Community Treatment of Drug Misuse
Community Treatment of Drug Misuse
More than Methadone

Second Edition

Nicholas Seivewright

Assisted by Mark Parry
Contents

Preface and acknowledgements vii

Introduction: community treatment in context 1

Section 1 – Treatments
1. Methadone: the main treatment for the main presenting drug problem 10
2. More than methadone? The case for other substitute drugs 35
3. Achieving detoxification and abstinence 60
4. Treatment of non-opiate misuse 81

Section 2 – Providing clinical services
5. Community drug services 106
6. Treatment of drug misuse in primary care 114
7. Dual diagnosis – drug misuse and psychiatric disorder 120
8. Liaison work and special patient groups 134

Appendix: Protocols for quick detoxification from heroin 143
Glossary 146
References 149
Index 175
Preface and acknowledgements

About a decade ago I was extremely grateful to be asked to contribute a volume to a series of social and community psychiatry texts, covering various specialties, by this publisher. The series constituted highly practical guidance with descriptions of local service provision, and mine was to be something similar on treatment of drug misuse. In fact as the planning advanced Cambridge University Press thought it could be a stand-alone text, of value to the many doctors and other clinicians coming into or already established in the field of substance misuse, and so I tried to make the volume comprehensive as well as adding a few flavours of our own services.

Thankfully the combination of quite a thorough review of the evidence for treatments in the various forms of drug misuse plus practical insights has been well-received, and a second edition has been requested. The element of actually describing local services is not as necessary this time, and with the book having been used essentially as a textbook by psychiatrists, primary care physicians and multidisciplinary team workers I wanted to make it definitely function in that regard, therefore requiring an even more detailed review of current literature. To aid with this I knew just the person to recruit to assist, Mark Parry, himself also a consultant psychiatrist in addictions, who is highly expert at searching literature databases and could cut them down to manageable proportions containing the most relevant papers. I could not have done the project in anything like its present form without Mark, who has worked extremely conscientiously over a long period to not only provide the material but give me an additional, expert perspective on clinical aspects. Mark previously trained as a general practitioner, and I hope that he will soon be able to publish what will be very well-informed articles on treatment in primary care and other fields in which he has extensive knowledge, such as managing addicts with painful conditions, as he would provide much more detail than I have been able to do in the relatively short sections in this deliberately wide-ranging text.

Mark’s employers have been very understanding in allowing him to work with me on this project, with both of us being full-time doctors in the UK’s National Health Service rather than in academic positions. We thank the Berkshire Healthcare NHS Foundation Trust for approving the relevant study leave, and also Mark’s local treatment team, the Drug and Alcohol Specialist Service. Finally regarding his work, Mark is extremely grateful to his wife Nilmala and daughter Sarah for their patience and support during the very long hours spent on the project. Similarly I would like to thank my wife Helen and children Paula and Richard, who have known how much I wanted to write this book, and have put up with the strange sight of me working at previously unknown times of day and night!

At the time of the first edition I chose the sub-title ‘More than Methadone’ because drug services in the UK and elsewhere were needing to broaden their horizons in response to various factors, including a great influx of relatively early-stage heroin users, the rise of cocaine misuse for which substitution therapy is not recommended, a more general concern about non-opiate misusers being neglected even for counselling therapies, and the high-profile publicity regarding alternative maintenance treatments
such as diamorphine itself. In fact there has been another major development which is
exactly on the theme of that strapline, which is of course buprenorphine as the most
direct alternative treatment to methadone in large proportions of heroin users, and
there is much more information on the two main preparations containing that drug in
this edition. Other subjects more emphasized here are many aspects of so-called ‘dual
diagnosis’ and the liaison and treatments necessary in managing special patient groups,
while throughout the text we have made a point of finding up-to-date papers to refer to,
and describing the developments which have occurred in relation to the main
treatments we describe. We hope therefore that this updated version will be very useful
for clinicians from the various disciplines who are involved at the ‘sharp end’ of
delivering services. The way in which I have often found myself describing the book is
that if a doctor, nurse or other worker had a clinic to do in an afternoon and they read
some relevant parts of the book in the morning, then that would actually be of direct
use to them when doing their work, and I have attempted to stick to this principle once
again.

In the first edition I expressed my thanks to the many specialists, academics and
colleagues in general who had helped me in the earlier stages in my career, in my
psychiatric training in Nottingham, the first consultant post and then senior lectureship
which I had in Manchester, and more recently those who had worked with me to set up
treatment services from a very low starting point in the city of Sheffield. I remain
indebted to them all, and it was very kind of Professor John Strang to previously write a
Foreword, as he is rightly admired across the world for his commitment to the
speciality of drug misuse treatment and his marvellous combination of academic ability
and true grasp of clinical realities. Of those who encouraged me at an earlier stage I am
most grateful of all to Dr Philip McLean, consultant in addictions in Nottingham, UK,
who supervised my first attachment in the field as a junior doctor and who ran the kind
of service for his patients that inspired me – and several contemporary colleagues
– to join in.

With this second edition, my most important acknowledgement, alongside that to
Mark Parry, is to the other person without whom I literally could not have produced
the book, my secretary Charlotte Hague. In addition to all her other roles within our
service, coordinating staff and assisting with my duties to the Health Service, the
General Medical Council and the family courts, she has typed endless drafts of the book
and lists of references with unfailing good humour, and I am extremely grateful to her.
I also pay tribute to the marvellous staff of the two substance misuse services where
I work in Sheffield and North Nottinghamshire, who are expertly led by Sarah Crookes,
Giz Sangha, Paul Reeves, Chris Wood, Majella Kenny, Paul Sales and Lesley Chrimes.
I am glad to say that the two drug teams now have large numbers of staff, with the only
‘downside’ to that being that I cannot acknowledge them all here. In this edition I will
have to restrict the ‘name-checks’ to those who have given me material that they have
worked on which I have used in the book: Simon Brown (amphetamine prescribing),
Rod Dutch (buprenorphine detoxification), Ciaran Fahy (drug polices – although
I know he would not want to be linked with all the opinions I have put forward in the
book!) and Gemma Malpas, medical student (alcohol use by opioid treatment patients).
I am indebted to my excellent consultant colleague in Sheffield, Dr Olawale Lagundoye,
who is Clinical Director of our service and has definitely been flexible in his
requirements of me at the height of the book deadline! Regarding this, I have been
grateful indeed to Richard Marley and Katie James, the editors at Cambridge University Press, for the combination they have shown of patience and encouragement.

The most fulfilling part of our work in drug misuse treatment is helping the patients overcome their problems and improve their lives, even though I would be the first to acknowledge that this does not always run smoothly! Some reviews of the first edition of the book pointed to the mixed and intermediate outcomes which are illustrated in many of the contained case histories, and looking back I am sure that this was deliberate, to reflect the realities of treatment on the ground. Most of the histories have been retained and others are new, and I have been careful to make them composite rather than exposing the identity of single individuals.

Mark Parry and I hope that the cases, the descriptions of the range of treatments which can be used and the discussions of wider aspects are of interest and assistance to those working in drug services or determining overall policies, and we are grateful for your interest in the book.