

# Research into practice: Case studies from a clinical/practitioner perspective

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THE UNIVERSITY of EDINBURGH



**PADS**  
PARTNERSHIP FOR ACTION  
ON DRUGS IN SCOTLAND  
Drawing on our  
collective strengths

# Research into practice

## Case study 1

The Edinburgh Drug Cohort Study  
1982- 2018  
Muirhouse Medical Group

# 1985

Bucknall,A.B.V., Robertson,J.R. Heroin misuse and family medicine. Family Practice 1985;2:224-251

Robertson,J.R. Drug users in contact with general practice. The British Medical Journal 1985;290:34-35

Robertson,J.R., Bucknall,A.B.V. Drug addict notifications: why is it vital we get it right. Pulse 1985;45(42):58

Robertson,J.R., Bucknall,A.B.V. Heroin users: notifications to the Home Office Addicts Index by general practitioners. The British Medical Journal 1985;291:111-113

Paul in 1984, aged 18



## THE SHOCKING FACTS ABOUT DRUGS

### BRITAIN'S 'HABIT' NOW AT £400m A YEAR

The growing problem of heroin in Britain was revealed today by new Home Office figures.

They show that last year there were about 3000 seizures of the hard drug, a three-fold increase on 1982 and 33 per cent more than in 1983. There are now ten times the number of seizures of heroin as the annual average for 1974 to 1978.

Overall, the figures show a 9 per cent increase in the number of seizures of controlled drugs in 1984. Last year these stood at 28,600, a rise of 2400 on 1983.

In addition, the number of people found guilty or cautioned for offences involving controlled drugs also rose — to about 25,000 in 1984, a 7 per cent increase on 1983.

#### Community

Equally disturbing were the figures showing that the drugs habit now seems to be affecting younger people. The average age of drug offenders in 1984 was 28, much the same as in recent years, but between 1983 and 1984 the largest proportionate increase was for those under 17 — up by 20 per cent.

Scotland Yard said the nation now spends about £400 million on feeding its drugs 'habit', and Home Office Minister David Mellor said the figures were clear evidence of the upward trend.

"The figures published today provide clear confirmation — if confirmation were needed — that drug misuse is a major social problem in this country."

# Children in AIDS nightmare

*Henry  
News  
3.9.85*

By MARGARET  
HARKER

An Edinburgh doctor has warned that the children of drug addicts will soon be caught up in the nightmare of AIDS.

Dr Roy Robertson told a conference of midwives and health visitors that addicts' children were already catching hepatitis from their parents, and it was only a matter of time before AIDS followed.

He added: "Because of the immaturity of their immune system they cannot handle hepatitis in the way that adults do. A high percentage have grown up to be chronic carriers."

"It is a nightmare situation where they can potentially affect brothers and sisters and classmates. They can go on to contract cancer of the liver."

Dr Robertson, of the

## Early cure unlikely

There were about 14,000 reported AIDS cases by the end of August but "several million plus" more carriers of the virus capable of infecting others, the World Health Organisation said today.

With an early cure unlikely the immediate task is to help sufferers as much as possible and prevent any further spread through information campaigns.

A WHO report says: "The key to slowing the spread of acquired immune deficiency syndrome (AIDS) virus is education and information of health workers, individuals at high risk of infection, and the general public."

A number of anti-virals are being tested, but the report adds: "Scientists are not optimistic about the chances of developing a vaccine in the immediate future."

West Granton Medical Group, was addressing a conference in Glasgow called by the Scottish Board of the Royal College of Midwives and the Scottish Health Visitors Association.

He said there was a rise in drug addiction in

young women, and colleagues shared his view that there had been a recent increase in pregnancies among them.

He described the degree of co-operation

Turn to Page 7

# Edinburgh Addiction Cohort follow up 1984- 2018

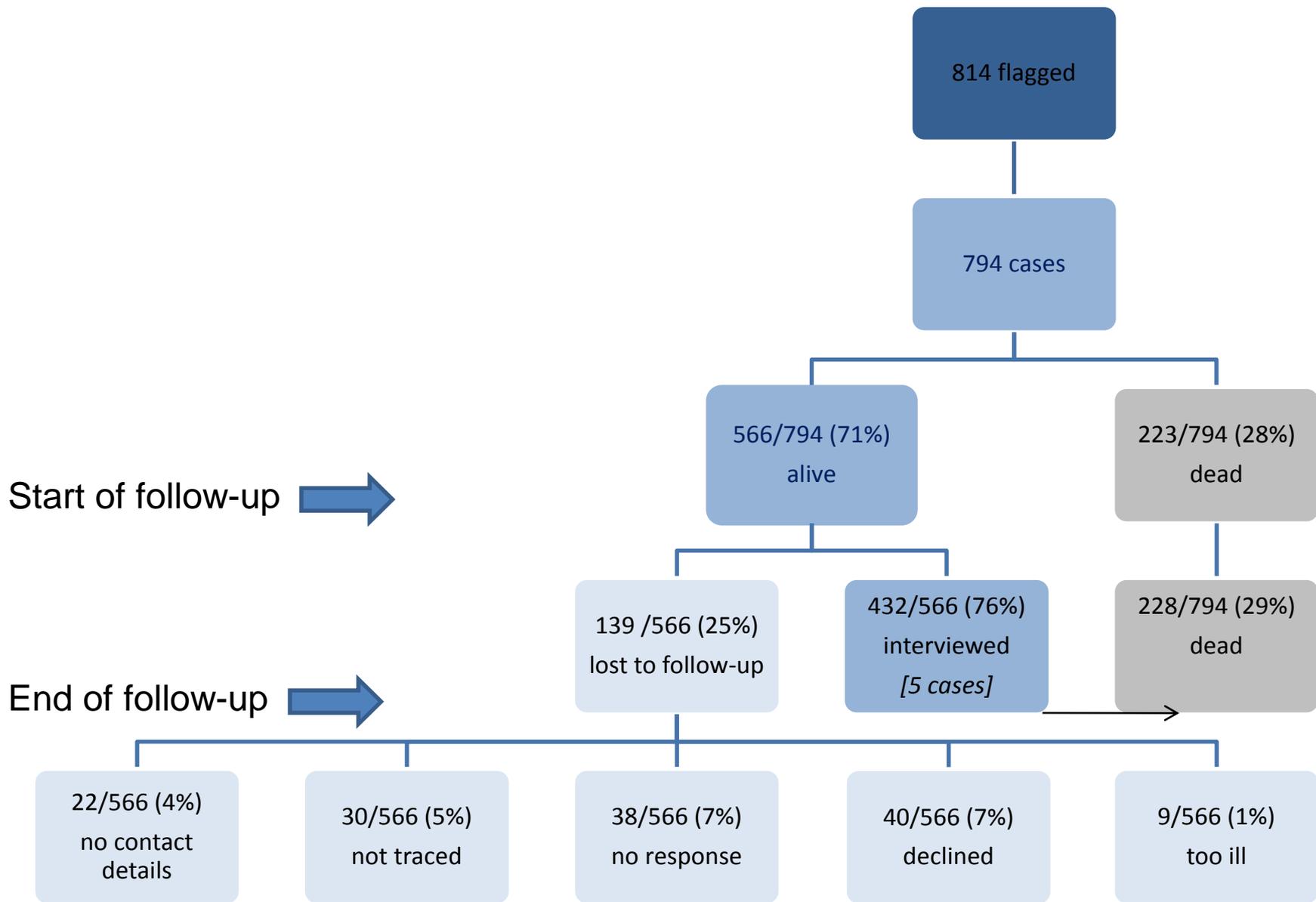
1. Epidemic of AIDS related virus (HTLV-III/LAV) infection among intravenous drug abusers. (Published 22 February 1986) *Br Med J (Clin Res Ed)* 1986;292:527
2. After the epidemic: follow up study of HIV seroprevalence and changing patterns of drug use. *BMJ* 1990; 300 doi
3. Survival and cessation in injecting drug users: prospective observational study of outcomes and effect of opiate substitution treatment *BMJ* 2010; 341 doi: <https://doi.org/10.1136/bmj.c3172> (Published 01 July 2010)
4. Work in progress on a 35 year follow up of the EAC

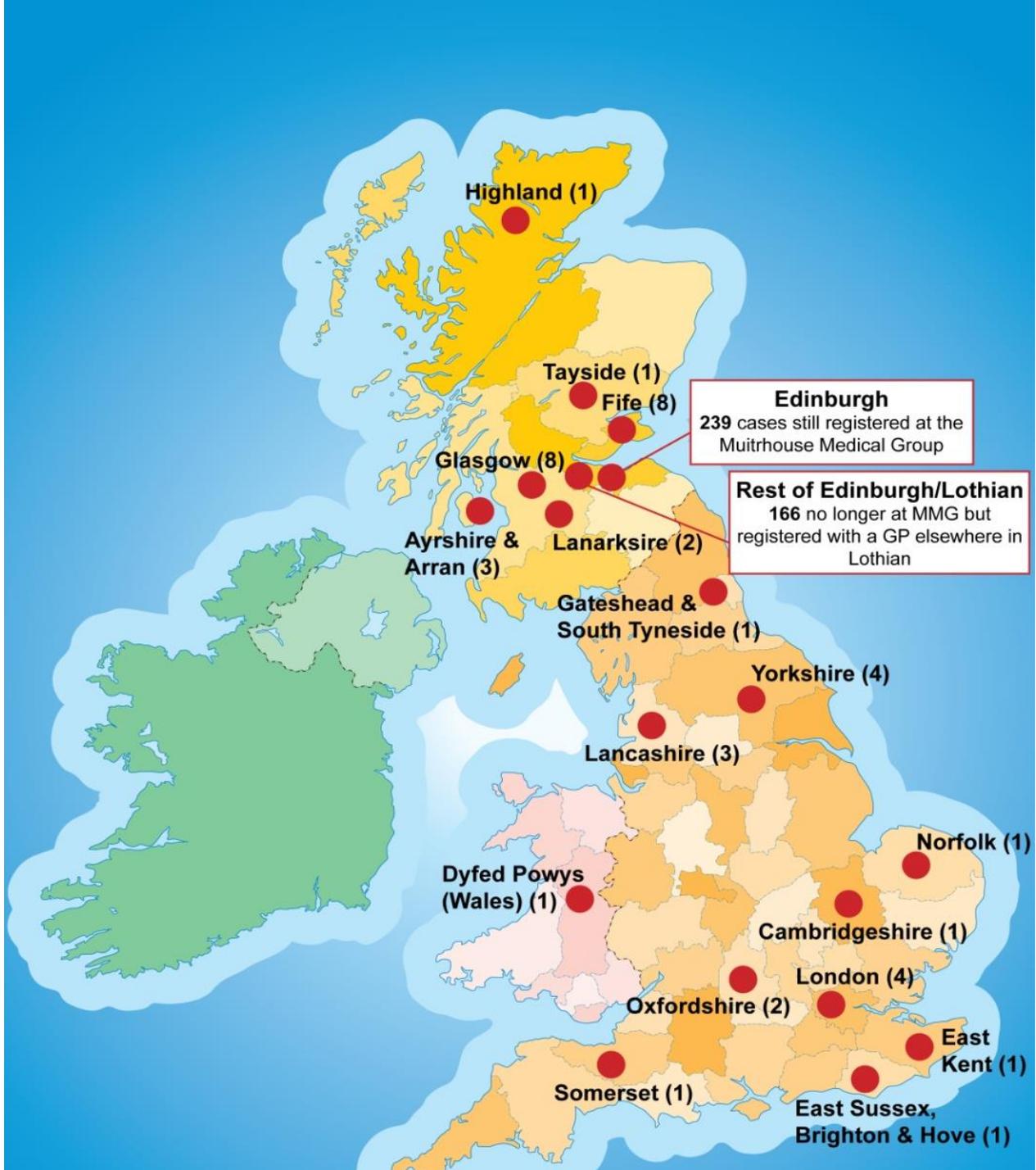
# Epidemiology of HIV in drug users and heterosexuals

- Johnson, A.M., Petherick, A., Davidson, S.J., Brette, R., Hooker, M., Howard, L., McLean, K.A., Osborne, L.E.M., Robertson, J.R., et al  
Transmission of HIV to heterosexual partners of infected men and women. AIDS 1989;3:367-372
- De Vincenzi, I, for the European Study Group on Heterosexual Transmission of HIV. A longitudinal study of human immunodeficiency virus transmission by heterosexual partners. New England Journal of Medicine 1994; 331, 6; 342-346
- van Asten, L., Verhaest, L., Lamzira, S., Hernandez-Aguado, I., Zangerle, R., Boufassa, F., Rezza, G., Broers, B., Robertson, J. R., Brette, R., McMenamin, J., Prins, M., Cochrane, A., Coutinho, R., Bruisten, S. The spread of Hepatitis C virus among European injecting drug users infected with HIV: a phylogenetic analysis. The Journal of Infectious Diseases 2004; 189: 292-302.
- Wyld, R Robertson, J. R., Brette, R.P., Mellor, J., Prescott, L., Simmonds, P. Absence of HCV transmission but frequent transmission of HIV-1 from sexual contact with doubly infected individuals. The Journal of Infection 1997. Vol 35. 163-166

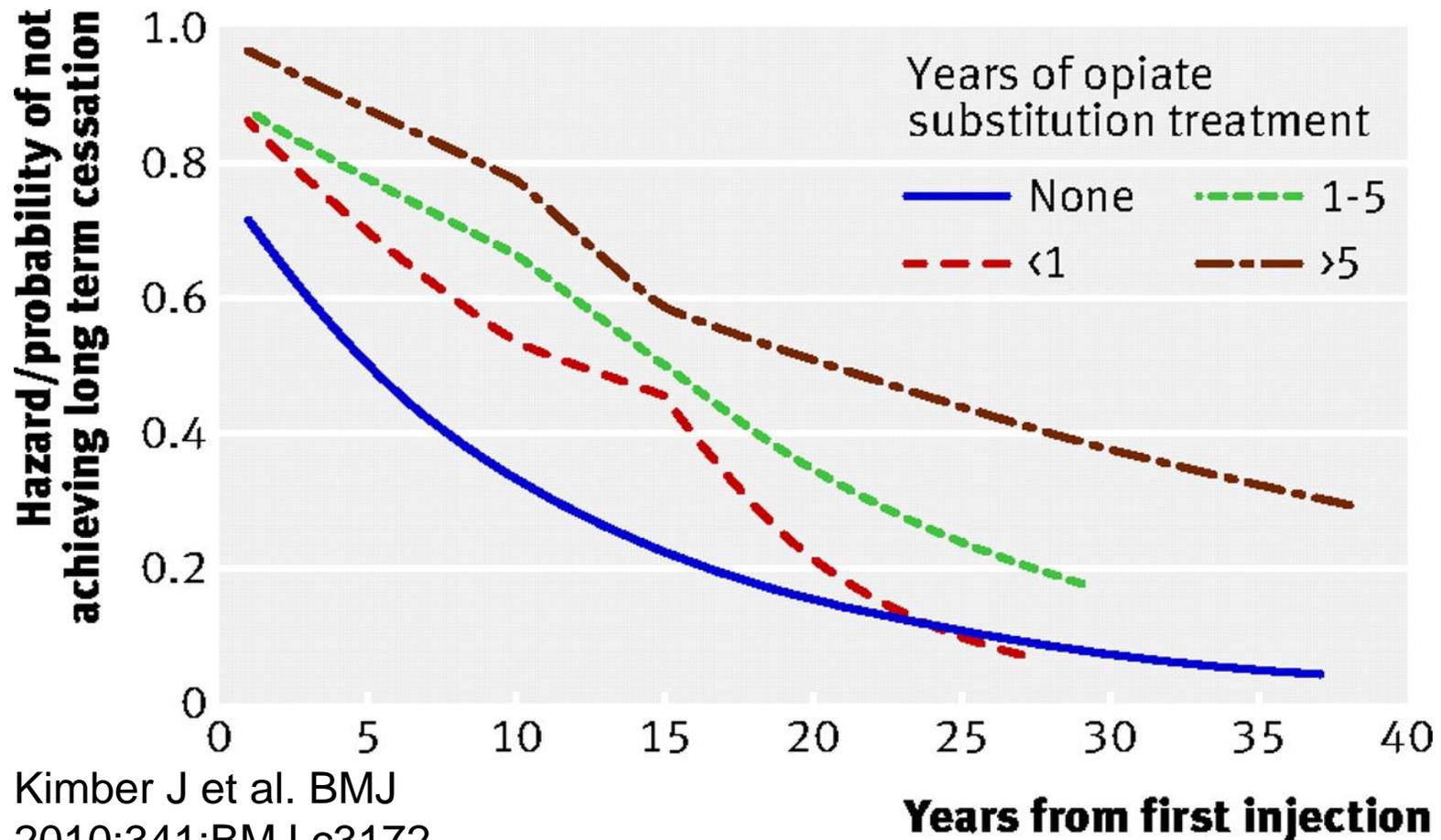


Outcomes, mortality, harms due to  
drugs and follow up in the  
Edinburgh Addiction Cohort and  
elsewhere





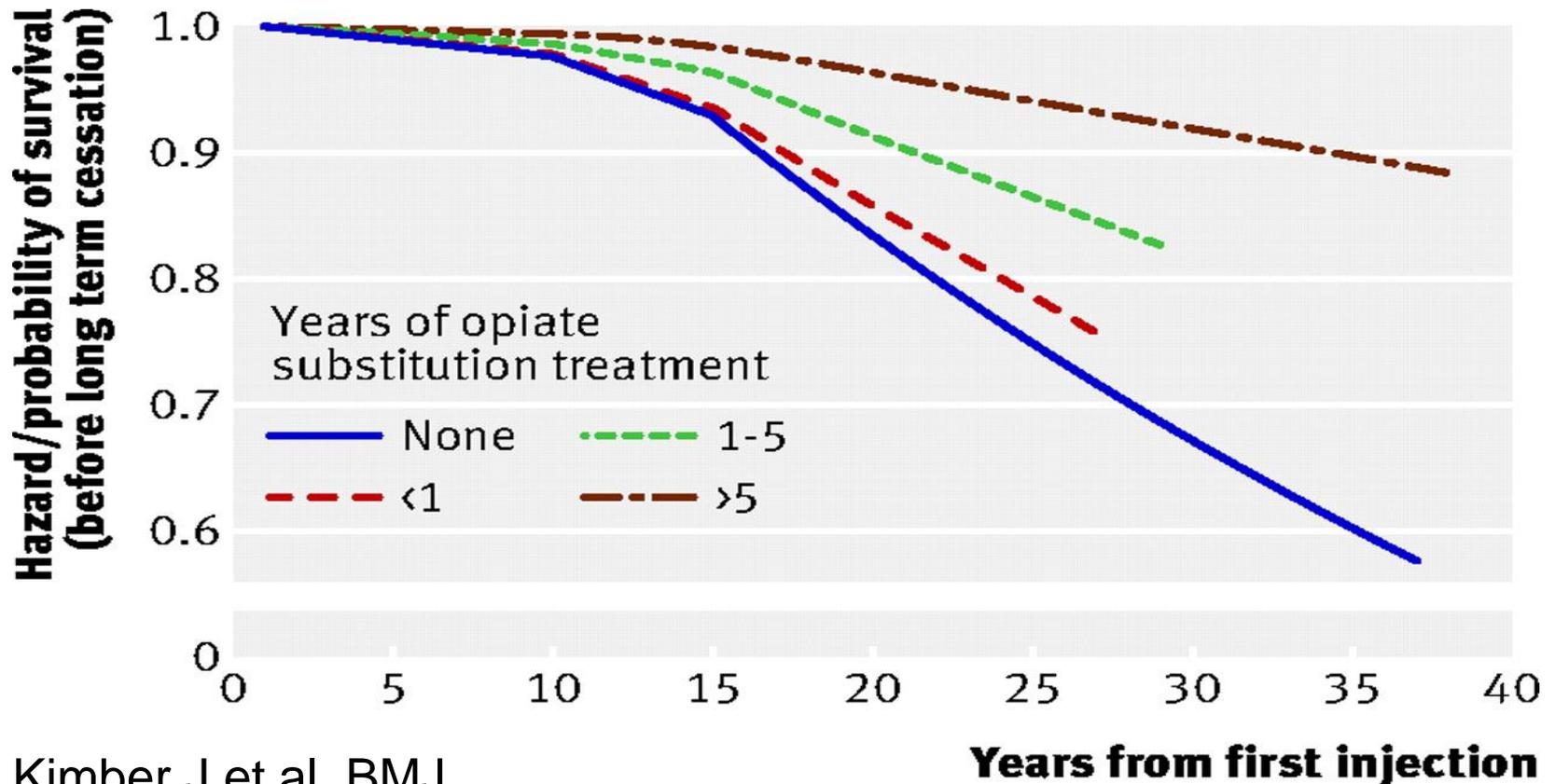
# Injecting duration: probability of achieving long term cessation by exposure to opiate substitution treatment



Kimber J et al. BMJ  
2010;341:BMJ.c3172



# Survival: probability of not dying before long term cessation by exposure to opiate substitution to treatment.



Kimber J et al. BMJ  
2010;341:BMJ.c3172

# Impact

- Attention drawn to “epidemic” of drug use
- First UK alert to HIV in cohort
- National heterosexual transmission study
- Evidence base for Medically Assisted Treatment
- Survival and mortality study

End

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# Research into practice

## Case study 2

Muirhouse Medical Group  
Clinical Practice Study

# Drug users have been framed (fake news)

- Characterised as reckless, indulgent and violent
- Blamed for much of crime
- Portrayed as choosing a lifestyle of drugs
- Criminalised by prejudicial legislation
- Excluded from treatment by systematic underfunding and complex systems that wouldn't be tolerated elsewhere
- Stigmatised by hostile drug legislation and regulations

# The result of prejudicial approaches

- Marginalisation of target group and criminalisation of drugs and drug related behaviours
- Vicarious traumatising (risks of being associated with drug users)
- Ethnic cleansing starts with dehumanising the target group and continues over many years, resulting in exclusion
- Neglect of underlying conditions and possibility of self medication
- Resistance in the system to innovation e.g. Take Home Naloxone, Buprenorphine or other modalities of treatment, Safe Injecting Facilities and Heroin Assisted Treatment
- Systematic neglect of evidence base (e.g. decriminalisation, heroin treatment, safe injecting facilities, harm reduction policies)

# Opiate agonist treatment supervision sometimes is essential



# Forensic results

## **MT2018/0040**

On observation there appears to be two different types of tablets, see images attached

**Tablet 1(A) Result:** Etizolam Present

**Tablet 1(B) Result:** Etizolam Present

## **MT2017/0133(1)**

**Observation:** one blue\* tablet, no markings, difficult to crush.

\* noted that the intensity of the blue colour varied throughout tablet; centre of tablet observed to be whiter.

**FMS Result:** Clonazolam Present in the tablet

**Tests performed:** Basics Drugs and Benzodiazepines analyses

The panel of benzodiazepines included: Pyrazolam, Nifoxipam, Chlordiazepoxide, Clonazolam, Nitrazepam, Alprazolam, Flubromazolam, Lorazepam, Deschloroetizolam, Etizolam, Oxazepam, Meclonazepam, Temazepam, 3-Hydroxyphenazepam, Metizolam, Lormetazepam, Flubromazepam, Delorazepam, Desmethyldiazepam, Phenazepam, Diclazepam and Diazepam.

# Problem list - Male aged 44

- Drug dependence
- Hepatitis C
- Alcohol dependence
- Korsakov psychosis
- Cirrhosis of liver and Portal Hypertension
- Gastritis and peptic ulceration
- Iron deficiency anaemia
- Complex regional pain syndrome
- Accidental falls – into canal
- Asthma
- Coeliac disease

# Problem list - Female age 50

- Recent cellulitis and community acquired pneumonia
- Drug Dependency Methadone 110mg daily
- Positive toxicology (heroin and cocaine)
- Alcohol problems and heavy smoker
- Hormone replacement for menopausal symptoms
- Deep vein thrombosis
- Hepatitis C – PCR positive
- Gynecological problems
- Iron deficiency anaemia
- Vitamin D deficiency

Robertson R, Copeland L, Beresford H, Carson D.  
Drugs education, prevention and policy 2017  
ISSN: 0968-7637 (print), 1465-3370 (electronic)

“potential for change seems limited with medium to long-term continuation of an opiate agonist treatment plan appropriate....a high risk group for death from various causes and may be protected by their current situation.....OAP is, for many, a longer term prospect and that recovery, or progress, should be assessed by a wider range of measures than just drug intake.”

# Clinical Practice Guidelines 2007 and 2017

Drug misuse  
and dependence  
UK guidelines on  
clinical management



Drug misuse and dependence

UK guidelines on clinical management

# Impact and extended interests

- WHO meetings on Cannabis and International Drug Policy
- European expert groups on Drug related deaths
- Press/Media and Film
- Teaching and research with collaborators
- Lives of people who use drugs

End

Thank you for listening

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