

2019

Snapshot Priority Actions to reduce harms of substance use

Background and Introduction

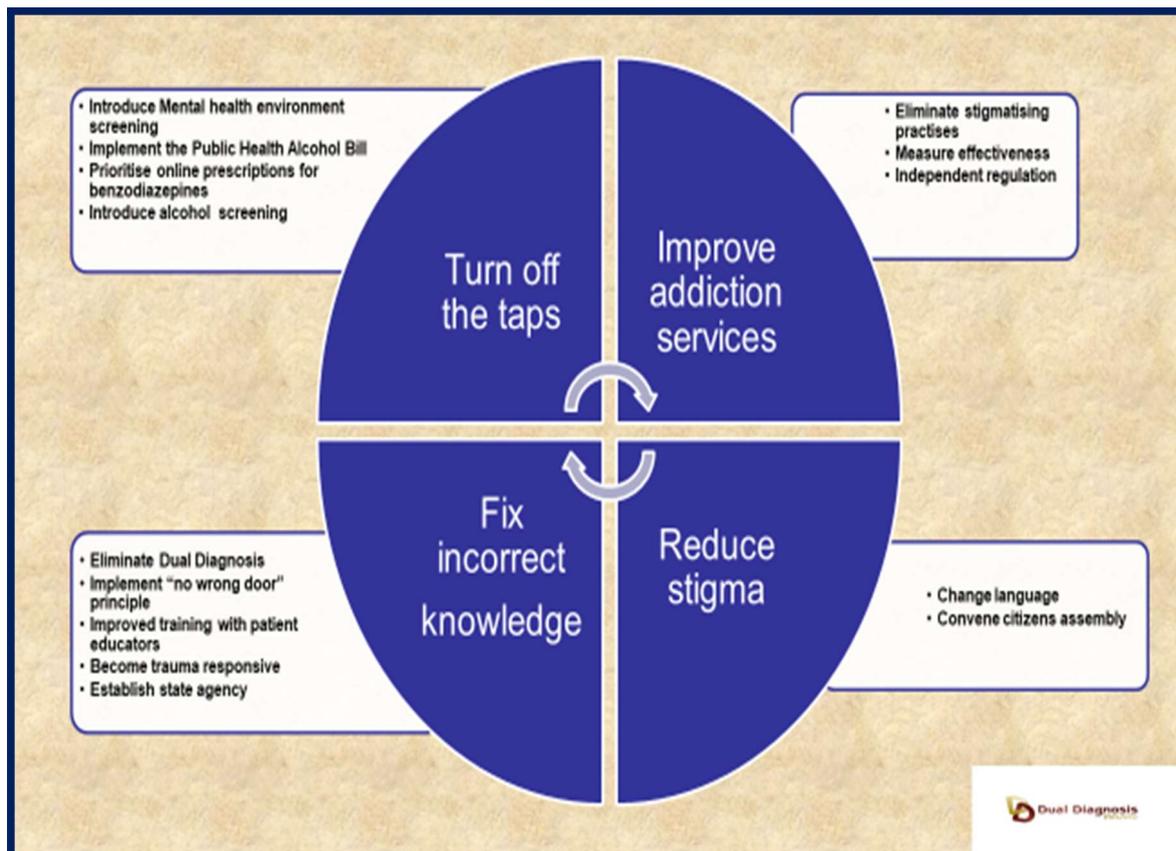
This document was drawn up in response to a twitter conversation with Minister Simon Harris to highlight particular areas which will repay attention in the area of substance use. It is not intended to be a criticism of the “Reducing Harm, Supporting Recovery” or Sláintecare Strategies but rather a short snapshot of specific actions worth prioritising from a substance harm perspective.

We wish to acknowledge the hard work and dedication of people working in the sector in services that are underfunded and over stretched. Every day they face difficult challenges trying to keep vulnerable people alive in very complex environments.

We would also like to applaud the Minister’s interest in this area and the time he has spent visiting services when there are so many challenges which are prioritised above addiction by society generally.

This area will repay careful attention though. Alcohol alone consumes 10% of our health care budget and some commentators believe the state itself is being corrupted by the ongoing “war against drugs”

Our comments are grouped in the following categories

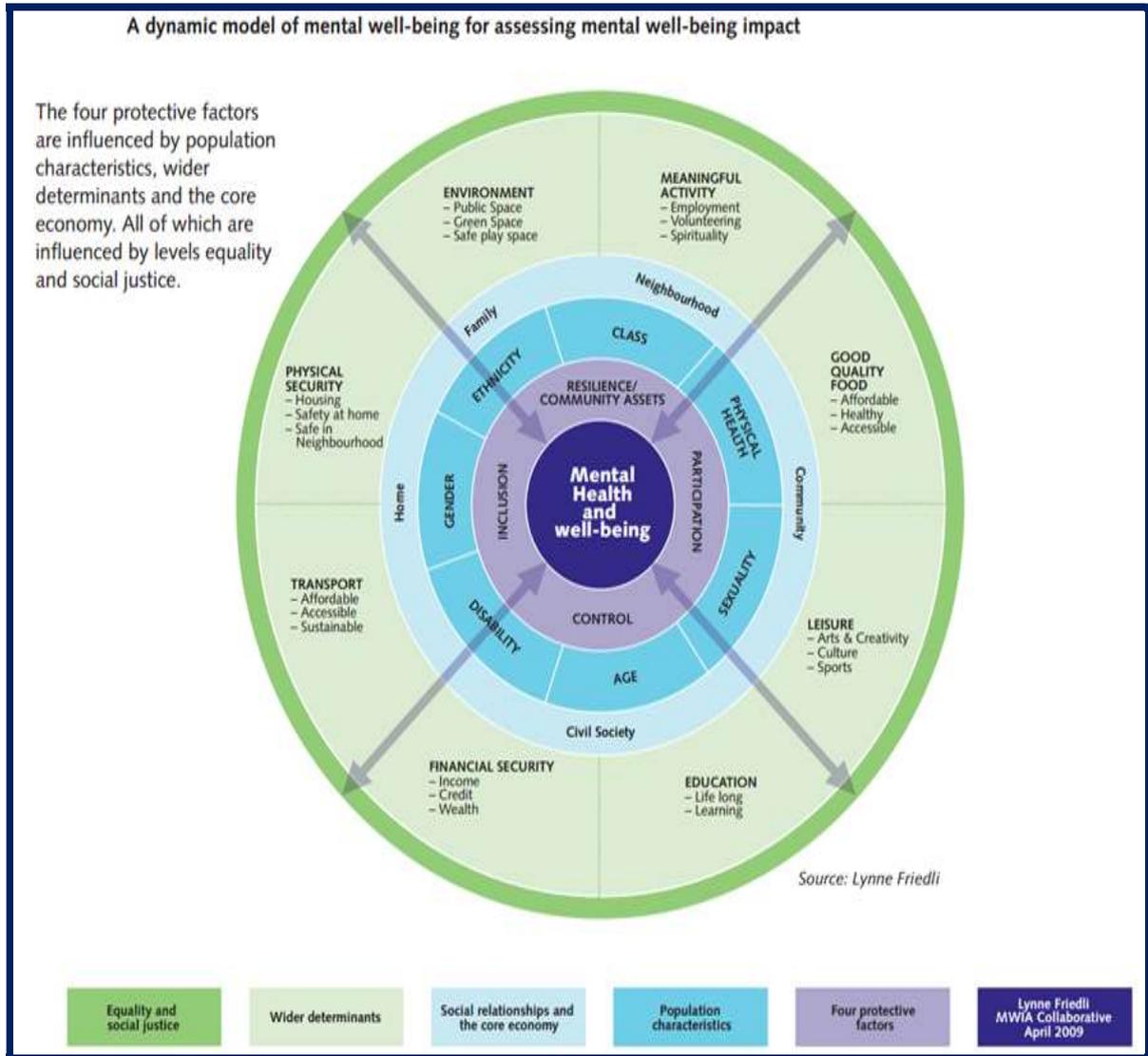


Turn off the Taps that lead to addiction

1. Introduce Mental health environment screening

Current approaches by government agencies frequently discourage positive mental health. For example: loss of entire social welfare if person works one hour per day 5 days a week. Having structured daily routine can be very important to recovery so this provision actively works against mental health recovery. A whole systems approach is necessary.

Some countries use a tool such as the [MWIA assessment](#) (shown below) to assess the impact of new government policies and decisions.



So in much the same way, an environmental impact assessment is performed on major government decisions a mental health impact assessment would also be performed.

Explore possible approaches for assessment frameworks for understanding the mental health impacts of new Government decisions.

2. Implement the Public Health Alcohol Bill

As we approach another Christmas, beer is on special offer and can currently be purchased for as little as 90 cents for a 330 ml bottle.

Implement the remaining provisions of the Public Health Alcohol Bill prioritising minimum unit pricing in December 2019.

This would also have the advantage of both reducing public order offences and attendances at Emergency Departments during peak demand time

3. Prioritise online prescriptions for benzodiazepines

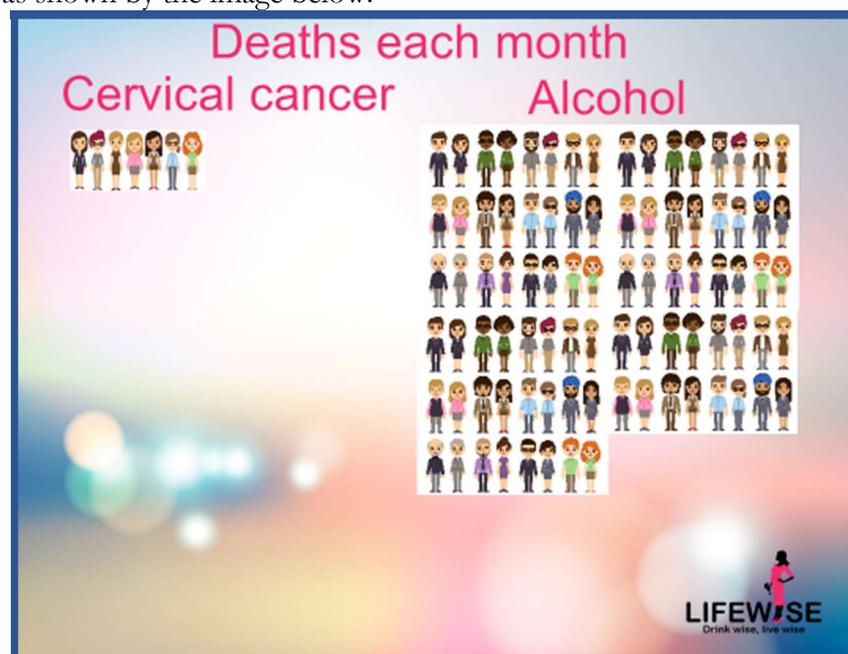
The HSE have delivered a prototype in Mallow that allows GP's to issue prescriptions with bar coding. These are then read by the chemist creating an accessible online prescription record which can be viewed by any chemist or doctor in the country. It's part of an EU project and will apply to all prescriptions. Nationwide roll out planned for end of 2020.

This system also has the functionality to issue advisory warnings when multiple GP shopping. It could also be used for advising of alcohol avoidance warnings on specific tablets where alcohol consumption is not recommended. E.g. statins.

Ensure adequate resources are assigned to this in the HSE 2020 service plan to cover both project implementation and development of clinical expert guidelines and advisory/warning messages.

4. Introduce alcohol screening

Screening for potential illness is a well-established health tool. Indeed much coverage has been given to the cervical cancer screening scandal which kills a fraction of the people killed by alcohol harm as shown by the image below.



The author has been in the health care system for over 30 years and is provided with biologic injections at a cost of €1,300 per month plus additional medications which have serious side effects including damage to the liver. 3 monthly blood tests are required to ensure liver remain normal. Despite the significant healthcare costs, in all this time only two proper assessments and advice has been provided on alcohol consumption which obviously should be minimised.

The WHO organisation recommends annual screening of all patients for alcohol consumption to improve clinical outcomes and reduce health care system costsⁱⁱ. The research shows alcohol screenings are cost effective.ⁱⁱⁱ

A 2006 pilot GP screening project had a positive evaluation but has never been rolled out and ceased operation due to funding deficits^{iv}.

Recommend a business plan be developed for a nationwide alcohol screening and intervention programme using technology and primary care services.

In the short term, develop easy to read patient guidance on which medications require alcohol consumption to be avoided or minimised. This should be available in all doctor's surgeries and on the ask about alcohol website.

Fix incorrect knowledge frameworks

5. Dual Diagnosis is caused by faulty healthcare system design

The psychiatrist's bible of mental health illnesses (called the DSM) states addiction is a mental health issue which makes sense. Addiction and Mental health problems are two sides of the same coin. For example, the research shows that 85% of people who are dependent on alcohol have an underlying mental health problem^v. This is called a dual diagnosis. So dual diagnosis is the norm in addiction not the exception.

Yet a Government report states 76% of Irish services are **not** designed to treat people with a dual diagnosis.^{vi} This is despite the fact that all the research shows it is **cheaper** and people get better **faster** by providing an integrated service which treats the whole person^{vii}.

This is because Vision for Change the government's policy on mental health services is fundamentally flawed on addiction. Vision for change sees mental health and addiction as two separate problems as shown on the image below



Overworked health care professionals now use alcohol and other drug consumption to screen out referrals to mental health services. This makes it nearly impossible for people with addictions to access mental health services.

Screening out common

“There is that whole dual-diagnosis. I know loads of them, so they will filter you off somewhere else if they think that they smell drink on you, even during the interview, ‘how much do you drink? Do you take tablets?’ That’s it, you’re gone. That’s the problem.”

<https://www.mentalhealthreform.ie/wp-content/uploads/2017/06/Homelessness-and-mental-health-report.pdf>

Dual Diagnosis

This type of demarcation screening adds unnecessary complexity and cost and reflects a medical rather than person focused model.

Stop asking which is it?

Psychosis

Chronic serious mental illness

Serious depressive illnesses

Mild Moderate depressive illnesses

All can be substance induced!

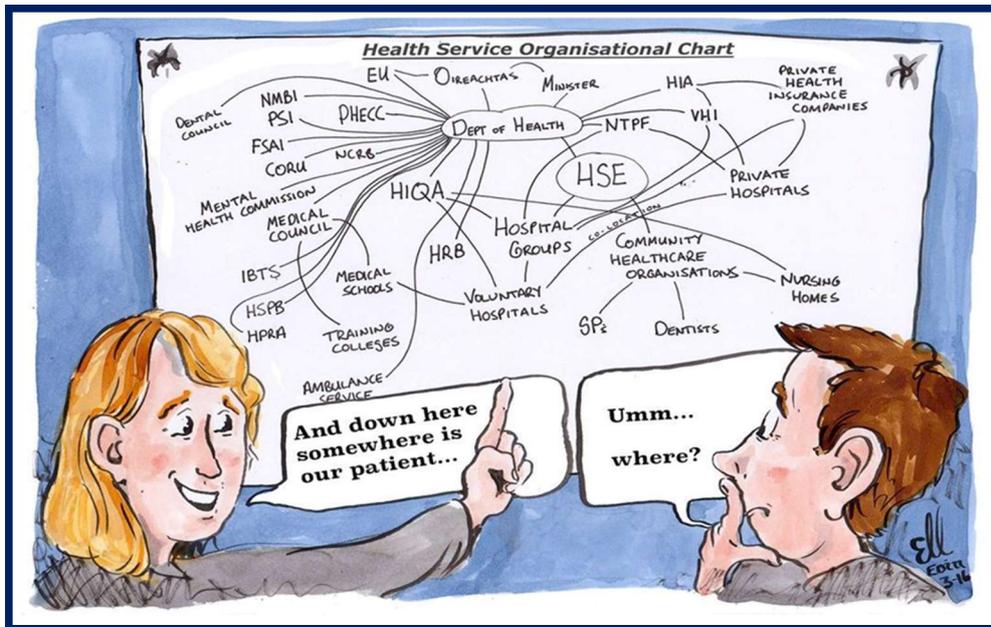
Dual Diagnosis

In the failed HSE Dual Diagnosis Clinical Programme, much time and effort was spent trying to identify a screening method to refer people to the correct service. Progress was being made and it was agreed service user views should be sought on referrals pathways. The contract of the clinical lead was then terminated and the views of the working party ignored. This failed programme shows how the separate problem approach creates unnecessary complexity.

We recommend that the new Mental Health Vision directs addiction is seen as a mental health issue and cannot be used as an exclusion criteria for mental health services.

6. Implement the 'no wrong door' principle^{viii}

Every door in the health care system should be the 'right' door to access treatment. This principle states that the responsibility of providing care addressing a range of health and social needs is the responsibility of the care provider/service where the client presents. It requires the care provider/service to provide care and/or facilitate access to service delivery that falls beyond their specific focus. It removes the onus of negotiating different services and providers from the patient and thereby aims to reduce the incidence of people 'falling through the cracks' of a complex service delivery system. Mental health, substance use and living life becomes every one's business.



7. Improve training of healthcare professionals

As the Sláintecare report correctly identified current training approaches create a silo mentality of seeing each illnesses as a separate medical issue. Additionally the attention paid to Mental Health and substance issues is limited both in terms of students own use, attitudes towards drugs and identifying and treating substance use issues.

Irish Clinical leadership?

“There is some wisdom in the old adage that ‘your alcohol intake is okay, as long as you’re not drinking more than your doctor’”

February 2016

We recommend patients educators on mental health and addiction be a mandatory core component of all health care professional training at undergraduate level.

Dual Diagnosis Ireland offer to provide workshops to Department of Health staff to improve awareness of the issues to be addressed.

8. Ensure all Health Care Professionals are trauma responsive

The vast majority of people with addictions have experienced adverse childhood experiences (ACE) or some other distressing event at as an adult^x. The use of substances is an attempt to numb that pain. As the singer Christy Dignan says all people with addictions have a psychic wound.

Yet the current paradigm mental health and addiction is to ask

“What is wrong with you?”

rather than

“What happened you?”

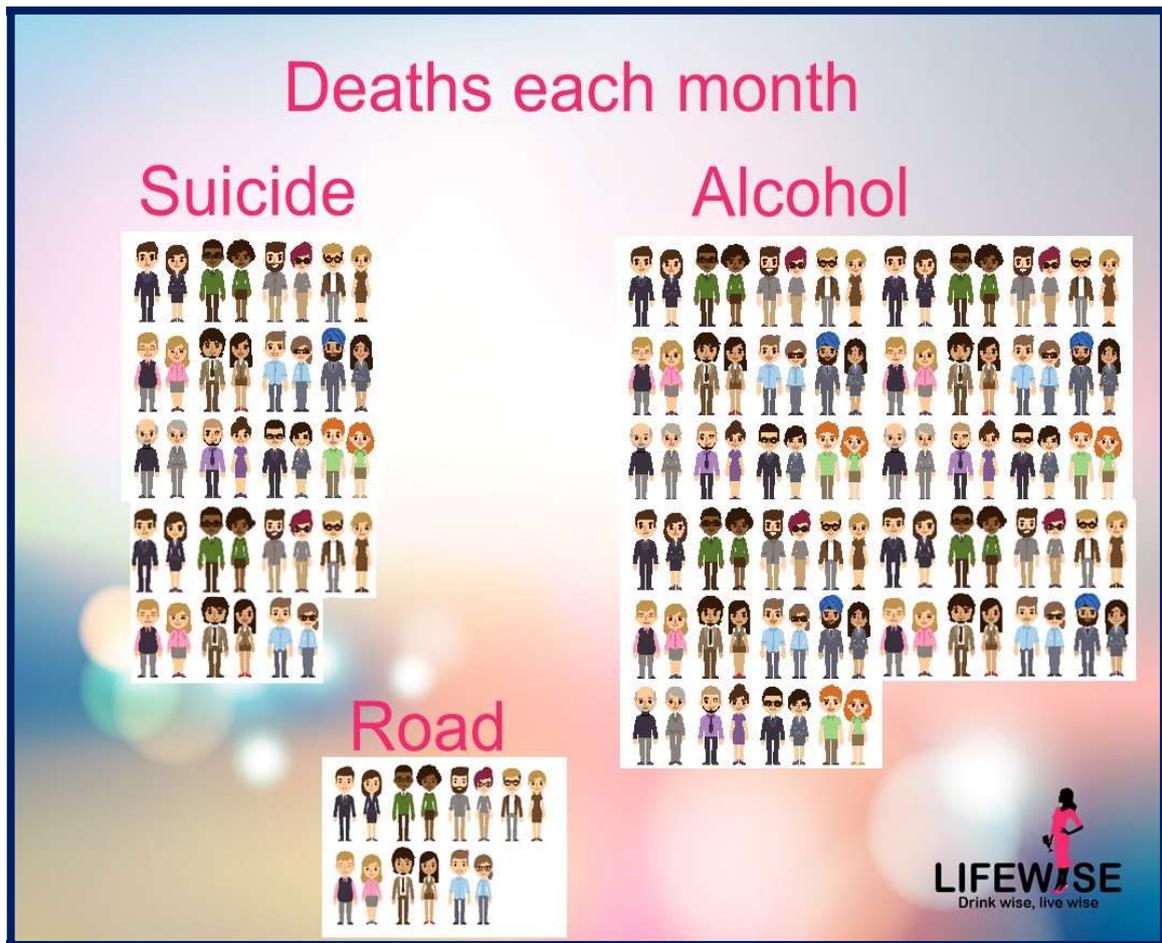
For example, Emma Kinsella ^x was treated by three different residential rehabs which used the AA model before childhood sexual abuse was identified as the cause of her addiction. This is not uncommon^{xi}.

In some countries they recognise professionals dealing with trauma, can themselves become traumatised. For example, the London Police now provide training in handling their own trauma.^{xii}

We recommend all health care professionals are trained to be trauma responsive. The model adopted by Novas Addiction service is worth investigation for general use.^{xiii}

9. Establishment of a state- sponsored agency to lead on alcohol and other drugs policy

In areas where a strong and targeted government approach has been adopted we have seen significant cultural change and improvements. For example the Road Safety Office and the National Office for Suicide Prevention. Alcohol is a major factor in both of these and kills many more people directly. Yet there is no dedicated agency to drive change in this area and there has been a failure to reach the consumption target of 9.1 litres per capital by 2020.



A targeted approach using a health innovation approach as outlined by Mazzucato and Lishi^{xiv} could deliver substantial benefits to society outweighing the costs of funding such an agency.

We recommend a statutory office for alcohol and other drugs harm be established which will address all aspects of alcohol and other drugs in Ireland including licensing, marketing and promotion, strategic development of addition services, education/prevention programming, research and monitoring of policy. Funding for this could be initiated by terminating the annual tax relief to craft brewers of €5.8 million.

Improve addiction services

10. Eliminate stigmatising practises in addiction services which are not supported by evidence

Doctor Jo Hanna Avers and Professor Joe Barry state

“In the main, scientific research and programme evaluation have not played a major role in influencing the development of addiction treatment services nationally or internationally^{xv}
Unhelpful Practises which are not supported by evidence include the use of

- a. The hot seat technique
- b. Confrontational interventions
- c. Labelling person using drugs
- d. The Alcoholics Anonymous 12 step approach
- e. Daily Mass or saying the rosary
- f. Frequent urine testing
- g. Insisting people be off both illegal and legally prescribed drugs before entry into treatment
- h. Insisting people can only receive/ continue treatment if “clean” or totally abstinent rather than using harm reduction techniques

It may be hard to accept in 2019, the practises we detail in this document are actually happening but group conformity and psychological compartmentalisation lie at the heart of this area. The examples shown below are drawn both from academic research, health care professionals, families who have contacted Dual Diagnosis directly and our lived experience.

Examples of current practise

Confrontational approaches common

“And one day I had a hot seat and after they gave me the hot seat they started asking me about my story ...and I had to talk about a lot of stuff that I'd never talked about before, not to anyone and not a bunch of people, and I was hysterical and I tried to get up and leave but I came back and it went on for three hours. ... Yeah, but it was really, like, I don't know the right word when [pause] – they didn't say it in a good way, like, it was just – it was horrible...” (client 9).”

“To be more mindful of what they say to people. There's no need to try and crush somebody and it's not beneficial, like, it's not” (client 3).

<http://www.taborgroup.ie/wp-content/uploads/2018/12/Evaluation-of-Tabor-Group.pdf>

Dual Diagnosis

Service User Feedback

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

http://www.hse.ie/eng/services/news/Spilse_report_Addiction_Recovery_A_Contagious_Paradigm.pdf

" I remember they took me into hospital six up in James' and me thinking 'yeah, they're actually doing something now'. But when I figured out what they were doing, was they were only detoxing me. Yunno and it was a week later, they thrown me back out. [...] my sister pleaded with them to keep me in there, but they decided I wasn't mad enough."

<https://www.mentalhealthreform.ie/wp-content/uploads/2017/06/Homelessness-and-mental-health-report.pdf>

Dual Diagnosis

Relationship with Doctors- Opioid Treatment

"None considering you get a new doctor every 6 months."⁸⁵

"Well I've had many doctors that I haven't got time to know them."⁸⁶

"She's a new doctor. (The relationship is) not very nice, feel like she looks down on you."⁸⁷

"I'm just a number to him."⁸⁸

"Don't get to see him, he comes and goes."⁸⁹

The doctor comes in, you hope she'll be there for 10, but it could be later. She gives you the script and you're out the door. There's no conversation. She knows my name but she doesn't know anything else about me. We don't talk.⁹⁰

84% of participants reported that they have had no participation in their treatment plan

https://www.drugsandalcohol.ie/28876/1/our_life_our_voice_our_say_report_final.pdf

Dual Diagnosis

Recommend ensuring that a condition of continued HSE funding is all services confirm they no longer operate practises A to H above.

All health care services should publish their criteria for acceptance into services to reduce obstacles to service access.

11. Start measuring whether addiction services are actually helping people

Reports from the NDTRS indicate approximately 50% of patients treated in any one year are returning patients. This is a significant failure rate. Addiction is the only area of healthcare where patients are blamed for treatment failure rather than improving the treatment.

We don't routinely measure whether services are actually helping rather than making people feel worse. The Controller and Auditor General recommended such measurement in 2009^{xvi}

Recent work by the HRB^{xvii} and Pobal^{xviii} which measures "distance travelled" can be used to start routinely measuring whether services are helping people.

We recommend all addiction services be resourced and supported to develop these measurement models for their own services, as a top priority. Two service users should participate in each service measurement group.

12. Introduce independent regulation for residential addiction services

Despite the evidence of human rights abuses in residential addiction services, the Department of Health has consistently refused to introduce independent regulation which is the norm in all other services for vulnerable people e.g. residential Nursing and Intellectual Disability homes.

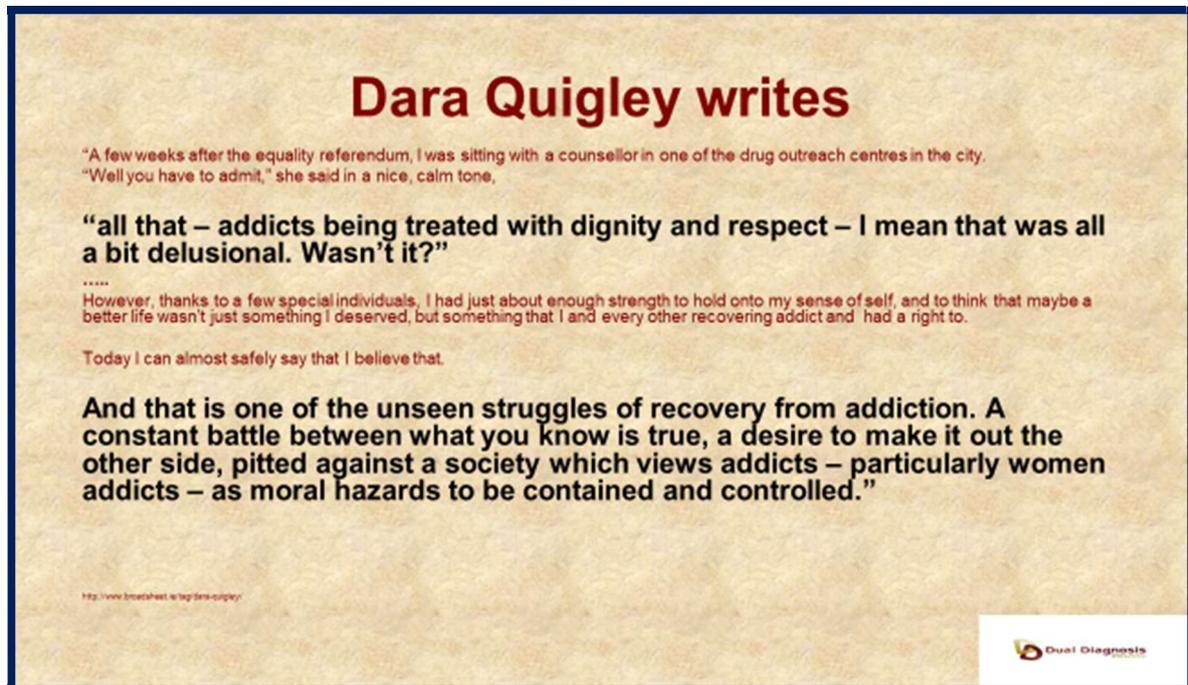
Just one example, is the Victory outreach centres where people with addictions were forced to work 18 hours a day^{xix}.

We recommend the introduction of legislation to extend the remit of the Mental Health Commission to residential addiction services.

As an interim measure we recommend the Department of Health should object to any new proposed residential treatment centres which do not conform to evidence based principles. For example the proposed Scientology centre in Ballivor Co Meath.

Work to reduce stigma

The late social justice activist Dara Quigley, who herself struggled with addiction described the impact of stigma on her.



We don't blame people with cancer when treatment fails so why do we blame people with addictions?

"Nowhere else in medicine is it okay to blame the patient when the treatment doesn't work"^{xxx}

Stigma means a Minister in Government has welcomed not providing health care services in their area^{xxi}

Stigma means people are told "you did n't work the programme, hard enough" or are simply refused help. For example, Séan O Keeffe^{xxii}, 28 years old, attended ED looking for help twice in the last 48 hours before dying at home of an overdose. We list more examples of people who died while looking for help. in appendix one.

Dr Adi Jaffe shows how the labels of "addict" and "junkies" results in the person with addiction conforming to societal norms, so they feel shame, believe they are worthless and so are much less likely to succeed in treatment.

We see ourselves through other's eyes. So how can people get better, when society excludes, marginalises, stigmatises them in this way?

Many don't get better. The lucky ones end up in jail^{xxiii}. The unlucky ones die.

13. Change stigmatising language

[Uisce](#) the group representing people who use drugs show how language creates stigma

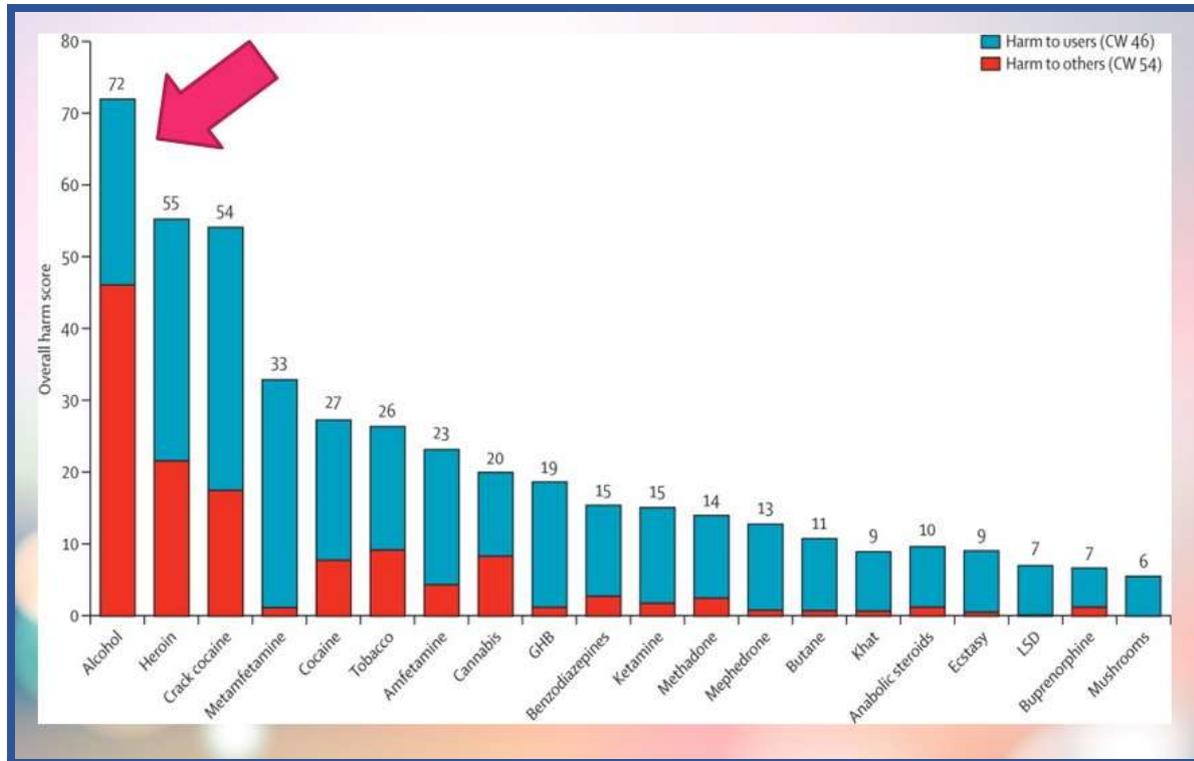
Stigmatising language	Rationale	Preferred language/terminology
<i>Addict, User, Junkie</i>	These terms are demeaning because they label a person by his/her condition. By making no distinction between the person and the condition, they deny the dignity and humanity of the individual. In addition, these labels imply a permanency to the condition, leaving no room for a change in status.	Person who uses drugs, member of the community of people who use drugs, patient (if referring to an individual receiving treatment services).
<i>Abuse</i>	Problem with the term: “abuse” is stigmatizing because: (1) it negates the fact that addictive disorders are a medical condition; (2) it blames the condition solely on the individual, ignoring environmental and genetic factors, as well as the ability of substances to alter brain chemistry; (3) it absolves those selling and promoting addictive substances of any wrong doing; and (4) it feeds into the stigma experienced not only by people who use drugs, but also family members and the addiction treatment field.	Use, hazardous use, risky use.
<i>Clean, Dirty</i> (when referring to drug test results)	Commonly used to describe drug test results, these terms are stigmatizing because they associate symptoms of a condition (i.e. positive drug tests) with filth.	Negative, positive, substance-free.

We recommend the Uisce booklet be updated and issued as general guidance in Irish society.

14. Convene a citizens assembly to consider better approaches to alcohol and other drugs

Everyone is affected by the way we treat drugs in Ireland. If you’re waiting on hospital treatment, freeing up one of the 1,500 hospital beds occupied by people with alcohol harm will mean a shorter bed wait.

Our attitudes towards a legal drug alcohol which harms far more people than illegal drugs is irrational.



The above image from leading medical journal the Lancet^{xxiv} shows alcohol is the number one drug for causing societal harm. Yet we allow alcohol promotion and distribution in the Oireachtas and provide tax reliefs for alcohol while we wage war on other drugs.



Two thirds of people with addictions report being abused as children. That means the war on drugs is a war on traumatised people

This inconsistent leadership on drugs means our society is being corrupted by illegal drugs while we wage war on traumatised people.

So far a solicitor, a Trinity Graduate businessman and Garda have been convicted in drug associated crimes. More Gardaí are being investigated for drug use. We need to act before it gets worse.

In the same way a Citizens Assembly changed societal attitudes to abortion and gay marriage we now need a Citizens Assembly explore and answer key questions on legal and illegal drugs, mental health and addiction and ensure societal attitudes and treatments actually help rather than harm.

Appendix One

Examples of people who died. They looked for help but were turned away

Sean Kennedy RIP Dublin

Sean's family were told he could not be treated until he dealt with his addiction. Sean, 28 years old attended ED looking for help twice in the last 48 hours before he died at home of an overdose.

<https://www.dualdiagnosis.ie/personal-stories/sean-o-keeffe/>

Ian Brown RIP Dundalk

Ian Brown attended ED twice with separate referral letters from his GP and Counsellor. His mother, Sinéad Browne, said she was told after his death he could not have been admitted as a psychiatric patient as he had traces of the sedative benzodiazepine in his system.

<https://www.irishtimes.com/news/health/mother-whose-son-took-his-own-life-calls-for-answers-the-door-was-closed-on-him-1.3862764>

Stacey Ring RIP Mullingar

Recorded some harrowing videos claiming she was turned away from ED due to substance abuse. She died by suicide. <https://www.facebook.com/ChildProtectionIreland/posts/in-memory-of-stacey-ringthis-is-a-heart-breaking-account-of-a-young-mother-sitti/1081605905342520/>

“Catherine” RIP Cork

“Catherine” not her real name, (we know the family,) died by suicide after attendance at ED & Mental health services. Her family were told nothing could be done <https://www.thetimes.co.uk/article/family-pleaded-in-vain-for-life-saving-treatment-3lnkq0wxr>

Caoilte O Broin RIP Dublin

Caoilte's family were told he could not be helped while he was drinking. He was discharged from hospital without his family's knowledge and died by suicide.

<https://www.dualdiagnosis.ie/personal-stories/caoilte-o-broin/>

“Mary” RIP Kildare

“Mary” not her real name (we know the family) died by suicide after repeated attempts and discharge from a mental health hospital who stated they could not treat her addiction. She was refused admission to an addiction treatment centre as they did not deal with mental health problems.

<https://www.dualdiagnosis.ie/personal-stories/mary/>

These are just some examples of the many people who have died and continue to die when healthcare systems refuse help.

About Dual Diagnosis Ireland

Founded in 2008, Dual Diagnosis Ireland is a registered all volunteer charity Registered Charity Number 20069032

Our aim is to ensure people with addictions get the right type of treatment at the first time of asking.

You can follow or contact Dual Diagnosis Ireland at



<https://www.facebook.com/pages/Dual-Diagnosis-Ireland/186851388160166>



<https://twitter.com/dualireland>

Website www.dualdiagnosis.ie

Email info@dualdiagnosis.ie

List of References

- ⁱ <https://www.irishexaminer.com/breakingnews/ireland/specialist-team-investigating-how-far-and-deep-alleged-garda-corruption-goes-925102.html>
- ⁱⁱ https://www.who.int/substance_abuse/publications/audit/en/
- ⁱⁱⁱ http://www.euro.who.int/_data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf
- ^{iv} <https://www.icgp.ie/speck/properties/asset/asset.cfm?type=LibraryAsset&id=07EF74F5-D799-4D34-BC678B2F0C4159E3&property=asset&revision=tip&disposition=inline&app=icgp&filename=2211B859-19B9-E185-839474F3935F2141.pdf>
- ^v Weaver, T. et al (2002) *Co-morbidity of Substance Misuse and Mental Illness in community mental health and substance misuse services, Collaborative Study*
The British Journal of Psychiatry (2003) 183: 304-313 © 2003 The Royal College of Psychiatrists
<http://bjp.rcpsych.org/content/183/4/304>
- ^{vi} Mental health & addiction services and the management of dual diagnosis in Ireland” National Advisory Committee on Drugs 2004.”
- ^{vii} O’ Connor K, (2007) Irish Psychiatrist, June/July 2007, Vol 8, Issue 3- concludes
Treatment of drug & alcohol problems, not the function of mental health services but integrated services cheaper and have better outcomes for clients.
- ^{viii} A range of areas in England, Australia and Canada have adopted this principle. Also recommended by the Cross Joint Oireachtas Committee on future of Mental Health Care
https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_future_of_mental_health_care/reports/2018/2018-10-17_final-report-joint-committee-on-the-future-of-mental-health-care_en.pdf. See also <http://mhcc.org.au/media/14048/no-wrong-door-project-overview.pdf> for one example. A pilot project is taking place in North Tipperary called Carmha Ireland. See <http://www.dualdiagnosis.ie/wp-content/uploads/2011/05/No-wrong-Door-Proposal-Tippeary.pdf>.
- ^{ix} <https://www.opendemocracy.net/en/childhood-trauma-addiction-4600-risk-factor/>
- ^x <https://www.irishtimes.com/life-and-style/health-family/parenting/i-would-just-hand-the-baby-over-lock-myself-away-in-a-room-and-she-d-drink-1.3665431>
- ^{xi}
<https://www.facebook.com/BBCRadio4/videos/547891595770940/?v=547891595770940http://www.taborgroup.ie/wp-content/uploads/2018/12/Evaluation-of-Tabor-Group.pdf>
- ^{xii} <https://www.policingtrauma.sociology.cam.ac.uk/>
- ^{xiii} <https://www.acesconnection.com/blog/towards-an-ace-aware-trauma-responsive-ireland> and <https://www.facebook.com/BBCRadio4/videos/547891595770940/>
- ^{xiv} <https://www.ucl.ac.uk/bartlett/public-purpose/publications/2018/oct/peoples-prescription>
- ^{xv} <http://www.taborgroup.ie/wp-content/uploads/2018/12/Evaluation-of-Tabor-Group.pdf>
- ^{xvi} <https://www.audit.gov.ie/en/Find-Report/Publications/2009/Special-Report-64-Drug-Addiction-Treatment.pdf>
- ^{xvii} https://www.drugsandalcohol.ie/27096/1/Drug_and_Alcohol_Recovery_outcomes_framework.pdf
- ^{xviii} <https://www.pobal.ie/programmes/social-inclusion-and-community-activation-programme-sicap-2018-2022/distance-travelled-tool/>
- ^{xix} <https://www.irishtimes.com/news/social-affairs/addicts-don-t-work-18-hours-to-fund-charity-1.1631686>^{xix}
- ^{xx} “Inside Rehab, the surprising truth about addiction treatment –and how to get help that works,” p.347 Anne M Fletcher, 2013 Penguin group, 375 Hudson Street, NY. US
- ^{xxi} <https://www.rte.ie/news/politics/2019/0801/1066499-josepha-madigan/>
- ^{xxii} <https://www.dualdiagnosis.ie/personal-stories/sean-o-keeffe/>
- ^{xxiii}
https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_future_of_mental_health_care/reports/2018/2018-10-17_final-report-joint-committee-on-the-future-of-mental-health-care_en.pdf
- ^{xxiv} <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2810%2961462-6>