Addictions – the future

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What's happening now?

- Dramatic reduction in funding for addiction services – estimates approximately 30% since 2015
- Funded from public health grant through LA commissioning structures.
- Poor links with health structures – failure to integrate with STP and new ICS structures.
- Regular retendering encourages instability
- NHS providing fewer services – estimates vary 13 trusts in England still involved.
- NHS and third sector partnerships are successful in some areas
- Few large 3rd sector organisations dominating the market.
Consultant workforce

Figure 1

Substantive Whole Time Consultant Posts
Higher trainees

Figure 2\textsuperscript{xii}

Number of Addiction Psychiatry Higher Training Posts in England

![Graph showing the number of Addiction Psychiatry Higher Training Posts in England from 2004 to 2020. The number fluctuates but overall there is a downward trend.]
# Unfilled posts

## Table 1

<table>
<thead>
<tr>
<th>Region</th>
<th>Reported Post Numbers</th>
<th>No. Filled Aug 19*</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Core</td>
<td>Higher</td>
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<td>Yorkshire and Humber</td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>50.5</strong></td>
<td><strong>47.0</strong></td>
</tr>
</tbody>
</table>
Consequences of this situation (and loss of other staff groups)

- Difficulty in filling posts
- Loss of skills/expertise
- Reducing skills in addictions for psychiatrists
- More consultants in the voluntary sector
- New ways of working with the voluntary sector – developing guidelines/referral criteria
Drug use is increasing?

Figure 1.1: Trends in ‘any drug’ use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2018/19 CSEW

Source: Home Office. Appendix Tables 1.02 and 1.06.
Cannabis use is rising?

Figure 1.4: Proportion of adults using cannabis in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2018/19 CSEW
Pupils who have ever taken drugs, by year
Drug related deaths 2019

Figure 2: The rate of male drug misuse deaths is over two and a half times greater than the female rate

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 to 2018

Source: Office for National Statistics
Ageing drug misusers

2.4 Age groups

- Non-opiate only
- Non-opiate and alcohol
- Alcohol only
- Opiate

Age groups

18 19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+
Drinking prevalence for adults

Drinking prevalence – last 10 years
58% of survey respondents reported drinking alcohol in the previous week in 2017 which is a fall from 65% in 2007. This equates to 25.6 million adults in England. Those who drank more than 8/6 units\(^3\) on their heaviest day in the last week fell from 20% to 15%.

Drinking more than 8/6 units\(^3\) by age – last 10 years
The proportion drinking more than 8/6 units on their heaviest drinking day has fallen in the last 10 years for those aged 16-24 and 25-44. There has been little change for those aged 45-64 and 65 and over.
Drinking prevalence for adults

Drinking more than 8/6 units on heaviest drinking day in the last week by sex and age

The proportion of men drinking more than 8/6 units was similar by age apart from 65 and over where it was significantly lower. For women the proportion decreased with age.

Drinking more than 8/6 units on heaviest drinking day, by region and country

A higher proportion of drinkers in northern regions drank at least 8/6 units in one day on their heaviest drinking day of the previous week.
International comparisons

UK alcohol consumption has decreased between 2000 and 2015. Lithuania and Belgium have the highest alcohol consumption.
Alcohol related hospital admissions

58% adults (16+) drank alcohol in the previous week in 2017

Similar to 2016 but lower than 2007.

1% lower than 2015/16

337,000 hospital admissions in 2016/17

Admissions primarily due to alcohol consumption (narrow measure).

5,507 alcohol-specific deaths in 2016

4% higher than 2015 and an increase of 11% on 2006.

But 17% higher than 2006/07.

Trends in treatment

- Numbers in treatment ↑ 141,000 (England)
- Opiate and alcohol stable
- Crack users ↑ 32% since 2013 to 2014.
- Successful completions stable
Alcohol dependence is associated with increased suicide in patients with psychiatric disorders.
Acute alcohol intoxication is associated with an increase in risk of suicide attempt

Borges et al. 2017
And don’t forget....
2017 to 2018,
• antidepressants 7.3 million people (17% of the adult population)
• opioid pain medicines 5.6 million (13%)
• gabapentinoids 1.5 million (3%)
• benzodiazepines 1.4 million (3%)
• z-drugs 1.0 million (2%)

Increases in antidepressants and gabapentinoids
All associated with risk of addiction and dependence – but evidence is poor
Innovations – drug related deaths

Oxygen saturation: IV versus IM

Figure 1  Oxygen saturation after intravenous (IV) and intramuscular (IM) injection of heroin
Subject 21 (41 year old male) injected 180mg heroin intravenously on both occasions. Subject 31 (42 year old female) injected 150mg intramuscular heroin in session 1 and 160mg heroin in session 2. (unpublished)
Take home naloxone
Peer led initiatives and first responders,
Preventing opioid overdose deaths with take-home naloxone

Editors
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EMCDDA project group
Dagmar Hedrich and Roland Simon

Innovation
Long acting buprenorphine

• Potentially game changing
• Weekly or monthly dosing
• No abuse potential
• Reduces need for supervision
• Questions about patient acceptability
• Price may be an issue
Buvidal® delivers prolonged release of buprenorphine over one week or one month\textsuperscript{1,2}

- Illustration of population pharmacokinetic profiles for Buvidal (CAM2038) and SL BPN

**Weekly Buvidal – Daily SL BPN**

**Monthly Buvidal – Weekly Buvidal**

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Population PK analysis and modelling based on data from four clinical studies (N=236). Diagnostic testing demonstrated predictive BPN concentrations and good agreement between observed and predicted data percentiles. Steady state data. BPN, buprenorphine; SL, sublingual


Innovation
Assertive outreach for alcohol frequent attenders

- 3+ alcohol-related admissions per year
- Multiple unmet physical, mental and social care needs
- Rarely access community addiction services
- Represent 9% of people with alcohol dependence but 59% of alcohol admissions
- 1.4 million bed days per year = £848 million
- Identified 324 ARFA patients in Lambeth and Southwark, with £5m annual cost
A new model?

- Worked with patients and clinicians to adapt an Assertive Outreach Treatment model used in severe mental illness → training manual
- AAOT much more intensive and prolonged than standard alcohol care
- AAOT clinical team for Lambeth and Southwark
- Created partnerships with hospital and community teams
- Identified ARFA patients through hospital e-records
- Recruited 174 ARFA patients into a trial of AAOT versus Care as Usual, 87 per treatment group
What is Alcohol Assertive Outreach Treatment?

- Minimum weekly contact for 12 months
- Small keyworker caseloads ≤15
- Persistent, assertive engagement
- Home-based or community setting
- Working across traditional professional boundaries
- Patient-led agenda
- Engagement with families, carers and professionals
- Supporting patients to attend addiction and health services
- Volunteers provided practical help and support
Change in alcohol admissions via Emergency Department in King’s College Hospital

Introduction of AAOT
New models

Alcohol care teams

- Alcohol care teams – in high prevalence areas
- Building on examples of good practice
- But – no attention to community services
- Range of implementation models
Can we solve the workforce problem?

- ADDICTION PSYCHIATRY TRAINING INITIATIVE
  - In draft
  - 16 recommendations

Review of all possible mechanisms to preserve/increase number of training posts
Training in the voluntary sector
Consider other ways to train psychiatrists
Supporting general psychiatrists
Credentialing?
Finally – make fuss
RCPsych comms campaign