Addiction research training in a post-Brexit, post-Covid world

Anne Lingford-Hughes
Professor of Addiction Biology,
Head, Division of Psychiatry, Imperial College, London
Consultant Psychiatrist, CNWL NHS Foundation Trust
Disclosures

Research funding: MRC, NIHR, GSK, Lundbeck, Alcarelle

Honoraria for talks (into University account): Lundbeck, Janssen-Cilag, Pfizer, Servier

Consultancy: Astra Zeneca (not paid), Silence, Sanofi-Aventis, Dobrin (not paid), Opiant (not paid), Britannia (not paid), GLG (not paid)

Other: Previous member of Lundbeck International Neuroscience Foundation
Led British Association for Psychopharmacology’s Addiction guidelines, which received support from Archimedes Pharma, Lundbeck, Pfizer, Schering
Pre-Brexit, pre-Covid Background

Interdisciplinary research clusters

To deliver this strategy, the MRC and the ESRC believe that the UK addiction research base needs to increase capacity and improve cross-disciplinary links. A key part of the strategy is to support the development of interdisciplinary clusters of experts with excellent research track records in their own disciplines (not necessarily addiction). These research clusters will provide a platform for competitive innovative research proposals.

Key elements of the research clusters are:
- Collaboration between disciplines and institutions to address a common problem; combining social, medical and biological research.
- New expertise to build capacity.
- New questions to be addressed within the agreed addiction themes through improved access to expertise/infrastructure.
- Facilitation of interdisciplinary research beyond the traditional MRC remit.
- Implementation of findings through stakeholder support.
- Providing evidence for healthcare policy and practice.

Panel selects clusters

1st call
Pilot grants
£2m

2nd call
Cluster bids seed-corn

Cluster development with MRC seed-corn funding

3rd call
MRC supported clusters ring-fenced £4.5m

Nine grants awarded

Unsuccessful clusters

Applications to normal competitive schemes

2008/09 2009/10
Do we have the *clinical* academic workforce?

Clinical services

Research-active ‘hospitals’ provide the best care

University ‘Ivory Tower’
Awarded 2014, started 2015

MARC
MRC Addiction Research Clinical Training Program

Imperial College London  King’s College London  University of Bristol  MRC

Prof Anne Lingford-Hughes  Prof Colin Drummond  Prof Matt Hickman

http://www.imperial.ac.uk/medicine/mrc-addiction-research-clinical-training/  marc@imperial.ac.uk ; @MARC_Addiction
MARC: Vision

• To develop the future UK clinical research leaders in addiction
  – We estimated that the 7 clinical Professors would all have retired / be retirement age in 10yrs (by 2025) with lack of clinical academics in development (2 Clinical Senior Lecturers, no Lecturers)

• By establishing PhD studentships (2 in each institution)
  • Linked with preparatory fellowships, matched funding
  • Added value to already funded projects
  • Mentoring those who could not move

• By raising profile of clinical addiction research
  – By holding meetings with other organisations eg SSA, BAP, RCPsych
  – MARC events
  – Mentoring
PhD studentships:

**Imperial College**
- Dr Sam Turton ★
  - Appointed pre-core training, now Psychiatry ACF @ SLAM; Awarded Phd 2019 “Opioid Neurotransmission in Alcohol Addiction”

**Dr Katie Herlinger**
- Appointed pre-core training, Currently undertaking PhD: “Characterising the neurobiology of detoxification in opiate dependence: is there a role for NK1 antagonism to improve outcomes?”

**IOPPN, Kings College London**
- Dr Emmert Roberts ★

- Dr Miriam Hillyard (GP)
  - Preparatory fellowship @ KCL (matched BRC funding), MSc in London School of Hygiene and Tropical Medicine, started PhD “Addiction in the LGBT community”

**University of Bristol**
- Dr Prianka Padmanathan
  - Interviewed pre-ACF, started her PhD during ACF research time: "Suicide, Self-harm and Substance Use"

- Dr Daniel Titheradge
  - Completed MRes 2021; Started PhD: "Understanding the neurophysiological pathways underlying the epidemiological association between early life experience and alcohol use disorder in adulthood."
Blunted endogenous opioid release following an oral dexamphetamine challenge in abstinent alcohol-dependent individuals

Samuel Turton1, James FM Myers1, Inge Mick1,2, Alessandro Colasanti3,4, Ashwin Venkitaramanan5, Adam Waldman6, Alan Brailsford7, Mark C Parkin8, Gemma Dave9, Eugenii A Rabine10, Stafford L Lightman11, David J Nutt12, Anne Lingford-Hughes1

Prevention of suicide and reduction of self-harm among people with substance use disorder: A systematic review and meta-analysis of randomised controlled trials

Prianka Padmanathan1, Katherine Hall1, Paul Moran2,3, Hayley E. Jones3, David Gunnell1,4, Victoria Carlisle5, Anne Lingford-Hughes3, Matthew Hickman1,4

The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression

Emmert Roberts1, Rachel Morse2, Sophie Epstein3, Liane Piggott2, Colin Drummond1

Access to specialist community alcohol treatment in England, and the relationship with alcohol-related hospital admissions: qualitative study of service users, service providers and service commissioners

Emmert Roberts, Miriam Hillyard, Matthew Hotopf, Stephen Parkin* and Colin Drummond*

Opioid use disorder and the brain: a clinical perspective

Katherine Herlinger1 & Anne Lingford-Hughes2

MRC Addiction Research Clinical Training Programme, Imperial College London, London, UK1 and Division of Psychiatry at Imperial College London, London, UK2
MARC: reflections

• Programme start coincided with responsibility for addiction services moving from NHS to local authorities & funds cut
  • ‘career prospects’?
Range of skills, training: and training:
- Drugs worker
- Recovery support worker
- Counsellor
- Trauma aware pathway navigator
A ‘lost generation’
- risk of an unrecoverable decline
  as a diminishing workforce not
  being replenished
- research competent?

Unlikely now to have specialist admission
for alcohol withdrawal

Admissions for alcohol withdrawal

Non-specialist
Overall
Specialist

Phillips et al 2021
What sparked your interest in research?

➢ Importance of having researchers around and research part of routine

Review of clinical academic training, 2017
MARC: reflections

• Programme start coincided with responsibility for addiction services moving from NHS to local authorities & funds cut
  • ‘career prospects’?

• Applicants were earlier in their career than expected
  • challenges to the ‘conveyor belt’ of training

• Difficulty in recruiting other disciplines e.g. psychology, nurses etc
  • Funded by Neuroscience and Mental Health Board
June 23rd 2016

Results by location:

<table>
<thead>
<tr>
<th>Location</th>
<th>Remain</th>
<th>Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britain</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>England</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>London</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Scotland</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Wales</td>
<td>48%</td>
<td>53%</td>
</tr>
<tr>
<td>N. Ireland</td>
<td>56%</td>
<td>44%</td>
</tr>
</tbody>
</table>

RESULT OF THE BREXIT REFERENDUM

51.9% LEAVE
48.1% REMAIN
UK: key contributor and benefactor in EU’s scientific programmes

** LOSING OUT **

Britain’s annual share of funding from the European Union’s Horizon 2020 research programme has fallen since the vote to leave the EU in 2016.

Nature 2020

The Royal Society 2015
What is Horizon Europe?

Horizon Europe is the EU’s long-term research and innovation funding programme, with a budget of €95.5 billion extending until 2027. It tackles climate change, health, and the competitiveness of EU industries.

The programme facilitates collaboration and competition, supporting a wide range of activities from developing, supporting and protecting research and innovation to creating and better disposing of goods and services.

It creates jobs, fully engaged and focused on the economy of the future.

Working on EU-funded projects

The UK has left the EU. This page covers which EU funding programmes you can continue to take part in. It will be updated as more details become available.

Horizon Europe

Horizon Europe is an EU research and innovation programme. It has a budget of €95.5 billion and runs until 2027.

In January, the government announced that the UK will associate to Horizon Europe. This means UK scientists, researchers and businesses will be able to access funding under the programme on equivalent terms as organisations in EU countries.

We therefore strongly encourage researchers, businesses, and innovators in the UK and worldwide to continue to work together in establishing global consortia to bid for funding.
49,000 students
17,000 British outgoing
32,000 coming to UK

Global
£100 million
40,032 participants

UK based researchers received
22% of European Research Council funds
25.5% of Marie Skłodowska-Curie Actions
Covid-19 & alcohol:

Increase in AUDIT scores is associated with increased depression, anxiety and drinking to cope during Covid restrictions.

Palmer et al BJPsych Open 2021
The pandemic has showcased the clear link between research and better outcomes – for individuals and the NHS.

Clinical research is the single most important way in which we improve our healthcare – by identifying the best means to prevent, diagnose and treat conditions – to determine what doesn’t work.

Clinical research is widespread, diverse and open to us all. Sometimes research needs to be conducted in specialist academic facilities, but very often it takes place right alongside delivery of routine care in the NHS and the wider health and care system.

A sustainable and supported research delivery workforce

Eg Associate PI scheme for doctor, nurse or allied health professional
“The post-COVID era”: challenges in the treatment of substance use disorder (SUD) after the pandemic

Renewed treatment systems should be based on these seven pillars:

(1) telemedicine and digital solutions,
(2) hospitalization at home,
(3) consultation-liaison psychiatric and addiction services,
(4) harm-reduction facilities,
(5) person-centered care,
(6) promote paid work to improve quality of life in people with substance use disorders,
(7) integrated addiction care
Addiction research training in a post-Brexit, post-Covid world

Do we have the clinical academic workforce?