Newsletter April 2017

We are pleased to publish our April newsletter, including Policy and Clinical Updates and other news. Clinical papers were selected by Ian Hamilton who has also provided the commentary. Ian is a lecturer in mental health in the Department of Health Sciences at York University, with an interest in the relationship between substance use and mental health (Dual Diagnosis). Ian trained and worked as a mental health nurse in South London.

Workforce development

Alcohol and drug treatment matrices (Drug and Alcohol Findings)

www.findings.org.uk

Launched in 2013, the matrices are portals to the most important research and guidance for British treatment services and for practitioners, managers, and commissioners. Use them to train staff, for professional development, or just to re-experience the revelations made by the seminal and key studies of the past 50+ years. Familiarity with this research and guidance can be seen as a quality indicator, demonstrating that your staff and service are aware of the evidential foundations of their work. This month's highlight is:

Managing the talking route to recovery: key research and reviews on the management of psychosocial interventions for alcohol dependence:

http://us6.campaign-archive2.com/?u=29782cfc6f97bb00335bef177&id=86132c9613

Policy update

RIDR – Report Illicit Drug Reaction (Public Health England)

A new online system - Report Illicit Drug Reaction (RIDR) - has been launched to improve our knowledge of the harmful effects of new psychoactive substances (NPS – commonly known as 'legal highs'). All frontline staff in settings such as A&E, sexual health clinics, prisons, drug and mental health services are encouraged to use the system, which over time will increase knowledge of these new substances and ultimately improve patient care. For more information, see: https://report-illicit-drug-reaction.phe.gov.uk

Clinical Update

The highlights of this month's Clinical Update are:

- Are UK opioid substitution treatment agencies fit for purpose?
- Gender differences in emergency department visits and detox referrals for illicit and nonmedical use of opioids
- Lee Robins' studies of heroin use among US Vietnam veterans
- Novel psychoactive substances: identifying and managing acute and chronic harmful use
- Qualitative exploration of why people repeatedly attend emergency departments for alcohol-related reasons.

Clinical Update

Are UK opioid substitution treatment agencies fit for purpose?

Raistrick, D. Journal of *Addiction*. 2017; early cite available here:
http://onlinelibrary.wiley.com/doi/10.1111/add.13737/full

This brief commentary paper on a longer opinion piece in the same journal examines the evidence for using psychosocial interventions as an adjunct to opiate substitution treatment.
http://onlinelibrary.wiley.com/doi/10.1111/add.13644/full

The latter paper makes the point that the evidence for such interventions can be read both positively and negatively depending on a range of factors, many of which relate to the complexity of presentations and treatment infrastructure. The commentary by Raistrick provides a critical overview of the drug treatment sector as it stands today. But his critique looks beyond the frontline of treatment to unpick the national organisations that have influenced which interventions are routinely offered to individuals with opioid dependence rightly pointing out the tensions that have emerged in a shift from harm reduction to abstinence. This he acutely observes has contributed to a deskilling and de-professionalisation of the drug treatment workforce.

Commentary

Although this commentary focuses on opioid treatment the essence of the critique applies more broadly. As presentations to specialist drug treatment for problems related to opiates continue to fall it is timely to think about what is offered to the increasing number of people who present with problems related to substances other than opiates, particularly as most of these substances have no substitute medication that practitioners can call on. Almost a decade ago the National Treatment Agency along with the National Institute for Health and Care Excellence recommended that psychosocial interventions should be offered to all those in treatment. A fair ambition but one at odds with services that are increasingly commissioned or incentivised to limit contact. The common element in most psychosocial packages of care is a generous allocation of time, taking time to build rapport and taking time to work through the overlap of health and social care challenges that clients experience.

Time is also needed to train and supervise practitioners in psychosocial interventions. For client and practitioner alike time is an investment and a value statement; without it we all lose out.

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