

Managing Alcohol to Support Recovery in Mental Health: What is Working Well?

Dr Kostas Agath, EMBA, FRCPsych
Medical Director, Addaction

Overview

1. Addaction
2. Determinants of Mental/ Health
3. Recovery vs Treatment
4. DD & NPS
5. Information sharing
6. Horizon Scanning: PHE
7. Alcohol in Lincolnshire

Addaction

- National Charity (England + Scotland)
- £55 million
- 1400 staff

- 30,000 service users
 - 19 Prescribing services
 - 7,000 users on Recovery Orientated Prescribing

- Medical Director
- Chief Pharmacist – Lead Nurse
- 7 Medical Leads

Addaction Governance

1. Systems
2. Staff
3. Initiatives

addaction **women**

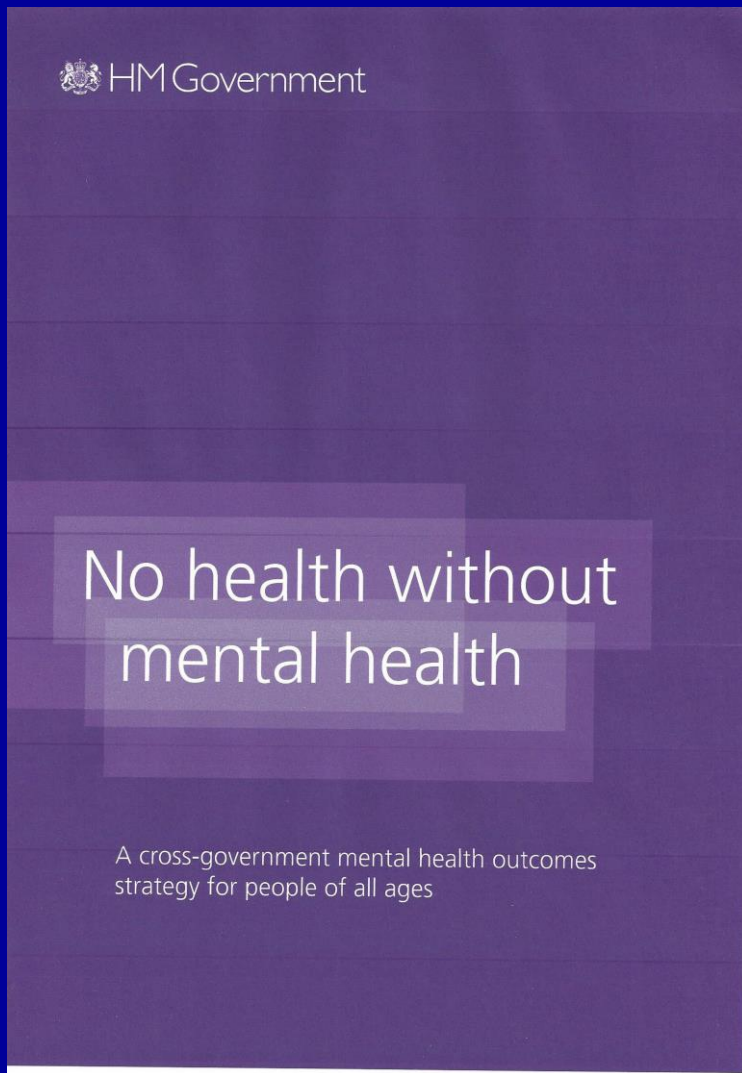
young **addaction**

addaction

addaction **family**

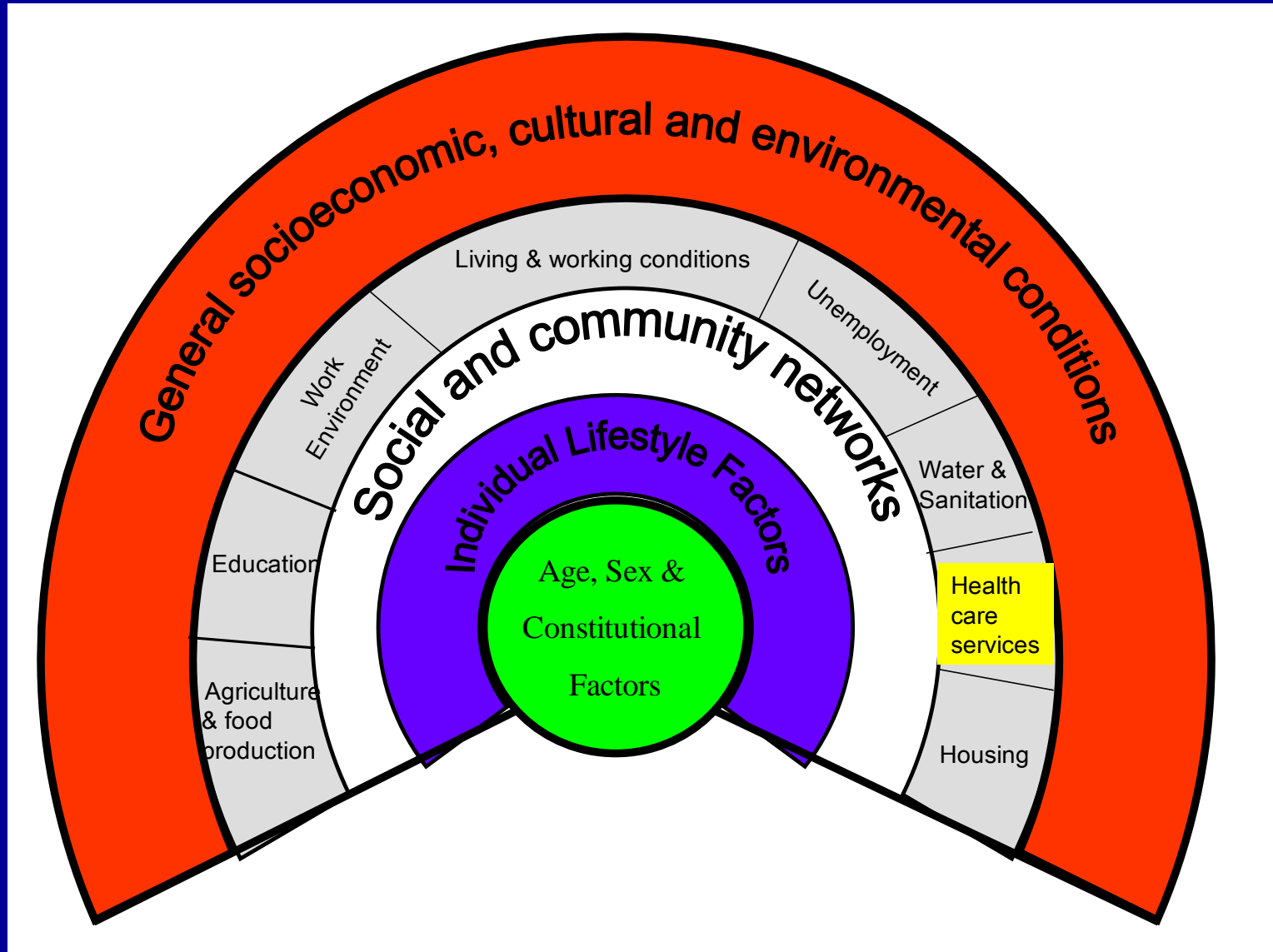
Breaking the Cycle

Health & Mental Health

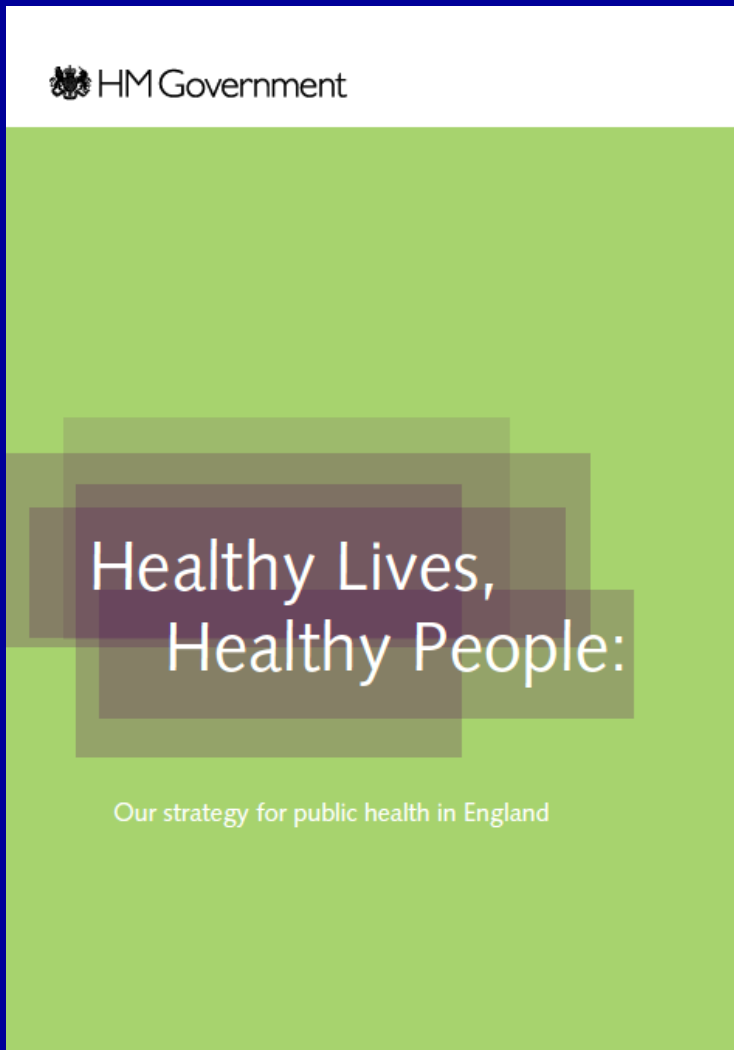


.....but do not pursue
health in isolation.....

Rainbow Model of Determinants of Health (Dahlgren 1995)



Introducing the Social Determinants of Health



Recovery Vs Treatment

Mixed Messages?

What Mixed Messages?

users
any methadone children
withdrawal including detoxification
community clinician maintenance
overdose working individual symptoms
injecting effective support available people guidelines
prescription management Scotland assessment
example some
opioid doses medicines appropriate need prescribed
about general testing cocaine needs group local used good
more practice London interventions range child
include advice social required young prescriber use substance
psychosocial only clinicians mg service provide
guidance risk oral evidence mental misuse
specialist risks information infection
consumption UK days one care all dose ensure Chapter
drugs patient hepatitis services misusers
NICE clinical other alcohol patients
dependence buprenorphine National problems

recovery
intensity Substance clear
benefit interventions Alcohol
local appropriate individual maintenance
important progress psychosocial peer through
provide effective including problems help
others change time available process NTA
aid enhanced clinical heroin goals many
care NICE need more risk other studies
range someone access mutual misuse
some drug long-term opioid among use
OST being resources any National
include London approach group al improve
used social different outcomes evidence
mental methadone work employment all et using
Addiction needs capital journey review
support personal management
housing services
health people engagement assessment
Packages individuals ensure abstinence
planning
community
treatment dependence

2007 vs 2012



Alcohol Treatment

- Is Detoxification Treatment?
- Should we bother with middle-aged dependent drinkers?
- Hazardous – Harmful - Dependent Drinking
- Biological Means of Relapse Prevention
- Vitamin Supplementation

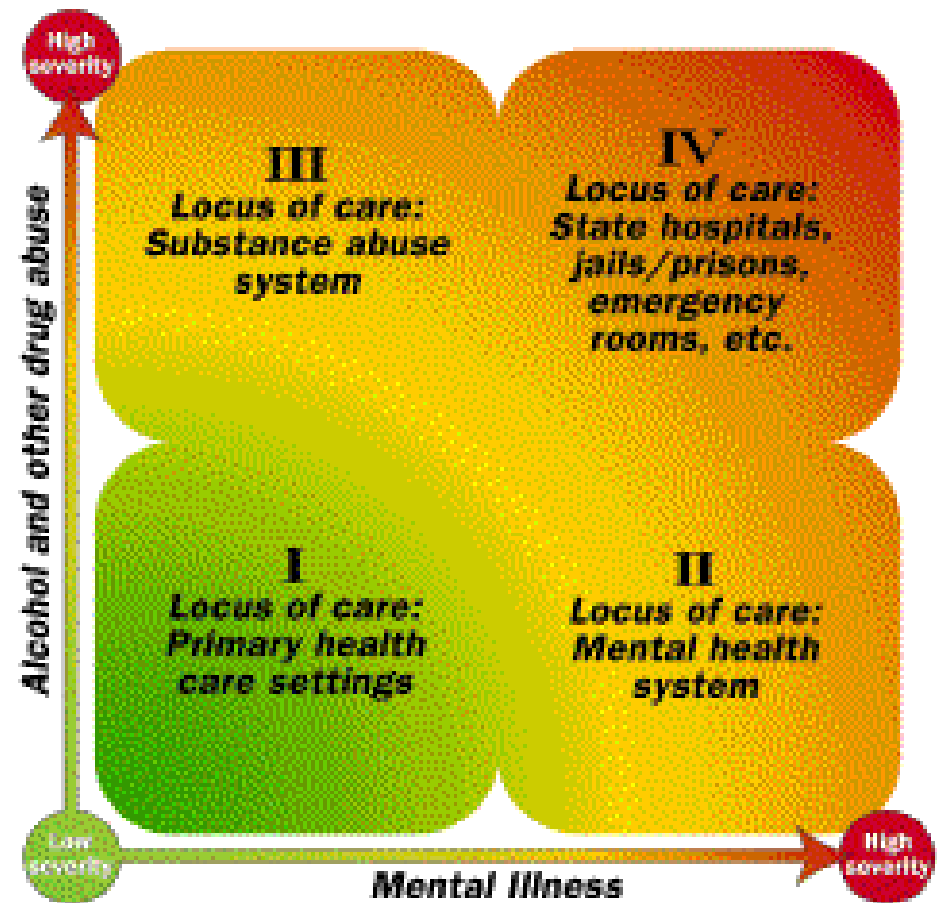
Dual Diagnosis

Anything New?

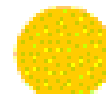
Service coordination by Severity

Minkof's Quadrants (SAMHSA, 2002)

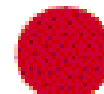
- DD
- NPS



Consultation



Collaboration



Integrated
Services

NPS: A new paradigm?

- Crisis Presentation
- Follow up
- Safeguarding challenges
- Screening
- Specificity of interventions

DD

- Pathways
- Interface Protocols

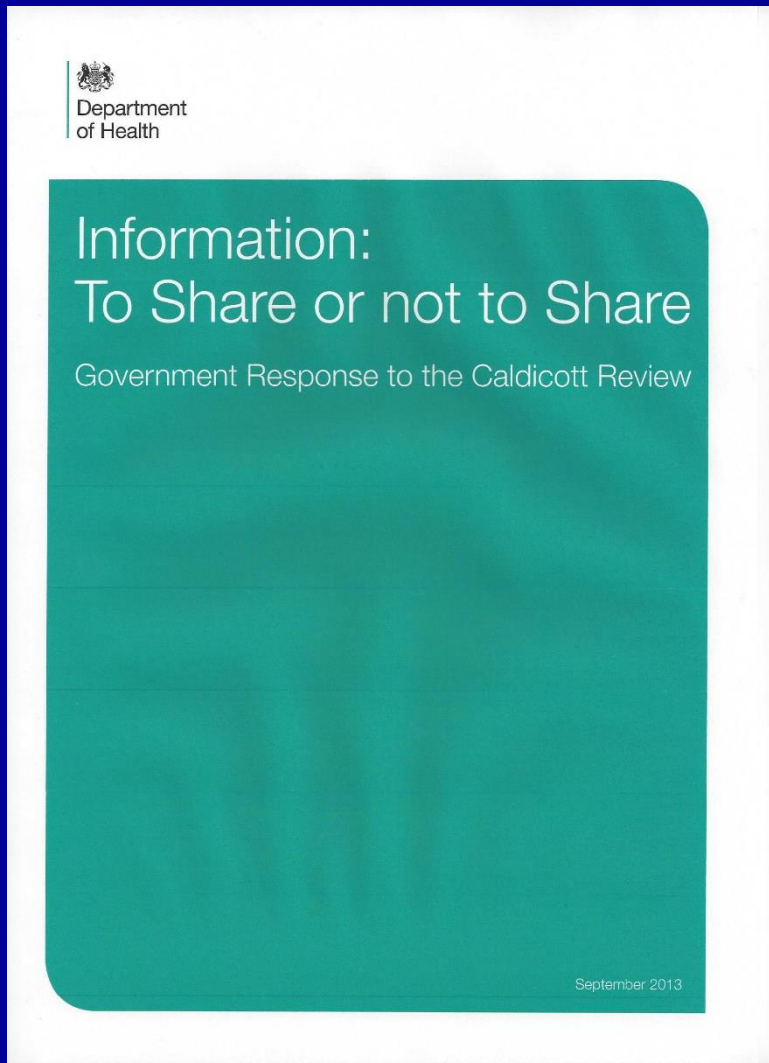
- Suicidality
- Managing AD, PD

- Physical Comorbidity

Multiple Providers

Facilitating Integration

Information Sharing



Caldicott 2:

- **Balanced argument**
- **“How to Share and how to Protect”**
- **But, can you say ‘Yes’?**

PHE

Is there a Party Line?

Health Select Committee Criticism (26.2.2013)



House of Commons
Health Committee

Public Health England

Eighth Report of Session 2013–14

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 4 February 2014*

HC 840
Published on 26 February 2014
by authority of the House of Commons
London: The Stationery Office Limited
£0.00

- “PHE has a faltering voice on key issues (alcohol misuse, smoking, obesity)”
- “Insufficient separation between PHE and DH”
- Mandate accepted by D. Selbie, CO, PHE

So far consensus on....(WHO 2010)

- Prevention
- Earlier intervention
- Care closer to home
- Fewer beds
- Less variation
- Informed patients

The £1M Question

- What area will the first disagreement between the DH and PHE will manifest in?

Alcohol in Lincolnshire

Lincolnshire...1/2

- 357 Alcohol Clients in Structured Treatment (Feb 2013-Jan 2014)
- 68% (156) successfully discharged
- 13% Dual Diagnosis

- 18 Families: Breaking the Cycle
- 71% YP (of 272 in 2012-13): Alcohol use

Lincolnshire...2/2

- Referral Pathways/ Interface Protocols
- Single Point Access (IAPT?)
- Dual Diagnosis practitioner (Lincoln)
- A&E focus: Frequent Attendees
- Young people & NPS

Summarising...1/2

- Alcohol remains a PHE priority for 2014-15
- Tackling alcohol means focus on:
 - Social Determinants of Health
 - Recovery & Treatment
 - Dual Diagnosis
 - Information Sharing (& Safeguarding)

Summarising...2/2

- Lincolnshire should tackle alcohol needs via:
 - robust referral pathways
 - multiple entry points
 - Focus on hospital attendees
 - Focus on the young (AWF)
 - Joint working (interface & information sharing protocols)

Is that a big ask?



- Leadership

What do we need to do then?



Thank you!

k.agath@addaction.org.uk