Addiction research training in a post-Brexit, post-Covid world

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Disclosures

Research funding

Honoraria for talks

(into University account)

MRC, NIHR, GSK, Lundbeck, Alcarelle

Lundbeck, Janssen-Cilag, Pfizer, Servier

Consultancy

Astra Zeneca (not paid), Silence, Sanofi-Aventis,

Dobrin (not paid), Opiant (not paid), Britannia (not

paid), GLG (not paid)

Other

Previous member of Lundbeck International

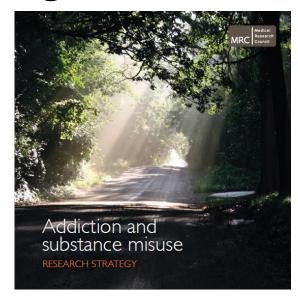
Neuroscience Foundation

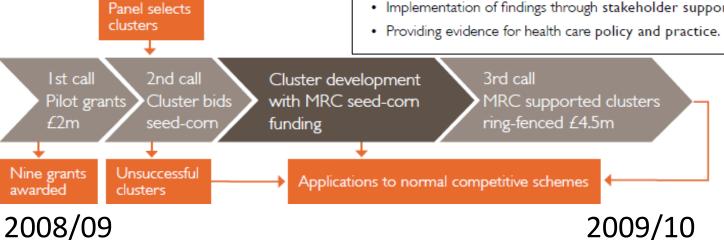
Led British Association for Psychopharmacology's

Addiction guidelines, which received support from

Archimedes Pharma, Lundbeck, Pfizer, Schering

Pre-Brexit, pre-Covid Background





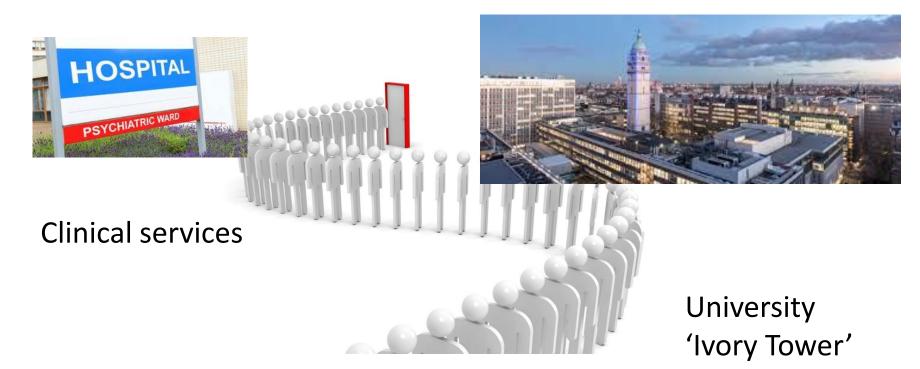
Interdisciplinary research clusters

To deliver this strategy, the MRC and the ESRC believe that the UK addiction research base needs to increase capacity and improve cross-disciplinary links. A key part of the strategy is to support the development of interdisciplinary clusters of experts with excellent research track records in their own disciplines (not necessarily addiction). These research clusters will provide a platform for competitive innovative research proposals.

Key elements of the research clusters are:

- Collaboration between disciplines and institutions to address a common problem; combining social, medical and biological research.
- · New expertise to build capacity.
- · New questions to be addressed within the agreed addiction themes through improved access to expertise/ infrastructure.
- · Facilitation of interdisciplinary research beyond the traditional MRC remit.
- · Implementation of findings through stakeholder support.

Do we have the *clinical* academic workforce?



Research-active 'hospitals' provide the best care

Awarded 2014, started 2015



Imperial College London





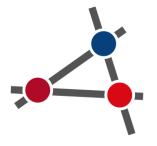


Prof Anne Lingford-Hughes

Prof Colin Drummond Prof Matt Hickman

<u>http://www.imperial.ac.uk/medicine/mrc-addiction-research-clinical-training/marc@imperial.ac.uk</u>; @MARC_Addiction

MARC: Vision



- To develop the future UK clinical research leaders in addiction
 - We estimated that the 7 clinical Professors would all have retired / be retirement age in 10yrs (by 2025) with lack of clinical academics in development (2 Clinical Senior Lecturers, no Lecturers)
- By establishing PhD studentships (2 in each institution)
 - Linked with preparatory fellowships, matched funding
 - Added value to already funded projects
 - Mentoring those who could not move
- By raising profile of clinical addiction research
 - By holding meetings with other organisations eg SSA, BAP, RCPsych
 - MARC events
 - Mentoring

Imperial College

PhD studentships:

Dr Sam Turton

- Appointed pre-core training, now Psychiatry ACF @ SLAM; Awarded Phd 2019 "C Neurotransmission in Alcohol Addiction"
- Dr Katie Herlinger
 - Appointed pre-core training, Currently undertaking PhD: "Characterising the neurobiology of detoxification in opiate dependence: is there a role for NK1 antagonism to improve outcomes?"

IOPPN, Kings College London

- Dr Emmert Roberts
- - Applied post-MRCPsych. Passed viva 2021: Alcohol-related health harm: An exploration using data from inpatient hospital admissions and specialist community alcohol treatment. Completing clinical training, applying for fellowships.
- Dr Miriam Hillyard (GP)
 - Preparatory fellowship @ KCL (matched BRC funding), MSc in London School of Hygiene and Tropical Medicine, started PhD "Addiction in the LGBT community"

University of Bristol

- Dr Prianka Padmanathan
 - Interviewed pre-ACF, started her PhD during ACF research time: "Suicide, Self-harm and Substance Use"
- Dr Daniel Titheradge
 - Completed MRes 2021; Started PhD: "Understanding the neurophysiological pathways underlying the epidemiological association between early life experience and alcohol use disorder in adulthood.".

Molecular Psychiatry https://doi.org/10.1038/s41380-018-0107-4

ARTICLE

Blunted endogenous opioid release following an oral dexamphetamine challenge in abstinent alcohol-depende individuals

Samuel Turton¹ · James FM Myers¹ · Inge Mick^{1,2} · Alessandro Colasanti^{3,4} · Ashwin Venl Adam Waldman⁵ · Alan Brailsford⁶ · Mark C Parkin⁶ · Gemma Dawe⁷ · Eugenii A Rabine Stafford L Lightman¹¹ · David J Nutt₀ · Anne Lingford-Hughes¹ Comprehensive Psychiatry 96 (2020) 152135

Contents lists available at ScienceDirect

Comprehensive Psychiatry

journal homepage: www.elsevier.com/locate/comppsych



Prevention of suicide and reduction of self-harm among people with substance use disorder: A systematic review and meta-analysis of randomised controlled trials



ADDICTION

REVIEW

Prianka Padmanathan a,*, Katherine Hall b, Paul Moran a,e, Hayley E. Jones a, David Gunnell a,e, Victoria Carlisle c, Anne Lingford-Hughes d, Matthew Hickman a,e

The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression

Emmert Roberts¹, Rachel Morse², Sophie Epstein³, Colin Drummond¹

Access to specialist community alcohol treatment in England, and the relationship with alcohol-related hospital admissions: qualitative study of service users, service providers and service commissioners

Emmert Roberts, Miriam Hillyard, Matthew Hotopf, Stephen Parkin* and Colin Drummond*

ADDICTION

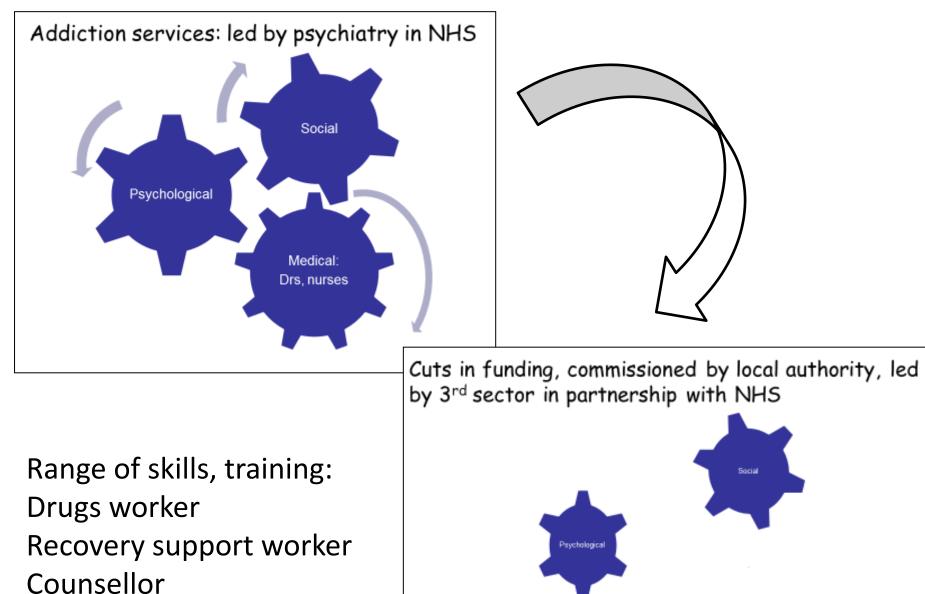
CLINICAL ISSUES: SUBSTANCE USE DISORDERS

Opioid use disorder and the brain: a clinical perspective

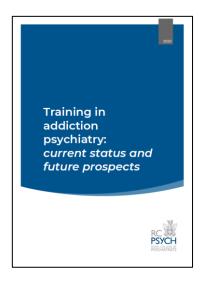
MRC Addiction Research Clinical Training Programme, Imperial College London, London, UK¹ and Division of Psychiatry at Imperial College London, London, UK²

MARC: reflections

- Programme start coincided with responsibility for addiction services moving from NHS to local authorities & funds cut
 - 'career prospects'?



Trauma aware pathway navigator





40

2004

Addiction Psychiatry
Higher Training Posts in
England

27

2020

A 'lost generation'

 risk of an unrecoverable decline as a diminishing workforce not being replenished

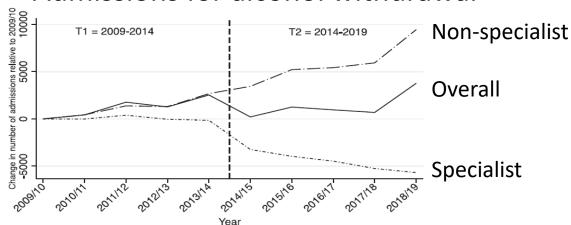
- research competent?

Unlikely now to have specialist admission for alcohol withdrawal

Admissions for alcohol withdrawal

2008

2006



2010

2012

2014

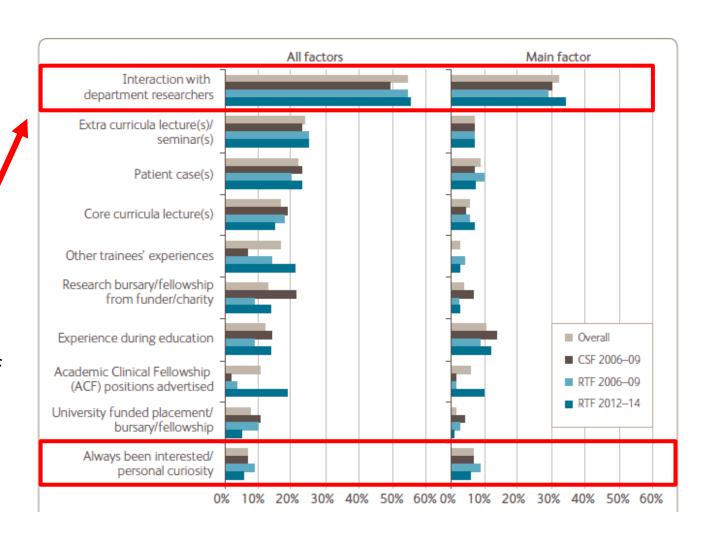
2016

2018

Phillips et al 2021

What sparked your interest in research?

Importance of having researchers around and research part of routine



Review of clinical academic training, 2017

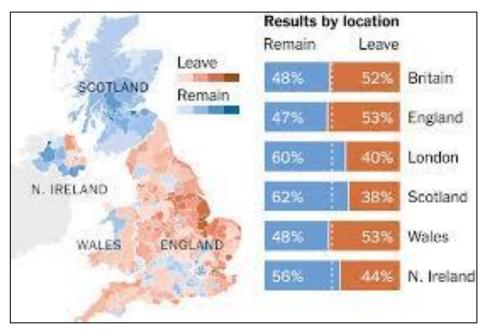
MARC: reflections

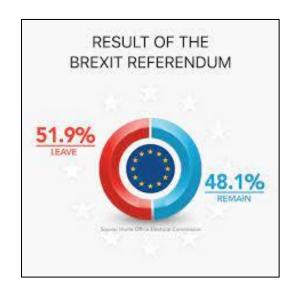
- Programme start coincided with responsibility for addiction services moving from NHS to local authorities & funds cut
 - 'career prospects'?
- Applicants were earlier in their career than expected
 - challenges to the 'conveyor belt' of training
- Difficulty in recruiting other disciplines eg psychology, nurses etc
 - Funded by Neuroscience and Mental Health Board



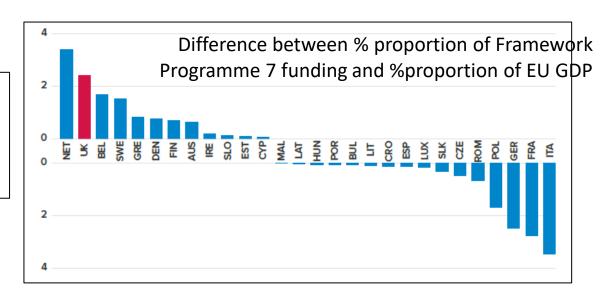
June 23rd 2016





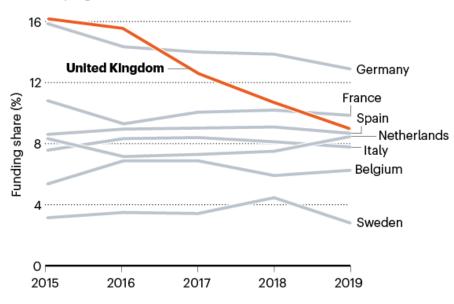


UK: key contributor and benefactor in EU's scientific programmes

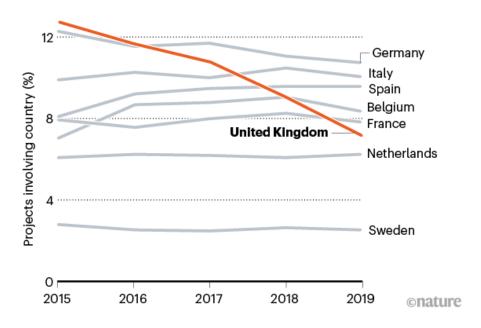


LOSING OUT

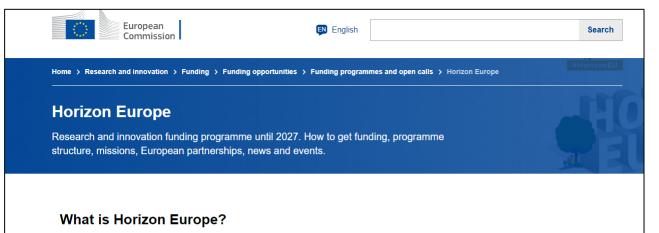
Britain's annual share of funding from the European Union's Horizon 2020 research programme has fallen since the vote to leave the EU in 2016.



The Royal Society 2015



Nature 2020



Horizon Europe is the EU

It tackles climate change EU's competitiveness an

€95.5 billion [2

The programme facilitate developing, supporting a creating and better dispe

It creates jobs, fully enga



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Research culture Impact Investing across the UK Public engagement Tackling COVID-19

Responding to climate change 101 jobs that change the world

 $\underline{\mathsf{Home}} \ > \ \underline{\mathsf{Our}\ \mathsf{work}} \ > \ \underline{\mathsf{Collaborating}\ \mathsf{internationally}} \ > \ \mathbf{\mathsf{Working}\ \mathsf{on}\ \mathsf{EU-funded}\ \mathsf{projects}}$

Working on EU-funded projects

The UK has left the EU. This page covers which EU funding programmes you can continue to take part in. It will be updated as more details become available.

Horizon Europe

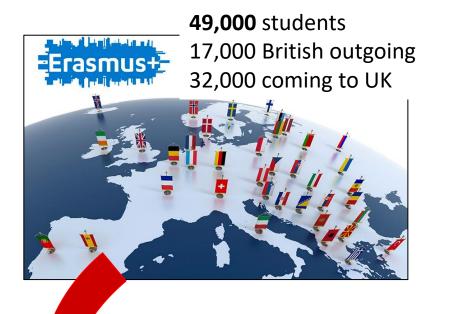
Horizon Europe is an EU research and innovation programme. It has a budget of €95.5 billion and runs until 2027.

In January, the government announced that the UK will associate to Horizon Europe. This means UK scientists, researchers and businesses will be able to access funding under the programme on equivalent terms as organisations in EU countries.

We therefore strongly encourage researchers, businesses, and innovators in the UK and worldwide to continue to work together in establishing global consortia to bid for

Related content

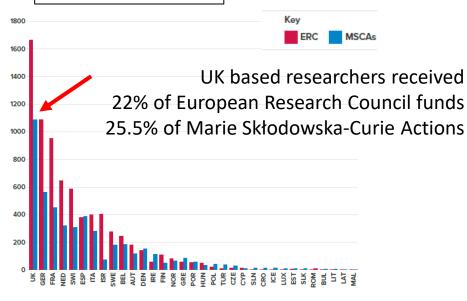
- ⇒ Global Challenges Research Fund
- ⇒ Horizon Europe: help for UK applicants
- ⇒ UKRI Brussels
- Search funding opportunities
- Innovate UK blog: Alone we can do so little; together we can do so much

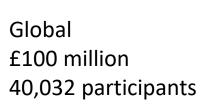


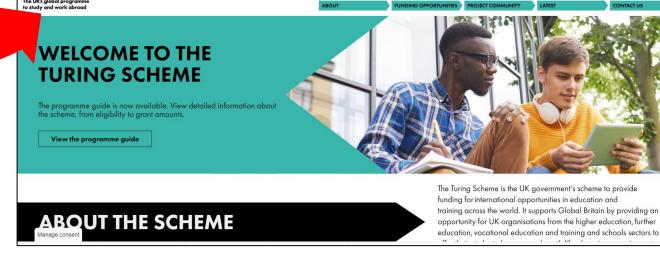
₩ UK Government

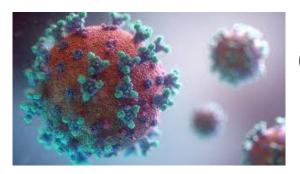
TURING

Studentships









Covid-19 & alcohol:





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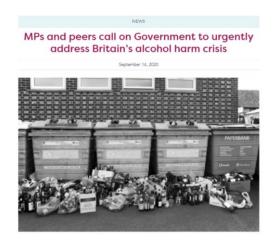
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Coronavirus: Off-licences added to list of 'essential' retailers

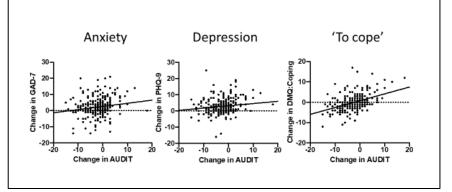
③ 25 March 2020 ☐ Comments







Increase in AUDIT scores is associated with increased depression, anxiety and drinking to cope during Covid restrictions.



Palmer et al BJPsych Open 2021









2021-2022

Saving and Improving Lives: The Future of UK Clinical Research Delivery

Published 23 March 2021

- The pandemic has showcased the clear link between research and better outcomes – for individuals and the NHS.
- Clinical research is the single most important way in which we improve our healthcare – by identifying the best means to prevent, diagnose and treat conditions – to determine what doesn't work.
- Clinical research is widespread, diverse and open to us all. Sometimes
 research needs to be conducted in specialist academic facilities, but very
 often it takes place right alongside delivery of routine care in the
 NHS and the wider health and care system.
- > A sustainable and supported research delivery workforce
 - Eg Associate PI scheme for doctor, nurse or allied health professional

DEBATE Open Access

"The post-COVID era": challenges in the treatment of substance use disorder (SUD) after the pandemic



(2020) 18:241

Hugo López-Pelayo^{1,2*}, Henri-Jean Aubin^{3,4,5}, Colin Drummond^{6,7}, Geert Dom^{8,9,10,11}, Francisco Pascual^{12,13,14,15}, Jürgen Rehm^{16,17,18,19}, Richard Saitz^{20,21,22}, Emanuele Scafato^{23,24} and Antoni Gual^{25,26}

- Renewed treatment systems should be based on these seven pillars:
- (1) telemedicine and digital solutions,
- (2) hospitalization at home,
- (3) consultation-liaison psychiatric and addiction services,
- (4) harm-reduction facilities,
- (5) person-centered care,
- (6) promote paid work to improve quality of life in people with substance use disorders,
- (7) integrated addiction care

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Do **we** have the **clinical** academic workforce?



