professor of Addiction Psychiatry at St George's Hospital Medical School 1993-2007. Principal investigator on several research grants from the Department of Health, National Institute for Health Research, the Medical Research Council and the European Commission, including the DH funded national alcohol needs assessment project and a national research programme on alcohol screening and brief intervention (SIPS). Provided advice to governments on alcohol and drug misuse strategy. Member of the WHO Expert Committee on Drug Dependence and Alcohol Problems, and Chair of the NICE guideline development group on management of harmful drinking and alcohol dependence. Past Chair of the Addictions Faculty at the Royal College of Psychiatrists, and Chair of

the Medical Council on Alcohol. Chair of the Public Health England Alcohol Treatment Expert Group. National Professional Adviser in Substance Misuse, Care Quality Commission. Senior Vice President, European Federation of Addiction Societies. Leads alcohol and mental health research within the South London NIHR Applied Research Collaboration. NIHR senior investigator award 2017-2024.

Aviation Psychiatry: Drugs and Alcohol

Dr Jane Marshall

A short presentation describing my clinical role as a Psychiatrist Advisor for the Civil Aviation Authority

Jane Marshall is a Consultant Psychiatrist in the Addictions at the South London and Maudsley NHS Foundation Trust (SLaM) and visiting Senior Lecturer at the National Addiction Centre, King's College London. I am currently seconded to three specialist services: NHS Practitioner Health (NHS PH), a dedicated service for doctors and dentists with mental health and addiction problems; the Civil Aviation Authority (CAA) where I am a Consultant Advisor working in a regulatory capacity; and to the Homeless Hotels Drug and Alcohol Support Service (HDAS), a cross-provider partnership to support London's homeless population placed in hotels by the GLA as part of the response to COVID-19. I am on the executive of the Faculty of the Addictions at the Royal College of Psychiatrists, and am a Health Examiner and Medical Supervisor for the GMC (and Medical Supervisor for the GDC).

Public injecting, HIV and other drug-related harms in Scotland: the potential of drug consumption rooms

Kirsten Trayner

Scotland, has faced unprecedented levels of drug-related harms in recent years, including outbreaks of infectious disease (anthrax, wound botulism, HIV) and now escalating drug-related deaths. In response to these drug-related harms, particularly an ongoing HIV outbreak predominantly affecting homeless individuals injecting cocaine in public (or street-based) settings in Glasgow city, a pilot drug consumption room (DCR) was proposed. In this context, we assessed the relationship between public injecting and multiple drug-related harms (HIV, current HCV, skin and soft tissue infections and overdose) and willingness among people who inject drugs (PWID) to use DCRs nationally in Scotland. We found that public injecting was independently associated with all harms assessed and is an important contributing risk factor in the ongoing HIV outbreak. In addition, we found a high willingness to use drug consumption rooms, particularly among those at highest risk of harm. Our results provide robust epidemiological evidence supporting expansion of harm reduction services and the provision of drug consumption rooms nationally.

Kirsten Trayner is a final year PhD Candidate at Glasgow Caledonian University and Epidemiologist at NHS Public Health Scotland. Kirsten's PhD research is focused on understanding harms, mainly BBVs, associated with injecting drug use and interventions which can be implemented to improve health and social outcomes among people who inject drugs. A large proportion of her PhD is dedicated to understanding the epidemiology and the response to the largest documented outbreak of HIV in the UK in over 30 years among people who inject drugs, concentrated in Glasgow.

Developing Peer to Peer Naloxone Training & Supply Programs: "putting those with lived and living experience of at the heart of the project "

George Charlton and Gary Besterfield

Across the UK more and more people are dying of needless and avoidable drug related deaths. Year on year the figures keep rising and according to ONS the number of people tragically losing their lives to a drugs overdose is at its highest since data was first recorded, seeing 4393 death across England and Wales in 2019. As numbers of deaths rise so must our desire to make a difference and one such way of doing this is to empower people who use drugs to go out into the community, to work as peer educators who can train and supply Naloxone, a prescription only medication on the streets where people are dying every day! Our presentation will tell the story of using a peer driven community mobilisation and technical support approach to build a life saving project at the We Are With You charity, which sees people who use drugs, the unsung Hero's of this story saving the lives of their friends and peers every day. Its simple "You Cant Recover if you're Dead".

After a struggling with personal addiction issue, being detained under the mental health act and spending time within the prison system over a ten year period, **George Charlton** received prestigious accolade of UK Skills National Training Award winner for his continued commitment over many years to working with individuals and their families who are disenfranchised by addictions and wider social issues across the North East of England. George started training as a counsellor in 2003 and qualified with a Diploma in person centered practice in 2005 before going on to complete a Master of Arts in Social Sciences and Health at Durham University in 2006. George is a passionate harm Reductionist whose work takes him across the UK to develop a range of innovative and dynamic peer led drug and alcohol programs. All of the work george undertakes is designed and developed in partnership with peers, people who use drugs, he firmly believes in putting people with lived and living experience of addiction front and centre at the heart of everything.

My name is **Gary Besterfield** and i am currently a Service Manager for We Are With You in Redcar and Cleveland which is a Substance Misuse Use service supporting clients with drug/alcohol related dependencies. I have worked in Substance Misuse for 20+ years in a variety of settings that have been both community based and hospital/GP based. My initial training centred around key psychosocial therapies that support our client group such as Motivational Interviewing and Cognitive Behavioural Therapy. Over the past few years i have joined the management team and my focus now is looking at supporting and implementing good evidence based practices, that provides our clients with the best possible outcomes, one of which is the Naloxone Peer 2 Peer Project.

Homelessness and Addiction - what can we learn?

Dr Jenny Drife

This talk will look at - the relationship between addiction and homelessness and the vulnerability of homeless clients - the impact of Covid-19 - how best to work with this client group and what developments are planned.

Jenny Drife has worked with homeless clients in both general psychiatry and addictions since 2006. She is currently consultant psychiatrist in a CMHT for rough sleepers at the South London and Maudsley NHS Trust and was previously a consultant addiction psychiatrist in South Westminster for 5 years. She is Advisor on Homelessness at the Royal College of Psychiatrists.

The Neurobiology of Addiction

Professor Anne Lingford-Hughes

This talk will provide an update into the neurobiology of substance addiction and how this is informing development of treatment.

Professor Anne Lingford-Hughes is Professor of Addiction Biology at Imperial College and Head, Centre for Psychiatry. She is also a Consultant Psychiatrist with a particular interest in pharmacological treatments of alcohol and opiate dependence at Central North West London NHS Foundation Trust. She graduated in medicine from Oxford University, completed her PhD at Cambridge University, and trained in psychiatry at The Bethlem and Maudsley Hospitals and Institute of Psychiatry. Her research has focused on using neuroimaging, pharmacological and behavioural challenges to characterize the neurobiology of addiction to alcohol, opiate, cocaine, gambling and nicotine. Her work particularly focuses on improving relapse prevention. Prof Lingford-Hughes was Hon. General Secretary of the British Association for Psychopharmacology through which she co-developed and wrote their guidelines about the pharmacological management of substance misuse and addiction and comorbidity with psychiatric disorders. In addition she has contributed to NICE guidance about opiate detoxification and alcohol dependence and is contributing to PHE guidelines about managing alcohol problems. She is currently Professional Liaison Officer, British Neuroscience Association and recent past-Chair of the Academic Faculty of Royal College of Psychiatrists.

Speaker Abstracts and Biographies

Day 2 - Friday 30 April 2021

Impact of the Covid pandemic on domestic abuse survivors and services

Sarah Davidge

Overview of Women's Aid's work looking at the impact of the Covid-19 pandemic on the experiences of women and children experiencing domestic abuse and on the specialist services supporting them.

Sarah Davidge is the Research and Evaluation Manager at Women's Aid Federation of England and has worked at Women's Aid for 13 years in a range of roles within the membership and research teams. Sarah leads a number of projects providing an evidence base for the experiences of survivors of domestic abuse and the specialist services supporting them, including the No Woman Turned Away project which supports women facing barriers to accessing refuge. Her research has included the 2019 reports The Economics of Abuse looking at the relationship between economic resources and domestic abuse, and Funding Specialist Support for Domestic Abuse Survivors which looks at the investment needed to create a sustainable support sector which is accessible to all women. Sarah is currently leading on work looking at the impact of Covid-19 on survivors and services which has included the 2020 report A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them.

Comparison of European Clinical Guidelines on the Management of Alcohol Use Disorders

Dr Miriam Hillyard

Alcohol is a leading cause of morbidity and mortality in the European region, and tackling the harmful use of alcohol is a public health priority. Most countries in the region have national strategies for treating alcohol use disorders (AUD), but there is significant between-country variation. This study aimed to compare clinical guidelines for the management of AUD from countries of the European region and to determine whether countries' relative wealth or quality of their health systems had affected the guidelines.

Miriam Hillyard is an MRC Addictions Research Clinical Training Fellow at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. Her academic research focuses on LGBTQ+ health, drugs and alcohol, and psychosexual medicine. She is interested in how experiences of stigma and discrimination lead to health inequities. Currently, she also works as a doctor in a South London Addictions service.

Evidence of dysregulated engodenous opioid signalling in alcohol dependence

Dr Samuel Turton

Alcohol dependence is associated with dysregulated reward responses and endogenous opioid signalling. We have shown blunted endogenous opioid release in abstinent alcohol dependent individuals and examined links between

financial reward responses and opioid signalling using a combination of positron emission tomography and functional MRI neuroimaging.

Dr Samuel Turton is an academic clinical fellow at the South London and Maudsley trust, and postdoctoral researcher at Imperial College and Kings College London. His research uses PET and fMRI imaging to investigate opioid neurotransmission and reward processing in addiction.

Development of a suicide prevention intervention for Emergency Department attendees presenting with self-harm and substance misuse

Dr Prianka Padmanathan

Dr Prianka Padmanathan is an academic clinician in Psychiatry. She is currently undertaking an MRC MARC-funded PhD at the University of Bristol, investigating suicide and self-harm amongst people with addictions.

Why do people presenting to specialist community addiction services in England get admitted to hospital?

Dr Emmert Roberts

Over the past decade in England the rate of alcohol and opioid-related hospitalisation has increased alongside a simultaneous reduction in people accessing specialist addiction treatment. This presentation reports on the first study to interrogate national hospitalisation patterns within people presenting to addiction services with problematic use of alcohol or opioids in England. The full study can be accessed for free at https://www.sciencedirect.com/science/article/pii/S2666776221000132

Dr Emmert Roberts is an MRC Clinical Research Fellow in the National Addiction Centre, Institute of Psychiatry, Psychology & Neuroscience (IoPPN) and an Honorary Specialist Registrar in Substance Misuse Psychiatry at the South London and the Maudsley (SLaM) NHS Foundation Trust. He graduated with distinctions in medicine from the University of Oxford in 2010, and in epidemiology from the London School of Hygiene and Tropical Medicine in 2018. He is a member of both the Royal Colleges of Physicians and Psychiatrists, and his current research focus is on drug and alcohol service provision and it's impact on hospitalisation and mortality. He has a strong interest in substance misuse, co-morbidity and the overlap of physical and mental health conditions. Throughout the COVID-19 outbreak he has worked as the clinical lead for the Homeless Hotel Drug and Alcohol Support Service (HDAS-London), the first pan-London commissioned drug and alcohol service providing alcohol, tobacco and drug support to those individuals experiencing rough sleeping temporarily housed in hotel accommodation across the capital.

Inebriate reformatories and the relations of alcoholism to insanity in Britain, 1880-1920.

Dr David Beckingham

This talk will introduce the inebriate reformatory system of late-nineteenth and early-twentieth century Britain. A distinction can be drawn between the voluntary retreats licensed under the 1879 Habitual Drunkards Act and the reformatories created under the 1898 Inebriates Act that would treat those convicted of drink-related offences. Yet both were shaped and compromised by a commitment to voluntarism that was characteristic of Victorian liberalism: the former because it allowed patients to choose whether they wanted treatment; the latter because it was for local authorities to decide if they wanted to subscribe to reformatory space. Under the 1898 Act, criminal justice rather than medical imperatives determined who would be sentenced. The effect of that framing will be my focus, firstly to explain how it shaped a geographically uneven and ultimately unsuccessful reformatory system. Drawing on the writings of medics as the Scottish system unravelled, secondly, I will demonstrate how assessments of reformatory populations shaped emerging ideas about the relationship between alcoholism and mental defectiveness.

David Beckingham <https://www.nottingham.ac.uk/geography/people/david.beckingham> is Associate Professor of Cultural and Historical Geography at the University of Nottingham. His research examines the relationship between liberal government and different aspects of Victorian and Edwardian moral regulation. He has published on alcohol licensing, the temperance movement, and the inebriate reformatory system.

Britain's Opioid Crisis

Dr Peter Byrne

This is a public health perspective on global then UK trends in opioid use, with data on morbidity and mortality. The UK has been spared the worst of what happened in the US but is an outlier in European adverse outcomes. Multilevel solutions are presented to address further rises in opioid harm in the context of the indirect effects of the pandemic.

Dr Peter Byrne is a consultant liaison psychiatrist in East London with a special interest in Gastroenterology. He has been public mental health lead for RCPsych since 2014.

Managing the risks and benefits of analgesic medicines: the NICE Guidelines

Dr Cathy Stannard

There is no medical intervention for persistent (chronic) pain, including medicines, that helps more than a minority of patients and harms of medical treatments are common. Despite decades of outstanding neurobiological research, successful treatments for persistent pain remain elusive. The recent NICE Guideline for Chronic Primary Pain outlines the lack of evidence for many of the treatments in common use and focuses on the centrality of collaborative and empathic relationships between healthcare professionals when supporting people to live well with pain, and emphasises the importance of a better understanding of the complexity of the pain experience.

Cathy Stannard was a Consultant in Pain Medicine for 23 years and is now works for NHS Gloucestershire CCG. She writes and lectures widely on aspects of pain management, evidence, and opioid therapy in particular and the implications for public health. Cathy contributes to the work of PHE, MHRA, ACMD, NHS England/Improvement, the European Medicines Agency, and the Cochrane collaboration. She is a member of the IASP International Taskforce on Opioids and for the WHO Guideline on Cancer Pain Management. She is Clinical lead for the NICE Guideline on Chronic Pain and topic advisor for the NICE Guideline on Safe Prescribing and Withdrawal Management of Medicines Associated

with Dependence. She provides in-reach pain services to five prisons in the South West of England and frequently contributes to conversations about pain, opioids and painkiller addiction in both written and broadcast media.

New patterns in post-mortem toxicology in drug-related deaths

Dr Hilary Hamnett

This presentation will explain how forensic toxicology can be used in the investigation of drug-related deaths (DRDs) and will examine some trends in recent DRDs in the UK. These include changes in the demographics of the deceased as well as patterns of use of specific substances, such as opioids, benzodiazepines and novel psychoactive substances.

Dr Hilary Hamnett received her MChem and DPhil degrees from the University of Oxford, followed by an MSc in Forensic Science from the University of Strathclyde. She has eight years of experience analysing and reporting forensic toxicology cases in England, Scotland and New Zealand, and has written journal articles and book chapters on a number of topics related to drugs and toxicology, including drugs and driving, new psychoactive substances and carbon monoxide poisoning. She is a member of the Advisory Council on the Misuse of Drugs and currently Senior Lecturer in Forensic Science at the University of Lincoln.

Poster Abstracts

1. Audit: Vitamin B CoStrong and Thiamine in Alcohol Dependence Syndrome (ADS).

Ruth Agnew, CT1-3, Dr Roisin Smith, Locum Consultant

Aims and Hypothesis Compare the prescribing practices in Ward 15, Downshire Hospital (inpatient addictions unit) against the Regional Medicines Optimisation Committee (RMOC) Position Statement 2019 for oral vitamin B supplementation in alcoholism. Background The RMOC (2019) advises against Vitamin B Complex Preparations in the prevention of Wernicke's Encephalopathy (WE) due to lack of efficacy and safety data. The RMOC (2019) gives four indications for Thiamine prescription to prevent WE in alcoholism: malnourishment or risk of malnourishment; decompensated liver disease; acute withdrawal; before and during a medically assisted withdrawal. They advise thiamine prescription be stopped 6 weeks after detox, assuming abstinence is maintained. Methods Patients admitted between 01/08/2020 - 31/12/2020 with ADS were included. Discharge letters were examined to identify Vitamin B CoStrong/Thiamine prescription and discontinuation plans. Results N=40. 26/40 (65%) of patients were prescribed Vitamin B CoStrong, 12/40 (30%) had Vitamin B CoStrong stopped or planned to stop in the community. 39/40 (98%) of patients were prescribed thiamine and 11/40 (28%) had a documented discontinuation plan. Conclusions Prescribing practices in ward 15 are only meeting the advice given by RMOC (2019) in a minority of cases. Longer term Thiamine may be prescribed for alternative indications – but this was not specifically documented in individual cases and therefore not included in the results. Vitamin B CoStrong costs approximately 7p per tablet, or £153.66 per year per patient. Thiamine costs 4p per tablet, or £87.36 per year per patient. By appropriately stopping these medications there is a financial benefit. The RMOC standard was agreed and implemented by the multidisciplinary team in January 01/01/2021. A reaudit covering January- June 2021 is planned.

2. Audit on overnight presentations in Mental Health Liaison Team

Meda Apetroae, ST4-6, Dr Champa Balalle- consultant psychiatrist, Dr Arvind Hunjan- consultant psychiatrist, Hertfordshire Partnership University NHS Foundation Trust and Matthew Clarke- CGL worker, Lister Hospital, Corey's Mill Lane, Stevenage, Hertfordshire

Background: Between 9 pm and 9 am, the referrals to mental health liaison team done by A&E Lister Hospital, Stevenage, consist mostly of people with drug and alcohol problems. These patients are a high risk group and they are referred to the mental health liaison team as we don't have a 24 hour Drugs and alcohol (CGL) service. Aims: The aim of this project is to show how many of the cases that are referred to Mental Health Liaison Team by A&E overnight are related to drugs and alcohol misuse and what can we do to improve our services to help support these people, but also help prevent strain on mental health services. Methods: 1. Sample: patients who presented to A&E Lister Hospital, Stevenage, Hertfordshire between 9 pm and 9 AM in the period 1st of April 2019 - 31st of May 2019 2. Project Tool: An audit tool was created 3. Method of data collection: Using Mental Health Liaison Team and CGL monthly databases and PARIS Results: 1. The number of presentations out of hours was 165 2. Out of all presentations, 15% of females and 67% of males had drugs involvement and 30% of females and 45% of males had alcohol involvement 3. 10% of the patients who presented to A&E that had drugs and alcohol involvement were already known to CGL and for 22% of patients a referral to CGL was discussed and 12% accepted the referral 4. 16% of presentations had contact with CGL within one month of the initial presentation to A&E. 8% of presentations had ongoing contact with CGL Conclusions: 1. Read only access to CGL patient records system for the mental health liaison team staff is needed prior to assessment in A&E 2. We recommend that CGL offers a 24/7 service in A&E

3. Co-morbid gambling disorder in a local drug and alcohol service: an audit to determine prevalence

John Barker, ST5 Academic Clinical Fellow, The University of Sheffield, Dr Ruta Rele, Consultant Addictions Psychiatrist, Sheffield Health and Social Care NHS Foundation Trust Miss Charlotte Cartwright, Medical Student, University of Sheffield Miss Bethany Dinsdale-Young, Medical Student, University of Sheffield

Aims and hypothesis Improving the care of patients with co-morbid substance misuse and gambling disorder by assessing the extent to which the service currently enquires about and records problem gambling in its patient cohort. It is hypothesised that as no formal recording process is in place, this information will not be recorded systematically and in a way that is easily retrievable by the service. The audit will allow the service to assess whether changes need to be made to the initial assessment pathways into treatment for substance-related disorders to adequately record this information so that further assessment and onward referral can take place. Background National surveys show that over 56% of adults in England gamble annually, and of those surveyed, 0.5% were problem gamblers, equating to 300,000 problem gamblers at any point. The prevalence of problem gambling in patients with a substance misuse disorder ranges from 20.5% to 55%. Method All active patients (n=2824) within the service had both their electronic initial assessments and their entire electronic notes screened for terms such as 'betting' and 'gambling' and this was recorded using an Excel spreadsheet. Prevalence rates across the teams (opiates, non-opiates and alcohol) were then calculated. Results The results showed that 0% of patients had any entries in their initial screening noting any gambling activity. Further scrutiny of the records revealed that only 3.5% (n-99) had ever discussed gambling with a worker in any of the services. Conclusions The majority (n=52) of patients who had discussed gambling only had one positive search result, suggesting this was not followed-up in a systematic fashion. Recommendations are to revise the common assessment pro-forma to include a validated brief screening tool (lie/bet), where one positive answer triggers a further assessment with an appropriate clinician for consideration of referral to the local NHS gambling service.

4. Is Recovery from Drug and Alcohol Addiction Contagious? A Pilot Study of a Social Network Approach

Maeve Boden, Medical Student, Per Block Dr Stephanie Burnett Heyes Dr Ed Day

Aims and Hypothesis: Here we present the protocol for a pilot study to test the feasibility of exploring the relationship between daily social interactions and daily recovery status by using a Stochastic-Actor Orientated Model (SAOM). Background: Research indicates that changes in an individual's social network and recovery status are related. Despite this, previous data collection has not been frequent enough to elucidate a temporal relationship i.e. whether social selection (recovery status determines social interactions) or social influence (social interactions change an individual's recovery status) can explain recovery status homogeneity within groups. Methods: Data were collected for 6 weeks from 14 drug-free participants at a residential rehabilitation programme in Birmingham (average length of abstinence: 18 days). Participants completed daily diaries that measured their social interactions and recovery status, nominating people they interacted with each day. As no measure of daily recovery status has been reported, a number of potential parameters were measured. Results: Daily collection of measures was acceptable and feasible. The recovery measure with the most day-to-day variability was 'I am making progress in my recovery journey', where responses ranged from 3-10. The measure with the least variability was 'It will be important for me to contribute to society and be involved in activities that contribute to my community' which ranged from 4-7. Conclusions: This protocol outlines a method for assessing the relationship between social networks and recovery. In addition, preliminary data about the daily variability of several measures of recovery are presented. A definitive study will need a larger sample size to allow the use of a SAOM and draw conclusions on direction of effect. Future studies should also further evaluate the psychometric properties of the measure of 'daily recovery status'.

5. The effects of the closure of inpatient addictions units in Northern Ireland on presentations to acute services during the Covid-19 pandemic

Megan Crooks, CT1-3, Donna Mullen, John Currie, Tina Kenning, Alexandra Todd

Aims and hypothesis: To explore the difference between how patients awaiting admission to the addictions units in Northern Ireland (NI) presented to acute services compared with patients who were admitted during the same time period in 2019. We hypothesized that patients awaiting admission during the ward closure would present to acute services more than those who were admitted during the previous year. Background: There are 30 addictions beds regionally in NI, across 3 inpatient units. In March 2020 all 3 addictions units closed during the Covid-19 pandemic and remained closed for 5 months. Research suggests people are more likely to access unplanned care for addictions in NI than in the rest of the United Kingdom. The impact of ward closure on presentation to acute services was not monitored. Methods: Patients were identified from a waiting list for admission to the addictions units at the time of their closure. A comparable cohort of patients was identified for each unit using records of those admitted during the equivalent time period in the previous year. Electronic care records were reviewed to identify presentations to acute services (Emergency Department and General Practice out of hours). Results: 61 patients were on the waiting list for admission at the time of the ward closures. 75% of patients awaiting admission in the Western Trust presented to acute services, on average 2.19 times. Of those awaiting admission in the South Eastern Trust, 59% presented, on average 1.85 times. 33% of those awaiting admission in the Northern Trust presented, on average 0.61 times. Conclusions: Presentations to acute services differed between units. This could be partly due to differences in local Covid-19 infection rates and perceived danger of attending the Emergency Department. Further research is required to monitor ongoing presentation to acute services, ideally prospectively rather than retrospectively.

14. 'If it isn't documented, it wasn't done': An audit of concordance with local prescribing protocols for 'Buvidal' buprenorphine injection.

Sinead Davies, FY1, Dr Sinead Davies, Mr Dafydd Thomas, Dr Mohan Gangineni

Aims- • Assess concordance of Buvidal prescribing against Swansea Bay University Health Board (SBUHB) standards • Compare prescribed dose of Buvidal with anticipated dose based on sublingual buprenorphine requirements Method- All patients prescribed Buvidal by SBUHB Community Drug and Alcohol Team (CDAT) were identified (n=26). Electronic notes were interrogated to collect relevant data. Prescription charts were examined. Anonymised data was compared to the standards set by the local guidelines: 'SBUHB: CDAT standards and guidance for the introduction of Buvidal prolonged release solution for injection'. Results- 1. Assessment: A specialist assessment was completed for all identified patients, all had documented evidence of opioid dependence syndrome. 9 patients had evidence of assessment of contraindications to Buvidal. 17 had liver function tests within the last 3 months. 2. Information given: 14 patients were provided with information about potential risks and benefits. 4 patients were informed of risk of precipitated withdrawal. 18 had documented informed consent 3. Prescribing: All prescription charts documented supplemental dosing instructions. 12 charts recorded allergies/sensitivities and 23 had anaphylaxis medication prescribed. 4. Dosing accuracy: 19 patients were prescribed monthly Buvidal. 12 of these were prescribed a monthly dose corresponding with their initial sublingual buprenorphine requirements, 7 were prescribed a higher dose than anticipated. Number of weekly doses administered before switching to monthly ranged from 2-10 weeks. Conclusions- This audit identified that improvements are needed in assessing and documenting the suitability of patients for Buvidal, and the discussions about treatment. Prescription charts need to be fully completed with allergies and anaphylaxis medication. A prolonged phase of weekly dosing and assessment has identified the need for higher than anticipated

dosing in 37% of cases. The authors plan to address shortcomings through clinical teaching, and to produce posters to prompt discussions and documentation. Reaudit will be completed in 3 months. No external funding received.

6. Use of the Addenbrooke's Cognitive Examination III in the inpatient management alcohol detoxification.
Deborah Forbes, Clinical Fellow (Post FY2), Dr Rebecca Lawrence, Dr Fiona Watson.

Aims An audit to assess the use of Addenbrooke's Cognitive Examination III (ACE) in the context of inpatient alcohol detoxification. Background Alcohol dependence is well known to negatively impact global cognition, memory, executive function, and results in an increased risk in dementia. The National Institute for Health and Care Excellence (NICE) recommend using brief measures of cognitive function to assist treatment planning in alcohol dependent patients. Methods Anonymised data was collected prospectively from the clinical records of patients admitted to the Ritson Clinic between the 25th of September 2019 and the 30th of June 2020. Reason for referral, clinical history, details of pharmacological management, and ACE scores were recorded in a database. Results In this period there were 119 admissions for alcohol detoxification, 7 patients had a diagnosis of cognitive impairment on admission, and 4 of these had been specifically referred for cognitive assessment. Of these, 53 patients completed the ACE prior to discharge. The maximum score was 100/100, the minimum score was 46/100, the average score was 80.3 (SD 12.6). 16 patients had a normal score of over 88/100, 13 patients had a score suggesting mild cognitive impairment (82-88/100) , 18 patients had a score suggesting mild dementia (61-82/100) , and 6 patients had a score suggesting moderate dementia (<61/100). Conclusions The period after inpatient detoxification brings a significant lifestyle change, requires patients to comply with new prescriptions, and manage timetables of support groups and clinical appointments. Less than half of the patients had a brief cognitive assessment during their admission. The burden of cognitive impairment in this group is significant, suggesting that the majority of patients may require additional support to comply with management plans and maintain abstinence after discharge.

7. Methaemoglobinemia secondary to Disulfiram: a case report
Neera Gajree, Consultant, Natasha Khan, medical student

Aims and hypothesis This case report aims to highlight a case of methaemoglobinemia caused by Disulfiram. Background Disulfiram is used to help patients suffering from alcohol dependence maintain abstinence from alcohol. Disulfiram inhibits the enzyme aldehyde dehydrogenase, resulting in the accumulation of acetaldehyde when alcohol is consumed. Adverse effects can be caused by consuming alcohol, and side effects to Disulfiram can also occur independently of alcohol use. A 35-year-old white Scottish male patient was referred to the local Addictions Psychiatry service with a history of alcohol dependence. He had been abstinent from alcohol for 2 weeks and was keen to commence Disulfiram. No contra-indications to Disulfiram were noted, and he was commenced on the drug at a dose of 400mg daily. One week after commencing Disulfiram, the patient presented at the Emergency Department complaining of a severe headache and blue tinged lips. His lips appeared cyanosed and his oxygen saturations were 80% on air. Methods An arterial blood gas revealed a methaemoglobin (MetHb) of 36.9% and the patient was diagnosed with methaemoglobinemia. Results MetHb arises when the iron component in haemoglobin is in the ferric state, which cannot bind oxygen. Methaemoglobinemia occurs when MetHb is present at levels of greater than 1%. Symptoms of methaemoglobinemia include cyanosis, headache, respiratory symptoms, cardiac symptoms and seizures. MetHb levels over 70% usually result in death. Methemoglobinemia is either congenital or caused by drugs. In this patient's case it was attributed to Disulfiram, which is not commonly listed as a drug associated with methaemoglobinemia. The patient was treated with methylene blue and made a full recovery. Conclusions The risk of developing methaemoglobinemia secondary to Disulfiram needs greater recognition. It appears to be rare phenomenon - to the authors' knowledge, this is only the second reported case of Disulfiram causing methemoglobinemia.

8. Urine drug screening among patients on admission to acute psychiatric wards in south London

Eva Havelka, Foundation Doctor, Dr Tom Walker-Tilley

Aims and hypothesis: To review and improve the documentation of urine drug screen tests (UDSs) among patients on admission to South London and the Maudsley NHS Foundation Trust (SLaM). We hypothesise a suboptimal rate of UDS documentation, and a prolonged duration between admission and UDSs being offered. Background: UDSs are useful aids in establishing illness aetiology and to support the management of substance use disorder. Unfortunately, the UDS result and patient refusal of UDSs, is often not documented. This hinders psychiatric diagnosis and management of substance use. Methods: Electronic patient records of 40 patients admitted to SLaM were reviewed for: 1) Documentation in assessments or notes sections of UDS being performed, declined, or unobtainable 2) Duration between admission and UDSs being offered 3) UDS included in care plan if it had not been offered Staged interventions to improve documentation include: 1) Presentation and discussion of findings in the weekly consultants', daily managers', and weekly ward governance meetings. 2) Educational session led by the dual diagnosis nurse (planned for 30/03/2021). Fourty patients admitted post intervention were reviewed. Results: Following intervention one, the proportion of patients with documentation of UDS being offered increased from 40.0% pre intervention, to 47.5% post intervention. Most documentation was entered under the assessments section, both pre (75.0%) and post intervention (68.4%). Most UDSs were offered on the day of admission or on the following day. However, there was a wide range (maximum 128 days), with many taking place once most substances are not traceable. Over half (52.4% pre, 76.1% post) of patients who had no documentation of a UDS, had this included in their care plan. Results from the second intervention will be presented. Conclusions: Rates of UDS documentation in inpatient settings requires improvement, which can be promoted by increasing awareness amongst nursing and senior management staff.

9. Opioid Substitution Treatment in Ireland: Reviewing the Protocol to Improve Treatment Retention

Jessica Lochtenberg, Medical Student,

Aims and hypothesis 1. The aim was to review the Irish Opioid Substitution Treatment (OST) clinical guidelines and assess whether they fulfilled recommendations made in the 2010 review of the Methadone Treatment Protocol (rMTP) regarding treatment retention. 2. A need to design a plan addressing barriers to adopting these changes was projected. Background In Ireland there is a high dropout and re-initiation rate into OST. Since the first 4 weeks of initiating OST represents a period of increased mortality risk, cycling in and out of treatment cumulatively increases this risk. The rMTP highlighted a need to develop structured care plans for patients, which should be reviewed yearly. This would facilitate patient progression through tiers of the service and improve treatment outcomes. The care plan should be incorporated into the Electronic Patient System, to facilitate clinical governance. Methods 1. Identified aspects of the rMTP and the HSE's 'Clinical Guidelines for OST' relevant to treatment retention. 2. Qualitative review including 16 research papers from searches of 3 electronic databases (ClincalKey, EMBASE, and OVID). 3. Critical interpretive synthesis of the research. 4. Development of a 5-year plan. Results The need to implement patient care plans as a standard of care still exists. A key barrier is that the demand for OST outweighs the supply of treatment providers. Treatment providers may therefore respond to patient's primary needs, rather than future needs. This issue ties into a further recommendation to increase the number of treatment providers. Conclusions Incorporating OST training into the Irish GP scheme training programme and offering incentives to GPs for providing OST within the remit of the care plan may reduce the burden on the system, and improve patient care. Rates of dropout should be monitored over the 5-year period to assess the impact of this intervention.

10. Service Evaluation of Long acting Buprenorphine Subcutaneous Injection (Buvidal) in the West Lothian Community Addictions Service

Amy Martin, ST4-6,

Aims and Hypothesis: 1. To establish if Buvidal, a long acting buprenorphine injection, retains patients in treatment 2. To obtain the patient opinion of Buvidal and whether it improved other aspects of their life for example relationships and employment It was hypothesised that Buvidal would retain patients in treatment, as it is a less restrictive and more flexible option for opiate substitute treatment. Introduction: The current treatment options for opioid dependence in West Lothain are methadone, sublingual buprenorphine and prolonged release injectable buprenorphine (Buvidal). West Lothian Community Addictions Service started commencing patients on Buvidal in March 2020 and by 31st September 2020 62 patients had been commenced on Buvidal. Method: Buvidal was offered as a treatment option to all new patients and those who had come off their prescription and required re-titration. The information used in this service evaluation was obtained from the information recorded in their electronic patient record, alongside patient questionnaires. Results: 84% of patients commenced on Buvidal remained in treatment at the end of September 2020, this did not include those who had been lost due to incarceration in HMP Addiewell, who may have remained on Buvidal. Patients who previously were not successfully maintained on methadone, traditionally viewed as having superior retention, have been retained in treatment on Buvidal. The majority of patients have stabilised on the highest monthly Buvidal dose of 128mg. A questionnaire of patients showed that this treatment option has given patients more opportunities and been viewed positively. Conclusion: Buvidal has been well tolerated by patients and there has been a demand for this treatment option from patients accessing the service. As a new treatment, the numbers are small, however these results are encouraging that prolonged release buprenorphine injection is a treatment option that can stabilise and retain patients in treatment.

11. Cognitive and affective empathy in alcohol dependent men: relation with abstinence and motivation.

Hrishikesh Nachane, CT1-3, 1. Gomati. V. Nadadgalli 2. Maithili S. Umate

Aims: To assess cognitive and affective empathy in men with alcohol dependence and compare it with normal controls. To assess changes in empathy with motivation and abstinence. Background: Empathy plays a role not only in pathophysiology but also in planning management strategies for alcohol dependence, however few studies have looked into it. No data is available regarding variation of empathy with abstinence and motivation. Assessment based on cognitive and affective dimensions of empathy is needed. Methods: The present study is a cross – sectional observational study conducted in the outpatient department of a tertiary care center in Mumbai, India. Sixty men with alcohol dependence and 60 healthy controls were recruited and assessed using the Basic Empathy Scale for cognitive and affective empathy. The University of Rhode Island Scale (URICA) was used to assess motivation. Other variables were assessed using a semi-structured pro forma. Comparative analysis was done using unpaired t test and one way ANOVA. Correlation was done using Pearson's correlation test. Results: Men with alcohol dependence showed lower levels of cognitive, affective and total empathy as compared to controls, with most significant difference being in cognitive empathy (Mean difference = 2.10, Cohen's d = 0.48, P = 0.01). Affective and total empathy was higher in abstinent men. Only affective and total empathy varied across various stages of motivation, with significant difference seen between precontemplation and action stages. Empathy correlated negatively with number of relapses and positively with family history of addiction, among the cases. Conclusions: Empathy (both cognitive and affective) is significantly reduced in alcohol dependence. Higher empathy correlates with lesser relapses. Abstinence and progression in motivation cycle is associated with remission in empathic deficits (affective, but not cognitive). The present study also confirms the theory that cognitive and affective empathy may operate independent of each other in alcohol dependence.

12. Acamprosate and Naltrexone Quality Improvement Project

Sophie Quarshie, ST4-6,

Aims and hypothesis To explore whether naltrexone/acamprosate had been considered for each patient commencing alcohol detoxification under the addictions services. Secondary aims include what proportion of those offered agreed to be prescribed acamprosate/naltrexone and whether these patients are being monitored correctly Background NICE guidelines state that either acamprosate or naltrexone should be considered for all patients who are undergoing an alcohol detoxification. Both medications have been shown to be effective in reducing alcohol consumption and preventing relapse when combined with other interventions including counselling. Methods A list of all patients referred to the service with 'alcohol' or 'drugs and alcohol' was curated over a three month period. 35 client were identified. 12 did not engage therefore were excluded. 17 of these were referred for inpatient detoxification and six for day unit detoxification. The progress notes were reviewed for any evidence that acamprosate/naltrexone has been considered and if it had whether there was evidence of appropriate follow up. Results 50% of those on the Day Unit were and 47% of inpatients had consideration of abstinence medication Of those who were considered for these medications all but one client agreed for prescription. In terms of monitoring there was little evidence of monitoring and poor communication with GPs. Conclusions As per NICE guidelines more clients need to be offered acamprosate/naltrexone and more effective monitoring needs to be place. Protocols and guidance were formulated and disseminated to all clinical staff as well as template letters to send to GPs.

13. Research: The study to ascertain awareness among professional about the use of social media/cyber-technology

Hina Rehman, Consultant, Dr Khurram Sadiq

Aim: The aim is to ascertain the impact of use of social media/tech devices on the day to day life. Method: The methodology of this project involved 2 stages which included completing a survey questionnaire followed by arranging the focus groups. At first, a survey questionnaire was generated and disseminated to the sample group of psychiatrists, the data was collected over 3 month period. Then 4 focus group were organised used a structured questionnaire and then transcribing it. Result: Survey was completed by 50% of the participants. 80% of them were of age <50 year old. About 90% of the respondents used social media more than 3 hours per day mainly for social/professional interaction, knowledge or gaming. Survey was identified as informative and helpful to understand their own use of SMT. Focus group questions were based on themes identified from survey such as use of SMT, its pros/cons, it's negative impact on mental health, whether its use met the addiction criteria or not and how it can be balanced. The focus group themes also included use of YouTube, online shopping and online dating as an interesting point for discussion. Conclusion: - Excessive use of social media is seen as having negative impact on the well being - Social media was also found to be helpful and innovative in education and learning - Adolescent group was the focus of discussion and appeared more influenced by the advent of social media. - Most agreed that excessive social media use met the threshold for addiction however requires further support. - Use of social media is the new way of life and has to be balanced by creating more awareness amongst the users.

15. Severity of Alcohol Dependence Questionnaire (SADQ) completion at ARCH

Abiram Selladurai, CT1-3, Dr Cristina Goedhuis Miss Xuan Odofin Dr Armina Bajric Dr Maryam Alsaud Dr Jeffrey Fehler

Aims & Hypothesis: To increase the number of completed SADQ scores for alcohol dependent clients. Background The Addiction Recovery Community Hillingdon (ARCH) is a specialist treatment service, providing a range of interventions for clients misusing alcohol. Clients who are dependent on alcohol are assisted with detoxification which

can be done in either a community or inpatient setting. NICE guidelines suggest that all adults who misuse alcohol should have a SADQ completed as it helps determine the severity of dependence and contributes to decisions surrounding whether a patient requires inpatient assisted withdrawal. An audit completed in November 2020 showed that between June to October 2020 only 25% of patients referred for an inpatient or community detox has a SADQ score documented in their notes. Methods To improve this result, multiple interventions took place. Firstly, a presentation was delivered to the MDT highlighting the relevance and importance of completing a SADQ score for clients misusing alcohol. Furthermore, posters were put up in the staff office rooms and copies of SADQ forms were made readily available. Finally an alcohol assessment proforma was created which had a specific section to record patient's SADQ score on. Results 30% of SADQ assessments were completed from November 2020-January 2021 for patients, including a 100% rate for community detox's in November & December showing an improvement from the previous audit. However, due to the COVID-19 pandemic, there was significantly reduced number of referrals for detoxifications. Data will continued to be reviewed over the upcoming months. Conclusion Our audit has shown an increase in the completion of SADQ scores for alcohol dependent clients following multiple interventions. There is still greater scope for improvement, and we will continue to re-audit this and consider whether further interventions need to be put in place.

16. Impact of Substance Use on an East London Inpatient Forensic Unit

Abu Shafi, ST4-6, Anna Wozniak, Theodora Hill, Olivia Archer, Lawford Clough, Abu Shafi

Aims and Hypothesis We created a Quality Improvement (QI) Project to understand better the impact of substance use (SU) on the inpatient forensic unit and to develop strategies to improve the care and wellbeing of patients and staff. By engaging with both patients and staff on their attitudes and beliefs towards SU, our aim was to improve the knowledge and confidence in the management of SU, as well as reduce related acts of aggression and violence towards others, morbidity and mortality. Background The service had experienced at least one death related to SU and a number of incidents impacting on the physical and mental health wellbeing of patients and staff, some requiring transfer to the local general hospital. Routes of supply of illicit substances into the service continued to generate concern, as well as access to reliable testing techniques to identify substances used. Innovative solutions to address these issues became a priority. Methods The approach to data collection was threefold. The first step was retrospective data collection from the electronic medical record to obtain baseline data. The second step was to conduct interviews with patients. The third step was to conduct focus groups with staff. Results 93% out of the 150 inpatients had used a substance during the time of their index offence and all patients had at least three adverse childhood experiences in their development history. Patients stated that they required further help and support for SU and discussed working more collaboratively with staff in the future. Staff reported the need for ongoing education and development and having dedicated SU practitioners on each ward/unit. Conclusions A more collaborative approach with staff and patients where individuals needs and opinions are actively listened to and reflected upon, will lead to a more positive and engaging culture focused on improvement and safety.

17. Patient outcomes between clinical and non clinical supervised Antabuse.

Roisin Smith, Locum Consultant, Dr Ruth Agnew (CTI) Sonya Johnston Dermot Byrne Joanne Kelly

Antabuse is an adjunct drug licenced for the treatment of alcohol dependence. Disulfiram prevents the enzyme acetaldehyde dehydrogenase converting acetaldehyde to acetate. This results in an accumulation of acetaldehyde and gives rise to the Disulfiram Ethanol Reaction (DER). Supervised disulfiram leads to better patient outcomes. Patients have a choice of thrice weekly, on site, staff supervised time slot or a patient selected, off site supervisor offering daily/thrice weekly at a mutually agreed supervision time. Aims To compare patient outcomes between Community Addiction Team (CAT) and non-CAT supervised Antabuse in one CAT site in the South Eastern Trust. Methods Maxims

(a patient data medical and nursing record system) was reviewed for all patients between 01/01/2018 and 31/12/2019. Outcome measurement was self-reported drinking on Antabuse. Results Staff Supervised Antabuse (n=17) 7/17 (41%) relapsed. Average time to first relapse was 11 months. 6/7 (86%) had a dual diagnosis. 5/7 (71%) were reinitiated on two or more occasions. 2 of the 5 experienced a mild Disulfiram Ethanol Reaction. Non-Staff Supervision (n=13) 8/13 (61%) relapsed. Average time to first relapse was 6 months. 6/8 (75%) had a dual diagnosis. 5/8 (63%) were reinitiated on two or more occasions. 1 of the 5 experienced a mild Disulfiram Ethanol Reaction. Conclusions A high percentage of patients who relapsed in both groups had a dual diagnosis. Whilst a higher number relapsed in the non-supervised group, a chi square test was not significant. Binomial tests show that the relapse rate in both conditions was not significantly different from chance. The mean relapse time was shorter in the staff supervised group. However, variances around the mean were significantly different ($F=8.54$, $p<02$) and a t-test was employed. However, the results are non-significant, $t (6.78) =1.40$, $p=.2$. We will continue to offer patients a choice between staff and non-staff supervision of Disulfiram.

18. A Golden Opportunity for Intervention? – Identifying Vitamin D Deficiency in Patients with Substance Use Disorders in Hospital

E. Naomi Smith, ST4-6, E. N. Smith, S. Gee, G. O'Brien, P.A. Vicente, R. Griffith, R Patel, J. Stapleton, E. Finch, N. Shah, F. Gaughran, D. Taylor, J. Strang and N. J. Kalk.

Setting: Based at a busy city hospital, the Alcohol Care Team (ACT) is a drug and alcohol specialist service, taking referrals for a wide range of patients with substance use disorders. Aims and hypothesis: Patients receiving addictions treatments are at high risk of vitamin D deficiency; this relates to frequent fractures and proximal myopathy. The main aim of this project was to offer vitamin D checks and replacement to all appropriate patients. Background: Local guidelines advise that patients at high risk of vitamin D deficiency are offered replacement. There were no local data on vitamin D deficiency prevalence or any mention of addictions patients in local vitamin D guidelines. Methods: We collected data on 207 patients, [pilot study (n=50) and two subsequent samples (n=95 and n=62)]. Results: Our pilot study showed that no patients were offered vitamin D testing or replacement. We then offered vitamin D checks to 95 patients. Most had low vitamin D (30 deficient and 26 insufficient). We provided vitamin D replacement and follow-up advice. Quality improvement was demonstrated six months later. We collected data on a further 62 patients who were all on our current caseload or had been recently discharged by our team. Following exclusions, nearly half (48%) of patients had had a vitamin D check. Almost all of these (95%) had low vitamin D (60% falling into deficiency range). Conclusions: Patients had not been offered vitamin D replacement despite often having multiple risk factors for vitamin D deficiency. Vitamin D checks (and subsequent replacement) rose in frequency since the outset of this project. Local guidelines should add substance use disorder as a risk factor for vitamin D deficiency. Hospital admission provides a rich opportunity to offer this simple intervention to patients who are often poorly engaged with community services.

19. Concordance with DVA (NI) advice in Community Addictions, a quality improvement project'

Roisin Smith, Locum Consultant Addictions, SET, Sonya Johnston, Dermot Byrne, Joanne Kelly

Background It is the legal duty of the licence holder to inform the DVLNI about certain conditions such as addictions and for health care professionals (DVLA, 2020) and doctors to inform them of this duty (GMC, 2015, DOH, 2017, DVlA, 2020). Aims Determine concordance of stable patients on OST and their community addiction staff with DVlNI regulations. Method Review of medical and keyworker documentation. Face to face review of those not concordant with DVlNI advice also took place. Those with no driving notifications or not medically fit to drive were excluded from the data. Results 2019 (n=33) 20/33 (61%) were male and 13/33 (39%) were female. 14/33 (42%) were on Methadone and 19/33 (58%) were on Buprenorphine. 100% patients were informed of obligation to notify DVlNI by their keyworker

before OST initiation and by the doctor during treatment. 14/33 (42%) had a current licence to drive. 8/14 (56%) had informed DVLNI, 2/8 (25%) did not know how to and 6/8 (75%) were afraid of repercussions. Action DVlNI advice and copy of their original signed patient agreement was given to patients. Results 2020 (n=37) 25/37 (68%) were male and 12/37 (32%) were female. 15/37 (40%) were on methadone and 22/37 (60%) were on buprenorphine. 100% of patients were advised of their obligation to notify DVlNI by their keyworker before OST initiation and by medical staff during treatment. 15/37 (40%) had a current licence to drive. 7/15 (47%) had informed the DVLNI, 2/8 (25%) 'forgot' and 6/8 (75%) could not provide any reason. Conclusions •There was 100% compliance in the duty of the community addiction staff in their obligations toward the DVLNI. • There are broadly similar outcomes in patient self-referral to DVlNI between 2019 and 2020 despite specific intervention. • There is a need for patients on OST to be reassured regarding DVlNI regulations. Dissemination could be achieved through Recovery Groups/User Forums.

20. 'Falling through the Cracks' – The role of Assertive Alcohol Outreach Teams in treating co-morbid mental health problems in people with addictions.

E. Naomi Smith, ST4-6, Dr. Emily Finch Professor Colin Drummond

Aims & hypothesis: Input from Assertive Alcohol Outreach Teams (AAOTs) reduces the 'burden' on already overstretched community mental health teams (CMHTs). Background: AAOTs are specialist addictions services. This project focuses on an AAOT based in London, which engages with people with severe alcohol and illicit substance misuse problems. Previous research has shown that input from AAOTs reduces hospital admissions. This project examined the impact of AAOT input on reducing the 'burden' on CMHTs. Methods: The full caseload of the Southwark-based AAOT was reviewed, including mental health records, general practitioner notes, hospital notes and discharge summaries. We collected data on diagnoses and previous hospital admissions. Patients were assessed to determine whether they met criteria to be open to a CMHT (the presence of complex or serious mental health problems, in addition to addictions). Results: The caseload was made up of 39 patients, 85% of patients were deemed to meet criteria for being under the care of a CMHT. Only 15% of patients are currently under the care of a CMHT. 87% of patients had at least one comorbid psychiatric diagnosis. 72% of patients had had at least one emergency department or medical hospital admission due to mental health-related problems. 39% had previous admissions to mental health wards. 21% of patients has been admitted under Section of Mental Health Act. Conclusions: The majority of AAOT patients have severe mental health problems in addition to addictions. The patients are complex and often have a history of disengagement from standard mental health services. Formal diagnosis and treatment of comorbid mental health problems is challenging in the presence of protracted drug and alcohol misuse. AAOT input appears to address a serious 'gap' in supporting patients with complex mental health needs who are often ineligible for CMHT input or disengage from CMHT support.

21. Qualitative study: Learning from recovery: What do people who have recovered from alcohol dependence have to teach those who are still struggling?

Anju Soni, ST4-6, Ian Treasaden

AIMS and HYPOTHESIS The aim was to tap into user experience in the UK and to analyse what lessons can be learnt from those who have recovered from alcohol dependence including to inform the delivery of alcohol services. BACKGROUND Alcohol is 10% of the UK burden of disease and death after smoking and obesity making it one of the three biggest lifestyle risk factors for disease and death. (Alcohol Concern, 2016). METHODS The study was conducted in London, UK. 20 males in the age group 30–45 years were recruited. Purposive sampling drove selection. 10 of these participants had recovered from alcohol dependence with at least 2 years of complete sobriety. The other 10 were in treatment for alcohol dependency diagnosed according to ICD-10 or DSM-5 criteria. A semi structured questionnaire

was developed and used to interview subjects. Grounded qualitative analysis and constant comparison was used, i.e., data was collected and analysed concurrently. RESULTS The main "families" that arose grouped around relationships in both the recovered alcoholics (RA) and continued alcoholics (CA). A successful shift required a change in the relationship to self from feeling empty or critical towards acceptance. This shift was facilitated by being accepted by others. Relationship as motivator to stop drinking 24% people had the insight to self-refer to voluntary organisations such as AA but 76% did so because of fear of losing either their relationship or their job. Although 80% of recovered alcoholics had been ambivalent about coming off alcohol, the shift happened when they had a nurturing relationship elsewhere such as a key worker at the AA. Insight and Perception Awareness of alcohol as an obstacle rather than a solution was key for change to occur. Although 75% people with insight into their difficulties were more successful in maintaining sobriety, insight alone without action was insufficient. Moreover, action was possible without insight. Fear of death alone was a sufficient motivator. CONCLUSIONS It was clear that the quality of services offered to those with alcohol dependence who attended A&E departments could be improved by offering more time for the initial assessment and adopting a more individualistic non-judgemental approach for each patient. The A&E staff should be encouraged to employ individuals from AA in their department as early involvement with AA improves engagement and outcome.

22. Audit of Drug-Related Non-fatal Overdose Admitted to the Royal Infirmary of Edinburgh

Nicholas Straw, Medical Student,

Aims and hypothesis: To identify substances commonly misused in non-fatal overdoses (NFOs) in patients admitted to the Royal Infirmary of Edinburgh. This study hypothesises benzodiazepines and opioids are frequently implicated in NFOs and rates of polysubstance use will be high. Background: Rates of Drug-related deaths (DRDs) have increased exponentially over the last decades. Few studies have examined which patients present with NFOs, and the substances implicated in such overdoses. Methods: We conducted face-to-face surveys on 21 patients who were admitted in September 2020 to the Acute Medical unit, the Royal Infirmary of Edinburgh. We selected all patients suspected of substance misuse. Participants reported substances they misused in their latest overdose. Researchers checked TRAK records to compare with patient notes. We then compared this with all 21 patients' previous overdose history from 2017- 03/2020, defined as the "pre-COVID-19" period. The "during COVID-19" period was defined as NFOs which occurred following April 1st, 2020. 42 NFOs presented in "pre-COVID-19" and 43 NFOs "during COVID-19". Results: The participants' average age was 42 and 71% were male(n=15) at the point of contact in 2020. Benzodiazepines (any type) were implicated in 69%, 72%; opiates 33%, 33%; gabapentin/pregabalin 24%, 19%; alcohol 19%, 40%; other substances 14%, 21%; and polysubstance use 48% and 70% pre- and during the COVID-19 timeframe, respectively. Conclusions: NFOs are a reliable predictor for subsequent deaths. This study revealed substances implicated in NFOs and patient demographics compare similarly with findings from the latest DRDs report in Scotland. We observed benzodiazepines were the most frequently used substance in NFOs. Opiates, and alcohol were also frequently implicated in overdoses and participants were likely to misuse several substances. Regulatory bodies and health providers should receive training on the management of patients following an NFO.

23. Telemedicine in Addictions Feasibility RCT – Staff and Patient Qualitative Satisfaction

Dominic Treloar, Medical Student, Soraya Mayet- Consultant Addictions Psychiatrist Humber Teaching NHS FT

Aims and hypothesis That telemedicine in an addiction service is acceptable to staff and users, can reduce travel, and improve attendance. Background Opioid dependence has high risks. Opioid substitution therapy (OST) improves outcomes but requires specialist prescribers and safety monitoring. Non-attendance may worsen outcomes. Methods Prior to COVID-19, we obtained Health Research Authority approval for feasibility randomized controlled trial of Telemedicine versus Face-to-Face (control) consultations in a semirural community addictions service (2500km2)

using a modified Hub-and-Spoke (outreach) model. Adult opioid dependent patients prescribed OST and attending outreach were recruited. Prescribers were located at hub for reviews. Telemedicine patients attending outreach, saw keyworker for drug testing, and then telemedicine via keyworker's laptop. We interviewed post-treatment, assessing patient and staff experience of consultations. Data transcribed, was free-text analysed using qualitative thematic analysis. Results Of 59 patients recruited, 58 completed research interview, reporting similar levels of satisfaction between the Telemedicine and Face-to-Face groups. Face-to-Face generated themes of no difference, easy, kind staff and liking being part of research. Telemedicine generated themes of less travel, good experience, easier to access, good communication, saves time and saves money. One patient stated 'Clear, easy to access, less travel'. 19 (8 Face-to-Face) staff completed interviews with both groups reporting a Good/Very-Good experience of consultations (no difference). Similar themes were reported across groups, with telemedicine leading to less travel, beneficial to patient care, improved attendance, and innovative technology. One staff member reported 'Time, travel and money reduction'. On telemedicine's downsides, staff identified technological issues. Conclusions In the first known RCT comparing Telemedicine with Face-to-Face consultations for opioid dependant patients attending prescriber reviews, both patients and staff found telemedicine consultations satisfactory. Overall themes were reduced travel, and more convenience. This will be important following the impact of COVID-19. Financial sponsorship East Riding CCG Academic Health Science Network

24. Buvidal: A patient experience

Cara Walsh, Medical Student, Dr Darragh Hamilton Dr Michael Kehoe

Aims and Hypotheses: To evaluate patient experiences of Buvidal. We hypothesise that >50% of participants will report improvement in quality of life, and self-reported measures across physical and mental health and opiate cravings will improve over time. Background: Opiate replacement therapy (ORT) in the United Kingdom has traditionally been limited to oral preparations of methadone and buprenorphine. Prolonged release injectable buprenorphine (Buvidal) has recently become available for use in Scotland. This study evaluates patient experiences of Buvidal in a community addictions team in North West Edinburgh between May and December 2020. Methods: Results were compared from three audit tools conducted monthly at each Buvidal appointment (n=28). Audit tools included Clinical Outcomes in Routine Evaluation 10 (CORE-10), Treatment Outcome Preference (TOP), and Craving Visual Analog Scale (VAS) scores. Interviews (n=15) enquired about quality of life, comparison with other ORTs, likelihood to recommend to others, spontaneous positive comments and change in smoking habits. Results: 100% of participants felt Buvidal had a positive impact on quality of life. 100% prefer it to other forms of ORT. 93.3% would recommend Buvidal to others. 93.3% felt the aims of treatment were met. A third experienced side effects. Spontaneous positive comments were received by 80%. 40% have reduced the amount they are smoking. There were statistically significant reductions in opiate cravings (-18.1%) and self-rated physical health (+110.5%). Improvements were noted in CORE-10 scores (-1.7%), psychological health (+56.7%) and quality of life (+76.9%) however these results were not statistically significant. Conclusion: The aims of the study are met and the hypotheses proven. Buvidal is an acceptable and well tolerated treatment option for opiate dependence. Patients report improvement in several domains spanning physical health, mental health and quality of life. Cravings showed statistically significant reduction.

25. Patient Experience Survey for Community Drug and Alcohol Service Users in Hospitals

Nurul Yahya, ST4-6, Dr Derrett Watts

Aims and hypothesis To explore and monitor experience of hospital care provided to patients of Stoke Community Drug and Alcohol Services (CDAS) and Edward Myers Unit (EMU; an inpatient addiction unit). We hypothesised that patients would feel less satisfied with their care and treatment when being seen by the medical professionals, especially in the

general hospital setting. Background People who use drugs (PWUD) have increased exposure to drug-related harms and are more likely to be admitted to hospital. There are significant hindrances to accessing and receiving fair care. Past research has shown that PWUD have poor access to healthcare and that their management was substandard compare to non-drug users. Methods The sample was collected from patients who attended face-face clinics at CDAS and patients living in Stoke-On-Trent who were admitted to the Edward Myers Unit. The survey pertained to four locations, which include Royal Stoke Hospital, A+E, Harplands Hospital (Mental Health Unit), and EMU. The cohort of patients from CDAS included new presentation or restart Opioid Substitution Treatment (OST) clinics and people known to the alcohol team at CDAS. Results The uptake for the survey was 53/83 (64%) at CDAS clinic and 23/44 (52%) at Edward Myers Unit. The sample comprised more men than women. The majority were 31–40 years old. Most common substances used were alcohol. Majority of patients has been admitted to the general hospital, either in the ward or seen at A+E. Most people were very satisfied with their treatment in all four locations. This include withdrawal symptoms, pain, mental health, and discharge plan. Comparatively, mental health admission was seen as the worse experience out of all admissions. Conclusions This project calls for greater attention and support for addiction service provision in emergency departments and hospitals. It shines an insight into the ways treatment providers, service managers and policy makers might enhance the patient experience to improve patient treatment prognosis and outcomes. Disclaimer: This study did not require any financial sponsorship.

26. Integrated Alcohol Service Referrals and Thiamine Prescription

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Aim: Perform an audit to determine the prevalence of patients, who are referred to the Integrated Alcohol Service (IAS) via General Practices (GPs), that are prescribed Thiamine at the time of referral. Also, to identify patients at risk by assessing their Past Medical History (PMH). Hypothesis: Majority of the patients referred to the IAS from GPs would be prescribed Thiamine at the time of referral; especially those who have a significant PMH. Background: Thiamine deficiency is a well-known complication of chronic alcohol consumption and has the potential to cause acute, and possible permanent, dysfunctions as well as death. Data from the National Records of Scotland demonstrates that 5-year average of Alcohol-specific deaths throughout Scotland between 2015-2019 was 1092, 21 deaths per week. For NHS Grampian, the 5 -year average was 82, including 38 patients from Aberdeen City and 27 from Aberdeenshire. Methods: A list of patients' names that were referred between 01/01/2020 and 29/02/2020 was generated and the hospital Trakcare system was used to look at patients' notes. Results: Only 25% of patients who had been identified by a clinician, or by themselves/family, to have a current alcohol problem, were on Thiamine at the time of their referral. 54% of patients who were not on Thiamine were prescribed Thiamine after being assessed by IAS. A number of patients not on Thiamine had significant PMH for hepatic problems and previous alcohol related problems and complications. Conclusion: Majority of patients were not in Thiamine at time of their referral. There is a lot of ambiguity about whether to start a patient on Thiamine in primary care. GPs need to be encouraged to prescribe Thiamine; there is scope to develop a national guidance.