



RCPsych in Scotland Addictions Faculty Conference 2024

**@RCPsychScot
#ScotAdd24**

Friday 22 March 2024
Doubletree by Hilton Dunblane Hydro
Arrival / Registration from 9.15-9.30am

Digital Event Booklet

Housekeeping



Upon arrival, please sign in so that we can confirm delegates attendance.



Please turn your phone/devices to silent and your email notifications off for the duration of the event.



Feedback Forms will be circulated for you to complete in the afternoon.



Certificates of attendance will be emailed to you within 10 days of the event.

PROGRAMME

“Guidelines: What are they good for?”

Morning Session
Chair – Dr Susanna Galea-Singer

- 09:15 – 09:30 **Arrival and Registration**
- 09:30 – 09:45 **Welcome and Opening Remarks**
Dr Susanna Galea-Singer, RCPsychiS Faculty Chair; Dr Seonaid Anderson, RCPsychiS Vice Chair
- 09:45 – 10:00 **The political commitment to Scotland’s drug and alcohol crisis**
Christina McKelvie MSP/BPA, Minister for Drugs & Alcohol Policy
- 10:00 – 10.45 **Management of alcohol problems in hospital settings – is it working?**
Thomas Philips, Professor of Nursing (Addictions), University of Hull
- 10.45 – 11.00 **Poster Presentation “LEAP: Does a therapeutic community improve outcomes in addiction services?”**
Sophie Dodds, FY2, NHS Ayrshire & Annan
- 11:00 – 11:15 **Coffee/Tea break (and posters)**
- 11:15 – 11:45 **Faculty Business Meeting** (for RCPsych Members only)
- 11:45 – 12:00 **Poster Presentation “The use of neuroimaging in NHS Forth Valley to aid the diagnosis of alcohol related brain damage”**
Hamza Daudali, Glasgow University Medical Student
- 12:00 – 12:15 **Poster Presentation “A Case of Osmotic Demyelination Syndrome in a patient with Alcohol Dependence Syndrome”**
Paul Simmons, ST6, NHS Forth Valley
- 12:15 – 13:00 **Alcohol Clinical Guidelines (with a focus on ARLD)**
Dr Mathis Heydtmann, Consultant Hepatologist (to be live streamed)
- 13:00 – 14:00 **LUNCH (and posters)**

Afternoon Session
Chair – Dr Seonaid Anderson

14:00 – 15:00

Focus on Benzodiazepine work

14:00 – 14:20

Management of benzodiazepine and opiate co-dependence

Catriona Matheson, Professor in Substance Abuse, University of Stirling

14:20 – 14:40

Living in the madness - A needs assessment for people who use benzodiazepines in Tayside

Dr Kirsty Licence, Consultant in Public Health Medicine, NHS Tayside

14:40 – 15:00

Discussion / Q&A

15:00 - 15.15

Coffee/Tea break (and posters)

15:15 - 16:00

Safer Drug Consumption Facilities: international and national perspectives

Kirsten Horsburgh, CEO, Scottish Drugs Forum

16.00 – 16:10

Poster Award

16:10 – 16.15

Closing Remarks / Meeting Closes

Speaker Biographies & Presentation Abstracts

[Professor Thomas Phillips](#)

Professor Phillips leads a group of clinical and applied health researchers and postgraduates with the aim of addressing the impact of alcohol on secondary care settings. He jointly leads the NIHR HS&DR funded ProACTIVE Research Consortium which is examining the impact, value and effectiveness of hospital-based alcohol services in England. As principal investigator on NIHR MHIN CoACH Study he leads a collaborative of academics, clinicians, policymakers, services users evaluating the implementation of alcohol assertive care in Hull. Recently he was a member of the NICE Quality Standards expert group on alcohol use disorders which published updated standards in July 2023. He is also a member of UK clinical guideline group on the management of alcohol use disorders. Working closely with colleagues from the British Association for the study of the liver he is a member of the North East Alcohol Team; a research partnership funded by NIHR. Prof Phillips receives additional funding to support the development of the Alcohol Care Team, Hull University Teaching Hospitals NHS Trust, holds a visiting appointment with the Section for Alcohol Research at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London, and is Mental Health Specialty Research Lead for Y&H CRN.

Presentation Abstract: Alcohol-related hospital admissions in England exceeded 1.26m in 2018/19, an increase of 155% over 15 years. A disproportionate impact of alcohol on the NHS is exerted by those with complex and chronic alcohol disorders with approximately 80% of costs related to emergency department (ED) attendances and admissions. Since 2008, the UK Government response has involved the expansion of hospital-based alcohol services. Professor Phillips will present outcomes from a series of studies, which help to inform clinical practice within hospital-based alcohol services and will provide an update on the national evaluation of alcohol care teams in England, which has recently completed a national survey of hospital provision.

[Mathis Heydtmann](#)

Mathis studied in Germany with electives in several European countries. He worked in the liver unit in Berne, Switzerland; and in Manchester, UK. He did his Specialist Registrar training in Birmingham where he did his PhD in Liver Immunology. Since 2007, he works in Scotland, initially in Glasgow and now as a Consultant Hepatologist in Dumfries. He works full time for the NHS and also dedicates time on his research interests, and on improvement of public health through advocacy, and policy development. He is a strong advocate for the deprived and often underserved patients with liver disease in the UK.

Mathis also has an interest in communication, coaching, negotiation, mediation and appraisal. He is specialist advisor to the Scottish Public Services Ombudsman and a specialty advisor to the Scottish Chief Medical Officer for liver. He helped with reviewing NICE guidelines, and was one of the clinicians representing Scotland in the development of the Public Health England led development of the Alcohol Management guidance (currently out for consultation).

Kirsty Licence

Dr Licence is a Consultant in Public Health Medicine working in NHS Tayside where her remit covers drugs and alcohol and also public health leadership for the Tayside Sexual Health and Blood Borne Virus Managed Care Network. The work being discussed today was undertaken by Dr Jacob Asplin, Specialty Registrar in Public Health, now in Greater Glasgow and Clyde. Jake completed the needs assessment on attachment to me whilst working as a Clinical Fellow in NHS Tayside. Dr Licence leads the drug deaths review group in Tayside and is a member of the three Tayside Alcohol and Drugs Partnerships.

Presentation Abstract: This needs assessment covers the epidemiology of benzodiazepine in Tayside and also more widely across Scotland, using data from drug deaths, non-fatal overdoses and drug and alcohol specialist service data from statutory and 3rd sector sources. It also examines the role of prescribed benzodiazepines in patterns of problem use, and the services responses. The work also reflects the lived and living experience of people who use benzodiazepines, and of service providers, considering the drivers for benzodiazepine use, the harms experienced by those who use benzodiazepines and the service responses and perceived gaps. Finally, the work reviews the evidence around effective responses to problematic benzodiazepine use.

Catriona Matheson

Catriona is a Professor in Substance Use at the University of Stirling. Her research, spanning almost 30 years, is in the delivery of care to people who use drugs. Current interests include effective interventions for people who use street benzodiazepines, managing multi-morbidity in people who use drugs and are dependent on medicines, and exploring digital solutions to prevent drug related deaths.

Presentation Abstract:

Background: Problematic benzodiazepines use alongside opiates contributes to mortality among people who use drugs. Clinical practice currently focuses on managing BZD dependence through tapered dosing. An intervention to address the root causes of benzodiazepines use with opiates was needed.

Aims: This study designed and tested the feasibility of a co-designed intervention to address concurrent benzodiazepines and opiate use. Recruitment and outcome measures were piloted to inform feasibility of a future randomised controlled trial.

Methods: Phase one was intervention development following the MRC complex intervention framework and phase two feasibility testing. Three workshops (with people who use benzodiazepine, clinicians, academics, psychologists, pharmacists) and PPI groups were held. The co-produced intervention included: maintenance prescribing of 30mg diazepam, anxiety, sleep and pain management, harm reduction resources and safety conversations, delivered by a trained nurse. In Phase two patients were recruited in three Scottish sites to test intervention feasibility and pilot recruitment and data collection. Inclusion criteria were people who were stable on ORT but at ongoing risk due to 'harmful' use of street benzodiazepines. Outcomes measures included GAD, PHQ-9, EQ5D, SURE, ACE-III (cognitive function) and oral fluid testing. Interviews were conducted with patients and clinicians to provide insight into their experience of the intervention.

Results: 39 patients were recruited to receive the intervention in three sites. Of these, 30 completed the study (77%), 30 male, 9 female with a mean age 42yrs. There were improvements in anxiety, depression, quality of life and substance use recovery. Cognitive function remained stable. Self report 'street' benzodiazepine use reduced from 100% at baseline (N=57) (some people noted more than one type of benzodiazepine) to 35% at follow-up (N=10). Oral fluid testing data was incomplete and inconclusive. This would need addressed in a larger trial.

Interviews with patients and clinicians found general satisfaction with the intervention. The increased nursing time and strong therapeutic alliance to help address problems like anxiety and trauma was important, as was the diazepam prescription. Patients appreciated the prescription as a safer, regular supply. Others noted the importance of being ready to make meaningful change that reduced drug use.

Conclusion: A co-produced intervention was successfully developed and implemented. Recruitment and retention proved feasible and a full RCT is recommended.

[Kirsten Horsburgh](#)

Kirsten has worked at SDF for over a decade, having previously worked in drug treatment services as a mental health nurse. Her work over the years has been focussed on supporting local and national services to implement drug death prevention strategies. This has included the coordination of Scotland's National Naloxone Programme.

Presentation Abstract: This presentation will look at the purpose and provision of safer drug consumption facilities, the international evidence base and the progress in Scotland towards their introduction.

Poster Presentations

1. The Use of Neuroimaging in NHS Forth Valley to Aid the Diagnosis of Alcohol Related Brain Damage

Authors: Dr Iain Smith, Consultant Psychiatrist with Community Alcohol & Drug Service, NHS Forth Valley and Mr Hamza Daudali, Medical Student, University of Glasgow

2. LEAP project: does a therapeutic community improve outcome?

Author: Dr Sophie Dodds, FY2, NHS Ayrshire & Annan

3. A Case of Osmotic Demyelination Syndrome in a patient with alcohol related brain damage.

Authors: Dr Iain Smith, Consultant Psychiatrist with Community Alcohol & Drug Service and Dr Paul Simmons, ST6, NHS Forth Valley

WE LOOK FORWARD TO WELCOMING YOU TO THE EVENT!