

# **The Society for the Study of Addiction**

## **Annual Symposium**

**“From Biology to Sociology: Evidence base  
and implementation strategies for alcohol,  
drugs and tobacco policies”**

## **Delegates' Papers**

**4<sup>th</sup> - 5<sup>th</sup> November 1999**

**Musaed Al Najjar, Department of Research and Studies, Ministry of Interior, Kuwait, David Clarke, Department of Psychology, University of Nottingham, England**

Self-esteem and state-trait anxiety in relation to drug misuse in Kuwait

The purpose of the study was to examine whether or not there are any differences in self-esteem and anxiety levels between incarcerated substance misusers and other control groups. The study took place in the prison library. The subjects, who included drug users and non-users, were brought in groups of 10 and told that they would be participating in a scientific experiment which aimed to explore the causes of drug misuse and that the results would be confidential and used only for scientific purposes. Each subject was provided with the Rosenberg's self-esteem scale and Spilberger's anxiety scale. Once the task was completed the subjects were thanked for taking part in the study. The same procedure applied with the civil servants except that the experiment took place in a quiet room provided by each Ministry. Two groups of 107 male subjects from Kuwait's main prison and a group of civil servants participated in the study. The first group comprised all 107 inmates convicted of drug misuse. The second group consisted of 107 inmates selected at random from a group of about 1000 inmates serving sentences other than drug misuse. The third group included 107 'normal' individuals. The pattern of results revealed that there is an association between drug misuse behaviour and levels of self-esteem. The analysis yielded significant differences between the groups with the misusers as having the lowest level of self-esteem as well as with the trait anxiety, revealing that drug misusers were more anxious than their counterpart non-users and civil servants.

**Richard Cahill, Department of Addiction Studies, AIDS/Drugs Service, Cherry Orchard Hospital, Dublin, Ireland**

Impact of changes in regulation with regard to Methadone prescribing

Introduction: New regulations concerning the prescription of Methadone were implemented in Ireland in October 1998. Prior to this although General Practitioners had been encouraged to link in with Central Services there was no legal onus upon them to do so therefore situations arose in Ireland whereby large numbers of patients were being treated by certain individual General Practitioners and there was considerable leakage of Methadone in the form of Physeptone on to the black market. In addition urinalysis varied from practice to practice. Under the new arrangements all General Practitioners prescribing in the community had to forward details in relation to the patients to the Central Treatment List. General Practitioners were limited to the number of patients for whom they could prescribe and pharmacies were limited to the number of patients to whom they could dispense Methadone. All patients receiving community treatment had a Treatment Card containing photograph and other details lodged within the individual community

pharmacy. Training for General Practitioners who were involved in the prescription of Methadone became a prerequisite as a result of this over five hundred new patients experienced a change in their prescriber. The vast majority 96% were taken on by Health Board Services and 4% transferred to the care of other General Practitioners who were fully trained. This process took place over an eight-week period from mid September 1998 to mid November 1998. We have collected data on 487 of these patients. Method: Clients with an established opiate addiction who entered Services in this period were identified. Data was extracted from case note using a structured questionnaire. The areas of interest were demographics, identity of prescriber (before implementation of regulations), Methadone dosage, length of time with prescriber before entering the Services, treatment plan at point of entry to Services. In addition treatment and Methadone dosage status at three-month follow-up, and urinalysis at entry and at three-month follow-up was identified. Results: Data is available on 487 clients. 73% were male and 27% were female. Mean age = 27. Most (86%) were living with a relative or partner. Clients were received from forty-two General Practitioners. Two General Practitioners had been prescribing for 53% of the sample. Mean duration of time with prescriber =19 months. In most instances (97% of cases) treatment plan was stabilisation on Methadone. At three-month follow-up 84% were on Methadone Maintenance. The mean daily dosage of Methadone prescribed (converted to 1mg 1ml) was 55mgs (range 6-600mgs). At three-month follow-up the mean dosage of Methadone was 54mgs (range 0-120mgs). At entry 65% of clients tested positive for opiates. At three-month follow-up 28% tested positive for opiates. 55% tested positive for Benzodiazepines on admission to Services. At three-month follow-up 37% tested positive for Benzodiazepines. Conclusions: The Drug Treatment Services in the Dublin area received a large number of new clients over a relatively short period of time because of new regulatory procedures. Although the Methadone dosage prescribed at three-month follow-up did not differ significantly from that prescribed before entry, the percentage of clients testing positive for opiates decreased substantially. This suggests that other factors apart from Methadone dosage are important in aiding recovery. A detailed outcome study on a sample of 130 individuals from the cohort is currently under way.

**Walter Cullen, Gerard Bury, Deirdre Langton, University College, Dublin, Ireland.**

Experience of heroin overdose among drug users attending general practice

Heroin overdose is responsible for significant mortality. It has not previously been highlighted as an important prevention or care issue for general practitioners (GPs) involved in the management of drug misuse. The aims of this study were to examine the prevalence of and experience of heroin overdose in a population of drug users attending a general practice. A questionnaire based interview of drug users attending a general practice in Dublin, Ireland, was performed. Twenty four drug users (73% of estimate of total attending the practice) were interviewed. Although 17 (71%) were on recognised methadone

maintenance programmes, 10 (42%) were still injecting heroin. A total of 23 (96%) had witnessed an overdose, with 10 (42%) having been victims of overdose themselves. Twenty two (92%) knew a victim of fatal overdose, with four (17%) having been actually present at a fatal overdose. The interviews revealed high levels of activity associated with overdose and poor use of preventative measures. The issue of prevention and management of overdose should become a priority for GPs caring for opiate dependent patients.

**M A El Mahi, Department of Psychiatry, University of Khartoum, Sudan**

Insomnia among patients on methadone vs lofexidine assisted detoxification

**Aim:** To compare occurrence of insomnia among polydrug-abusing opiate dependent patients on methadone/lofexidine assisted detoxification. **Design:** A cross sectional pilot study undertaken in July 1998. **Setting:** A drug treatment unit of a psychiatric hospital in South-east London. **Subjects:** Twenty opiate dependent patients who were undergoing methadone/lofexidine-assisted detoxification with or without additional diazepam-assisted detoxification. **Measurements:** Short Opiate withdrawal Scale (SOWS) and St Mary's Hospital Sleep Questionnaire (ST MHSQ). **Findings:** On day 5 of detoxification no difference was found between the methadone and lofexidine groups in severity of withdrawal symptoms on SOWS. No difference was also found between the two groups in subjective sleep parameters on StMHSQ. Patients in both groups suffered moderate withdrawal symptoms, long sleep latency, and short sleep duration. Their sleep was fairly light, of fairly bad quality and they were moderately unsatisfied with their sleep. There was no difference in severity of withdrawal symptoms and no difference in sleep parameters neither between patients in sub-groups who were on concurrent diazepam medications nor between those who were not. **Conclusions:** Sleep disturbances were found to be commonly encountered symptoms among opiate dependents during detoxification. Both methadone and lofexidine have been found to be of equivalent efficiency regarding sleep disturbances among opiate dependent patients during detoxification. However, our sample was rather small and not randomised. Controlled trials are needed to investigate insomnia during the currently used detoxification treatments.

**Perilou Goddard, Department of Psychology, Northern Kentucky University, USA**

Altering American treatment professionals' attitudes toward harm reduction

**Aims:** To evaluate the effectiveness of a brief educational presentation in altering American drug and alcohol treatment professionals' attitudes toward harm reduction (HR) interventions. **Design:** Assessment of HR attitudes before and after the two-hour presentation. **Setting:** Presentations at five continuing education venues in the

American Midwestern region. Participants: One hundred thirty seven treatment professionals attending one of the continuing education presentations; mean years of drug and/or alcohol treatment was greater than 10. Measurements: Twenty-five item Likert scale questionnaire assessing extent of agreement with statements relevant to HR philosophy and practices; assessment of demographic variables and treatment philosophy and practices; assessment of demographic variables and treatment philosophy allegiance. Findings: Attitudes toward HR, on both the overall scale and on 21 of the 25 individual items, were significantly more favorable after the presentation than before, even among professionals with an Alcoholics Anonymous/12-Step treatment orientation. Conclusions: Despite the predominance of abstinence-focused approaches in the US, this study demonstrates that professionals' attitudes may be altered following education about HR approaches. Such education is a necessary first step in making HR approaches available to Americans with drug and alcohol problems.

**Gordon Hay and Neil McKeganey, Centre for Drug Misuse Research, University of Glasgow, Scotland**

Using capture-recapture methods to estimate the prevalence of drug misuse.

Aims: This paper describes how the capture-recapture method can be used to provide prevalence estimates at the local level using examples drawn from research in the north east of Scotland. Design: Capture-recapture analyses using three or more sources of data on drug misuse. Setting: The Grampian Health Board area, in particular the city of Aberdeen and Fraserburgh, a small fishing town to the north of the area. Participants: Opiate or benzodiazepine misusers as identified from statutory drug agencies, a volunteer sector drug agency, a needle exchange, the police, social work departments and the Scottish Drug Misuse Database. Findings: In total, data were collated on 1,770 individuals in the Grampian Health Board region, 1,129 of whom were resident in Aberdeen. Capture-recapture analyses suggest that there are 2,519 opiate or benzodiazepine misusers in Aberdeen, 523 opiate or benzodiazepine misusers in the area to the north of the region and 324 opiate or benzodiazepine misusers in a specific town. These figures correspond to 2.0%, 1.0%, and 2.5% of the populations aged 15 to 54 in these locations. Conclusions: This research has highlighted high levels of opiate or benzodiazepine misuse in the north east of Scotland, and in particular a small fishing town which has attracted a lot of media interest. Although the use of capture-recapture methodology has primarily been in urban areas, this research has been used to demonstrate high levels of drug misuse in rural areas. Although the prevalence estimates obtained within this research will be useful in informing the policy makers and service providers, for example the area's Drug Action Teams, there were parts of the region where the methods were not applicable.

**Nick Heather, Northern Regional Drug and Alcohol Service, Newcastle upon Tyne, England**

The UK Alcohol Treatment Trial: hypotheses and design

A group of investigators has recently been awarded a grant by the Medical Research Council to conduct a multicentre, randomized controlled trial of treatment for alcohol problems. The UK Alcohol Treatment Trial (UKATT) will compare the effectiveness and cost-effectiveness of a novel form of treatment (Social Behaviour and Network Therapy) delivered over 8 weekly sessions with a form of Motivational Enhancement Therapy consisting of 3 sessions over 8 weeks. This presentation will describe the design and methodology of the trial in some detail and will give an account of the considerations that led the investigators to the hypotheses and design of the UKATT.

**S W Hettiaratchy, Sarah Baines, Loddon NHS Trust, Basingstoke, Hampshire, England**

Changes in substance use in young people over three years

**Aim of Study:** To study changes in substance use (alcohol, tobacco and illicit drugs) in a group of young people over the last three years (years 9 to 11) of secondary education. **Design:** A group of pupils in year 9 (13-14 years) in 5 secondary schools in Hampshire were given a self-reporting questionnaire under exam conditions with a teacher present. The questionnaire was anonymised and confidentiality was assured to the young people. The process was repeated in year 10 (14-15 years) and finally in year 11 (15-16+ years). **Setting:** Main stream secondary schools. **Participants:** Approximately 700 young people. There were some variations in numbers over the three years. A possible explanation in the larger numbers of absentees with increasing age. **Findings:** The presentation is part of a larger study. The study confirmed the increasing use of substances with age, but there were variations in the use of substances. The presentation will also examine the beliefs about substances, factors that influenced choice of use/not use of substances, problems associated with substance use and how they have changed for the group over the three year period. **Conclusions:** The study has clearly identified significant changes in the use of substances by this population over a three-year period. The key areas of change are the frequency of illicit drugs and the preference of drugs used. Alcohol and cigarette use increases through the age band with specific differences prevalent between the male and female population.

## **Rob Kenyon, Leeds Addiction Unit, Leeds, England**

Shared care, shared success!

Introduction: Recent government policy urges general practitioners and specialists to work jointly in the treatment of opiate addicts in a system referred to as shared care. New clinical guidelines advocate shared care as the preferred community treatment approach. Several surveys of general practitioners' attitudes towards the treatment of this group report high levels of concern. A model of shared care for opiate users which incorporates well defined roles, initial and follow-up training and protocols for treatment and prescribing has been set developed and this is described in detail. Aim: This paper reports an evaluation of a particular model of shared care. The study aimed to determine the extent to which general practitioners were satisfied with local shared care arrangements. Design: A postal survey of general practitioner concerns was devised and administered. Setting: NHS drug and alcohol services in a large UK city. Participants: 50 general practitioners and 120 shared care patients. Measures: A questionnaire to identify general practitioner concerns. Findings: The general practitioner survey achieved a high response rate (90% completed with a further 6% accounted for). General practitioners' attitudes were very positive, especially compared with the results of previous studies. Over 90% felt that shared care was an appropriate service to offer. Satisfaction was reported for the referral process (91%), communication procedures (87%), specialist support (73%) and speed of treatment engagement (71%). A small number of respondents indicated concerns including patient disruption and demands on time. Neither patient safety nor medico-legal issues proved to be problematic. Conclusion: This paper provides good evidence that specialist agencies can develop a strategy for the shared care of opiate misusers which is attractive to participating general practitioners and in a way that reaches a young patient group who prefer community based treatment. It can be argued that it has been the attention to detail in the development of the scheme which has led to its success, and that if shared care schemes are to proliferate they must include comprehensive training and monitoring arrangements, a clear delineation of responsibilities and well defined protocols for treatment and prescribing.

**Deirdre Langton, Anne Hickey, Gerard Bury, Mary Smith, Fergus O'Kelly  
Department of General Practice, University College, Dublin, Ireland  
Joe Barry, Brion Sweeney, Margaret Bourke Eastern Health Board, Dublin,  
Ireland**

Assessment of the impact on general practice surgeries of accepting clinically stable patients for ongoing methadone maintenance.

The objective of the study was to assess the impact on GPs and practice staff of transferring clinically stabilised patients to general practice for ongoing methadone maintenance. A postal questionnaire was sent to 31 GPs and 23 receptionists in 23 general practices in Dublin, Ireland before the patient's first visit (baseline) and at the end of the study period (6 months). Outcome measures were staff attitudes,

incidence of disruption, perceived difficulties in providing care and in prescribing methadone, and stress levels. 26 (83.9%) GPs and 12 (52.2%) receptionists responded at both baseline and six months. All practices were in the greater Dublin area, almost two-thirds (65.5%) in deprived inner city areas. Baseline information from GPs and receptionists indicated generally positive attitudes to provision of methadone in general practice for stabilised patients, although it was not anticipated to be problem free. Following six months involvement in providing methadone, significantly fewer GPs anticipated problems. The results support methadone maintenance in general practice for drug users initially stabilised within drug treatment services.

### **Wazi Mandefu, Croix-Bleue de la Republique du Congo**

Report on the analysis of the present situation of smoking in the Democratic Republic of Congo

Geographical situation: The Democratic Republic of Congo is a country of central Africa. It is situated on the equator at latitude 5° north and latitude 13° south. Its area is of 2,345,00km<sup>2</sup>. Its relief is flattened with basin in the centre. Its climate is equatorial, warm and humid. Demographic situation: The population of the Democratic Republic of Congo has increased from 24 million in 1980 to 45.5 million in 1996 and nearly to 4.8 million live in Kinhasa. This population is very young. In 1995, INS (National Institute of Statistics) data have revealed that 58.9% of this population were less than 20 years old and 70% lived in rural milieu. Socio-economical situation: The Democratic Republic of Congo has emerged from a liberation war and it is at the present time undergoing a national reconstitution period, income is very low. Thanks to financial support from the World Health Organisation an expert team composed of a doctor, Blue Cross members, non governmental organisation members has realised