



Faculty of Addictions Psychiatry

Annual Conference 2022

28-29 April 2022 | London

Conference Booklet

Contents	Page number
General Information	1
Programme - Thursday 28 April 2022	2-4
Speaker Abstracts and Biographies - Thursday 28 April 2022	4-9
Programme – Friday 29 April 2022	10-11
Speaker Abstracts and Biographies - – Friday 29 April 2022	12-17
Poster Abstracts	18-23

General Information

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 28 April 2022](#)
- [Friday 29 April 2022](#)

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 #addpsych2022**

Programme

Thursday 28 April 2022

08:30-09:15	Registration	
09:15-09:25	Welcome and introductions The Future of Addiction Psychiatry Professor Julia Sinclair	
9:25-09:45	Addiction Training Network Professor Julia Sinclair	
9:45-10:15	Eradicating Racial Health Inequities Using Recovery Science Dr Corrie Vilsaint, Research Fellow, Harvard University, Principle investigator at the Recovery Research Institute, Centre for Addiction Medicine, Massachusetts General Hospital	
10:15-10:45	Alcohol-related health inequalities and the equity implications of alternative policy options Colin Angus, Economist, University of Sheffield	
10:45-10:55	Q & A session	
10:55-11:25	Morning Refreshments – Members Lounge, ground floor	
11:25-12:45	Parallel sessions (a choice of 2)	
	Session A	Session B
	Novel Substances and Approaches in Addiction Chaired by Dr Emily Finch	Recovery Street Film Festival Chaired by Dr Sally Marlow, Engagement and Impact Fellow, King's College
	<p>Long acting depot Buprenorphine - latest data Dr John Marsden, Reader in Addiction Psychology, The National Addiction Centre, IoPP</p> <p>The Gut Hormone in Addiction Study Dr Tony Goldstone MA MRCP PhD FTOS Clinical Senior Lecturer and Head, PsychoNeuroEndocrinology Research Group, Centre for Neuropsychopharmacology, Consultant Endocrinologist, Imperial College Healthcare NHS Trust</p> <p>Club Drugs – an overview</p>	<p>Beyond the consultation: How the Recovery Street Film Festival captures life stories and reflects on change</p> <p>We will be screening short films created by service users, alongside a discussion on the power of film-making in communication and in recovery</p> <ul style="list-style-type: none"> • James Armstrong, Director of Marketing and Innovation at Phoenix Futures • Dr Roya Vaziri, GP and Medical Director at Humankind • Ceri Walker, Recovery Street Film Festival winner, and Nacoa Ambassador

	Professor Owen Bowden-Jones, Consultant Psychiatrist, Club Drug Clinic and Addiction to Online Medicine (AtOM) service, Addictions Directorate, Central North West London NHS Foundation Trust, Honorary Professor, University College London, Chair, Advisory Council on the Misuse of Drugs (ACMD), and National Clinical Adviser, Alcohol, Drugs and Tobacco Division, Public Health England	<ul style="list-style-type: none"> Addictions psychiatrist, speaker TBC
12:35-12:45	Q & A session	Q & A session
12:45-1:45	Lunch - Members Lounge, ground floor	
1:45-3:15	Parallel sessions (a choice of 2)	
	<p>Session C:</p> <p>Medicolegal and regulation aspects of addiction for the clinician Chaired by Dr Jane Marshall</p>	<p>Session D:</p> <p>Literature and Addictions Chaired by Dr Iain Smith</p>
	<p>Drug and Alcohol Testing for Court cases: What tests do addiction clinicians need to know about? Professor Eilish Gilvarry</p> <p>Substance use disorders and fitness to practise – a GMC health assessor’s perspective Dr Mark Prunty</p>	<p>'De Quincey Reconsidered' Celebration of the Bicentenary of the publication of 'De Quincey's <i>Confessions of an English Opium-Eater</i>' and its historical and literary importance.</p> <p>Thomas De Quincey's 'Confessions' 200 years on - what relevance to our understanding of the drug problem today?</p> <ul style="list-style-type: none"> Professor John Strang, researcher and clinician Professor David Duff, Professor of Romantic Literature, QMUL <p>Cheerful and full of hope: Thomas De Quincey's London</p> <ul style="list-style-type: none"> Lucy Inglis, Regency Historian and author of 'The Milk of Paradise'
3:15-3:30	Q & A session	Q & A session
3:30-4:00	Afternoon break - Members Lounge, ground floor	
4:00-5:00	Faculty Lecture: Looking for logic in the policy and treatment response for Alcohol Use Disorder	

	Dr Peter Rice, Addiction Psychiatrist, Scotland Chaired by Dr Julia Sinclair
5:00	Close of day one
5:00-6:30	Welcome Reception – all delegates welcome – First floor

Speaker Abstracts and biographies

Thursday 28 April 2022

Eradicating Racial Health Inequities Using Recovery Science

Dr Corrie Vilsaint, Research Fellow, Harvard University, Principle investigator at the Recovery Research Institute, Centre for Addiction Medicine, Massachusetts General Hospital

Although we have seen gains in the equity of treatment for alcohol use disorder, racial disparities across the continuum of opioid use disorder treatment still widely exist. Individuals who identify as Black suffer a disproportionate burden of health and social consequences despite having a lower or equivalent prevalence of substance use and disorder. Through a lens of racial literacy, we will identify empirically supported racial disparities in course of illness, treatment, and recovery. Actionable strategies to foster structural competency in the community, clinic, and policy will be reviewed.

Dr. Corrie Vilsaint is a principal investigator at the Recovery Research Institute and Center for Addiction Medicine and a research fellow at Massachusetts General Hospital and Harvard Medical School. As a community psychologist and nationally recognized speaker, her research focuses on racial health equity in remission and recovery, reducing recovery-related discrimination, building recovery capital, and the effectiveness of recovery support services.

Alcohol-related health inequalities and the equity implications of alternative policy options

Colin Angus, Economist, University of Sheffield

Alcohol is an important driver of socioeconomic inequalities in health. There is robust evidence to support the use of a range of policies to reduce the burden of alcohol harm, but less attention is often paid to which groups in society these reductions might come from and the resulting consequences of alternative policy choices on health inequalities. This presentation will explore the growing evidence on whether a range of commonly-discussed alcohol policies are likely to reduce or exacerbate existing inequalities.

Colin Angus is a Senior Research Fellow and the lead modeller in the Sheffield Alcohol Research Group at the University of Sheffield. His research primarily focuses on the development of complex models to

appraise the potential impact of public health policies and understand how these impacts vary across different groups in the population. He has previously led projects to inform the implementation of Minimum Unit Pricing in Scotland, Wales and Ireland as well as informing recent reviews of the low risk drinking guidelines in the UK and Australia.

Long acting depot Buprenorphine - latest data

Dr John Marsden is Professor of Addiction Psychology and He is a BPS and BABCP certified practitioner psychologist and clinical researcher with an interest in the development and evaluation of novel pharmacological and psychological treatments for substance use disorders. At KCL, John is Deputy Head of Department for Addictions at the IoPPN and Editor-in-Chief for the academic journal ADDICTION.

The Gut Hormone in Addiction Study

Dr Tony Goldstone

There is increasing pre-clinical and human evidence that the stomach-derived hormone acyl ghrelin (AG) and the intestinal-derived hormone glucagon-like peptide-1 (GLP-1) modifies reward behaviours not only towards food but also drugs of abuse including alcohol and nicotine through actions on mesocorticolimbic dopamine systems. AG stimulates while GLP-1 attenuates reward behaviours to food and drugs of abuse. AG is produced by the addition of an acyl group to N-terminal serine amino acid on desacyl ghrelin (DAG) resulting in AG but not DAG being an agonist at the GHSR receptor present in hypothalamus and midbrain. Several publications have found that DAG may act as a functional 'antagonist' to some of AG's actions in both rodent and human studies through unclear mechanism(s). Our MRC-funded human Experimental Medicine Gut Hormone in Addiction (GHADD) study has examined, in a double-blind, placebo-controlled, crossover, within participant design, the effects of acute infusion of the GLP-1 analogue Exenatide and DAG on addictive and eating behaviours in adults with obesity, ex-smokers or abstinent alcohol dependence using a platform of functional MRI, computerised and dietary tasks (n=24-26 per group, compared to saline). Functional MRI tasks include cue reactivity to food, alcohol and cigarette cues, reward processing using the monetary incentive delay task, and negative emotional reactivity task viewing unpleasant images. This talk will summarise the findings of this study.

Tony Goldstone is Head of the PsychoNeuroEndocrinology Research Group, Division of Psychiatry, Department of Brain Sciences, Imperial College London. He attended medical school at Cambridge and Oxford Universities, and obtained a PhD from Imperial College. He is a Fellow of The Obesity Society. His clinical experimental medicine research uses multi-modal phenotyping, including functional neuroimaging, to examine body-brain interactions in regulation of eating and addictive behaviours in obesity and addiction, including appetitive gut hormone administration and understanding the mechanisms behind bariatric surgery. He is as a Consultant Endocrinologist at Imperial College Healthcare NHS Trust, leading specialist clinic for genetic obesity including Prader-Willi syndrome and

pituitary dysfunction after traumatic brain injury. Website: www.imperial.ac.uk/people/tony.goldstone.

Twitter: @TonyGoldstone

Club Drugs – an overview

Professor Owen Bowden-Jones, Consultant Psychiatrist

This presentation will 1. Summarise the commonly used club drugs and the harms they can cause 2. Describe how to manage the clinical harms 3. Discuss how clinicians can remain up to date with this rapidly changing area

Professor Owen Bowden-Jones is a Consultant in Addiction Psychiatry at the CNWL Club Drug Clinic, London and an Honorary Professor at University College London. In 2010, Owen founded the CNWL Club Drug Clinic, an innovative service offering treatment for emerging drug problems including novel psychoactive substances, club drugs and online purchased prescription medications. The service has recently expanded to support local sexual health services as well as student health services at Imperial College London and University College London. Education is a particular interest and Owen led the development and publication of the national NEPTUNE clinical guidance and associated e-learning, co-authored the Clinical Handbook of Club Drug and Novel Psychoactive Substances and oversaw the recently release of the ATOMIC mobile phone app, an educational tool covering prescription medication misuse. National roles include Chair of the Advisory Council on the Misuse of Drugs (ACMD) and national clinical adviser at the Office for Health Improvement and Disparities (OHID). Owen is a trustee of the Society for the Study of Addiction (SSA), a board member at the International Society for the Study of Emerging Drugs (ISSED) and a special adviser to the Universities UK drugs taskforce. His research interests include emerging drugs harms, particularly in young people. Owen contributes widely to the public debate on substance use and authored 'The Drug Conversation', a book for parents about adolescent drug use, which was 'Highly Commended' at the BMA Book Awards. He regularly speaks in a wide variety of settings including schools, academic conferences and policy fora.

Beyond the consultation: How the Recovery Street Film Festival captures life stories, reflects on change and aids recovery

There is strong evidence that participation in the arts can support good mental health in all areas, including addiction. Film-making particularly lends itself to aiding recovery, enabling people to tell their stories in a way which is meaningful to them, which can then be shared with others. The Recovery Street Film Festival was founded 7 years ago to give people with lived experience of addiction the opportunity to share their story with the general public. The Festival showcases films from professional film-makers, as well as films shot by people on their smart phones. In this presentation we will show three short films which illustrate different aspects of how the process of film-making, and the films themselves, can aid recovery. The discussion panel includes a founder of the Festival, an expert by experience whose films

have received awards, and the clinical director of a charity and service provider which supports the Festival. We will be inviting the audience to participate in a discussion of the films, and explore how film can be harnessed more widely in addiction services to improve outcomes.

Dr Sally Marlow is Engagement and Impact Fellow at the Institute of Psychiatry, Psychology and Neuroscience, King's College London, and a BBC Broadcaster. She works collaboratively with clinicians, academics, charities, policy makers, artists and experts by experience to develop and present national and international documentaries for the BBC, and has partnered with King's, charities and experts by experience to develop and produce short films on addiction and mental health more widely. Sally's broadcasting and film work is underpinned by her PhD in Addiction Science, and her research interests, which include interdisciplinary approaches to mental health and addiction. She also provides leadership to the IoPPN on Impact, having led the IoPPN REF2021 Impact submission.

Mr James Armstrong is a founder of the Recovery Street Film festival, Director at Charity Phoenix Futures and Trustee for Adfam.

Dr Roya Vaziri, GP and Medical Director at Humankind.

Ceri Walker, Recovery Street Film Festival winner, and Nacoa Ambassador.

Substance use disorders and fitness to practise – a GMC health assessor's perspective

Dr Mark Prunty

A brief outline of GMC fitness to practise processes The key role of a Health Examiner/Medical Supervisor Presentations of/issues for Doctors with concerns about their substance use.

Mark Prunty is currently (and for over 20 years): GMC Health Examiner/Medical Supervisor Previously (now retired): Senior Lecturer in addictions (St George's); NHS general adult and addictions consultant (Surrey services); and Senior Medical Officer for drug and alcohol policy (Department of Health, England).

Thomas De Quincey's 'Confessions' 200 years on - what relevance to our understanding of the drug problem today?

Professor John Strang, researcher and clinician

Thomas de Quincey's 'Confessions of an English Opium Eater' was published exactly 200 years ago and scandalised society with its autobiographical account of chance encounter with the effects of opium, the intoxicating attraction of the portals it opened, the insidious onset of habit, and the lifelong struggle of de Quincey's subsequent half-century relationship with opium. It is an extraordinary text, shocking and influential at the time. But what relevance does it have today? Is it to be considered solely on its important literary merits? Or does it still offer us understanding and insights into the experiences, the journeys, the pleasures and the pains? Read on, and prepare to be allured. As de Quincey himself said: 'Therefore, worthy doctors, as there seems to be room for further discoveries, stand aside and allow me to come forward and lecture on this matter'.

Professor Sir John Strang is a clinician and an academic and has an active interest in the contribution science can make to better public policy and practice. He is Director of the National Addiction Centre (NAC) at King's College London and at South London & Maudsley NHS Foundation Trust. He has been an addictions psychiatrist for 40 years, and has led the group at the Maudsley/Institute since 1995. He has published >500 scientific papers in the addiction field and has contributed to national and international policy, chairing policy-informing committees and expert groups. In 2016, he was awarded a Knighthood in the Queen's Birthday Honours for 'services to Medicine, Addictions and Public Health'. He is also the proud owner of a first edition of de Quincey's 'Confessions of an English Opium Eater'. For fuller information on his work, see <http://www.kcl.ac.uk/ioppn/depts/addictions/people/hod.aspx>

De Quincey's *Confessions* and Romantic Literature

David Duff

De Quincey's *Confessions of an English Opium-Eater* is simultaneously medical report, prose poem and fragmentary autobiography, its compelling narrative of drug addiction shaped by multiple models of confessional writing, religious, forensic and literary. This paper analyses the structure and style of De Quincey's masterwork, showing how his account of opium-eating is presented as an epic of both self-discovery and self-destruction, interwoven with theoretical speculations on imagination, memory and the dreaming mind. The paper demonstrates how De Quincey drew inspiration from his idols Coleridge and Wordsworth and from other poets such as Milton and Shelley, entering into intellectual and stylistic competition with them as he offers his own extraordinary version of the Romantic revolution in consciousness and expression.

David Duff is Professor of Romanticism at Queen Mary University of London. His publications include *Romance and Revolution: Shelley and the Politics of a Genre* (1994), *Romanticism and the Uses of Genre* (2009), and co-edited collections on *Scotland, Ireland, and the Romantic Aesthetic* (2007), *Wordsworth and France* (2017) and *Romanticism at the Royal Institution* (forthcoming). He recently edited *The Oxford Handbook of British Romanticism* (2018), which includes an essay on "'High' Romanticism: Literature and Drugs". He is currently writing a book about the literary history of the prospectus and editing an anthology of British Romantic literature. He is a founder-director of the London-Paris Romanticism Seminar and Chair of the English Association.

Cheerful and full of hope: Thomas De Quincey's London

Lucy Inglis, Regency Historian and author of 'The Milk of Paradise'

I propose to give a picture of the society and times in which De Quincey lived. The modernity of De Quincey's writing at a time we now imagine of as far in the past is striking, as is the wide net he casts over his experiences as an addict. As we know the people of the Regency period were to many intents and

purposes modern, and theories of addiction as disease were already emerging tentatively at the beginning of the nineteenth century, rather than the morality model that had been prevalent, coinciding almost exactly with Seturner's isolation of morphine and the beginning of its widespread distribution. So I intend to give a glimpse into the uses of opiates in everyday households of the time when a far higher proportion of the population were living with chronic pain, inherited conditions and workplace injury (it is estimated for instance that around 15% of adult male labourers in London worked with hernias, rather than the 3-5% now), as well as how it was used to soothe mental and 'nervous' ailments and by whom. Alongside, I will hopefully paint a picture of London as De Quincey saw it, as boy, man and addict.

Lucy Inglis is a historian, specialising in urban history, and narcotics. Her 2018 book, *Milk of Paradise: A History of Opium*, was Book of the Week for Radio 4.

Faculty Lecture: Looking for logic in the policy and treatment response for Alcohol Use Disorder

Dr Peter Rice

This talk will describe the speaker's experiences of implementing long established "Best Buy" policy options for reducing alcohol related harm and will discuss the current decline in alcohol treatment activity in the UK including alcohol treatment's place in health services.

Peter Rice is an Addiction Psychiatrist based in Scotland. He was Chair of Scottish Health Action on Alcohol Problems, a project of the Royal College of Physicians of Edinburgh, from 2012-20. He was one of the group of doctors who campaigned for evidence based policy in Scotland leading to the introduction of Minimum Unit Price and a national screening and brief intervention programme. He worked in clinical practice for 23 years in an NHS Alcohol Problems Service. He applied population health principles to his clinical service with a focus on prevention, early intervention and care pathways and this led to increasing involvement in policy work at national and international level. He now works with the European Alcohol Policy Alliance, the Institute of Alcohol Studies and the UK Alcohol Health Alliance. He has been a consultant to WHO Europe. His work with the Royal College of Psychiatrists began with the Collegiate Trainees Committee which he chaired from 1987-89 and including chairing the RCPsych in Scotland from 2009-13.

Programme

Friday 29 April 2022

Friday 29 April 2022

Friday 29 April 2022	
08:30-09:15	Registration
09:15- 09:25	<p>Welcome</p> <p>Chaired by Dr Julia Sinclair, Faculty Chair and Consultant Psychiatrist and Dr Louise Sell, Consultant Psychiatrist and Faculty Finance Officer</p> <p>Professor Subodh Dave, Dean of the College</p>
09:25-09:45	<p>Journey of engagement dating from 2015 with the world of drug dependency</p> <p>Dame Carol Black</p>
09:45-10:00	Q & A session
10:00-10:10	<p>Trainee Prize Lecture: Disorders due to Substance Use and Addictive Behaviours in ICD 11- an overview.</p> <p>Dr Roisin Smith, Locum Consultant Psychiatrist in Addictions, Ards and Downshire Hospitals, Southern Trust, Northern Ireland</p>
10:10-10:20	Q & A session
Morning Refreshments - Members Lounge, ground floor	
10:20-10:50	Chaired by Dr Rebecca Lawrence, Consultant Psychiatrist
10:50-11:10	<p>Addiction and Maternity Services</p> <p>Professor Lesley Smith, Chair of Women's Public Health, University of Hull</p>
11:10-11:30	<p>Concealed pregnancy - the research base</p> <p>Dr Sylvia Murphy-Tighe, Lecturer in Midwifery, University of Limerick, Ireland</p>
11:30-11:50	<p>Concealed Pregnancy and Addiction</p> <p>Dr Annie McCloud, Consultant Addiction psychiatrist, Maidstone Kent</p>
11:50-12:10	<p>Why we need to think differently about addiction in pregnancy</p> <p>Dr Neil Aiton, Consultant Neonatologist and Lead of Maternal Addiction Clinic, 'One Stop' Addiction Clinic, Brighton</p>
12:10-12:30	<p>Fetal Alcohol Syndrome (FAS)</p> <p>Professor Raja Mukherjee, Consultant Psychiatrist</p>
12:30-12:45	Q & A session

12:45-2:00	Lunch Break - Members Lounge, ground floor		
2:00-3:30	Parallel sessions (a choice of 3)		
	<p>Session E: Gaming Disorder Behavioural Addictions Chaired by Dr Derrett Watts</p>	<p>Session F: History of Visual Imagery in Addiction: a cross-cultural perspective Chaired by Dr Iain Smith</p>	<p>Session G: Addiction Training Network Chaired by Dr Louise Sell</p>
	<p>Gaming disorder – an overview Professor Henrietta Bowden Jones, OBE, Director, National Centre for Gaming Disorders</p> <p>Psychological management of gaming disorder Dr Rebecca Lockwood, Clinical Psychologist, National Gaming Disorders Unit</p>	<p>Excess and the Road to Ruin in nineteenth-century temperance imagery Dr Annemarie McAllister, Senior Research Fellow in History at the University of Central Lancashire</p> <p>Superman vs. Nick O’Teen: the use of images in a 1980s anti- smoking campaign Dr Alex Mold, Director of CiHiPH at LSHTM Researcher on Tobacco Use and Addiction</p> <p>Seeing the Invisible: Validity and Viability in the Visual Rhetoric of Addiction Neuroimaging Dr Timothy Hickman, president of the Alcohol and Drug History Society</p>	<p>Addiction Training Network Dr Julia Sinclair</p>
3:30	<p>Close of conference Refreshments on departure</p>		

Speaker Abstracts and biographies

Friday 29 April 2022

Professor Subodh Dave was elected as Dean in 2021. He holds this role until 2026. He has overall responsibility for setting standards for and facilitating the effective delivery of psychiatric education and training. Subodh is an international medical graduate having done his MD and DNB (Psychiatry) from Grant Medical College, Mumbai, India. He moved to the UK in 1995 and obtained his CCT in General Adult Psychiatry with an endorsement in Liaison Psychiatry. He works as Consultant Liaison Psychiatrist in Derbyshire Healthcare Foundation Trust and is Professor of Psychiatry at the University of Bolton. He is Deputy Director of Undergraduate Medical Education and in that role has led innovations in introducing and embedding simulation and lived-experience involvement in the training of medical students at the University of Nottingham.

Subodh has held training roles at all levels spanning undergraduate, foundation and postgraduate training both in the UK and internationally.

He is passionate about ensuring that training, assessment structures and CPD (Continuing Professional Development) programmes lead to improvements in patient care and clinical outcomes.

To that effect, his key priorities are:

- Address health inequalities: faced by patients with mental illness often compounded by other disadvantages for e.g. poverty, early-life trauma, race and gender-based discrimination.
- Integrate advances in neurosciences and social sciences to increase focus on public mental health and personalised care in our training and assessment.
- Patient-focused use of data/digital tools and embedding lived-experience to make our training and practice more rewarding for learners and patients.
- Improve well-being: Happy doctors = Happy patients. Making learning personally fulfilling, meaningful, intellectually stimulating, emotionally engaging and fun.

Professor Dame Carol Black is currently Chair of the British Library, the Centre for Ageing Better, and Think Ahead, the Government's fast-stream training programme for Mental Health Social Workers. She co-chairs NHS England/Improvement's Expert Advisory Group on Employee Health and Wellbeing. She is a member of RAND Europe's Council of Advisers, and of the Boards of the Institute for Employment Studies and UKActive. In 2022 she was appointed Independent Adviser to the Government on combatting misuse of drugs. In 2019 she completed a seven-year term as Principal of Newnham College in Cambridge University, where she was a Deputy Vice-Chancellor. She is a Patron of the Women's Leadership Centre in the Judge Business School. Dame Carol has completed four independent reviews for the UK Government: of the health of the working-age population in 2008 as National Director for Health and Work; of sickness absence in Britain in 2011 as co-chair; of employment outcomes of addiction to drugs or

alcohol, or obesity, in 2016; and on illicit drugs, demand, supply and treatment (Part 1 for the Home Office published in February 2020; Part 2 for DHSC published on 8 July 2021) Professor Black is a past-President of the Royal College of Physicians, of the Academy of Medical Royal Colleges, and of the British Lung Foundation, and past-Chair of the Nuffield Trust for health policy. The Centre she established at the Royal Free Hospital in London is internationally renowned for research and treatment of connective tissue diseases such as scleroderma. She has been a Trustee of the National Portrait Gallery.

Addiction and Maternity Services

Professor Lesley Smith, Chair of Women's Public Health, University of Hull

Alcohol consumption during pregnancy puts maternal and infant health at risk, and can have a lifelong impact. Clinical guidelines recommend addressing alcohol consumption with women at each antenatal appointment. However, the implementation of alcohol care by midwives is sub-optimal due to barriers at individual, organisational and wider environmental factors. This presentation will describe the development of a complex implementation intervention to support midwives in addressing alcohol during routine antenatal appointments, and present some early findings.

Lesley Smith is Professor of Women's Public Health, in the Institute of Clinical Health Sciences, University of Hull. Her research involves investigating social and behavioural determinants of health and developing interventions to improve the health and wellbeing of women of reproductive age. A particular focus is on understanding how to prevent alcohol-related harm preconception and during pregnancy; and improving sexual and reproductive health and wellbeing of adolescents in Nigeria and Kenya. From 2013 to April 2018 she led the Oxford Brookes University Maternal and Women's Public Health research group (OXBUMP). In 2012, Lesley and Dr Ethel Burns, Senior Lecturer in Midwifery set up Zumba 4 Bump, a community-based antenatal exercise, education and support group for pregnant women in Oxford. This is now an established social enterprise, and has received support from The Big Lottery 'Awards For All'. Before joining the Faculty of Health and Life Sciences at Oxford Brookes University in 2003 she held post-doctoral research posts at the Centre for Statistics in Medicine and the Pain Research Unit at the University of Oxford where she developed strong quantitative research skills. Before this Lesley had a background in nursing. For further details see: <https://www.hull.ac.uk/staff-directory/lesley-smith>
<https://www.researchgate.net/profile/Lesley-Smith-9>

Concealed pregnancy - the research base

Dr Sylvia Murphy-Tighe, Lecturer in Midwifery, University of Limerick, Ireland

Dr Sylvia Murphy-Tighe is a midwife, public health nurse and Lecturer in Midwifery at the Department of Nursing and Midwifery, University of Limerick. Her research interests include vulnerability, maternal and infant health and community engagement. Her doctoral research was funded by the Health Research Board Research (Research Training Fellowship, and defended her PhD in 2017. She developed a

grounded typology of concealed pregnancy in order to increase understanding of this phenomenon. She has brought The Spaces Between Us Visual Art Exhibition to Ireland from Australia in order to raise public awareness of concealed pregnancy and the tragic outcomes that can ensue.

Dr Murphy-Tighe has many practice-based links to maternity and community-based nursing and NGO services. She is a co-investigator on the PART-IM project (UL) which is a participatory health research projects involving migrants and is currently leading a pilot study of a training programme involving community nurses enquiring about domestic violence and abuse. She is also an active member of @CA18211 Devotion an EU COST Action working on birth related trauma and PTSD. Dr Murphy-Tighe has several ISI publications https://www.researchgate.net/profile/Sylvia_Murphy_tighe and is a member of the Health Research Institute at the University of Limerick. For further information see <https://www.ul.ie/hri/person/hri-member/dr-sylvia-murphy-tighe>

Concealed Pregnancy and Addiction

Dr Annie McCloud, Consultant Addiction psychiatrist, Maidstone Kent

I acted as expert for the UK healthcare Safety Investigation Board (HSIB) who requested an expert in both addictions and perinatal psychiatry. I was asked to advise about a patient who was under community drug services who had concealed a pregnancy - with tragic results. My presentation dovetails with that from Dr. Sylvia Murphy who is presenting on the research base around concealed pregnancy. In my presentation I discuss: - The association between addiction and perinatal outcomes - The work of HSIB and my experience of being an expert, including using a "Human Factors" Model - Concealed pregnancy as a rare but important phenomena about which there is little awareness or recognition in most policies and procedures - Implications for addiction and other health and social care organisations

Annie McCloud is a consultant addictions psychiatrist of 20 years standing, and a Fellow of the Royal College of Psychiatrists. I a Visiting Senior Lecturer at Canterbury Christ Church University. I hold degrees in Experimental Psychology and Medical Anthropology. I was previously Clinical Lecturer in the Department of Addictive Behaviour at St. George's Hospital Medical School. For the last five years I have working at The Bridge House detoxification unit at Maidstone, part of Kent and Medway NHS and Social Care Partnership Trust. I also input in the Trusts perinatal psychiatry in-patient unit. Bridge House now the main NHS detoxification unit serving London and southern England. As such we see the most complex patients including pregnant patients. I have had an interest in teaching and lifelong learning including learning from untoward Incidents, especially using a Human Factors Model. I have previously acted as an Expert for an Independent Homicide Enquiry, a complex case involving two patients attending mental health and addictions services.

Why we need to think differently about addiction in pregnancy

Dr Neil Aiton, Consultant Neonatologist and Lead of Maternal Addiction Clinic, 'One Stop' Addiction Clinic, Brighton

This talk will cover why we need to think differently about how we manage addiction in pregnancy - and it's not just about the baby. What are the most important harms and how should that affect our management? A drink, a spliff or a smoke - what's your response? How are motivation, attachment and response to treatment affected? Why alcohol is the biggest preventable cause of neurodisability in children and adults.

Neil Aiton founded the One Stop Clinic in Brighton 20 years ago. The One Stop Clinic is a multi-agency, multi-disciplinary clinic for pregnant women and their babies where there is associated substance use. Through this work he has also developed a clinical and research interest in the effects of prenatal alcohol exposure and Fetal Alcohol Spectrum Disorders (FASD), and has presented at international conferences and published in this area. He is undertaken research funded by the NIH in the States in collaboration with the University of Oxford.

Fetal Alcohol Syndrome (FAS)

Professor Raja Mukherjee, Consultant Psychiatrist

The presentation will follow on from other talks in the morning to highlight the prevalence, comorbidities, including the relationship with trauma, and offer brief overview of the neuro-cognitive and neurodevelopmental profile related to FASD.

Professor Raja Mukherjee is an Adult Learning Disability Consultant Psychiatrist for Surrey and Border's Partnership NHS Foundation Trust, with interest in the management of developmental disorders across the lifespan. In September 2009 he started the first NHS based specialist Fetal Alcohol Spectrum Disorders behavioural clinic and since then has seen over 250 cases for specialist second opinion as a National referral service. Dr Mukherjee completed his PhD on the subject of Fetal Alcohol Syndrome in 2014. He has also acted as an invited advisor to the BMA board of science, The Department of Health and the World Health Organisation on the subject of FASD. In 2015 Dr Mukherjee also gave evidence to the first All Party Parliamentary Group on FASD at the House of commons. He has continues to support national clinical developments related to FASD. Dr Mukherjee is a member of the NICE quality standards group for FASD. He is currently the only UK representative to a US, NIH sponsored initiative to consider the research criteria for FASD. In his own time he volunteers as a medical advisor to various FASD charities both in the UK and internationally. In 2021 he was made an Honorary Professor at the University of Salford related to his work on FASD. In wider work, he is currently Clinical Lead for Adult neurodevelopmental services provided by Surrey and Borders including Adult ASD and ADHD services across Surrey, Hampshire and Portsmouth. He is a an executive committee member of the RCPsych SIG on neurodevelopmental disorders, taking over as Finance officer from July 2021 .

Gaming Disorder

Professor Henrietta Bowden-Jones OBE is a medical doctor and neuroscience researcher working as Consultant psychiatrist in Addictions leading two national clinics in the UK. She was appointed Officer of the Most Excellent Order of the British Empire (OBE) in the 2019 New Year's Honours for Services to Addiction Treatment and to Research. Current President of Psychiatry,Royal Society of Medicine (2020-2022). Past President,Medical Women's Federation 2017-2019. Honorary Professor, Faculty of Brain Sciences,UCL. Honorary Senior Visiting Research Fellow,Dept of Psychiatry ,Cambridge University. Royal College of Psychiatrists' Spokesperson on Behavioural Addictions. Psychiatrist of the Year 2020 Award. Royal College of Psychiatrists. Trustee, Royal Society of Medicine 2021-2024. Elected member of Board of Science Committee, British Medical Association. Founder and Director of the National Problem Gambling Clinic, the first NHS treatment centre in the UK for the treatment of problem gamblers which she set up in 2008. Founder and Director of the National Centre for Gaming Disorders, the first NHS clinic in the UK treating Gaming Disorder. Regular expert advisor to both Westminster and the House of Lords and NHS England on matters pertaining to gambling disorder, gaming disorder and mental health.

Recipient of many national and international prizes and awards. As well as graduating in Medicine and specialising in Psychiatry with a CCST in Addiction Psychiatry, Henrietta also pursued a research career and a Medical Doctorate in Neuroscience from Imperial College (Ventromedial Prefrontal Cortex impairment in Alcohol Dependency). Founder and joint Chair of the National UK Research Network for Behavioural Addictions (NUK-BA) based at Cambridge University. She has published several books and has an extensive publication list in a whole range of peer reviewed journals. Follow her on twitter @HBowdenJonesOBE

Excess and the Road to Ruin in nineteenth-century temperance imagery

Dr Annemarie McAllister, Visual Imagery of the Temperance Movement

The temperance movement, internationally, is commonly identified with such concepts as restraint, self-denial, and even repression. Yet its very origins and continued purpose depend on the concept of excess, and the many groups which made up the wider movement displayed a continuing fascination with prodigality, dissipation, and debauchery in their propaganda. From the 1830s to 1900 and beyond, the writers, illustrators and lecturers of the temperance movement spent more time, paradoxically, than did so-called 'decadents' in detailed description of excess and unrestrained behaviour, as this was their strongest propaganda point – although the definition of 'excess' was often different. I shall explore tropes and visual representations in publications of the UK temperance movement to show how excess was presented to many readers who would never have read other, more controversial, material. As well as the validation of the readers' choice to shun alcohol, depictions of such wild and unrestrained behaviour may well have possessed a fascination of their own, indicating the paradox at the heart of some temperance rhetoric.

Dr. Annemarie McAllister is Senior Research Fellow in History at the University of Central Lancashire, has written widely on the cultural, social and political history of the UK temperance movement, and has curated several exhibitions, including www.demondrink.co.uk. She was co-organiser of 2018's 'Radical Temperance' conference and edited a volume of *The Social History of Alcohol and Drugs* on 'Temperance Past and Present' in 2019. Routledge will shortly be publishing her monograph *Writing for Social Change in Temperance Periodicals: Conviction and Career*. This summer the 'Temperance 190' festival in Lancashire will see her working with local history societies and other public groups on their temperance heritage.

Superman vs. Nick O'Teen: the use of images in a 1980s anti-smoking campaign

Dr Alex Mold, Director of CiHiPH at LSHTM Researcher on Tobacco Use and Addiction

In this paper I explore the use of the popular cartoon character Superman in an anti-smoking campaign that ran in Britain during the early 1980s. Overseen by the Health Education Council, and designed by the advertising agency Saatchi and Saatchi, the Superman vs. Nick O'Teen campaign was intended to prevent children from taking up smoking. A series of TV cartoon advertisements, a comic book and other paraphernalia featured Superman defeating the evil Nick O'Teen. The campaign was popular with its intended audience, but, I suggest, the imagery of Superman was open to a range of different interpretations, and revealed a set of other concerns about the agency of children and their ability to make their own choices.

Alex Mold is an Associate Professor in History and Director of the Centre for History in Public Health at the London School of Hygiene and Tropical Medicine. Her research interests include the history of illegal drugs, voluntary organisations and health, patient consumerism public health in post-war Britain.

Seeing the Invisible: Validity and Viability in the Visual Rhetoric of Addiction Neuroimaging

Dr Timothy Hickman, president of the Alcohol and Drug History Society

Between 1996 and 2001, Alan Leshner's 'hijacked brain' hypothesis came to dominate both popular and scientific thinking about addiction, persuading audiences by exhibiting visual evidence produced by Functional Magnetic Resonance Imaging (fMRI) and Positron Emission Tomography (PET). My paper places this attempt to 'see' addiction into its broader historical context—the century-old effort to understand addiction by making it visible. In doing so, the paper will offer a critical perspective on the logic that gives narrative sense to the visual evidence offered by brain scan images.

Timothy Hickman is a Senior Lecturer in History at Lancaster University. His research is on a wide range of issues in American and British Cultural History but is mostly focussed on Drugs and Alcohol. His most recent article can be found in the Sept. 2021 issue of the *Bulletin of the History of Medicine* on the medicalisation of addiction in 1890s London. He is Past President of the Alcohol and Drugs History Society.

Poster Abstracts

1. Simple Steps to Relieve Opioid Withdrawal

Dr Patrick Clements, ST4-6, Ruth Carville

Aims: We aim to improve the experience of patients on or awaiting Opioid Substitution Therapy. We also aim to improve staff confidence in advising such patients, and to reduce emergency presentations to other services of patients suffering opioid withdrawal symptoms. **Background:** Patients with opioid dependence syndrome often struggle to self-manage the physical withdrawal symptoms and associated psychological distress without resorting to illicit opioid use. Although staff are aware of available over-the-counter remedies, we needed a consistent way of communicating advice in a form that patients could understand and retain. **Methods:** A card was developed identifying the physical symptoms of opioid withdrawal, and suggesting over-the-counter medications to relieve each symptom. Information explaining opioid withdrawal was provided on the reverse side of the card. The card was shown to 10 patients, who were then asked would they find the card useful; would they carry it in their wallet; would they recommend it to others. Suggestions for any changes were invited. **Results:** All 10 patients answered “yes” to all 3 questions. One suggestion was made: that the card should recommend where medication could be bought most cheaply. Based on this suggestion, we amended the card to advise that patients buy generic medication where possible. **Conclusions:** Patient feedback suggests that this card will help patients to self-manage the discomfort of opioid withdrawal. Our next steps will be to include a colour-printed and laminated version in our induction packs for patients coming into treatment. Following this we plan to disseminate the card to other services such as mental health liaison, general psychiatry, emergency departments and acute medicine. In the future we hope to translate the card into other languages, as well as printing it in a more durable, “credit card” format.

2. Antipsychotic Monitoring: Considering Wider Physical Health and Access To Healthcare (An Audit)

Dr Rhi Davison, Specialty Doctor, Dr Rebecca Lee (Consultant Psychiatrist, Forward Leeds)

Aims: This audit reviews the current practice within the Specialist Team (Co-occurring Mental Health and Alcohol or Drug Use Team) at Forward Leeds for antipsychotic monitoring; and considers the wider impact of this regarding equal access to healthcare. **Background:** Forward Leeds is a drug and alcohol service who provides support for patients in the Leeds. It is the second largest “multi-agency project” working with substance use in Britain. There remains significant stigma associated with substance use and mental illness. There are inequalities in the physical health of patients with severe mental illness and their access to healthcare. These inequalities are often mirrored in those who use substances, with or without co-morbid mental illness. Antipsychotic medications have many benefits but come with longer term risks. Adequate monitoring is a requirement but can be difficult to access.

Methods: All patients under the Specialist Team who were prescribed antipsychotic medications at the time of the audit were reviewed (April 2020 – April 2021). Data was collected from patient records and

analysed manually using Microsoft Excel. Results: Forty-one patients were included. These patients were prescribed between one and three types of antipsychotic medications sequentially. There were five overarching diagnostic groups. Prior to initiation, 2/41 patients had all investigations required undertaken. At three months, this was 1/39 and at twelve months, this was 0/22. Conclusions: If these patients did not have co-morbid substance use, they would receive care from the Community Mental Health Team. They would therefore access the physical health team for antipsychotic monitoring, reducing the barriers that patients face. Recommendations made include:

- Production of a standardised antipsychotic initiation letter.
- Clear documentation of rationale for antipsychotics used “off license”.
- Production of System1 template for antipsychotic prescribing and monitoring.
- Provision of a physical health clinic within addictions services.
- Access to mental health teams’ physical health clinic.

3. Analysis of Blood Borne Virus Results in Intravenous Drug Users known to the Southern Health and Social Care Trust Community Addiction Team

Dr Sarah Gault, CT1-3, Dr Orlagh McCambridge, Dr Ruth Carville, Dr Samir Hanna, Dr Patrick Clements,

Aims and hypothesis To investigate how many intravenous drug users (IVDUs), open to the Southern Trust Community Addictions Team (CAT), had been tested for blood borne viruses (BBV) in comparison to testing targets. To compare the number of positive results to expected population estimates. The hypothesis was that, given the effects of the pandemic, we did not meet the testing targets.

Background The Department of Health for Northern Ireland has set the target that at least 90% of IVDUs who attend the CAT should be tested for Hepatitis C each year. United Nations AIDs has set a target of 95% of people with HIV to be diagnosed, 95% of those diagnosed to receive HIV treatment and 95% of those receiving treatment to achieve viral suppression, by 2030.

Methods 153 patients were included in the results, after excluding patients who were not IVDUs from our opiate substitution therapy clinic list. Paper BBV results and online patient records for these patients were consulted to document if they had been offered testing, the date they received any tests, and the results. The BBVs included were HIV, Hepatitis C and Hepatitis B.

Results On average, 59% of our patient group had BBV testing in the last year, with approximately 36% having been tested at some point before and 5% never having been tested. 2.6% of people had HIV compared to local general population estimates of 0.1%. 35% of our patients have at some point had Hepatitis C, compared to national IVDU population estimates of 20%. There were no cases of Hepatitis B.

Conclusions 95% of our patients have had BBV testing at some point but this was not in the last year so testing targets were not met. Our patient group had higher than expected levels of HIV and Hepatitis C.

4. Afghanistan and the Global Heroin Trade

Dr Eamonn Kinally, CTI-3,

Aims In 2020, Afghanistan supplied around 85% of the world's heroin. The recent Taliban takeover and political upheaval seems highly likely to impact the supply chain, but how? This literature review aims to explore the background of heroin production and possible consequences of the recent conflict, both for suppliers and for end users. **Background** Studies of previous heroin shortages in Australia and the UK are discussed to gain insight into the potential effects of a future shortage. Specific US and UK policy failure which led to the current situation is provided for context. **Methods** In addition to recent mainstream media news articles on the Afghanistan conflict, PubMed search terms "heroin adulteration" were used to find 202 results. Only results published from the year 2000 onwards were examined for relevance, leaving 160 results. These were reviewed for relevance and led to suggestions of similar PubMed articles to arrive at the final 23 sources used. **Results** A reduction in heroin exports from Afghanistan would cut down the supply to most nations excluding North and South America. Sources of evidence for our current understanding of the supply chain are examined. Methods of production in Afghanistan and smuggling routes are also examined to help predict impending changes. **Conclusion** Given the number of factors involved it is difficult to anticipate with much certainty how the Taliban takeover of Afghanistan will affect the global heroin trade, but based on the available literature it seems more likely that this will cause shortages rather than an increased supply. Clinicians should be aware that in line with previous shortages, this may cause a shift towards increased rates of polysubstance use in regular heroin users. We may also see a rise in incidents of harm from heroin adulteration with substances other than the currently widespread paracetamol and caffeine.

5. The use of a microdosing regimen for the conversion of methadone to buprenorphine in a patient with traumatic brain injury (TBI): A case study.

Dr Nina Mackenzie, CTI-3, Sarah Blue

Aims and Hypothesis Microdosing buprenorphine whilst reducing full mu-opioid agonist can be achieved with only minimal withdrawal symptoms for a patient in a neurorehabilitation unit with a complex medical history. **Background** Buprenorphine is a partial mu-opioid receptor agonist approved for the treatment of opioid dependence. Withdrawal symptoms and wait times required to safely initiate buprenorphine present challenges to patients and clinicians. Microdosing is a proposed solution, however there is limited published data on its use in a range of patient types and settings. **Methods** A microdosing regimen was used to convert a 41-year-old patient with a severe TBI and alcohol and opioid dependence from methadone to buprenorphine. Due to significantly challenging behaviour secondary to the TBI, the patient would not tolerate opioid withdrawal as required by conventional conversion. Microdosing conversion was proposed over a 14 day period, but was adapted to suit the needs of the patient and treating clinicians and was completed over 39 days. **Results** The patient was successfully titrated to a treatment dose of buprenorphine, with cessation of methadone. There was no evidence of

withdrawal symptoms, and the patient continues to be maintained on buprenorphine at six weeks follow up with improvements in levels of sedation and mobility. **Conclusions** A microdosing schedule can be used to switch from a full mu-opioid agonist to buprenorphine without withdrawal symptoms in a complex patient in a neurorehabilitation inpatient unit. The schedule of cross-titration can be adjusted to suit the patient and the treating clinicians. This case report demonstrates the utility of using microdosing to facilitate the induction of a complex patient onto buprenorphine, where conventional method would not be tolerated. The lack of published literature on buprenorphine microdosing undertaken in a range of settings is a barrier to its more widespread use.

6. Addiction prevalence and treatment in a secure hospital

Dr Tom Scott-Gatty, CTI-3, Dr Adrian James

Aims and Hypothesis We undertook this evaluation to understand the prevalence of problematic substance use or behaviours at Langdon Hospital (medium & low secure), what proportion currently have a clinical need in this area, how this is being met and if there are areas for improvement. Based on findings in similar settings we expected the level of need to be high and the treatment coverage to be partial.

Background The prevalence of problematic substance use is high among patients across a variety of forensic settings and substance use is a major contributor to risk. Engagement with substance use treatment is associated with a wide range of positive outcomes including those related to mental health and criminal justice. A 2011 study found “a large unmet need for [drug and alcohol] services among mentally disordered offenders in medium security”.

Method In November 2021 the clinical notes for all inpatients at Langdon Hospital (n=87) were reviewed. From the notes it was determined whether the criteria were met for harmful use of alcohol/substances, alcohol/substance dependence, and problematic behaviours (eg. Gambling). Patients who met these criteria in the 6 months prior to admission or incarceration were assessed as having a current treatment need. Treatments offered and completed were noted for the current admission.

Results Overall 87% of patients had a history of problematic substance use or behaviours and 70% were assessed as having a current treatment need. Individual & group psychology were the most common treatments offered with some areas for improvement identified including relapse prevention plans, medical management, and co-production.

Conclusions These results align with previous research in this patient group confirming the high prevalence in secure services. Some areas for improvement were identified regarding treatment. As an extension of this work consent is being obtained from patients with a treatment need to follow them up and understand patient outcomes better.

7. Central pontine myelinolysis - Acute neurological signs and symptoms in a patient with alcohol-dependence

Dr E Naomi Smith, ST4-6,

This is a case report of a 34-year-old lady with alcohol- and opioid-dependence. The patient presented to a community drug and alcohol team base to meet with her keyworker. The keyworker raised concern about the patient's recent phone calls to him, leaving multiple voice messages, indicating new-onset confusion. On review, the patient was acutely confused, had ataxic gait, nystagmus and emerging alcohol withdrawal. Wernicke's encephalopathy was suspected, and the patient was transferred by ambulance and admitted to hospital. Neuroimaging during hospital admission revealed this lady had central pontine myelinolysis (CPM). Unlike in more classical instances of CPM, there was no evidence of hyponatraemia and no rapid medical correction of electrolyte disturbances. LEARNING POINTS: - CPM should be considered as a differential diagnosis for patients with high alcohol intake presenting with acute neurological signs and symptoms, -CPM can affect people with high alcohol intake without classic rapid iatrogenic correction of hyponatraemia, -Clinical signs and symptoms of CPM are non-specific and magnetic resonance imaging (MRI) is required to confirm diagnosis.

8. Psychiatric Comorbidity and Mortality in a Cohort of Patients with Alcohol-Dependence

Dr E Naomi Smith, ST4-6, Dr Chesca Turner - email: francesca.turner@slam.nhs.uk Dr Akira Fukutomi - email: akira.fukutomi@slam.nhs.uk Dr Emily Finch - email: emily.finch@slam.nhs.uk Mr Andreas Kimergard - email: andreas.kimergard@kcl.ac.uk Ms Amy Wolstenholme - email: amy.wol

Aims & Hypothesis: We aim to assess prevalence of psychiatric comorbidity in patients eligible for Alcohol Assertive Outreach Team (AAOT) care. We hypothesize that there is a significant degree of psychiatric comorbidity within this population, often treated inadequately. **Background:** There is historic evidence of high comorbidity in patients open to substance misuse services. Our patient cohort was originally recruited for a clinical trial. All patients are frequent attenders at hospital with a diagnosis of alcohol-dependence. **Methods:** Using medical records we identified types and numbers of psychiatric diagnoses. We examined whether the patients had been referred and had contact to mental health services in the past year. We extracted data on the types and numbers of prescribed psychotropic medications. A random subset of patients (n=65) was examined, looking at patient mortality and mean age at time of death. **Results:** Following exclusions, 128 patient notes were reviewed. Approximately 69% of patients had at least one comorbid psychiatric diagnosis. Sixty-five percent of patients had depression and/or anxiety. Sixty-five percent of patients had one or more psychotropic medication prescribed. Over 50% had antidepressant medication and 1/4 had benzodiazepines or other sedatives prescribed. Ten-percent of patients had antipsychotic medications prescribed. Only 27% of patients received contact from mental health services in the previous year. We found that 21 out of our random subset 65 of patients had died between 0-5 years after entering the clinical trial, with a mean age of death of 52.9 years with range 37-65 years. **Conclusions:** Our results support the hypothesis of a significant degree of psychiatric comorbidity in frequent attenders with alcohol-dependence. Only a small fraction of our patients were open to community mental health services, yet there is significant proportion of

prescribed psychotropic medication and polypharmacy. Mean age of death is approximately 30 years below the UK average.

9. Audit of the required documentation in patients prescribed injectable buprenorphine ('Buvidal')

in the Central Area Substance Misuse Service, Betsi Cadwaladr University Health Board (BCUHB).'

Dr Laura Williams, CTI-3, Dr Danielle Loveday

Aims and hypothesis Our aim was to ensure that each of the following pieces of documentation was completed as per BCUHB guidelines: administration form, medication changes form, and the Welsh Government Checklist. **Background** An injectable extended-release formulation of buprenorphine has recently been introduced as a treatment option for opiate use disorder. Benefits include reducing the risks of misuse, non-compliance and diversion of the substance, in addition to the reduced intrusion on the patient's life. **Methods** We obtained our audit standards from the following: 'MLHD 0073 – Guidelines for the use of Buvidal Injection within Substance Misuse Services', and the Welsh Government document: 'Injectable Buprenorphine, Buvidal Reporting'. The sample comprised of all patients currently prescribed Buvidal (n=36). Data collection was undertaken on 07/06/2021. Missing documentation was contemporaneously completed. We utilised the patients' clinical files and the electronic Welsh Government checklist for the purposes of this audit. **Results** We found that all (36) patients had an administration card filed, however only 6 (17%) were in the correct place. We also found that only 10 (31%) had a medication changes form filed. Finally, we found that only 10 (28%) had been reported to the Welsh Government. **Conclusions** Lack of documentation around Buvidal administration is a patient safety risk. There is also an expectation from Welsh Government that we will keep them informed of those whom are prescribed Buvidal, particularly when considering funding. Ensuring that the documentation is completed will therefore not only ensure that there are as few prescription errors as possible, but also ensure that funding is available to continue the prescription of Buvidal to even more of our patients.