SURVEY OF OPIOID ANALGESIC DEPENDENCE (SOAD)
AWARENESS AMONGST MENTAL HEALTH PROFESSIONALS

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BACKGROUND
It has been estimated that between 10,000 and 20,000 opioid users die each year in Europe. Individuals can become addicted to prescription opioid analgesics as it affects the brain in the same way as heroin, causing the same changes to the brain reward system, leading to tolerance, dependence and, once opioid is removed, withdrawal. The United Kingdom consumes more than 100 mg/capita of morphine equivalent opioid analgesia.

In a more local study done at Cheshire and Merseyside in November 2017, it was identified that patients were most frequently discharged from addictions services on opioids and benzodiazepines, as well as psychotics and hypnotics, as well as both strong and weak opioid analgesics. There are also concerns that individuals consuming large amounts of over-the-counter (OTC) painkillers are putting themselves at risk of liver damage (preparations with paracetamol) and gastric bleed (preparations with Ibuprofen).

These findings suggested that people were being referred to mainstream addictions services, however the problem in the community is expected to be much larger and accessing “addictions” services in itself, acts as a barrier to treatment for individuals dependent on prescription and over-the-counter medications. Based on these findings, we decided to conduct a cross-sectional survey of the awareness of mental health professionals around opioid analgesic dependence (OAD).

Methods
Professionals attending an addictions themed conference in the North of England participated in the survey at the beginning of a workshop on OAD. The survey carried a series of questions related to recognising OAD and identifying long term effects of opioid analgesia use.

RESULTS
The survey was completed by 38 participants. The data was then collected and analysed by one of the authors. There were 66% male and 32% female respondents. The majority of them were Consultant Psychiatrists (73%), most of them working in General Adult Psychiatry (60.5%) and 10.5% were Forensic Psychiatrists. The rest were psychiatry trainees, specialty doctors or medical students.

CONCLUSION
We have extrapolated from the results above, that the current addictions services in the United Kingdom do not meet the needs of the patient. The principles of treatment underpinning Opioid Analgesia Dependence might be similar to those with any addiction, but the barriers to access treatment are very different when compared with the usual drug and alcohol services. We have highlighted the need for increasing awareness around OAD amongst mental health professionals and feel that this need will be greater in primary care and acute hospitals. There is also stigma around patients on OBT experiencing pain and requesting analgesia, which can be addressed by increasing awareness amongst health professionals. Approximately 89% of participants also thought it was important that a patient with OAD should be treated in an integrated service involving Addictions Services (including mental health services), specialist OAD clinic, pain clinic and primary care, whilst 26% thought that they can be managed by addictions services and a specialist OAD clinic only.

REFERENCES

Declaration of interest:
YA and CK attended advisory board meetings, delivered or chaired Continuing Professional Development events and received honorarium, travel or accommodation reimbursement from Indivior