



Submission by the Faculty of Addictions Psychiatry to the new National Drugs Strategy 2017

Chair of the Faculty: Dr Mike Scully
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VIEWS OF EXISTING STRATEGY

- Continued support for a combined alcohol and drug strategy
- Representation by the Faculty of Addiction Psychiatry on the Oversight Forum on Drugs, as the College of Psychiatrists is the professional, authorised training and representative body for psychiatry.
- Call for a dedicated specialist centre to support regional and local services
- Call for a clinical lectureship in addiction for psychiatrists in training to support medical undergraduate and postgraduate training in addictions
- Support a national debate in the role of criminal justice in drug policy

SUPPLY REDUCTION

Call for a ban on alcohol advertising and sponsorship, which has been the policy of the College of Psychiatrists of Ireland since 2008

PREVENTION

- Improve access in rural and smaller urban areas to harm reduction interventions for heroin
- Implement Government Policy in establishing a supervised injecting facility
- Expand nationally the Naloxone Demonstration Project
- Develop harm reduction strategies for:
 - 1) Novel Psychoactive Substances use (“Legal Highs”)
 - 2) Chemsex (use of drugs to enhance sex)
 - 3) Image and performance enhancing drug use
 - 4) Illicit purchase of drugs over the internet

TREATMENT

Establish a dedicated specialist centre:

- 1) Under the umbrella of Mental Health
- 2) Stand alone facilities with senior management team, executive clinical director and on site drug testing laboratory
- 3) Support regional and local services
 - a. Defined clinical care pathways
 - b. Joint working
 - c. Early warning
 - d. Training
- 4) Adapt the National Drug Treatment Centre (Tier 3), Cuan Dara (Tier 4) and St Michael’s Unit (Tier 4) for this purpose
- 5) Resource Cuan Dara (Tier 4) and St Michael’s Unit (Tier 4) to be national beds

Access to inpatient stabilisation:

- 1) Increase the number of beds.
- 2) Improve access for the following groups:
 - a. Pregnant women.
 - b. Acute Hospital patients with alcohol/drug related admission

c. Psychiatric Hospital patients with alcohol/drug related admission

Develop Prisons access to addiction treatment:

- 1) Address lack of resources
- 2) Teams to treat combined alcohol and drugs
- 3) Clinical care pathway for those being released
- 4) Access to stabilisation/detoxification beds
- 5) Clinical Nurse Specialist Liaison to ensure continuity of care across services

Develop Acute Hospital access to addiction treatment:

- 1) Address lack of resources
- 2) Teams to treat combined alcohol and drugs
- 3) Clinical care pathway for those being discharged
- 4) Access to stabilisation/detoxification beds
- 5) Clinical Nurse Specialist Liaison to ensure continuity of care across services

Develop Maternity Services access to addiction treatment:

- 1) Continue the successful model of the Drug Liaison Midwife to ensure continuity of care across services
- 2) Address lack of resources
- 3) Teams to treat combined alcohol and drugs
- 4) Clinical care pathway to specialist service for alcohol and drugs
- 5) Access to stabilisation/detoxification beds

Develop Psychiatric services access to addiction treatment:

- 1) Support the implementation of the Clinical Care Programme for Comorbid Mental Illness and Substance Misuse
- 2) Clinical Nurse Specialist Liaison to ensure continuity of care across services
- 3) Recommend that the review of Vision for Change address alcohol and drug problems:
 - a. Develop local teams to manage complex alcohol and drug problems and comorbidity
 - b. Define clinical care pathways from regional or local areas to a specialist centre

Extend access nationally to an under 18 addiction service using:

- 1) Access:
 - a. Local or regional service in urban (high demand) areas
 - b. Liaison model to access specialist support in other areas
- 2) Use of specialised technology, e.g. Project Echo/Skype, to facilitate liaison

REHABILITATION

Dedicated regional services in Tier 2-4 for the following groups:

- 1) Released prisoners
- 2) Discharged patients from Acute Hospital or Psychiatric Hospitals
- 3) Pregnant women
- 4) Travellers
- 5) Migrants/Refugees
- 6) Comorbid with mental illness

Development of regional services for the following:

- 1) LGBT community
- 2) Ageing population on Opiate Substitution Treatment
- 3) Chemsex
- 4) Image and performance enhancing drug user

RESEARCH

Use of a dedicated specialist centre:

- 1) To support evidence based research
- 2) Linked to a third level institute

All third level institutions to offer addiction modules/course

Dedicated funding in the new National Drug Strategy for HRB approved research projects

Research areas:

- 1) Relapse prevention
- 2) Psychosocial adjustment of those on long-term Opiates Substitution Treatment
- 3) Testing for Novel Psychoactive Substances
- 4) Niche/emerging trends