



Pioneer Scheme Day-release programme

Wednesday 27th September 2017

Horselethill Road, Glasgow

Addictions in Older Adults

With Dr Sarah Julyan, GPwSI in addictions

Alcohol misuse

Alcohol misuse represents a significant workload in GP surgeries as only 8.2% of patients in primary care are engaged with Addiction services. Our role ranges from detecting dependent drinking to brief intervention including discussing new changes in safe drinking limits. A useful leaflet is Health Scotland's 'Making a change'

http://www.healthscotland.scot/media/1284/making-a-change_jan2017_english.pdf

For dependent drinking if in doubt discuss with local CAT team about detox but if frail, risk of falls or seizures, there would be safety concerns around home detox.

Inpatient detox centres may be amalgamating across the city but at present are based in Eriskay House (Stobhill) and the Kershaw unit (Gartnavel). There is no limit to the number of detoxes (provided health allows) but if recurring then the care team need to be rethinking why this could be (e.g. Are there impacting social issues going on?). The aim is for a maximum of 3 detoxes/yr, as there is a kindling effect, with repeated detoxes lowering seizure threshold.

Residential rehab centres - Rainbow House (Scotstoun), Phoenix House (Sighthill) and Turning Point - from 3 weeks to 6/12 month residential stays. These can be accessed via CAT teams.

Glasgow Drug Crisis Centre (123 West St) also has beds for up to a 3 week stay. Open 24/7 and pts can self-refer (0141 420 6969)

[http://www.phoenix-futures.org.uk/sites/default/files/files/Scottish%20Guide\(1\).pdf](http://www.phoenix-futures.org.uk/sites/default/files/files/Scottish%20Guide(1).pdf)

Medications

- Nutritional – Pabrinex during inpatient detox. Thiamine may well be changing to 50mg QDS due to absorption but at present remains 100mg TDS.
- Acamprosate. Particularly good for cravings. Patients often don't like the number of tablets they need to take (2 tabs tid)
- Disulfiram (Antabuse). ECG and bloods prior to starting. Need to attend chemist x3/wk to be breathalysed and supervised.
- Naltrexone (orally). Newer, possibly second line, under review

Substance misuse

Substance misuse in the West of Scotland is less likely to be a single drug being misused compared to the rest of the country. Tony Martin who works in Glasgow Addiction Services is analysing all drug-related deaths (DRDs) across Glasgow. The majority of deaths were among people not engaged in treatment, though two-thirds had had contact with their GP or drug service in the previous 12 weeks. Most drugs implicated were not prescribed to the individuals involved (commonly opiates, benzodiazepines, Z drugs and Pregabalin/Gabapentin).

We also discussed the wider implication of drug misuse

- Criminal activity
- Fitting into society
- Impact on friends/family/children
- Financial implications to patient, health care and criminal justice

Through the criminal justice system there are also Drug Courts (0141 274 6000) where judges can put in a program (Drug Testing and Treatment Order) with urine monitoring, monthly reporting to the judge and classes as an alternative to prison when the law allows this.

The SDF have a working group since 2015 and produced a report in June 2017 'Older people with drug problems in Scotland: Addressing the needs of an ageing population'. We didn't discuss this report but I have attached the link for future reading

<http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf>

Needle exchange

There is a list online of the Pharmacies in the Needle Exchange Scheme compiled via the Glasgow Addiction services. The Glasgow Drug Crisis Centre in Tradeston offers the biggest site for needle exchange and is 24hours a day. They also run a Naloxone Programme including training in basic first aid. Naloxone kits are prescribed by brand ("Prenoxad 2mg/ml"). They can be given out in shared care clinics if the addiction worker has been trained. Counteracts opioids for 20-30mins – 0.4mls at a time, every 2-3mins (5 doses/syringe).

Methadone 1mg/ml (green)

Evidence based that treatment saves lives. Levels drop significantly after 72 hours.

Pharmacists phone after 3 missed consecutive days to alert prescribers. There is a robust process for lost scripts across the city. Patients must obtain a police number if reporting a lost script. It's important to remind patients to plan ahead for holidays as they may need to check that it is permitted in the destination country, if they need a letter to travel and they need to provide copies of their tickets so a letter can include dates on it. Tablets are allowed if going on holiday for going through customs. If travelling to England then a chemist needs to be located, contacted and script faxed. A purple form allows English Pharmacies to claim fees for a Scottish prescription. Avoid sugar-free Methadone prescriptions as they are injectable and have a higher monetary value on the black market.

To commence Methadone, need:

- Evidence of dependence
- 2 x drug screens 5 days apart
- Observation of opiate withdrawal using COWS (no heroin for 12hrs; no illicit methadone for 24hrs)

1mg/ml is usual concentration ('green') (10mg/ml = 'blue' and HIGH RISK)

Usual range is 60 – 120mls. Need ECG if on 100mls or more (corrected QT prolongation – dangerous if >500) *Avoid Citalopram as increases risk of QTc prolongation*

Buprenorphine is less sedating so better for certain jobs/driving. Within 2 days patients are at treatment dose. No associated QT prolongation.

Glasgow Alcohol and Drug Recovery Service (GADRS)

This is the new name for the Addiction services. After referral, a comprehensive initial assessment will take place, which will then be taken back to an allocations meeting. Large MDT including GBV worker, OT, welfare rights, HCV nurse, peer support workers, recovery staff, etc

There are three options:

- Access clinic
 - up to 12 weeks of treatment
 - seen twice/wk and titrated (e.g. start 20-30mls/d, titrate 10mls every 3-4d)
- Core clinics
 - Children and families (mostly young mothers)
 - Criminal justice
 - SNIPS @PRM (Dr Ellison)
- Shared care team

Other supports

North Glasgow – Addaction

South Glasgow – Mungo Foundation (0141 453 5872), GATE project (Pollok)

Family Addiction Support Service (FASS) - support for parents and adult family members affected by a patient's drug or alcohol use (West st)

Private options

Priory

Detox 5

Hepatitis C update with Leon Wylie, Hepatitis Scotland

Recently there has been a push to increase the awareness of Hepatitis C across the city with World Hepatitis Day and an exhibition in the GOMA, flyers sent to every GP practice and extrahepatic manifestation email sent out.

In 2012 there were 19500 diagnosed nationally and 14000 were in GGC. 6-8% of those with Hepatitis C for 20 years have cirrhosis of the liver. Disease progression is accelerated by excessive alcohol consumption and co-existence of HIV in particularly. Around 10-15 % of patient with chronic Hepatitis C develop extra-hepatic manifestations

- Multi-systemic – skin, joints, immune system, nervous system, eyes, renal.
- Fatigue

Drug treatment – since the 1980s it has been evolving and currently it is an 8-12 week course of a combination drug based on genotype and severity. It has a 95% curative rate. SMC hopefully approving a pan genetic new drug and new treatment guidelines are under review for GGC. They plan to set up treatment and therapy groups in the community.

Factors leading to increased HCV testing

- Improved awareness of HCV, risk factors and treatment options
- Improving outcomes. Linked to this the reduction in myths that Interferon alpha still used (had much poorer curative rates and taken for 48 weeks)
- Plans for simplified care pathway
- Normalisation of HCV testing within addiction services
- Availability of dried blood spot testing