

**Specialist nurse
clinic for
Psychotropic
substance
abusers
BDF 101009**



Project period 1 May 2012- 30 Apr 2015
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Introduction

- Substance abuse clinic of the Prince of Wales Hospital Psychiatry Out-patient clinic
- In operation since 1995
- Serve patients with dual diagnoses ie. Both substance abuse & mental disorders



Service population (2015)

- Shatin 454,600
- Ma On Shan 215,300
- Tai Po 275,600
- North district 260,100
- Total: 1.3 million+

• Source: http://www.pland.gov.hk/pland_en/info_serv/statistic/tables/Locked_WGPD_Report_2013-2021.pdf



Service population

- Clinic patient mix (case registry 2008-2012)
- N=854
- Male 510 (59.7%)
- Age: 36.0 (12.3)



Source of referral

- NGO - 88(10.3)
- Medical consultation - 691(80.9)
- Methadone clinic - 5(0.6)
- Others - 48(5.6)



Marital status

- Single 436(51.1)
- Cohabiting 20(2.3)
- Married 250(29.3)
- Separated 3(0.4)
- Divorced 111(13.0)
- Widowed 16(1.9)



Education

- Primary - 146(17.1)
- F1-3 - 396(46.4)
- F4-7 - 247(28.9)
- >F7 - 16(1.9)
- Unknown - 27(3.2)



Employment

- Unemployed - 476(55.7)
- Employed - 232(27.2)
- Student/housewife/retired - 131(15.3)
- Average years of unemployment: 5.7



Drug use

- Age of onset of substance use: 24.8 (11.6)
- Duration: 11.6 (9.3)



Drug pattern

- Ketamine - 129(15.1)
- MDMA - 11(1.3)
- Benzo - 130(15.2)
- Cocaine - 24(2.8)
- Zopiclone/Zolpidem - 164(19.2)
- CM - 92(10.8)
- Opiates - 77(9.0)
- Ice - 110(12.9)
- Cannabis - 13(1.5)
- Solvent - 2(0.2)
- Other - 37(4.3)



Mental disorder (WHO Classification)

- Schizophrenia - 87(10.2)
- Substance-induced psychotic disorder - 280 (32.8)
- Schizoaffective - 4(0.5)
- Delusional disorder - 1(0.1)
- Psychotic NOS - 6(0.7)



- Substance-induced mood - 65(7.6)
- Bipolar Affective Disorder - 8(0.9)
- Depressive disorder - 124(14.5)
- Dysthymia - 36(4.2)



- Panic disorder 7(0.8)
- Panic + agoraphobia 1(0.1)
- agoraphobia 3(0.4)
- OCD 2(0.2)
- PTSD 1(0.1)
- GAD 44(5.2)
- Adjustment disorder 28(3.3)
- Eating disorder 1(0.1)
- Personality disorder 18(2.1)
 - Borderline 5(0.6)
 - antisocial 3(0.4)
 - mixed 1(0.1)
 - others 7(0.8)
- Mental retardation 1(0.1)
- Mixed anxiety and depressive disorder 1(0.1)
- insomnia 1(0.1)



Project concept

- For patients suffering from co-morbid mental illness and drug abuse, the prognosis is heavily dependent on successful abstinence.
- Revolving door phenomenon common.
- Compliance with treatment also associated with outcome.



Project Content

- Brief description of project activities and photos



Project concept

- Provision of a specialist nurse clinic to enhance compliance, clinic attendance, follow-up, engagement, and counseling.
- Better treatment retention-> drug taking-> reduction of illicit drug use-> reduced hospitalization, reduced psychopathology, harm reduction, abstinence->better outcome



Service areas

- motivational interviews
- relapse prevention
- psychosocial intervention
- supportive counselling
- Advices on medication and psychiatric symptom



- Motivational interviewing
 - enhance patients' intrinsic motivation and resolve their ambivalence in order to facilitate change
- Problem-solving, supportive counselling
 - enhance patients' social skills, interpersonal relationships and problem-solving skills.
- Relapse prevention
 - identification of high-risk situations and training in coping and problem-solving skills, stress management, and refusal techniques.



Assessment

- Demographic data
- Christo inventory of substance misuse
- BDF question sets 4, 5, & 9
 - (self-efficacy to refuse drug use, drug use frequency in the past month, treatment needs and motivation level)



Output Evaluation

Output indicator	Target	Output achieved
No. of nurse clinic sessions	720 nurse clinic sessions	863 clinic sessions
No. of consultation sessions for patients who attend the nurse clinic	4,320 consultation sessions	4,190 consultations
No. of patients attending the consultation service in the nurse clinic	216 patients	497 patients



Outcome Evaluation

Outcome indicator	Target	No. of respondents	Outcome achieved
1) Improvement in self-efficacy to refuse drug use among patients	70% of patients show improvement in self-efficacy to refuse drug use (or statistically significant improvement in self-efficacy to refuse drug use)	94	36% showed improvement (No statistically significant improvement found using paired t-test)



Outcome Evaluation

Outcome indicator	Target	No. of respondents	Outcome achieved
(2) Reduction in drug use among patients	70% of patients show reduction in drug use over the past 30 days	31	58% showed reduction in drug use
(3) Improvement in treatment motivation among patients	70% of patients show improvement in treatment needs and motivation (or statistically significant improvement in treatment need and motivation)	83	55% showed improvements in treatment needs and motivation (No statistically significant improvement found using paired t-test)



Outcome Evaluation

Outcome indicator	Target	No. of respondents	Outcome achieved
(4) Positive treatment outcome in patients	70% of patients demonstrate positive treatment outcomes (i.e. reduction of 2 points or more in Christo inventory for Substance Misuse Service (CISS) total score or statistically significant reduction in CISS total score)	301	29% improved in treatment outcome (No statistically significant improvement found using paired t-test)



Experience Gained

- Reasons behind success
 - Some patients do benefit from the nurse clinic
 - In general, more cooperative patients who are willing to undergo counseling and open up their problems for discussion will benefit



Reason behind underachievement of target

- Refusal was a problem. Common reasons:
 - “weren’t interested”
 - “a waste of time, just give me my medicine”
 - After reviewing patient demographics, it revealed that on average, the subjects had been taking illicit drugs for more than 11 years, motivation for change was not high.



- As well, about 75% of the patients attending the clinic suffered from severe mental illness, namely psychotic disorders.
- Most of them lack insight into their illness.
- Compliance to treatment, whether medication taking or clinic attendance, were not satisfactory most of the time.



- While I and the nurse have both known the cases for years and had developed good rapport, most were still reluctant for further counselling.
- Initial results from willing participants showed encouraging data, but combined with those that reluctantly joined, the improvement waned.



Some attended the nurse clinic, but refused any detailed disclosure

- Overall speaking, they do not like to talk about their drug problem, as reflected by the low completion rate of the CRDA forms at the clinic over the years.



Beat Drug Fund questions sets

- Most subjects who agreed to complete the forms, found them too long and mentally challenging.
 - Education, mental condition, illicit drug use, side effect of medications factors
- Invalid entries
- Refusal to do the outcome forms upon “graduation” from the nurse clinic



Defaulting the clinic

- Most of the time we try to trace the patients if they defaulted the clinic.
- False address or phone number.
- Significant proportion of the subjects actually lives in China, transport costs prohibiting factor



- About 5% of the patients were in the prison system at any time (1-2 patients would be under escort by the Correction Service Department officers (out of average of 25 patients/session) every clinic).
- Normal prison or the Hei Ling Chau correctional facility.



- Monthly follow-up for this group is not desirable, and for those who started the nurse clinic but became jailed, the sessions had to come to an abrupt halt.
- Relapse of psychosis
 - Patient became preoccupied with false beliefs or the hallucinatory symptoms, or spoke irrelevantly with thought disorder features.
 - Counseling impossible at this stage.



- While most of the overseas and local data focus on alcohol, tobacco, or heroin abuse on general populations produced favourable results, there is no such experience on psychotic subjects in a Psychiatric out-patient setting.
- Such patients carried the worst prognostic factors, but it was hoped that they will benefit from nursing intervention.



Conclusion

- Some patients clearly did benefit from the clinic
- BDF question sets: less desirable for the mentally challenged
- Poor prognosis for this group of patients with long standing drug problem and had already developed mental illness



End