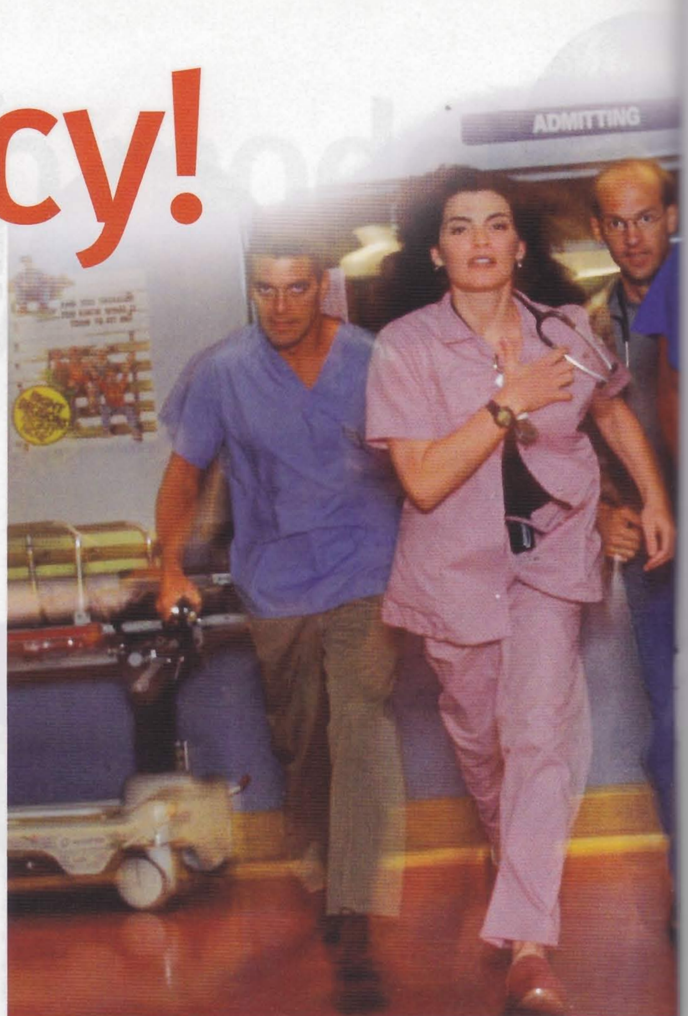
Emergency!

Breathing life into hospital drug services



LONG-TERM problematic drinking or drug use is likely to lead to health problems. As the number of long-term substance misusers within the UK increases, general hospitals across the country are seeing a substantial increase in substance users seeking help.

This presents unique opportunities for hospital-based health workers to engage substance users in treatment. However, because of the widespread lack of awareness, skills and confidence about substance misuse issues among hospital staff, this contact tends to be less than ideal.

Hospital staff often fail to recognise substance use problems, and therefore miss opportunities to provide appropriate medication and psychological support and often do not refer the person to specialist services.

Not only does this present lost opportunities to engage substance users in treatment, it also has massive implications for drug-related ill health and death.

This author was responsible for developing an Alcohol Liaison Nursing Service (ALNS) at Kings Mill district general hospital in the Nottinghamshire from April 2001. Through a collaborative initiative between the Acute Hospital Trust, the local Mental Health Trust and the county Drug and Alcohol Action Team, one Clinical Nurse Specialist (CNS) was recruited, from April 2001, to spearhead the development of the ALNS. The initial remit was to develop an alcohol only service within Accident and Emergency and general wards.

DRUG PATIENTS TRIPLED

It soon became apparent that alcohol was only part of the story. Illicit drug use was also becoming a major issue for the hospital; admissions of people diagnosed with substance misuse more than tripled from 103 in 1998–1999 to 350 in the first three quarters of 2003–2004 and reflected the increasing number of substance-misusers in the local area. This increase was also highlighted by the local MP John Mann, in his report on heroin misuse in the degenerated coalfields of the East Midlands.

Because of the increase in patients admitted with illicit drug-related problems, it was decided that the role of the service should expand to include illicit drugs and in April 2002 it was renamed the Alcohol and Drug Liaison Nursing Service (ADLNS). A further development was the recruitment of a second CNS in July 2003 to help meet the increasing number of referrals.

Since its inception in April 2001 the ADLNS has provided treatment and support to an average of 50 to 70 new patients each month. As a result the number of heroin-using clients seen for initial assessment has increased dramatically from 26 between April 2001 and March 2002 to 237 between April and December 2003.

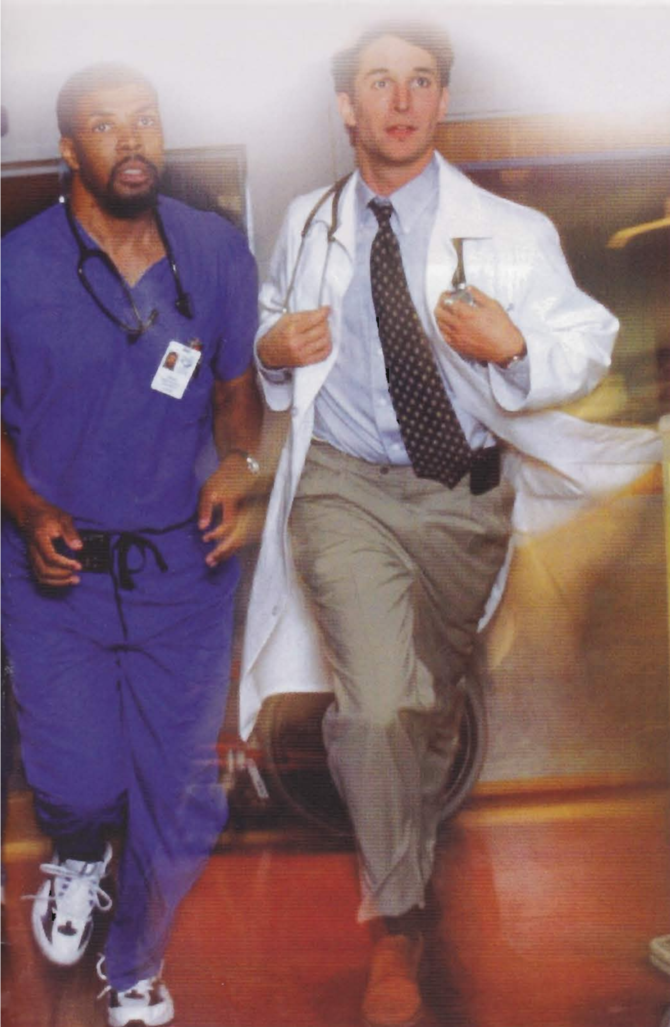
David Henstock is an Alcohol and Drug Liaison Nurse at Kings Mill Hospital

SPECIALIST SERVICE

All patients seen by the ADLNS are offered a specialist assessment of their substance use, counselling aimed at harm reduction and promoting motivation to change addictive behaviours, specialist prescribing to address withdrawal symptoms and related conditions and referral to community based services.

The ADLNS has developed into a highly credible service from the perspectives of clients, hospital staff and community colleagues. The role of the ADLNS can be summed up as follows:

- To provide specialist assessment, appropriate prescribing, counselling, health education, and referral for hospitalised alcohol and drug users.
- To guide the clinical and environmental management of hospitalised alcohol and drug users. This includes both individual client management and spearheading the development of supporting policies and procedures.
- To provide a communication bridge between the secondary care setting and community based alcohol and drug services. Many patients will be stabilised on medication such as methadone, antabuse or naltrexone prior to hospital discharge, making transfer to community services relatively easy compared with those presenting directly to community services.
- Provide specialist alcohol and drug education to hospital-based workers with the aim of achieving and maintaining an empowered workforce.
- Support to other hospital workers in developing substance use related roles including an Ambulatory Deep Vein Thrombosis (DVT) Clinic, which provides a service for patients with the dual diagnosis of IVDU and DVT.



The second-class service experienced by substance users in many hospitals represents a missed opportunity to help thousands of people with drug problems. **David Henstock** describes how one hospital bucked the trend

PROBLEMS IDENTIFIED

Hospital staff have reported a reduction of the problematic behaviour often encountered prior to the development of the ADLNS. They feel less frustrated in dealing with substance users and more satisfied in their jobs. Because problems can be identified and resolved at an earlier stage there has been a drop in unnecessary delays in discharging people. In addition, since patients are helped to avoid a relapse back to problematic substance use, the potential for future ill health and hospitalisation have been reduced.

The relatively minor costs of this service have included salaries for two clinical nurses, specialist and administrative backing and other supporting equipment such as urine testing equipment, breathalyser, computer and health education materials.

The ADLNS has assisted a number of drinkers and drug users to detoxify during their hospital stay. It is often impossible to detoxify patients dependent on opioids during their hospital stay; this is due to a number of factors which include: the degree of dependence, the length of hospitalisation, pain and the wishes of the patients themselves.

Consequently it is more appropriate to stabilise opioid misusers with methadone during their hospital stay. This allows their healthcare needs to be met more easily but has created another problem: how to continue the methadone course post-discharge? Despite the extraordinary steps made by the local Community Drug Service to accommodate the massive increase in referrals this has not always been possible. In the current climate of national pressure to reduce drug services waiting lists, as set out by the National Treatment Agency, this has become a major issue for the development of this service. Measures to address it are currently being debated locally.

HEROIN REFERRALS

The number of referrals of heroin users to local drug services generated by the ADLNS has risen from 24 between April 2001 and March 2002 to 123 between April and December 2003. Many of these referrals had never been in contact with community services before, thus demonstrating the opportunities that hospital-based services provide to engage with substance misusers. The figures also give an indication of the increased demand made on local services and the subsequent impact this will have on waiting times to access treatment.

At local level, planning is currently underway to develop similar ADLNS in all secondary care settings across North Nottinghamshire. It could be argued that all UK hospitals – general and psychiatric hospitals – should now consider developing specific substance misuse services. Consideration must be given to ensure that existing local substance misuse services have the resources to meet the demands that the expected increase in referrals will generate.

From the experiences gained in the development of the ADLNS, recommendations for a comprehensive hospital based substance misuse service have been made. We would urge everybody working within the health service to consider how they can contribute to the care and support of alcohol and drug misusers with whom they come into contact.

> **"We have provided treatment and support to an average of 50 to 70 new patients each month."**

MODEL FOR ALL HOSPITALS

At a national level, more attention needs to be given to the impact that substance misuse makes upon the health service. If the increase in substance misusers presenting to general healthcare services, as discussed here, is representative of other UK areas, then it would benefit all involved if the appropriate support could be given to hospitals.

In this author's experience, many substance users will either not have a GP or will have a poor relationship with them. They are therefore left with little alternative but to get their health care needs met by their local general hospital. If the general hospital is unable to provide adequate services for these patients, then where can they go to receive health care? The reality is that many drinkers and drug users are dying or suffering unnecessarily; this death and suffering being caused, in part, by an institutional ignorance of their needs. ■