

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Elective Report SSC in Addictions psychiatry Oliver Johnson

1. Describe the incidence of various types of addiction in Tower Hamlets and reasons for this. Compare to another part of the world.

According to the Tower Hamlets Substance Misuse Strategy 2016-2019 the 2 most common substances responsible for people engaging with the addictions service are opiates (66%) and alcohol (20%) respectively. Other common drugs abused included cocaine/crack, cannabis and more recently 'legal highs' but there are a large number of service users presenting with multiple substance misuse. In tower Hamlets there are 3,561 estimated problematic drug users of which only half are estimated to be engaged with treatment services. Males make up the majority of problematic drug users in the UK.

Tower Hamlets has a large population of abstinent drinkers (around 29%) but alcohol use amongst drinkers is high with 43% of drinkers being described as having harmful and hazardous drinking patterns.

Substance misuse is a big problem for individuals as it effects the physical, mental and social health of individuals leading to many avoidable health conditions associated with drug use. Alongside the impacts to the individual there are impacts on people close to the individual and on society as a whole. People close to the individual can become significantly affected by their drug use and can lead to themselves developing problems with their own mental health. Substance misuse is also associated with an increase in crime rates either as a result from the effect the drug has on the body (e.g. alcohol associated violence) to the activities addicts engage in to fund their habit (e.g. shoplifting and robbery).

Tower Hamlets is a borough in London with a large number of people living in poverty, this combined with the urban location makes it an area with a number of risk factors for the large prevalence of problematic drug misuse. When compared to the rest of Europe the UK has a rate of problematic drug use of roughly 9.16 per 1000. This rate is higher than a number of similar European countries such as France, Germany, Austria and Switzerland.

2. Describe the mental health services available to people with addiction in the UK compared to the rest of Europe.

To engage drug and alcohol services in the UK the person will first need to believe that they have a problem with substances. They are assessed and then put into treatment relating to their particular substances of misuse. The treatment goals are slightly different between people but ultimately have an end point of achieving abstinence or non problem drug taking (such as being able to control alcohol intake at a level which isn't damaging but not being completely abstinent). This treatment comprises of a number of different approaches:

1. Psychosocial treatment is the mainstay of treatment for all addictions and requires frequent engagement with patients to be successful. Psychosocial treatment consists of a wide range of activities and is tailored to meet specific preferences of the patient.
2. Pharmacological treatment with drug substitutes e.g. methadone or buprenorphine for heroin misuse can reduce withdrawal symptoms allowing a patient to stop using heroin and access psychosocial support.
3. Physical health treatment of blood borne viruses e.g. HIV, Hepatitis B/C. This is aimed at IV drug users and helps to identify those carrying disease. This service can help to treat and educate patients to prevent the spread of disease to others.

If a patient has a dual diagnosis of addiction alongside another mental health problem they can access psychiatric help through community mental health teams.

In Europe there are similar drug and alcohol services.

3. Discuss the differences in treatment and attitudes to addiction between the UK and other countries in Europe.

Drugs and addiction are contentious issues in most countries around the world. There is a great amount of stigma attached to taking illegal drugs and even more so to addicts, a belief that addiction is a chosen behaviour by individuals is still a commonplace view. The UK identifies addiction as a mental health problem and provides treatment to anybody who engages with services. The mainstay in treatment of addiction is to reduce harm experienced from taking substances (such as drug related deaths and comorbidities) and rehabilitating individuals back into society. Compared to some other countries, however, the UK is less liberal in its approach to treatment and addressing addiction.

In countries such as Switzerland and The Netherlands drug use is viewed slightly different and in some places, although being illegal, there are a number of services to try to reduce drug related death. Laboratories where users can drop off samples of drugs to be tested for their content and purity are being used to help users make informed decisions about their drug taking as they will be told exactly what is in the sample they presented. This can help reduce overdose and reduce the chance of users taking harmful substances cut with the drug. Injectable diamorphine treatment is also provided in these countries to patients who are not suitable for or did not respond to oral opiate substitution. This treatment has a significant evidence base and is provided in a secure observed area ensuring safety to patients.

4. Develop skills in psychiatric assessment and learn to take a thorough substance history

Throughout this placement I have had the opportunity to observe and conduct consultations with a whole array of different service users ranging from those presenting for an initial assessment to those who are under a follow up by their key worker as well as patients under the blood borne virus team. Through speaking to the service users I feel that my understanding of addiction has increased greatly and I have enhanced my skills in taking a comprehensive substance abuse history.

Many service users have a dual diagnosis of a mental health disorder as well as their addiction. This placement gave me the opportunity to further explore the relationship between substance misuse and mental health problems. It taught me that in assessing a patient with a dual diagnosis it is usually quite difficult to ascertain which problem came first and can be compared to the chicken and egg phenomenon.

Before coming onto this placement I thought that the majority of people I would see engaging with the drugs and alcohol service would be of low socioeconomic class and although the majority of patients were from a low socioeconomic class I also spoke to a couple of patients from more affluent backgrounds who seemed to develop substance problems whilst dealing with the stress and anxiety brought on from their high pressure, high paid jobs in the city.