



SMMGP Premium Membership

Our Premium Membership (launched in May 2017) continues to grow with new members signing up each month. The scheme provides a **minimum of 15 hours high quality continuing professional development each year** on relevant topics delivered by experts in the field. All Premium Members have access to our recorded webinars on a range of topics such as co-morbidity, benzodiazepines, opioid analgesic dependence in pain patients and more.

Premium Membership starts at £50.00 p.a. with quarterly payment via direct debit or an option to pay annually. [Sign up here](#) and have your CPD for 2018 taken care of at your convenience – and at your desk.

Webinars in February

Premium Members: *Behavioural addictions (pornography): What do we know?*

Watch live on **Tuesday 20th Feb 2018** at 2pm. 1 hour CPD.

Speaker: James Binnie BSc (Hons), Dip/HE, RMN, MSc, PhD (in progress), Lecturer in Counselling Psychology, BABCP accredited therapist, supervisor and trainer, MBACP. FDAP Assessment Board member. James will take us through the evidence base regarding addiction to pornography.

Premium Members: *Opioid analgesic dependence in pain patients*

The recorded version of this webinar is now available to view.

Speaker: Dr Jane Quinlan, Consultant in Anaesthesia and Pain Management. 1 hour CPD. Dr Jane Quinlan discusses the complex issues involved in pain management and opioid dependence drawing on her experience as a Consultant in Anaesthesia and Pain Management.

Free webinar

Sexual Addiction and Compulsivity: An [introductory webinar](#) by speaker Ian Baker is available for viewing by all our members.

Clinical Update

Read summaries of recent research papers together with commentary from leading experts in the field.

Watch out for our Clinical Update in May with new editor Thomas Jones, Senior Addictions Liaison Nurse, South London & Maudsley NHS Foundation Trust. Here's a taste:

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.

Palpacuer, C., Duprez, R., Huneau, A., Locher, C., Boussageon, R., Laviolle, B., and Naudet, F. (2018) Addiction, 113: 220–237. doi: [click here to read paper](#).

This paper reviews 32 double-blind randomised controlled trials assessing the efficacy of a range of medications for reducing alcohol use in non-abstinent patients with alcohol dependence or an alcohol use disorder. With the exception of two studies, all patients also received 'a psychological co-intervention', though this was not clearly defined.

While the authors found that nalmefene, baclofen and topiramate showed superiority over placebo on total alcohol consumption, no efficacy was observed for naltrexone and acamprosate. They concluded that there is no high-grade evidence for pharmacologically controlled drinking using the above medications. Many of the studies included had a risk of selective outcome reporting and a high risk of attrition bias. Furthermore, none of the studies demonstrated that pharmacologically controlled drinking showed any benefit on health outcomes.

Commentary: *Acamprosate and naltrexone are widely prescribed for the treatment of cravings in abstinent patients. This systematic review aimed to consolidate the evidence for the pharmacological treatment of alcohol misuse in patients who are still drinking.*

Whilst the review might appear to be a fairly damning critique of two widely recommended treatments for alcohol cravings, it should be understood that the paper does not review the evidence for this indication. Thus, professionals working with alcohol misuse in clinical practice should not lose faith in these NICE-recommended, evidence-based treatments.

In practice, we work with an ageing population with a high level of comorbidity. Unfortunately, this review excluded studies involving patients with physical or psychological comorbidity. If trial participants are not representative of the patients we see in daily practice, the applicability of findings to real world scenarios must be considered.

The authors conclude that the evidence for pharmacological approaches to harm reduction in alcohol use is currently lacking. A clearer strategy for future research is required, as well as more trials which focus on measuring long-term health outcomes. More trials are also needed which directly compare the efficacy of different drugs. Additionally, the role of psychosocial co-interventions cannot be understated, and should be standardised and controlled for in future studies.

Clinicians must be cautious prescribing these medications to control drinking, taking into account their individual safety profiles and the risks for the patient. Medication as an alcohol harm reduction strategy is somewhat of a paradigm shift, however the poor quality research driving guidelines and policy formation may not be fully transparent about the risks involved. It has been demonstrated, for example, that baclofen has a withdrawal state of its own. Furthermore it has CNS depressant qualities which are additive when taken with alcohol, increasing the risk of respiratory depression. Whilst it has been widely prescribed in France under a 'temporary recommendation for use' since 2014 the authors found the evidence for its use to be inconsistent. Topiramate, found in this review to potentially be considered the most effective treatment, is also known to have negative cognitive side effects.

In summary, while the use of these medications may eventually prove a useful adjunct to the treatment of alcohol misuse in clinical populations, as it stands the current evidence is clearly lacking. We should not be seduced by the idea of a quick fix - there is still no 'magic pill' to cure alcohol dependence.

Clinical update by Mental Elf **coming soon for Premium Members.**

News

Supporting nurse mentors to reduce the barriers to implementing alcohol interventions and brief advice (IBA) in primary care

We are pleased to see the publication of our research, funded by Alcohol Concern.

The results of our research project suggest that that nurse mentors can play a valuable role in providing IBA in primary care.

KEY FINDINGS

The findings of this project suggest that providing a relatively low level of support to nurse mentors based in primary care leads to a significant increase in the delivery of IBA.

There was a marked increase in the percentage of patients screening positive at an initial screening test going on to receive IBA from 30% at the beginning of the project to 48% at the end.

There was a modest increase in the percentage of patients who received an initial screen being assessed as requiring a brief intervention from 13% at the beginning of the project to 15% at the end indicating that clinicians were identifying increasing or higher risk drinkers more effectively.

Following the implementation of the project staff at the surgery appear to be more effective at identifying alcohol-related harm and at providing brief interventions to this group.

This project indicates that by supporting nurse mentors in leading on the implementation of IBA there is potential for reducing alcohol-related harm within the existing resources of the surgery. This could support primary care in the practical implementation of an evidence based cost effective intervention which has experienced patchy uptake.

For more information see the [full report](#).

Post It from Practice – A Level Playing Field

Dr Steve Brinksman writes about lessons learnt when the relationship between clinician and client is equal. [Read the article](#).

Book review

“Mum, Can You Lend me Twenty Quid?”

We are grateful to Elizabeth Burton-Phillips for sharing her updated book about what drugs did to her family with us for this book review. *The world – and indeed drug treatment – was a different place in 2007 when Elizabeth Burton-Phillips first published her book with its innocuous title, which has recently been reprinted with an update. Although there were family support agencies and networks back then, the focus of treatment was on the person who used drugs in the first instance (perhaps not unsurprisingly) and on the impact on those near and dear to them – not so much.* [Read more](#).

SMMGP Board

At the start of this year, we welcomed three new Trustees to our Board. We are delighted to have Hesketh Emden, Hugo Luck and Mervyn Henwood contributing to the experience and expertise of the SMMGP Board. [More information about our Board here](#).

Conferences 2018

Check the [website](#) for upcoming conferences of interest to our membership including Older People and Substance Misuse Masterclass (15/16.02.18) London and Non-medical Use of Prescription Drugs (16.03.18) in York.

From the SMMGP / FDAP Team



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