



**Faculty of Medicine Siriraj Hospital,
Mahidol University**

Siriraj Resident Exchange Program

To Royal Prince Alfred Hospital, Australia

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Study Year: 3rd year resident

Overseas Clinical Elective Rotation Final Report

Introduction

My name is Vinn Jinanarong, a 3rd year psychiatry resident from Thailand. After graduated from Siriraj medical school 5 years ago, I worked as general practitioner at Prachuap Khiri Khan Hospital, Prachuap Khiri Khan province, southern of Thailand for 2 years. Now, I am training at Siriraj hospital, Thailand. Our psychiatry training program is 3-year long. During the 3rd year we have the opportunity to gain more clinical exposure in other hospitals. Earlier this year I have been placed in other hospital in Thailand which is Suan Saranrom Hospital, Suratthani province, southern of Thailand. At Suan Saranrom Hospital I gained experience in community-based treatment of substance use disorders. I found that substance use disorders are very complex problems that have significance impact on Thai population. I also found that Thailand need more treatment services for these patients. Therefore, I designed to use this elective opportunity to learn more about substance use disorders and treatment services that can be applied to hospital in Thailand. I also worked on research project about amphetamine abuse in pregnancy and had opportunity to present my research project at 7th world congress of Asian psychiatry which organized in Sydney. With that in mind, I searched for various hospitals and found that Drug Health Services of Royal Prince Alfred Hospital, Sydney Local Health District is where I wanted to attend.

University Review

Sydney Local Health District is responsible for providing health care services to more than 700,000 people living in the center and inner west of Sydney and beyond. The District is home to RPA, Concord, Canterbury, Balmain and Sydney Dental Hospitals as well as a range of integrated healthcare services in our community including community health, mental health, drug health and aged care services.

Royal Prince Alfred Hospital is one of Australia's premier tertiary referral hospitals and is recognized as a worldwide leader in healthcare excellence and innovation. RPA is part of a network of hospitals within the Sydney Local Health District. It is the principal teaching hospital of the University of Sydney. RPA provides an extensive range of diagnostic and treatment

services to more people in NSW than any other public hospital. More than 1000 patients are treated at RPA every day.

Royal Prince Alfred Hospital Drug Health Services provides patient and family centered care incorporating withdrawal management, stabilization, ambulatory care, hospital consult liaison service and specialist medical and nursing clinics. Clinical services provided by DHS include inpatient services covering toxicology and addiction medicine, outpatient services including specialty support groups and consult services. Staffing is comprised of Medical, Nursing, Psychologists, Counsellors, Pharmacy, Social work, outreach workers and Aboriginal Liaison officers

Outpatient services	PSYCHO-SOCIAL Treatment Programs
Ambulatory withdrawal management service	Dialectical Behavioral Therapy
Pain Clinic (at IRO)	SMART (Self-Management and Recovery Training) group
Alcoholic Liver Disease clinic	MERIT (Magistrates Early Referral Into Treatment) program
Psychiatry clinics	Counselling
Opioid agonist therapy (OAT) at KGV	
Out-patient clinics at KGV	

Expectation and Objective

I expected to gain more experience in management of substance use disorders such as alcohol and opioid. Psycho-social aspect of addiction was my primary interest but I also expected to gain knowledge in medical treatment and services system provided by DHS include outpatient services, inpatient services. detoxification services and recovery groups.

Knowledge/Experience gained

I have completed a four-week observership in the Drug Health Services Department, Royal Prince Alfred Hospital, Sydney, Australia. My supervisor was Prof. Paul Haber, addiction medicine specialist. During my time there, I was actively involved in most facets of department including

Outpatient Clinics	Hospital Inpatient Care	Multi-disciplinary team meetings
Opioid agonist treatment	Acute alcohol and drug withdrawal	Opioid agonist treatment Case review
Alcohol use disorder	Acute toxicology	
Other drugs of dependence	Chronic liver disease	
Drug dependence and co- morbid psychiatric illness		

From the educational meeting, I learned from Prof. Paul Haber about “harm minimization”, The National Drug Strategy of Australia. The strategy is a “national commitment to harm minimization through balanced adoption on effective demand, supply and harm reduction strategies”. The three pillars of harm minimization; demand reduction, supply reduction and harm reduction, provide the foundation for the National Drug Strategy. Role of Drug Health Services were mainly harm reduction and demand reduction.

A significant portion of my time was spent in the outpatient clinics observing practices, these include; opioid agonist treatment, dosing of opioid agonist and liver disease clinic. The broad goal of opioid dependence treatment is reducing harm due to non-medical use of opioids. There may be community expectation that ‘treatment’ for drug dependence results in people becoming and staying drug-free. While abstinence can be an important long-term goal, this expectation does not reflect the reality of drug dependence treatment in terms of complexity, the use of opioid agonist treatment or the extended duration of treatment needed by some people. Opioid agonist treatment (OAT) can lead to psychological stability, improved control over drug use and eventual abstinence from opioid drugs. Improvements tend to become significant after three months of treatment, with the majority of benefit gained after one year.

I observed ward round by Dr. Anastasia Volovets, Dr. Akshay Athavale and others team members. Most patients are consulted from other departments or admitted via the ED due to substance use disorder and/or its complication requiring in hospital care such as alcohol intoxication, alcohol withdrawal, serotonin syndrome and other illicit drugs intoxication.

I also attended SMART (Self-Management and Recovery Training) group which is CBT-based training group for people in maintenance recovery of substance abuse. It provided here-and-now approach for coping with stress and craving with supported from trained social worker.

Benefits

From my experience in DHS I think Thailand could benefit from “harm minimization” strategy which not focus on abstinence but instead focus on reduce harm associated with the use of any drugs. Opioid agonist treatment clinic in Thailand could be improved with more choices of agonists such as buprenorphine and Suboxone which have some advantages over methadone include less sedation side effects and less sexual side effects. Currently in Thailand there is no Drug & Alcohol unit. From observing consultation round, I found that Drug & Alcohol unit of RPA was efficient in managing difficult substance abuse cases that were consulted by other departments. These patients had complex problems required medical and psycho-social treatment skills which could be provided by this specialized unit. Developing Drug & Alcohol in our hospital would be beneficial in my opinion.

Life in abroad

During my time in Sydney I lived in private room near Prince Alfred park. Transportation was convenient. I took a bus for ten minutes and walked for five minutes to RPA. There is no traffic jam and the buses came frequently. Local food in Australia were barbeque, fish & chips and steak. I found buying food from restaurant quite expensive and people here tend to made food by their own. However, you can drink tap water which is great. Sydney has plenty of beaches such as Bondi beach and Manly beach which are very beautiful. On the weekend, I traveled to beaches by trains which are fast and convenient. The weather on February was pretty similar to Thailand.

Future plan

After finish psychiatry training, I will go back to Prachuap Khiri Khan Hospital to establish psychiatry unit there. I would like to use knowledge and experience from DHS to build strong team providing care for substance use disorder patients in my hospital.

Recommendation

My suggestion to next group that would like to attended to DHS was to ask for schedule of group-interventions that DHS would provide that month at the beginning of your observership so that you can sit-in, attend as many activities as you can because they are very beneficial. DHS registrars and staff members are very educational so feel free to ask them questions.