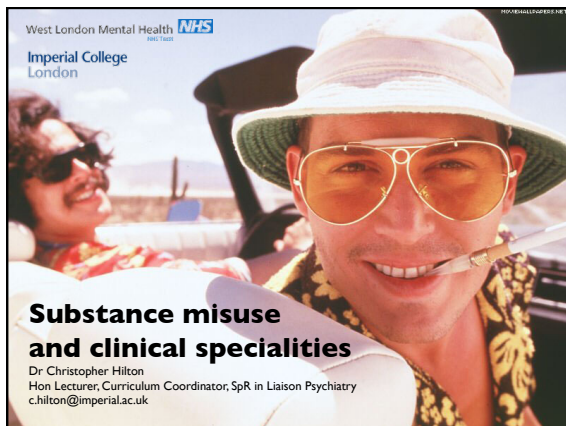


West London Mental Health NHS
Imperial College London



Substance misuse and clinical specialities
Dr Christopher Hilton
Hon Lecturer, Curriculum Coordinator, SpR in Liaison Psychiatry
c.hilton@imperial.ac.uk

Substance misuse and clinical specialities I

- 09:00 **Introduction and learning objectives**
- 09:15 From substance use, misuse to dependence
You, your friends & colleagues, & your patients
Prof Anne Lingford-Hughes
- 10:30 *Break*
- 10:45 Opportunistic interventions
Neal Richardson, Substance Misuse CNS
- 11:30 Everything you already know about drugs and alcohol and we're not afraid to ask
Dr Chris Hilton, SpR Liaison Psychiatry

Learning objectives

By the end of the lecture students should be able to:

- define **substance misuse and dependence** and distinguish between acceptable and problematic use
- demonstrate awareness of the **range of substances that can be misused**, the different types and classes of addictive substances, their alternative names and their effects
- describe the basic **treatment regimes** for various addictions and withdrawal states
- consider the **role of healthcare professionals and government** with regard to substance misuse
- demonstrate a **professional attitude** towards substance misusers
- consider how substance misuse problems may affect a **healthcare professional's** judgement, performance and the care of their patients

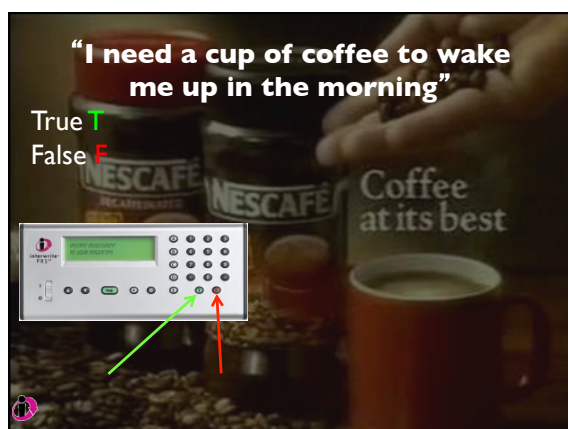
Substance misuse and clinical specialities 2

- 09:00 Introduction and learning objectives
- 09:15 Alcohol and the GI patient
Dr Thillainayagam & Dr Chris Hilton
- 10:30 Break
- 10:45 Alcohol and the heart
Dr Chris Baker, Consultant Cardiologist
- 11:30 Alcohol and the brain
Dr Rick Adams, Clinical Fellow, Queens Square
- 12:20 Drugs and behaviour - party drugs and sex
Dr Chris Hilton, SpR Liaison Psychiatry



1. Turn ON your handset - slide the Power Switch up (I = ON)
2. Wait 4 seconds till GTCO CalComp disappears. It will start scanning.
3. Join the class by pressing the number **<4>** and then the green arrow **→**
4. Press the * key and WAIT. It should say "ANS"

WARNING: Your handset will go to SLEEP when not in use. Press * STAR KEY to WAKE UP your handset.







Current UK drinking guidance?

- A. 21 units a week ♀, 28 for ♂
- B. 14 units a week ♀, 21 for ♂
- C. 21 units a week both ♀ and ♂
- D. 2-3 units a day ♀, 3-4 a day ♂



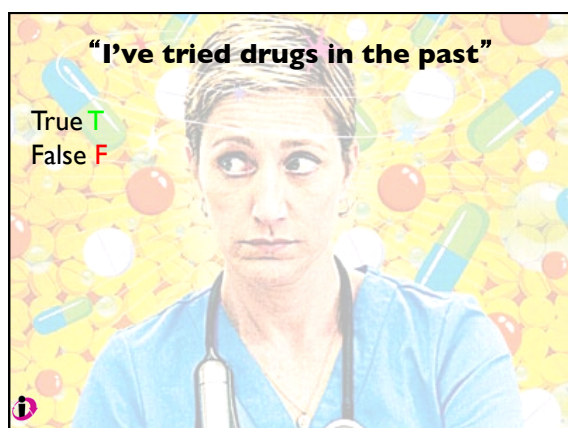
“I drink more than is recommended”

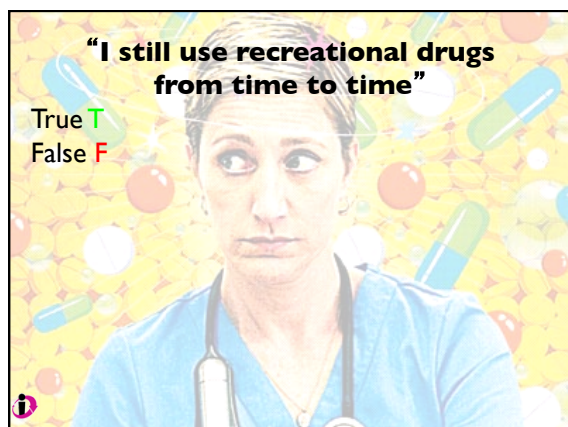
True **T**
False **F**



“I’ve tried drugs in the past”

True **T**
False **F**






Epidemiology of substance misuse
Birch et al Lancet 1998, 352; 9130: 785 (Leeds)

Substance	House Officers 'current use'	Extent of use
Alcohol	93%	60% > safe limits
Cannabis	26.7%	11% > monthly
Other drugs (mushrooms, LSD, e, poppers, cocaine, amph)	11%	-



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Daily Mail
Alcohol-related A&E admissions up by a quarter since introduction of 24-hour drinking

the Sun
MEOW MEOW KILLS 2 TEENS

the ONION
Drugs Win Drug War

Substance misuse and clinical specialities

- **Assessing patients'** substance misuse in your clinical firms
- **Misused substances**
- **Intoxication**
- **Harmful use**
- **Dependence**
- **Withdrawal**
- Consider **management** options and duties

Taking a substance misuse history

Who? **Everyone**. 70 year olds were in 20s in the swinging sixties!

Where? Every clinical encounter – not just drug clinic!

What substances?

Current use - quantity
which route(s)
when / why

History -
first use
regular use
heaviest use / cumulative use – cf pack years

Features of dependence and withdrawal symptoms

Negative effects - **physical, psychological or social**

2L Cider (£3) 7.5% ABV 15 units	440mL Special Brew (£1.32) 9% 4 units	70cL whisky (£12) 40% 28 units
1 pint Peroni 5.5% 2.5 units	250mL wine 13% 3.25 units	75cL wine 13% 9.75 units

An alcopop is available in 700mL bottles at 4.5% ABV. If I drink 3 bottles, how many units have I consumed?

- A. 4.5
- B. 9.5
- C. 11.5
- D. 21



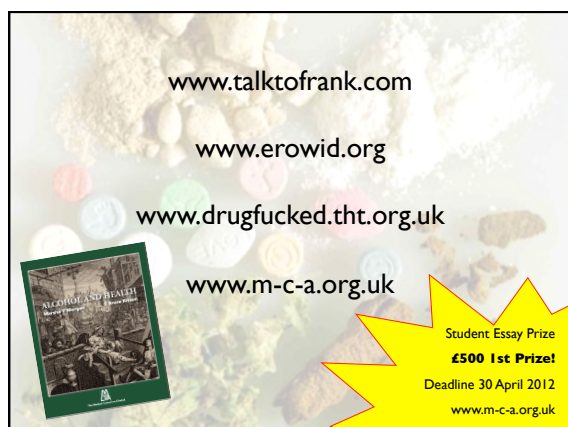







Alcohol
Nicotine
Medication

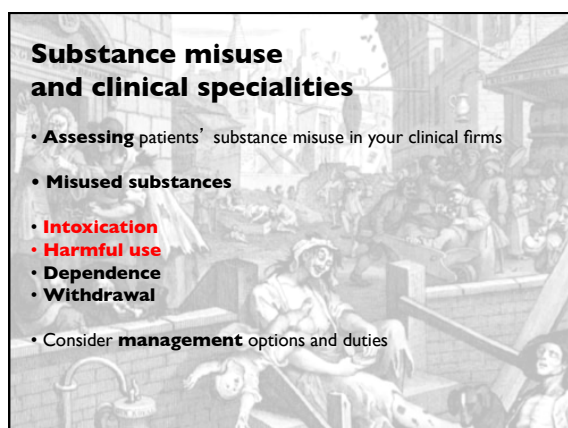
Cannabis
Depressants eg heroin
Stimulants eg cocaine / amph / MDMA
Hallucinogens eg LSD / K



www.talktofrank.com
www.erowid.org
www.drugfucked.tht.org.uk
www.m-c-a.org.uk

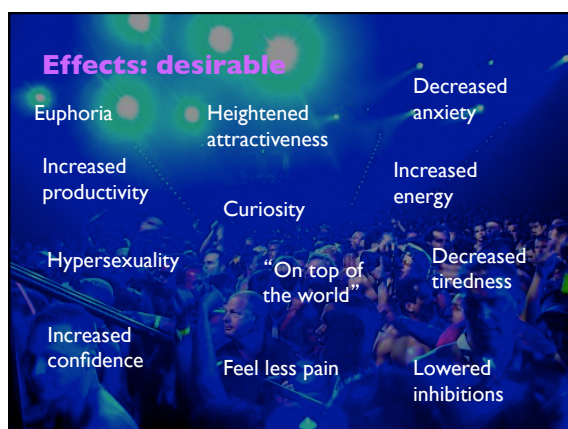


Student Essay Prize
£500 1st Prize!
Deadline 30 April 2012
www.m-c-a.org.uk



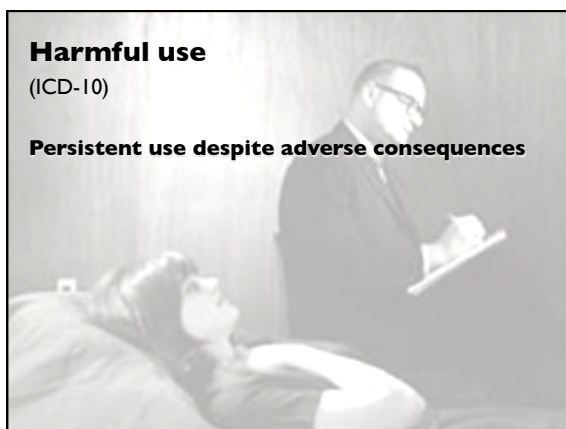
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Harmful use

(ICD-10)

Persistent use despite adverse consequences

Physical consequences
Alcohol affects **every body system**:

Encephalopathy		Osteoporosis / fractures
Neuropathy		Anaemia
Amblyopia		Endocrine abnormalities
Aspiration		Impotence
Cardiomyopathy		Infertility
Atrial fibrillation		Cancers
Gastritis		Depression
Pancreatitis		Anxiety
Hepatitis		Dementia
Cirrhosis		Behavioural disturbance

Examination

Signs of **intoxication / withdrawal** (mental state, pupils)

Signs of **injecting drug use**
Punctures, track marks
Cellulitis, DVTs, bacterial endocarditis

Signs of **inhaled drug use**
Burns, stains, respiratory signs

Signs of **acquired illnesses due to drug use**
Hepatitis (alcohol, HBV, HCV), HIV
Injuries

What else would you include?





A 22 year old woman presents with anxiety attacks, weight loss, loose stools and oligomenorrhoea. On examination she has a tremor, tachycardia and warm peripheries. She also has hypopigmented patches over the dorsum of her hands.

A Anorexia Nervosa
B Thyrotoxicosis
C Alcohol dependency
D Giardiasis

A 41 year old woman presents to GP with weight loss and anxiety. She confesses to feeling low since her divorce some eighteen months ago. On examination she is thin and mildly icteric. CV and resp examinations are normal, but abdominal examination reveals 3cm hepatomegaly.
Hb 9.4, MCV 101, WCC 4.2, Na 131, K 4.1, Bil 27, AST 76, ALT 59, INR 1.3

- A Anorexia Nervosa
- B Thyrotoxicosis
- C Alcohol dependency
- D Giardiasis

A 30 year old Irishman presents to his GP with double vision, increasing unsteadiness, falls, vertigo, speech and swallowing problems. On examination he is unsteady with an ataxic gait, he is dysarthric and has signs of internuclear ophthalmoplegia

- A Cerebellar infarction
- B Alcohol excess
- C Demyelinating disease
- D Friedrich's ataxia

A 37 year old woman presents to his GP with falls. On examination he has marked bruising, leukonychia, spider naevi. He has an ataxic gait and an intention tremor bilaterally.


- A Cerebellar infarction
- B Alcohol excess
- C Demyelinating disease
- D Friedrich's ataxia

Assessing harms

Nutt et al Lancet 2010; 376:1559

- Drug specific mortality
- Drug related mortality
- Drug specific damage
- Drug related damage
- Dependence
- Drug specific mental disturbance
- Drug related mental disturbance
- Loss of tangibles
- Loss of relationships
- Injury
- Crime
- Environmental damage
- Family adversities
- Economic damage

What would you include?



Alcohol consequences

Infertility


- Disrupted menstrual cycle
- Impotence, lower sperm count/motility

Pregnancy

- Placental transmission
- Spontaneous miscarriage
- Foetal Alcohol Spectrum Disorder
- Restricted growth
- Behavioural/Learning difficulties
- Facial abnormalities

Breast feeding

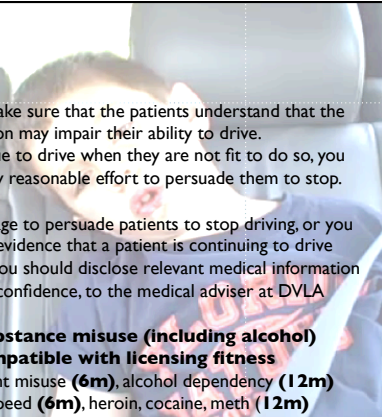


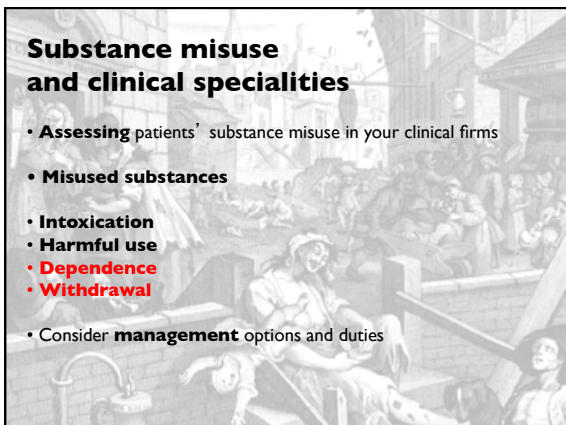


- Doctors must make sure that the patients understand that the condition may impair their ability to drive.
- If patients continue to drive when they are not fit to do so, you should make every reasonable effort to persuade them to stop.
- If you do not manage to persuade patients to stop driving, or you are given or find evidence that a patient is continuing to drive contrary to advice, you should disclose relevant medical information immediately, in confidence, to the medical adviser at DVLA

Multiple substance misuse (including alcohol) is incompatible with licensing fitness

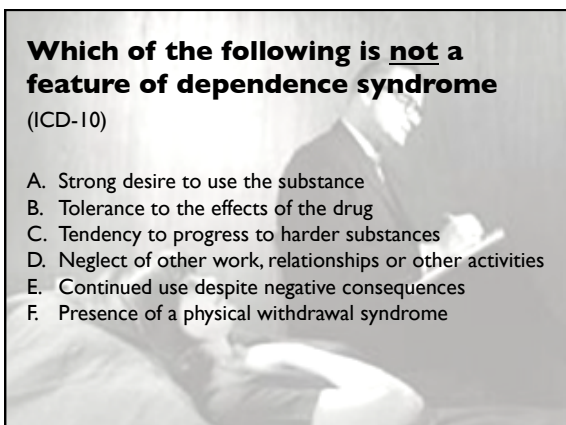
Alcohol persistent misuse (6m), alcohol dependency (12m)
Cannabis, e, speed (6m), heroin, cocaine, meth (12m)





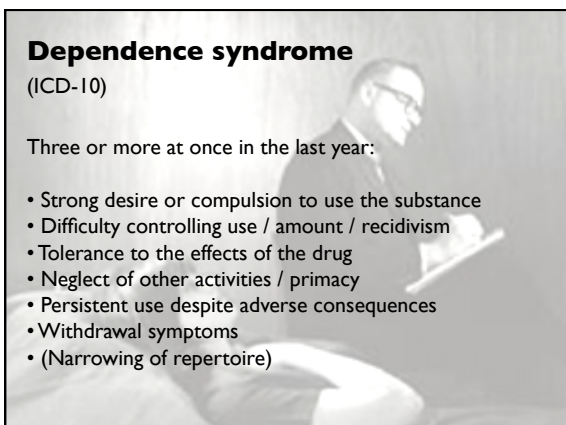
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Which of the following is not a feature of dependence syndrome (ICD-10)

- A. Strong desire to use the substance
- B. Tolerance to the effects of the drug
- C. Tendency to progress to harder substances
- D. Neglect of other work, relationships or other activities
- E. Continued use despite negative consequences
- F. Presence of a physical withdrawal syndrome



Dependence syndrome (ICD-10)


Three or more at once in the last year:

- Strong desire or compulsion to use the substance
- Difficulty controlling use / amount / recidivism
- Tolerance to the effects of the drug
- Neglect of other activities / primacy
- Persistent use despite adverse consequences
- Withdrawal symptoms
- (Narrowing of repertoire)



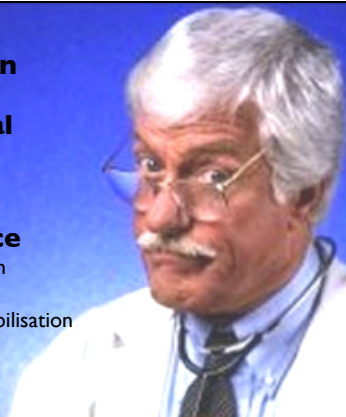
Withdrawal

- 'Cold Turkey' (opiates)
- Sweats
- Shaking
- Muscular aches
- Nausea
- Diarrhoea
- Gooseflesh
- Seizures
- Irritability
- Depression
- Delirium ('Tremens'?)
- Psychosis

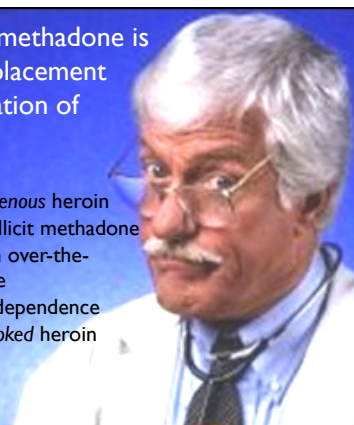


Treatment

- **Intoxication**
 - Sober up
- **Withdrawal**
 - Chlordiazepoxide
 - Pabrinex
 - Supportive Rx
- **Dependence**
 - Harm minimisation
 - Control
 - Replacement / stabilisation
 - Detoxification
 - Rehabilitation
 - Abstinence



Prescribed oral methadone is **not** a useful replacement drug for stabilisation of patients with




- A. Over £80 *intravenous* heroin
- B. Regular use of illicit methadone
- C. Dependence on over-the-counter codeine
- D. Crack cocaine dependence
- E. Daily use of *smoked* heroin

Substance misuse in clinical specialities

- Remember to **enquire** and **examine** in all settings
- Is substance misuse implicated in presentation?
- Educate and brief intervention
- Learn from patients about their drug use what, how, why, when and effects on their life.

Bio Psycho Social



- Anticipate and protect from **withdrawal** and consider other options for **management**

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