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Elective Report

Addictions Service
South London and Maudsley NHS Trust

The following is a report on my six week elective at the Addictions Service at the Maudsley Hospital, South London and Maudsley NHS Trust, based upon the learning objectives I set prior to commencing the elective.

1. To gain an insight into treatment of substance addiction in an NHS hospital setting Supervised Injecting Clinic. My elective placement was based primarily in the Supervised Injecting Clinic, which provides prescribed opioid replacement therapy for clients over the age of 21 with heroin addiction who have been in treatment for a minimum of two years but are still using street heroin daily. The clinic operates seven days a week and clients are usually commenced on a twice daily treatment regime.

The supervised pharmacological treatments used are:

• Methadone liquid: a long-acting opioid, which lessens symptoms of withdrawal from heroin. It is usually administered once a day and has a relatively long half- life, resulting in a gradual build-up of the drug within the body.

• Buprenorphine tablets: dissolvable opioid tablets used as a replacement for heroin in the same way as methadone, though less commonly. Some clients may prefer buprenorphine, as it is less sedating than methadone and may be easier to withdraw from.

•MXL tablets: slow-release opioid tablets, prescribed as a heron replacement in patients who are actively reducing their diamorphine intake. These are often preferred over methadone by clients.

• Diamorphine intramuscular injection: clients commence on twice daily doses, which raises their tolerance to opioids and lessening the craving for 'street' heroin.

Clients are responsible for injecting their own treatment doses under supervision of two members of nursing staff, who prepare the medications and keep a careful record of all drugs administered. All clients are required to provide regular urine samples for drug screening, and are supported by staff, who encourage clients to reduce or abstain their use of 'street' drugs. Clients who are alcohol dependent are also required to take a breathalyser test to check that they are not consuming alcohol excessively.

The aim of treatment is to stabilise by six months, followed by a gradual dose reduction of both long-acting and short-acting opioids. The rate at which this is achieved differs between individuals, with some clients eventually ceasing to use opioids altogether, whilst others will require a longer-term maintenance treatment. The original idea behind setting up the Maudsley Supervised Injecting Clinic was that

it would serve as a 'hub' for commencing treatment for clients, who would then be able to attend one of the 'spoke' clinics at sites such as Blackfriars, Woolwich, Lambeth. Difficulties in securing licences to dispense and inadequate funding have, unfortunately, resulted in only two of the sites (Blackfriars and, from June 2012, Woolwich) being able to offer treatment. It is hoped that the other proposed clinics will be able to run in the future, since access to services closer to where clients live is an advantage in maintaining engagement with treatment.

Personal Health Budgets are a recent development aimed at encouraging clients to gradually reduce their doses of diamorphine. The scheme entails calculating a percentage of the cost of the amount of diamorphine reduced, which can then be put towards the cost of items or services approved by the Addictions team that would help the client in their recovery.

Specialist Drug and Alcohol Service:

The Addictions Service is also responsible for this clinic, based at Marina House on Denmark Hill (a short walk from the Maudsley Hospital), which offers treatment and support for clients who are dependent on alcohol and a variety of drugs including opiates, benzodiazepines and stimulants. The service also provides treatment for healthcare professionals with substance dependence, for whom mainstream addiction services would be inappropriate.

Drug and Alcohol Liason Service:

During my elective I had the opportunity to shadow Cathy Smith-Barker, Drug and Alcohol Liaison Nurse Practitioner at Kings College Hospital, who is responsible for assessing inpatients admitted with a variety of physical conditions who have concomitant substance dependence and advising medical staff on pharmaceutical treatment of alcohol withdrawal.

Patients with alcohol dependence (the majority of patients seen by Nurse Smith-Barker) are offered support and referral to alcohol addiction services; those at risk of acute alcohol withdrawal who are physically fit may be admitted to the three day detoxification pathway at the Acute Admissions Unit at the Maudsley.

2. To increase my awareness of the complex problems faced by patients with substance addiction.

A key advantage to the treatment offered at both the Supervised Injecting Clinic and the Specialist Drug and Alcohol Clinics is responsiveness to the complex psychological and social issues of individual service users. Each client at the Injecting Clinic is seen regularly by their key worker, who offers advice and support and treatment decisions are made in partnership between team members and the client. Dr James Bell, consultant physician for the Addictions Service at the Maudsley, consults with clients at both clinics and is responsible for prescribing.

It has been claimed that a high percentage of clients presenting with drug or alcohol dependence have concomitant psychiatric disorders. Sellman (2009) quotes

Tomasson et al. (1995) and Weaver et al. (2003): 'patients presenting to addiction services in Scandinavia and the United Kingdom, where 75–85% of those presenting with alcohol problems and 75–90% of those presenting with drug problems other than alcohol were found to have current psychiatric problems'. It is more often the case, however, that patients experience psychiatric symptoms as a result of drug or alcohol dependence. A small percentage of clients treated at the Injecting Clinic are prescribed antidepressant and/or antipsychotic medication and psychological treatment is available for clients who are in a stable condition but require further psychiatric intervention, however the treatment offered at the clinic is unsuitable for acutely psychiatrically ill patients.

Treatment for substance addiction involves not only supporting clients to reduce and possibly abstain from substance use but aims to help them rebuild their lives. Users of addiction services often experience grave financial and housing problems; loss of employment or long term unemployment; family and relationship breakdown and many become involved in crime. The provision of substitute opiate prescribing aims to help clients avoid the involvement with the criminal justice system that often goes hand in hand with drug addiction.

Continuing treatment at the clinic is subject to clients attending within their allocated clinic times and engaging fully with the treatment they have agreed with clinic staff; this help to reintroduce a sense of structure into the lives of clients, a first step towards 'social reintegration' which, as Dr Bell describes in his commentary on Sellman's 2009 article is the key to recovery. (Bell, 2009)

3. To gain an understanding of some of the challenges around treatment of clients with substance dependence.

Recovery from drug addiction goes far beyond reduction or cessation of drug or alcohol use. The Maudsley promotes a 'Recovery Oriented Practice'; defined by three 'core concepts': 'Hope, Agency and Opportunity' (SLaM Social Inclusion and Recovery Board, 2011). Dr Bell highlights the delicate balance between 'engendering hope and avoiding unrealistic expectations' (Bell, 2009) when providing treatment for clients who may never be completely 'cured' of their addiction and may experience frequent setbacks in their recovery; this is challenging for both clients and healthcare workers.

Maintaining client engagement with treatment providers is an important issue for healthcare staff at the clinic. Whilst clear-cut boundaries are maintained within the clinic, it is essential that the carefully built trust between team members and clients is preserved. This may, at times, place staff members in a difficult position, such as in a recent situation where staff had to request that police officers did not attend the clinic or arrest a client within the hospital grounds, as this would have severely damaged the therapeutic relationship between staff and clients.

Clients with substance dependence experience stigma both within the medical profession, where drug and alcohol dependent clients may be seen as 'difficult' patients, requiring time and energy-consuming treatment and in wider society, where addiction if often viewed as a self-inflicted condition rather than an illness. Dr Bell

emphasises the importance of an empathic and nonjudgemental approach to treating clients with substance dependence, along with a commitment to supporting primary care practitioners in treating drug and alcohol dependent clients within the community.

References

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