Psychiatric Bulletin (1991), **15**, 276–277

Careers in psychiatric specialities

7. Substance misuse

DAWN BLACK, Consultant Psychiatrist, Hope Hospital, Eccles New Road, Salford 6, Lancashire; ELSPETH GUTHRIE, Senior Registrar in Psychiatry, Gaskell House, Swinton Grove, Manchester M13 0EW; and JOHN MERRILL, Consultant in Substance Misuse, Regional Drug Dependence Unit, Prestwich Hospital, Bury New Road, Prestwich, Manchester M25 7BL

Definition

The speciality of substance misuse has expanded way beyond the treatment of alcoholism and drug addiction as incorporated in the now defunct term 'addictions'. 'Substances' include the illegal (e.g. heroin and amphetamines), socially acceptable (e.g. alcohol and tobacco), medically prescribed (e.g. benzodiazepines) and household products (e.g. glue and lighter fuel). 'Misuse' covers that use of substances which has resulted in or may lead to physical, psychological and social problems.

Career prospects

Career prospects in substance misuse are excellent for those with appropriate experience. A joint conference of the Royal College of Psychiatrists and the Department of Health in 1989 suggested that between 100 and 200 general psychiatry posts with special responsibility for district substance misuse services were required in addition to 30 to 40 full-time specialists at regional drug dependence units. A recommended average of four consultant substance abuse sessions per district now seems to be an underestimate as some health authorities acknowledge the need for full-time posts at district level. Insufficient training posts are available to meet the current demand for consultants in the sub-speciality let alone meet further service expansion. This imbalance has resulted in some very appealing posts remaining unfilled and infrequently advertised. A few phone calls to consultants already working in the field may be more profitable than scouring the BMJ classified advertisements.

Training requirements

The Joint Committee on Higher Psychiatric Training recommends that training in substance misuse is essential for all general psychiatrists. A senior registrar aiming for a consultant post in substance misuse should obtain experience in drug and alcohol misuse totalling 18 months in approved placements. The Joint Planning Advisory Committee recommend that each region has at least one placement for higher training in the sub-speciality.

Job structure

Although some specialise in alcohol misuse and others in drug misuse, most posts cover responsibility for the whole range of substance misuse. Full-time 'regional' posts may include local responsibility for services in the districts in which they are sited. 'Sub-regional' services have also been established in areas with a high prevalence of substance misuse.

Profound changes in the management of both alcohol and drug misuse have occurred in recent years. Gone are the days when services were solely concerned with treating 'alcoholics' and 'addicts'. Influential reports on alcohol from the Royal College of Physicians and Royal College of Psychiatrists have emphasised the importance of prevention and detection of excessive drinkers before alcohol-related problems develop. The last decade has seen an escalation in use of heroin and amphetamines, the introduction of 'crack' and 'ecstasy' and recognition of the magnitude of benzodiazepine dependence and solvent abuse. The advent of HIV and AIDS has resulted in a massive increase in funding of services. Publications by the Advisory Council on the Misuse of Drugs have stressed the principle that "HIV is a greater threat to public and individual health than drug misuse" and led to management strategies based on "harm minimisation" with progression to eventual abstinance through a series of "intermediate goals".

While management of detoxification and treatment of physical and psychiatric illness associated with substance misuse remain firmly in the province

of the medical profession, there is probably no other branch of psychiatry that has moved so far out of the medical domain. Teachers, youth workers, police, probation officers, social workers and 'ex-addicts' in addition to psychologists and community psychiatric nurses all play important roles in education, prevention and management of substance misuse. Those with drug or alcohol problems (or their friends and relatives) are likely to seek advice and help from voluntary, non-statutory or 'street' agencies such as Community Drug and Alcohol Teams, Alcohol Advisory Service, Drugline, Alcoholics Anonymous and Narcotics Anonymous.

Responsibilities of specialists in substance misuse include initiating prevention strategies, teaching a wide range of medical and non-medical disciplines, establishing new services, and advising regional and district drugs advisory committees. The clinical caseload is likely to be heavy so an ability to delegate work to members of a multidisciplinary team and supervise team members is essential.

There are opportunities for private practice in substance misuse but they come with limitations. Private facilities for alcohol misuse flourish but nearly all operate the Minnesota Model which some may find restricting. Private services for drug users have an infamous history with several past exponents falling off the ethical tightrope.

Satisfactions and frustrations

The uninitiated may well feel that specialising in substance misuse is unrewarding in terms of both the success rate and quality of doctor/patient relationship but most psychiatric disorders run a chronic relapsing course and boxes of chocolates are seldom seen on general psychiatric wards! Patients are often deceptive and occasionally threatening but abusive behaviour is more likely to be encountered by the generalist than the specialist who has ultimate responsibility for patients' treatment.

Those that view complete abstinence as the only criterion for success will find substance misuse a frustrating speciality. Those with more patience will feel satisfied seeing drug users cease injecting, become stable on methadone and begin to rebuild their lives. In both alcohol and drug misuse 'slips' do not necessarily mean complete failure. That substance misusers are largely responsible for the success of their treatment is some consolation when all measures fail.

Substance misusers are more likely than the general population to suffer psychotic, affective, and neurotic disorders. The full-time substance misuse specialist may welcome continued involvement with general psychopathology but is likely to encounter increasing difficulty in retaining psychiatric skills. Conversely, those with a special interest may be hard pressed to keep up to date in a rapidly developing area. The management of AIDS will inevitably play an increasing role for those responsible for drug misuse. The substance misuse specialist must expect to become more involved in diagnosing physical illness and with managing dying patients.

The current high profile of drug misuse has attracted enormous opportunities for those with an interest in the area. Even at present levels, funding can scarcely keep pace with demand for services. When fear of AIDS diminishes, as it inevitably will, substance misuse may well revert to Cinderella status.

Prospects for research

There is wide scope for research into all aspects of substance misuse. Most of the recent developments in the management of substance misuse have been instigated as commonsense responses to pressing needs – they remain largely unevaluated. The ACMD's report 'Treatment and Rehabilitation' stresses that "research must be intrinsic to any further evolution in treatment and rehabilitation, rather than being viewed as an optional extra". Applicants for full-time posts in substance misuse who have an interest in research could reasonably expect to have one session allocated specifically for research.

Specific areas that have not been investigated adequately include: response to simple advice given to excessive drinkers, effectiveness of supervised Antabuse and Naltrexone in maintaining abstinence from alcohol and opioids, prescribing options for managing stimulant misuse, factors affecting help-seeking behaviour and the use of services.

Conclusions

Substance misuse currently offers great opportunities for psychiatrists interested in teaching, research, liaison with statutory and voluntary organisations and developing and managing services. Obtaining accredited training may be more difficult than finding district or regional consultant posts, many of which are unfilled.

Further reading

ADVISORY COUNCIL ON THE MISUSE OF DRUGS (1982) *Treatment and Rehabilitation*. London: HMSO.

—— (1984) *Prevention*. London: HMSO.

—— (1988) *AIDS and Drug Misuse, Part 1*. London: HMSO.

—— (1989) *AIDS and Drug Misuse, Part 2*. London: HMSO.

—— (1990) *Training*. London: HMSO.

ROYAL COLLEGE OF PHYSICIANS (1987) *A Great and Growing Evil?: the medical consequences of alcohol abuse*. London: Tavistock Publications.

ROYAL COLLEGE OF PSYCHIATRISTS (1986) *Alcohol, Our Favourite Drug*. London: Tavistock Publications.