

The case for an independent inspection regime for substance abuse services

Current proposal under 9.1 of the current position paper is

“It was agreed that the requirement to adhere to quality standards and comply with monitoring templates should be provided through the service level agreement process.”

Comment by position of the Ireland Chapter of the International Nurses Societies on addictions

“We do not agree the service level agreements in the current Irish context ensure that acceptable quality standards are being met in so far as they should. As such we do not agree with this statement. According to the evidence that we have, currently, there is no body in operation in Ireland with the capacity or the requisite independence to ensure that service users receive treatment to the standard that they should do and that staff operate in organisations with appropriate clinical governance arrangements. We request that the policy should reflect, at least aspirationally, that an independent inspectorate (such as HIQA or the mental health commission) should inspect and regulate services for drug users. The work of the mental health commission since 2006 should reflect how in working with the HSE, a robust inspectorate can drastically improve services from the service user perspective in keeping with a human rights based approach.

We concur with this position (with the exception that independent regulation should not be an aspiration but a definite goal) for the following reasons

1. Contrary to best practise

It is contrary to best practise to have the funder also acting as regulator. This principle is accepted in all other areas of healthcare. Why should people with addictions who generally tend to be more vulnerable not have the same rights as other service users?

2. Substantial savings can be made by improved substance abuse services

Economic costs of alcohol abuse of €3 billion alone means ensuring treatment services are effective is a strategic value for money investment. [Some reports](#)¹ indicate a net saving, in bed days alone, of approximately £715,000 per annum, per population of 250,000.

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<https://www.nice.org.uk/savingsandproductivityandlocalpracticeresource?ci=http%3A%2F%2Farms.evidence.nhs.uk%2Fresources%2FQIPP%2F29420%3Fniceorg%3Dtrue>

3. HSE does not have capacity to use SLA to drive improvements

The HSE does not have capacity or competency via the SLA process to effectively regulate services. Examples include

- a. Controller and Auditor General ² recommended treatment effectiveness be monitored in 2009. Six years late this is still not the norm.
- b. CONSOLE situation – concerns first reported in 2008, no effective action taken despite SLA being in place.

4. Lack of leadership to drive change

Deficiencies in substance abuse service have been reported for a considerable time with limited progress made to progress. Without clear focused leadership this situation is likely to continue. For example in alcohol in 2001 it was reported³

Measured against the European Action Plan and the guiding principles of equity, accountability, quality and people centredness in Quality and Fairness: A Health System for You (2001), the treatment systems for alcohol problems in Ireland are inadequate to meet the needs of people with such problems and the needs of their families and remain a low priority despite the evidence of harms, and the policy rhetoric.

5. Unregulated services putting people at risk

In the current environment any one can set up a service with vulnerable people at severe risk. For example Prime Time reported⁴ on one centre where residents were forced to work 18 hours a day. We should not wait for more scandals to arise before taking effective action.

It should also be recognised there is no effective regulation of many of the people working in this sector. For example in cancer care, all professionals have an appropriate regulatory professional board such as the medical council, CORU etc.

Therefore this sector should be a higher priority for regulation.

² http://audgen.gov.ie/documents/vfmreports/64_Drug_Addiction_and_Rehab.pdf

³

http://alcoholireland.ie/download/reports/alcohol_health/services_treatment_early_intervention/aaifinaltreatmentpaper1.pdf

⁴ <http://www.irishtimes.com/news/social-affairs/addicts-don-t-work-18-hours-to-fund-charity-1.1631686>

6. Stigma means serious service issues not addressed & state funding ineffective services

Because of stigma and around this area and the tendency to blame service users for relapsing, service users are unlikely to complain. So a key driver for improvement is absent. In a wide ranging consultation Soilse⁵ reported the following

p.44

“Programmes should be better calibrated to meet the needs of service users, with better assessments and options, overarched by encouragement rather than discouragement for progression. Services as presently constituted are lazy and unambitious for their clients”

7. Worrying pattern of complaints from service users indicate abuse of power needs to be investigated & resolved urgently

Again from the Soilse report

P45

“The role of doctors was cited often as being obstructionist and inflexible, having immense power and often socially controlling people’s care.”

Service User feedback to Dual Diagnosis Ireland

We appreciate we are hearing just one side of the story. The stories below are anecdotal and not obtained as part of an objective research methodology. However service users one to four are known to us and appear to have some validity. We believe there are worrying common patterns emerging indicating independent oversight is essential.

From people personally known to us in DDI

Service User One

3 different residential rehab’s (state funded) post-natal depression not diagnosed until suicide attempt.

Husband

- The only thing I can say is the counsellor bullied my wife and then made me and the kids bully her.

Children’s reports

⁵ http://www.hse.ie/eng/services/news/Soilse_report_'Addiction_Recovery_A_Contagious_Paradigm.pdf

- Every Wednesday we had to go and have a ‘family meeting.’ This involved me and my sisters in the same room as my mother and, well... bullying her. She wasn’t allowed to utter a word
- Despite the fact that she was sober for 7 months her behaviour was worse than ever. She was terrified and...angry. She had all this anger built up, and was terrified of drinking again so she took it out on the drink and the family.
- They put mum on a food plan and yes she lost weight on it but only by cutting out sugar, wheat and flour. They basically told her that if she was to have any of these it could result in relapse. I didn’t know that these food types would make you an alcoholic?

Service user two: One rehab (state funded)

- Told he had to attend Mass every day or risk being told to leave. (*We have confirmed with this centre, Mass is a mandatory requirement*)
- Told he would be fine once he stopped drinking. Social anxiety and depression not diagnosed. Contemplated Suicide.

Service User three: 2 different residential rehabs (both state funded)

- Told to stop taking anti-anxiety medication prescribed by psychiatrist without referral back to psychiatrist
- Told if he left residential rehab for long standing appointment with psychiatrist (in care of responsible family member) to not bother coming back (centre claims to have on site psychiatrist but service not offered to this individual)

Service User 4 residential rehab (state funded)

- Turns out the lady running the group was herself a recovering alcoholic and she has finished the program just six months ago,

Health Care professional about residential rehab (state funded) where chores/work duties part of the programme.

- How quickly you are admitted, depends on what skills you have. If you are a tiler and we need a tiler you will be bumped up the waiting list

Reports from other health care professionals

Service user 5

- When the day's activities ended I was in the bedroom and ended up laughing with my roommate. Next thing the door flew open and the health care professional screamed at us we were not to be laughing, did we not realise how bad we were?

Service User 6

- She was deeply ashamed of how she had behaved in that residential group. She had gone along with the bullying of another lady in the group because that lady would not acknowledge she was an alcoholic.

Service user 7

- She was forced to listen to the family member who had abused her read out a letter where he told her the impact her alcohol addiction had on him.

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Produced by Dual Diagnosis Ireland. For further information please see

www.dualdiagnosis.ie or email info@dualdiagnosis.ie



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Dual Diagnosis Ireland is a registered charity, all volunteer team which aims to raise awareness of the need to treat addiction and mental health issues together.