



SMMGP March newsletter

SPECIAL OFFER – up to 50% off iCAAD Conference 7-9 May 2018:

We are delighted to announce a partnership with iCAAD (International Conferences on Addiction and Associated Disorders) for their 3 day event in London from 7th May – 9th May.

Speakers include: Prof David Nutt, Dr Gordon Morse and Dr Chris Ford

A very special offer for **all new SMMGP Premium Members** – 50% discount on the iCAAD conference in London 7-9 May 2018. There is also a **20% discount for existing SMMGP Premium Members**.

This discount also applies to all new FDAP members – 50% discount on the iCAAD conference in London 7-9 May 2018. There is also a **20% discount for existing FDAP Members**

The full cost for the conference (before discount) is £250 for 3 days. If you are not yet an SMMGP Premium Member [join now](#).

Please visit the [FDAP / SMMGP discount page](#) to apply for your discount.

Clinical Update

Our regular Clinical Updates are summaries of relevant research papers, with expert comment. Below is a sample of this month's – a summary of a recent Cochrane review on supervised vs take-home methadone, with comment by Vicky Carlisle, University of Bristol. To read the full March Clinical Update (with 4 more papers) for 1.5 hours of CPD, join as a [Premium Member](#).

Opiate substitution therapy: supervised-consumption versus take-home doses

Saulle R, Vecchi S, Gowing L. (2017) Supervised dosing with long-acting opioid medication in the management of opioid dependence. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011983. DOI: 10.1002/14651858.CD011983.pub2. [Click here to read](#)

There are currently 146,000 individuals in treatment for opiate dependency (OD) in England. That is 52% of all individuals in drug and alcohol treatment. The first-line treatment for OD, as recommended by NICE (2007) and WHO (2009) is opiate substitution therapy (OST). This involves prescribing a long-acting opiate, such as methadone or, less commonly, buprenorphine. These medications aim to reduce craving for, and withdrawal from, heroin and other opiates.

Patients on long-term OST generally have better outcomes in terms of treatment retention, reducing illicit opioid use and mortality (Dolan & Mehrjerdi, 2015). As the effects of methadone and buprenorphine are longer lasting than heroin (24-36 hours), only one dose per day is required. Often, each dose of OST must be taken in the presence of a pharmacist/clinician: this is known as 'supervised consumption'. This is because there is a fear that otherwise doses may be diverted for use other than prescribed; for instance to be sold on the black market, 'saved-up' in order to

take larger doses, or injected. The majority of methadone-related deaths are thought to be a direct result of diversion of doses to individuals not in OST (Cicerco, 2005; Seymour et al., 2003). Take-home doses may be 'earned' by patients in return for high levels of compliance with treatment programmes e.g. by testing negative for illicit opioids during treatment.

Supervised consumption is not without drawbacks. It is expensive to run, can imply a lack of trust between the pharmacist/clinician and the patient, and can interfere with an individual's ability to be able to work or take part in other day-to-day activities. The last point is an important one; work and other activities that allow the reintegration of the patient into their community can have a positive impact on that person's ability to recover from OD.

A Cochrane systematic review aimed to compare the effectiveness of supervised consumption of OST with that of off-site OST consumption.

Commentary by Vicky Carlisle, University of Bristol

At 3+ months follow-up, this review found no evidence that supervised dosing was superior to take-home methadone at: keeping people in treatment, or helping to reduce opioid use, mortality and adverse drug events.

The best available evidence for opiate substitution therapy sheds little light on the effectiveness of supervised dosing compared to dispensing of medication as take-home doses. The quality of the included trials was low to very low. The authors suggest that decisions about whether OST should be delivered via supervised consumption or take-home doses therefore, should be made on a case-by-case basis. In terms of future research, there is a need for more randomised trials with larger sample sizes.

One negative impact of supervised consumption not addressed in this paper is the issue of stigma. The limited privacy often involved in supervised consumption in a pharmacy setting has been described as "agonising" and "embarrassing" by patients (Harris & McElrath, 2012). Experiencing stigma through OST may reduce treatment retention. It is therefore vital that this aspect is considered in any cost/benefit analysis of supervised versus take-home consumption of OST.

Webinars

Coming soon for Premium Members

Hepatitis C: treatment pathways and how to make them work

Carola Sander-Hess, Medical Lead Inclusion 1 hour CPD.

Date and time to be announced.

Webinars to view

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

Speaker: James Binnie BSc (Hons), Dip/HE, RMN, BSc (Hons), 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.

The recorded version of this webinar is [now available to view](#)

News

RCGP/ SMMGP Conference. Hold the date! November 1st and 2nd 2018, London

We are delighted to announce that our annual conference will be extended to 2 days this year. Watch out for more details , in the meanwhile, save the date!

SURVEY Do you work in drug and alcohol treatment? Please complete a 10-minute survey to compare treatment providers' attitudes to addiction and treatment. Be in line for a **prize draw!** [Click for full information.](#)

The SALIS collection is an online archive of more than 2500 items of international literature from the drug and alcohol field, saved from being lost for good when it was noted that libraries were being closed . Items are available for FREE and may be downloaded or borrowed for two weeks (once the 2 week period has expired, the item will disappear from the selected device).

Currently alcohol titles predominate, as the National Institute of Alcohol Abuse and Alcoholism awarded its library to SALIS. The Society for the Study of Addiction has funded SALIS to add 250 more books to be digitised and added to the library. **SALIS hopes to get recommendations of core titles which people would like to see added to the archive and/or donations of the physical copies.** This archive is viewed as an international legacy to the field; please participate. [Browse the collection here.](#)

Substance Abuse Librarians and Information Specialists

Collective Amnesia: Reversing the Global Epidemic of Addiction Library Closures (Editorial in Addiction: Vol 107 Issue 8) [Click here to read](#)

Understanding Recovery from a Family Perspective: Life in Recovery for Families

Alcohol Research UK recently published important study findings about the often-hidden experiences of family members of dependent drinkers. Despite the wide body of research looking at recovery from the drinker's perspective, the impact on families often goes unreported. This large-scale study by the Department of Law and Criminology at Sheffield Hallam University and Adfam charts the experiences of recovery from the perspective of family members. The study finds that where recovery is successful, family members can experience significant improvements across many areas of their lives, including: in family violence, debt, emotional and mental health problems, involvement with the criminal justice system, and in healthcare use.

You can access the full report [here](#).

Naloxone Saves Lives – we are pleased to relaunch the updated version of this important and popular e-learning module. It has been reviewed in the light of legislative changes and the publication last year of the UK Clinical Guidelines. [Click here to view](#)

From the SMMGP / FDAP Team



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