

Substance Misuse Module Handbook

MRCPsych Course

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A Psychiatry Medical Education Collaborative between Mental Health Trusts and Health Education North West



Module Lead - Dr Patrick Horgan, Consultant Psychiatrist

Course Director - Dr Latha Hackett, Consultant in Child & Adolescent Psychiatry
Deputy Course Director - Dr Dushyanthan Mahadevan, Consultant in Child & Adolescent Psychiatry

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Session 1: Diagnosis and Treatment for People with Alcohol Problems

Learning Objectives

- Assessment, diagnosis and treatment of people with alcohol problems
- To develop awareness of complications associated with alcohol use
- To understand some of the practical aspects of managing people with alcohol problems
- To gain awareness of local provisions and guidelines

Curriculum Links

11.1	Basic pharmacology and epidemiology
11.3	Problem drinking; alcohol dependence; alcohol-related disabilities. In-patient and out-patient detoxification
11.4	Biological, psychological and socio-cultural explanations of drug and alcohol dependence
11.7	The assessment and management of alcohol misusers
11.8	Culturally appropriate strategies for the prevention of drug and alcohol abuse

Expert Led Session

- Pharmacology / Neuropharmacology
- Classification
- Assessment
- Epidemiology
- Health Consequences
- Treatment issues

Case Presentation

- Exploration of alternatives to admission for person with alcohol withdrawals – why admission would be needed
- Highlight assessment and management of comorbid physical symptoms in person with alcohol problems
- Liaison with local alcohol services for follow up

Journal Club Presentation

- van den Brink, W., Aubin H.J., Bladström A., Torup L., Gual A., Mann K. (2013) Efficacy of as-needed nalmefene in alcohol-dependent patients with at least a high drinking risk level: results from a subgroup analysis of two randomized controlled 6-month studies. *Alcohol and alcoholism*, 48(5), 570-8.
- Schwarzingler, M., Pollock, B., Hasan, O., Dufouil, C., Rehm, J., Baillot, S., Luchini, S. (2018). Contribution of alcohol use disorders to the burden of dementia in France 2008–13: a nationwide retrospective cohort study. *The Lancet Public Health*, 3(3):e124-e132.
- Wood, A., Kaptoge, S., Butterworth, A., Willeit, P., Warnakula, S., Bolton, T., Danesh, J. (2018). Risk thresholds for alcohol consumption: combined analysis of individual-participant data for 599 912 current drinkers in 83 prospective studies. *The Lancet*, 391(10129), 1513-1523.

'555' Topics (5 slides on each topic with no more than 5 bullet points)

- Alcohol Related Brain Damage
- Screening for alcohol use
- Foetal alcohol syndrome
- Long term physical complications from alcohol use

MCQs

1. Which of the following statements about Disulfiram is false:
 - A. Previous history of CVA is a contraindication
 - B. Disulfiram use will result in an decrease in accumulation of acetaldehyde in the blood stream
 - C. A loading dose can be used for initiation
 - D. Disulfiram may have a role in the treatment of cocaine dependence
 - E. Hepatic cell damage is a recognised adverse effect of Disulfiram
2. The following are true of Wernicke Encephalopathy except:
 - A. Classic triad is ocular motor abnormalities, cerebellar dysfunction, and altered mental state
 - B. Only 20% of patients present with the full triad
 - C. Altered mental state occurs in 40%
 - D. Altered mental state symptoms include: mental sluggishness, apathy, impaired awareness of an immediate situation, an inability to concentrate, confusion or agitation
 - E. Ocular motor abnormalities occur in 30%
3. Which of the following is not a reason to consider inpatient setting for alcohol detoxification based on Nice Guidelines:
 - A. Drink over 50 units of alcohol per day

- B. Have a score of more than 30 on the Severity of Alcohol Dependence Questionnaire
- C. Have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes
- D. Need concurrent withdrawal from alcohol and benzodiazepines
- E. Consider a lower threshold for inpatient or residential assisted withdrawal in vulnerable groups, for example, homeless and older people.

4. Features required for a diagnosis of dependence within ICD 10 include the following except:

- A. A strong desire or sense of compulsion to take the substance;
- B. Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use;
- C. A physiological withdrawal state when substance use has ceased or have been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms;
- D. Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses
- E. Returning to substance use after a period of abstinence leads to more rapid reappearance of features of dependence than with non-dependent individuals

5. The following are correct calculation of units of alcohol (percentages are in vol/vol) corrected to nearest whole number:

- A. 750 mls of 11% wine is 8 units
- B. 6 Litres of 4.5% cider is 18 units
- C. 5 cans of 330 mls of 4.8% lager is 8 units
- D. 3 cans of 440 mls of 7.5% strong lager is 10 units
- E. 2 bottles of 700 mls of 17% fortified wine is 24 units

EMI Questions

Drugs used in Alcohol Dependence:

- A. Disulfiram
- B. Acamprosate
- C. Naltrexone
- D. Baclofen
- E. Diazepam
- F. Oxazepam
- G. Lorazepam
- H. Vitamin B compound strong
- I. Thiamine
- J. Nalmefene

- 1a. Which medication should not be given if serum creatinine >120 micromol/L)
- 1b. Which medication used for detoxification should be avoided in patients with impaired liver function
- 1c. Which medication acts as a selective GABA-B agonist.

Investigations for people with alcohol use

- A. Gamma-glutamyl transferase (GGT)
- B. Mean corpuscular volume
- C. Carbohydrate-deficient transferrin (CDT)
- D. Total bilirubin
- E. Albumin
- F. INR
- G. Magnesium
- H. Globulin
- I. Alkaline phosphatase
- J. Platelet Count

2a. This marker has Sensitivity of 50 to 70% in the detection of high levels of alcohol consumption in the last 1 to 2 months but false positive with hepatitis, cirrhosis, cholestatic jaundice, metastatic carcinoma, treatment with simvastatin and obesity

2b. This is used in the calculation of the Maddrey's Discriminant Function for Alcoholic Hepatitis

2c. A reduction in this can lead to increased risk of seizures and can be related to use of proton pump inhibitors.

MCQ Answers

- Q1 B Disulfiram use will result in an increase in accumulation of acetaldehyde in the blood stream
- Q2 C Answer is 80%
- Q3 A Should be that a person drinks over 30 units of alcohol per day
- Q4 E is mentioned but not a feature required for diagnosis
- Q5 B should be obviously wrong = 27 units, no need to work out all the rest

Formula is (percent alcohol x volume in ml) /1000

Hence for 750 mls of 11% wine is $(750 \times 11)/1000 = 8.25$ units

However, a litre of x% vol/vol is x units

So, a litre of 6% cider is 6 units

So, 6 litres of 4% cider is 24 units, idea is rather than working them all out, should be able to scan them and identify incorrect number

EMI 1

(1a) B Listed as a contraindication - primarily excreted in the urine and not significantly metabolised

(1b) E This is due to the long half-life of diazepam

(1c) D

EMI 2

(2a) A

(2b) D

Maddrey's Discriminant Function Formula : $4.6 * (\text{Prothrombin Time} - \text{Control Prothrombin Time}) + \text{Total Bilirubin}$)

If score more than 32 indicates a poor prognosis and potential for steroid use.

(2c) G

Additional Resources / Reading Materials

Books

- Edwards, G. Alcohol: The World's Favorite Drug. Institute of Psychiatry London
- Sigman, A. Alcohol Nation: How to protect our children from today's drinking culture

E-Learning

Epidemiological Public Health Data England (Alcohol given as example)

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/par/E12000002/ati/101/are/E08000003>

GP learning resource centre

- <http://www.smmgp.org.uk/>

Royal College of Psychiatrists CPD Online

- Alcohol and the brain
- Alcohol-related brain damage
- Driving and mental disorders

Royal College of Psychiatrists Faculty of Addictions Psychiatry

- <http://www.rcpsych.ac.uk/workinpsychiatry/faculties/addictions.aspx>

Society for study of addictions

- <https://www.addiction-ssa.org/knowledge-hub/>

Journal Articles

- Al Alawi, A. M., Majoni, S. W., & Falhammar, H. (2018). Magnesium and human health: perspectives and research directions. *International Journal of Endocrinology*, 2018.
- Anton, R. F., O'Malley, S. S., Ciraulo, D. A., Cisler, R. A., Couper, D., Donovan, D. M., et al. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a randomized controlled trial. *JAMA*, 295(17), 2003-2017.
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cirrhosis. *Bmj*, 351, h4187.

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- Ijaz, S., Jackson, J., Thorley, H., Porter, K., Fleming, C., Richards, A., Savović, J. (2017). Nutritional deficiencies in homeless persons with problematic drinking: A systematic review. *International Journal for Equity in Health*, 16(1), 71.
- Jones, A. W. (2010). Evidence-based survey of the elimination rates of ethanol from blood with applications in forensic casework. *Forensic science international*, 200(1-3), 1-20.
- Jones, A. W. (2010). The relationship between blood alcohol concentration (BAC) and breath alcohol concentration (BrAC): a review of the evidence. *Road safety web publication*, 15, 1-43.
- Juniper, M., Smith, N., Kelly, K., & Mason, M. (2013). Measuring the units—a review of patients who died with alcohol-related liver disease. *London: National Confidential Enquiry into Patient Outcome and Death*.
- Koob, G. F. (2020). Neurobiology of opioid addiction: Opponent process, hyperkatifeia, and negative reinforcement. *Biological psychiatry*, 87(1), 44-53.
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- National Institute for Health and Care Excellence. (2011). Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence CG115. London: National Institute for Health and Care Excellence.
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Mackie, A. (2018). Guidelines on the management of abnormal liver blood tests. *Gut*, 67(1), 6-19

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- Palpacuer, C., Duprez, R., Huneau, A., Locher, C., Bousageon, R., Laviolle, B., & Naudet, F. (2018). Pharmacologically controlled drinking in the treatment of alcohol dependence or alcohol use disorders: a systematic review with direct and network meta-analyses on nalmefene, naltrexone, acamprosate, baclofen and topiramate. *Addiction*. 113(2), 220-237.
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- Zahr, N. M., Pfefferbaum, A., & Sullivan, E. V. (2017). Perspectives on fronto-fugal circuitry from human imaging of alcohol use disorders. *Neuropharmacology*, 122, 189-200.

Session 2: Diagnosis and Treatment of People with Drug Misuse

Learning Objectives

- Assessment, diagnosis and treatment of people with Drug Misuse
- To develop working knowledge of principles of opioid substitution treatment
- To increase awareness of other substances commonly misused
- To develop awareness of complications associated with Drug Misuse

Curriculum Links

- | | |
|------|---|
| 11.1 | Basic pharmacology and epidemiology |
| 11.2 | Considerations for prescribing and treatment modalities; Legal restrictions on prescribing |
| 11.4 | Biological, psychological and socio-cultural explanations of drug and alcohol dependence ; Cultural factors in the use and abuse of drugs |
| 11.5 | Impact of drug and alcohol use on Public Health |
| 11.6 | The assessment and management of drug misusers |
| 11.8 | Culturally appropriate strategies for the prevention of drug and alcohol abuse |

Expert Led Session

- Epidemiology /Context
- Opioid related mortality morbidity
- Assessment
- Treatment with opioid replacement treatment
- Detoxification
- Risks with opioid replacement treatment

Case Presentation

- A case of someone with polysubstance misuse
- Highlight physical complications of injecting substances

Journal Club Presentation

- Abrahamsson, T., Berge, J., Öjehagen, A., & Håkansson, A. (2017). Benzodiazepine, z-drug and pregabalin prescriptions and mortality among patients in opioid maintenance treatment— A nation-wide register-based open cohort study. *Drug and Alcohol Dependence*, 174, 58- 64.
- Lofwall, M. R., Walsh, S. L., Nunes, E. V., Bailey, G. L., Sigmon, S. C., Kampman, K. M., ... &

Oosman, S. (2018). Weekly and monthly subcutaneous buprenorphine depot formulations vs daily sublingual buprenorphine with naloxone for treatment of opioid use disorder: a randomized clinical trial. *JAMA internal medicine*, 178(6), 764-773.

- Sordo, L., Barrio, G., Bravo, M. J., Indave, B. I., Degenhardt, L., Wiessing, L., ... & Pastor-Barriuso, R. (2017). Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *bmj*, 357.

'555' Topics (5 slides on each topic with no more than 5 bullet points)

- Novel psychoactive substances
- Pain management in people with opioid dependence
- Substance misuse problems in young people
- Ethics of opiate substitution treatment

MCQs

1. Common term for illicit diazepam:

- A. Plant food
- B. Blues
- C. Spice
- D. Horse
- E. Whizz

2. The following are true of Novel psychoactive substances except for:

- A. GHB (gamma-hydroxybutyrate) and GBL (gamma-butyrolactone) act similarly to hallucinogens such as LSD
- B. Mephedrone is part of the cathinone family of drugs
- C. Piperazines substances have stimulant effects
- D. Paramethoxyamphetamine (PMA) is an methylenedioxyamphetamine (MDMA) like substance but associated with higher risks of death than MDMA
- E. Ketamine use can result in haemorrhagic cystitis

3. The following are true of methadone except for:

- A. Cases of QT interval prolongation and torsade de pointes have been reported during treatment with methadone, particularly at high doses (>100mg).
- B. Typical starting doses are in the range of 10 to 30 mgs
- C. Methadone tablets are the preferred formulation for commencing treatment in opioid dependence
- D. Use of Cimetidine may lead to potentiation of opioid activity due to displacement of methadone from protein binding sites
- E. Peak plasma levels occur 1-5 hours after a single dose of Methadone Mixture 1mg/1ml

4. The following are true about opioid substitution treatment except for:

- A. Reduces the risk of death among heroin users
 - B. Suppresses illicit use of heroin
 - C. Reduces involvement in crime among heroin users participating in treatment
 - D. Reduces the risk of Blood Bourne Virus transmission, including in prisons
 - E. Promotes abstinence from all drugs
5. For long term treatment of pain using opioids – the following dose of oral morphine or equivalent should not be exceeded
- A. 10 mg
 - B. 40 mg
 - C. 80 mg
 - D. 120 mg
 - E. 240 mg

EMI Questions

Medication used in treatment of opioid dependence:

- A. Hyoscine butylbromide
- B. Naloxone
- C. Codeine phosphate
- D. Clonidine
- E. Buprenorphine
- F. Suboxone
- G. Loperamide
- H. Oxycodone
- I. Fentanyl
- J. MXL morphine capsules

- 1a. This medication is a long acting buprenorphine formulation
- 1b. This medication can be used to reduce risk of injecting behaviour
- 1c. This medication is frequently used for symptomatic relief of abdominal cramps during opioid detoxification

Analgesics of misuse:

- A. Fentanyl
- B. Diacetylmorphine
- C. Codeine
- D. MXL

- E. Diconal
- F. Buprenorphine
- G. MST Continus
- H. Tramadol
- I. Methadone
- J. Oramorph

2a. This drug which exerts its effect via conversion to morphine can result in opioid toxicity at usual doses in CYP2D6 ultra-rapid metabolisers

2b. This compound has effects on serotonin reuptake as well as effects on opioid receptors

2c. This compound is approximately 80 times more potent than morphine and is available as lozenges and transdermal formulation

MCQ Answers

Q1 B is usual term used

Q2 A is false GHB and GBL similar mechanism of action to alcohol

Q3 C Rarely use tablets as there is increased risk of injecting with these hence tend to use methadone mixture

Q4 E is false

Q5 D risk of harm increases substantially at doses about 120 mgs oral morphine but with no increased benefit

EMI 1

(1a) E

(1b) F In addition to buprenorphine this contains naloxone which is not active orally but is if injected

(1c) A

EMI 2

(2a) C

(2b) H

(2c) A

Additional Resources / Reading Materials

Books

- Nestler, E. J., Hyman, S. E., & Malenka, R. C. (2009). *Molecular neuropharmacology : a foundation for clinical neuroscience* (2nd ed. ed.). New York ; London: McGraw-Hill Medical.
- Welsh, I. Trainspotting.

E-Learning

Drug Alerts

- <https://findings.org.uk/>
- <http://michaellinnell.org.uk/drugwatch.html>
- <https://wearetheloop.org/drug-alerts/>

European reports on substance misuse

- <http://www.emcdda.europa.eu/>

Epidemiological data on Drug and Alcohol Treatment in England

- <https://www.ndtms.net/>

Government information - Guidance for healthcare professionals on drug driving

- <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>

GP learning resource centre

- <http://www.smmgp.org.uk/>

Neptune (Novel Psychoactive Treatment: UK Network) E-learning modules

- <http://neptune-clinical-guidance.co.uk/e-learning/>

Pain resources

- Action on Addiction
 - https://idhdp.com/mediaimport/38281/130607_pain_management_report_final_emb_argoed_13_june.pdf
- Opioid Aware:
 - <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>
- Living well with pain:
 - <http://livewellwithpain.co.uk/>

Public Health England Information

- <https://www.gov.uk/government/organisations/public-health-england>

Resource for drug advice

- <http://www.talktofrank.com/>

Royal College of Psychiatrists CPD Online

- Buprenorphine in opiate dependence
- GHB: what psychiatrists need to know
- Helping the addicted doctor
- Hepatitis C and mental illness
- Safe and effective opiate replacement therapy
- Stimulants: epidemiology and impact on mental health
- Stimulants: treatment approaches and organising services
- Substance misuse in older people

Royal College of Psychiatrists information

- Drugs and alcohol: information for young people
 - <https://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/drugsandalcohol.aspx>
- Substance misuse in older people: an information guide
 - <https://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr211.aspx>

Society for the Study of Addiction

- <http://www.addiction-ssa.org/>

US National institute on Drug Misuse

- <https://www.drugabuse.gov/drugs-abuse>

Journal Articles

- Action on Addiction. (2013). The Management Of Pain In People With A Past Or Current History Of Addiction.
- Advisory Council on the Misuse of Drugs. Time limiting opioid substitution therapy advice. 6 Nov 2014. <https://www.gov.uk/government/publications/time-limiting-opioid-substitution-therapy>.
- Baldwin, D. S., Aitchison, K., Bateson, A., Curran, H. V., Davies, S., Leonard, B., et al. (2013). Benzodiazepines: risks and benefits. A reconsideration. *Journal of Psychopharmacology*, 27(11), 967-971.
- Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health.
- Costella, A., Harris, H., Mandal, S., & Ramsay, M. (2017). Hepatitis C in England: 2017 report.
- Degenhardt, L., Larney, S., Randall, D., Burns, L., & Hall, W. (2014). Causes of death in a cohort treated for opioid dependence between 1985 and 2005. *Addiction*, 109(1), 90-99.
- DTB. (2016). QT interval and drug therapy. *BMJ*, 353, i2732.
- EMCDDA. (2013). Drug prevention interventions targeting minority ethnic populations: issues raised by 33 case studies: Publications Office of the European Union, Luxembourg.
- EMCDDA. (2018). European Drug Report: Trends and Developments: Publications Office of the European Union, Luxembourg <http://www.emcdda.europa.eu/publications/edr/trends-developments/2018>.
- Faggiano, F., Vigna-Taglianti, F., Versino, E., & Lemma, P. (2003). Methadone maintenance at different dosages for opioid dependence. *Cochrane Database of Systematic Reviews*, (3).
- Gossop, M., Marsden, J., Stewart, D., & Kidd, T. (2003). The National Treatment Outcome Research Study (NTORS), 4-5 year follow-up results. *Addiction*, 98(3), 291-303.
- Home office (2019). Drug Misuse: Findings from the 2018/19 Crime Survey for England and Wales. <https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2018-to-2019-csew>.

- Marsden, J., Stillwell, G., James, K., Shearer, J., Byford, S., Hellier, J., ... & Mitcheson, L. (2019). Efficacy and cost-effectiveness of an adjunctive personalised psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomised controlled trial. *The Lancet Psychiatry*, 6(5), 391-402.
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- Office of National Statistics. (2018). Deaths Related to Drug Poisoning in England and Wales, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2018registrations>.
- Office of National Statistics. (2014). Number of deaths related to drug poisoning where buprenorphine and/or methadone was mentioned on the death certificate by underlying cause, England and Wales, deaths registered between 2007-2012.
- The Royal College of Psychiatrists. (2018). Our Invisible Addicts, 2nd edition. College Report CR211.
- Royal College of Psychiatrists (2012). Practice standards for young people with substance misuse problems.
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Session 3: Diagnosis and Management of People with co-occurring mental health and alcohol/drug use conditions

Learning Objectives

- To develop understanding of key aspects in the diagnosis and treatment of patients with co-occurring mental health and alcohol/drug use conditions
- To increase awareness of complications with pharmacological treatment in patients with co-occurring mental health and alcohol/drug use conditions
- To develop knowledge of risk issues in people with co-occurring mental health and alcohol/drug use conditions
- To understand how local services are implemented to manage people with co-occurring mental health and alcohol/drug use conditions

Curriculum Links

- 11.1 Basic pharmacology and epidemiology
- 11.5 Effect of drug and alcohol use on psychiatric illness

Expert Led Session

- Diagnosis and Management of People with co-occurring mental health and alcohol/drug use conditions
 - Concepts
 - Epidemiology
 - Case studies
- There is sufficient material for a separate lecture if spare capacity on the programme.
- If feasible joint presentation by Substance Misuse Consultant and General Adult Psychiatrist for both sessions

Case Presentation

- Examine risk aspects of people with co-occurring mental health and alcohol/drug use conditions
- Relationship of the substance use to development of the symptoms

Journal Club Presentation

- Asher CJ, Gask L. (2010) Reasons for illicit drug use in people with schizophrenia: Qualitative study. *BMC Psychiatry*, 10:94.
- Chitty, K., Dobbins, T., Dawson, A., Isbister, G., & Buckley, N. (2017). Relationship between

prescribed psychotropic medications and co-ingested alcohol in intentional self-poisonings. *British Journal of Psychiatry*, 210: 203-208 .

- Newton-Howes, G., Foulds, J., Guy, N., Boden, J., & Mulder, R. (2017). Personality disorder and alcohol treatment outcome: systematic review and meta-analysis. *The British Journal of Psychiatry*, 211:22-30.

'555' Topics (5 slides on each topic with no more than 5 bullet points)

- Personality disorder and substance misuse
- Depression and alcohol
- Psychotropic drug interactions with opioid substitution medications
- Public health concerns of Chemsex

MCQs

1. Which of the following have not been associated with misuse potential:

- A. Acamprosate
- B. Hyoscine butylbromide
- C. Loperamide
- D. Pregabalin
- E. Codeine phosphate

2. Intoxication of the following substances can be associated with psychosis in DSM 5 except :

- A. Alcohol
- B. Cannabis
- C. Sedatives
- D. Opioids
- E. Inhalants

3. Which of the following symptoms is not associated with Benzodiazepines withdrawal using CIWA B

- A. Loss of appetite
- B. Yawning
- C. Problems sleeping
- D. Difficulties with concentration
- E. Sensitivity to light / blurred vision

4. Percentage of patients attending Community Mental Health Teams reporting past-year problem drug use and/or harmful alcohol use has been found to be approximately:

- A. 24%
- B. 34%

- C. 44%
- D. 54%
- E. 64%

5. Which of the following is likely to predate Alcohol and other Drug use disorder in most cases;

- A. Generalised anxiety disorder (GAD),
- B. Panic disorder,
- C. Depression
- D. Dysthymia
- E. PTSD

EMI Questions

Drugs that may induce psychiatric symptoms:

- A. Gamma-Hydroxybutyric acid (GHB)
- B. Lysergic acid diethylamide (LSD)
- C. Ketamine
- D. Phencyclidine (PCP)
- E. Diazepam
- F. Amphetamine
- G. Cocaine
- H. Alcohol
- I. Cannabis
- J. Butane

1a. This psychoactive component of this drug acts through the type 1 form of the receptors which are found in high concentrations throughout the cerebellum, hippocampus, basal ganglia, cortex, brainstem, thalamus and hypothalamus

1b. This compound acts as an agonist at 5HT_{2A} receptor

1c. One of the main mechanisms of action of this drug is by reverse transfer of the neurotransmitter dopamine

Psychotropic medications used in people with co-occurring mental health and alcohol/drug use conditions:

- A. Diazepam
- B. Quetiapine
- C. Risperidone
- D. Citalopram
- E. Amisulpride

- F. Sertraline
- G. Baclofen
- H. Olanzapine
- I. Aripipazole
- J. Fluoxetine

2a. Disulfiram can inhibit the metabolism of this compound

2b. This antipsychotic should be considered in patients with impaired liver function

2c. This agent may increase risk of compulsive behaviour such as gambling

MCQ Answers

- Q1 A Acamprosate (Used for alcohol dependence)
- Q2 D Opioids see DSM 5
- Q3 B Yawning in COWS
- Q4 C 44% see Weaver (2003)
- Q5 E PTSD see Swendsen (2010)

EMI 1

(1) I (Nestler 2008)

(2) B

(3) F Cocaine works mainly by reuptake inhibition

EMI 2

(1) A

(2) E

(3) I

Additional Resources / Reading Materials

E-Learning

Royal College of Psychiatrists CPD Online

- Dual diagnosis: the diagnosis and treatment of depression with co-existing substance misuse.

Journal Articles

- Agabio, R., Trogu, E., & Pani, P. (2018, 4). Antidepressants for the treatment of people with co-occurring depression and alcohol dependence. The Cochrane database of systematic reviews, 4, CD008581.
- Aichhorn, W., Santeler, S., Stelzig-Schöler, R., Kemmler, G., Steinmayr-Gensluckner, M., & Hinterhuber, H. (2008). Prevalence of psychiatric disorders among homeless adolescents. *Neuropsychiatrie: Klinik, Diagnostik, Therapie und Rehabilitation: Organ der Gesellschaft Österreichischer Nervenärzte und Psychiater*, 22(3), 180-188.

- Baandrup L, Ebdrup BH, Rasmussen JØ, Lindschou J, Gluud C, Glenthøj BY. Pharmacological interventions for benzodiazepine discontinuation in chronic benzodiazepine users. *Cochrane Database of Systematic Reviews* 2018, Issue 3. Art. No.: CD011481. DOI: 10.1002/14651858.CD011481.pub2.
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- Conner, K. R., Piquart, M., & Holbrook, A. P. (2008). Meta-analysis of depression and substance use and impairment among cocaine users. *Drug and Alcohol Dependence*, 98(1-2), 13-23.
- Crump, C., Sundquist, K., Winkleby, M. A., & Sundquist, J. (2013). Comorbidities and mortality in bipolar disorder: a Swedish national cohort study. *JAMA psychiatry*, 70(9), 931-939.
- Crunelle, C. L., Van Den Brink, W., Moggi, F., Konstenius, M., Franck, J., Levin, F. R., ... & Schellekens, A. (2018). International consensus statement on screening, diagnosis and treatment of substance use disorder patients with comorbid attention Deficit/Hyperactivity disorder. *European addiction research*, 24(1), 43-51.
- Darker CD, Sweeney BP, Barry JM, Farrell MF, Donnelly-Swift E. Psychosocial interventions for benzodiazepine harmful use, abuse or dependence. *Cochrane Database of*

Systematic Reviews 2015, Issue 5. Art. No.: CD009652. DOI:

10.1002/14651858.CD009652.pub2.

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Session 4: Recovery Concepts, Psycho-social Treatments and Service Development

Learning Objectives

- To understand principle of recovery and how this is implemented with drug and alcohol services
- To gain knowledge of some of the basic concepts of motivation interviewing
- To gain knowledge about how services for drug and alcohol are developed
- To understand what ancillary services are frequently used with alcohol and drug services

Curriculum Links

- 11.5 Impact of drug and alcohol use on Public Health
- 11.10 Motivational Interviewing

Expert Led Session

- Review models of dependence/addiction
- Review evidence base and psychosocial treatments for people with substance misuse problems
- Overview of various interventions that are offered in substance misuse: brief interventions, mapping techniques (e.g., ITEP), motivational interviewing overview
- Useful to use youtube clips below for teaching session

Case Presentation

- Presentation of a person who had significant substance misuse problem +/- comorbid mental illness who has recovered and resources employed to effect and maintain this recovery

Journal Club Presentation

- Heather, N. (2017). Q: Is Addiction a Brain Disease or a Moral Failing? A: Neither. *Neuroethics*, 10(1), 115-124.
- Hibbert, L., & Best, D. (2011). Assessing recovery and functioning in former problem drinkers at different stages of their recovery journeys. *Drug and Alcohol Review*, 30(1), 12-20
- Marsden, J., Stillwell, G., James, K., Shearer, J., Byford, S., Hellier, J., ... & Mitcheson, L. (2019). Efficacy and cost-effectiveness of an adjunctive personalised psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomised controlled trial. *The Lancet Psychiatry*, 6(5), 391-402.

'555' Topics (5 slides on each topic with no more than 5 bullet points)

- Overview of non statutory services (e.g., AA, NA, SMART, GamCare)
- Risks associated with substance misuse in prisoners
- Harm minimisation approaches in substance misuse services
- Gambling disorder – diagnosis and treatment

MCQs

1. Which of the following is not an example of change talk:

- A. Desire: I would like to stop using alcohol
- B. Ability: I could stop alcohol use
- C. Reason: Alcohol worsens my psoriasis
- D. Accomplishment: I finally stopped alcohol
- E. Need: I have got to stop alcohol

2. Prochaska and DiClemente's stages of change include the following except:

- A. Contemplation
- B. Preparation
- C. Maintenance
- D. Relapse
- E. Persistence

3. Who of the following is most closely linked with Motivational Interviewing:

- A. Carl Jung
- B. Carl Rogers
- C. David Winnicott
- D. Aaron Beck
- E. Melanie Klein

4. All of the following are key principles of Motivational Interviewing except:

- A. Roll with resistance
- B. Express empathy
- C. Develop discrepancy
- D. Support self efficacy
- E. Strengthen safety behaviour

5. Which of the following is true of needle exchange programmes in the UK

- A. Pharmacies are unable to provide this service
- B. It is only available to people prescribed opioid substitute medications

- C. It is only available in urban centres with populations greater than 50000
- D. Only qualified nursing staff can dispense equipment
- E. It reduces injection risk behaviours among people who inject drugs, in particular self- reported sharing of needles and syringes, and frequency of injection

EMI Questions

Potential mechanisms to manage resistance:

- A. Simple reflection
- B. Amplified reflection
- C. Double sided reflection
- D. Shifting focus
- E. Reframing
- F. Agreement with a twist
- G. Emphasising personal control
- H. Coming alongside
- I. Reaction
- J. Summarizing

1a. This approach enables the validity of the client's raw observation to be regarded but tries to interpret the observation in a new way.

1b. This may be considered when someone says "I am my own man, I do not need you to tell me what to do"

1c. The following exchange highlights this approach:

Client:" I have been able to use more heroin than other people in my town"

Therapist: "Perhaps you are simply immune to the effects of heroin".

Mutual aid groups/Services:

- A. Alcoholics Anonymous (AA)
- B. SMART Recovery
- C. GamCare
- D. Frank
- E. Teen Challenge UK
- F. British Doctors' and Dentists' Group
- G. Narcotics Anonymous (NA)
- H. Breaking free
- I. Kaleidoscope
- J. Discover

2a. Founded in 1997, This is one of the leading providers of information, advice and support for anyone affected by this pattern of disordered behaviour.

2b. This is a science-based programme to help people manage their recovery from any type of addictive behaviour. It began in 1994.

2c. This is a free drug advice service that is aimed at parents and children in particular. It is available 24 hours a day and online and by text message

MCQ Answers

Q1 D

Q2 E Stages of change are

Pre-contemplation contemplation preparation action maintenance relapse precontemplation

Q3 B Client centred interpersonal relationship is often quoted as one of the key influences for MI

Q4 E

Q5 E

EMI 1

(1) E

(2) G

(3) B

EMI 2

(1) C

(2) B

(3) D

Additional Resources / Reading Materials

Books

- Miller, W. R., & Rollnick, S. (2012). Motivational interviewing : helping people change (3rd ed.). New York, NY: Guilford Press. (any edition reasonable)

E-Learning

Drink and Drug News- local update on substance misuse with recovery focus

- <https://drinkanddrugsnews.com/>

Harm minimisation

- <http://www.prenoxad injection.com/>
- <https://www.harmreduction.co.uk/resources>

Motivation interviewing

- <http://www.youtube.com/watch?v=80XyNE89eCs>
- <http://www.youtube.com/watch?v=URiKA7CKtfc>
- <http://www.youtube.com/watch?v=s3MCJZ7OGRk>
- <http://www.youtube.com/watch?v=KNIPGV7Xyg>

Mutual aid groups

- <https://www.alcoholics-anonymous.org.uk/>
- <https://smartrecovery.org.uk/>
- <http://www.bddg.org/>

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