



SMMGP Clinical UPDATE February 2008

Michael Farrell and John Marsden: *Acute Risk of Drug Related Death Among Newly Released Prisoners in England and Wales.* *Addiction* 103 (2008) pp251-255

This shocking but perhaps not unexpected paper highlights an emerging picture of carnage amongst recently released prisoners. In the first 2 weeks after release males were 29 times more likely to die than the general population for females the figure rose to **69 times!** Overwhelmingly these deaths were drug related in particular overdose. After the first 2 weeks the death rates went down to a more 'normal' level for drug users of 10 times the general population. This shows a reliable, brief, window of extremely high risk for newly released prisoners. The authors make 4 recommendations.

1. Ensure prisoners participate in overdose prevention awareness programmes with emphasis on the post release social environment
2. To introduce maintenance pharmacotherapies in prisons for high-risk individuals with chronic opioid dependence
3. Ensure the release of drug dependent prisoners is planned and guided by risk appraisal and active referral to community based treatment and support
4. Evaluate a fatal overdose prevention programme in the community for this population utilising resuscitation techniques and opioid antagonist medication.

This is an important piece of work that identifies what should be seen as a national scandal.

Jesus Herero et al *Psychiatric co-morbidity in young cocaine users; induced versus independent disorders.* *Addiction* 103 (2008) pp 284-293

This study examined the psychiatric status of young cocaine users using a validated instrument for the evaluation of psychiatric co-morbidity, emphasising the distinction between independent and induced psychiatric conditions. There was a relatively high prevalence of psychiatric co-morbidity among cocaine users recruited in non-clinical settings. Mood and anxiety disorders were the most prevalent.

Franey c and Ashton M *The Grand Design Lessons from DATOS.* Drug and Alcohol Findings (2002) This really good summary, analysis and commentary on the largest ever study into the effectiveness of treatment for Crack users (it works) has just been made available free on-line at: http://findings.org.uk/docs/Franey_C_1.pdf

The whole of drug and alcohol findings (7) is also now free on this site.

Van Den Berg C et al. *Full Participation in Harm Reduction Programmes is Associated with Decreased Risk for Human Immunodeficiency Virus and Hepatitis C Virus: Evidence from the Amsterdam Cohort Studies among Drug Users.* (2007)*Addiction*, 102(9), 1454–1462.

This research, published in a recent issue of *Addiction*, is from an open, large-scale, and prospective voluntary cohort study and seems to indicate that “full participation” in harm reduction programmes is associated with a reduction in the risk of HIV and hepatitis C (HCV) infection. Read a summary on

<http://www.ihra.net/News#February2008ArticleoftheMonth>

Health Protection Agency. *Hepatitis C in England Annual Report 2007*

If you want all the data on hepatitis in England then this report from the HPA gives you it. It shows that the number of newly diagnosed cases of hepatitis C infection in England rose by 10 per cent from 2005 to 2006 (ed: but this is in fact from a small base and is no where near enough to have an effect on the epidemic), this increase may partly be explained by raised

awareness of the condition encouraging more people to come forward for testing, Injecting drug use, however, remains the greatest risk factor for transmission, being responsible for more than 90% of new infections. The report estimates that more than 230,000 people aged 15-59 in England and Wales were exposed to the virus in 2003, and expects the number of people either dying or requiring hospital treatment or transplants as a result of hepatitis C-related end stage liver disease to reach nearly 2,700 by 2015. The UK is the only major developed nation showing an upward trend in the number of deaths from liver disease, It's a pretty depressing read but should spur everyone on towards improving services.

http://www.hpa.org.uk/publications/2007/hepC_2007/HepC_2007.pdf

National Treatment Agency for Substance Misuse (NTA). *Clinical governance in drug treatment: a draft good practice guide for providers and commissioners* Feb 1998.

This is an attempt to provide a robust clinical governance framework for drug treatment in the UK. It is set firmly in the context of clinical governance as a whole in the NHS. To make it as useful as possible it needs the field to respond with all their constructive comments. We strongly recommend that members read it and respond either themselves or as an organisation. Here is a link to the document itself and the response pro forma.

http://www.nta.nhs.uk/areas/clinical_guidance/clinical_governance/default.aspx

NTA. *Non-medical prescribing, patient group directions and minor ailment schemes in the treatment of drug misusers.* 2008.

A practical step-by-step guide to implementing non-medical prescribing, together with brief descriptions of practice-based examples. This is worth reading for anyone involved with non-medical prescribing. Free copies can be ordered by visiting:

http://www.nta.nhs.uk/news_events/newsarticle.aspx?NewsarticleID=62

NTA / Healthcare Commission have published their assessment framework for the forthcoming improvement reviews. The topics that are being reviewed this year are Diversity and Tier 4 service provision. The assessment framework and accompanying documents can be viewed on:

http://www.nta.nhs.uk/areas/standards_and_inspections/2007-08_review/further_information.aspx

Books

We haven't highlighted many books in the updates so far, so here are two that have come to our attention recently that might be of interest to members

Miller P and Kavanagh D (eds) *Translation of addiction science into practice.* Elseimer Ltd (2007)

This book aims to close the gap between what is known in clinical research and what is practiced in substance misuse interventions. It looks at neuroscience, pharmacotherapy, psychology and sociology, and practice and policy. Contributors come from the US, UK, Belgium, Canada and Australia. It is a very well put together book, which will appeal to those who want to effectively link theory to practice.

Baker A and Velleman R (eds) *Clinical handbook of coexisting mental health and Drug and Alcohol Problems.* (2007). Routledge

If you are interested in 'dual diagnosis' or 'co-morbidity' then this book will be of interest. It brings together leading experts from around the world to contribute. It aims to enhance the confidence of clinicians working with coexisting problems and includes:

- Working within a cognitive behavioural framework
- Provision of consultation-liaison services, training and supervision
- Individual, group and family interventions
- Working with rural and isolated populations