



**College of Psychiatrists
of Ireland**

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**Summary Submission
to the Citizens'
Assembly on Drugs
Use**

Recommendations only

The College of
Psychiatrists of
Ireland

June 2023

The College of Psychiatrists of Ireland and Psychiatry

The College of Psychiatrists of Ireland (CPsychI) is the professional and training body for psychiatrists (specialist doctors) in the Republic of Ireland. Its mission is to promote excellence in the practice of psychiatry. It is the sole body recognised by the Medical Council and the HSE for the training of doctors to become specialists in psychiatry and for the continuing assurance of the career-long competence of specialists in psychiatry. To become a specialist doctor in psychiatry takes at least seven years after completion of an intern year which follows successful graduation from a medical school.

Psychiatry is the branch of medicine concerned with the understanding, assessment, diagnosis and treatment of disorders of the mind. These disorders can involve emotions, behaviour, perceptions and thinking. Specialist (consultant) & trainee psychiatrists work across the lifespan, and in a number of different settings including hospitals, people's own homes, residential centres, and prisons. There are many areas of specialism in Psychiatry such as Psychiatry of Later Life, General Adult Psychiatry, Child & Adolescent Psychiatry and Addictions Psychiatry.

The College welcomes the Citizens' Assembly on Drugs Use and is available to participate and contribute to the work of the Assembly, particularly in terms of the expertise and experience in health and mental health that our specialist doctor members can provide.

This submission details recommendations (at the beginning and in a summary document) for consideration by members of the Citizens' Assembly, followed by comprehensive and fully referenced detail and background to those recommendations, using up to date information from Ireland and international sources.

The recommendations are outlined under 4 domains, as follows:

- 1. Prevention**
- 2. Early Intervention**
- 3. Treatment**
- 4. Legislation**

1. Prevention

- **Clarity Regarding Lead Responsibility:** There is a need for clarity regarding the entity or organisation that has the lead responsibility for primary prevention of drug use in Ireland.
- **Public Health Campaign:** There is a need for a well-funded public health campaign to warn about dangers of drug use, with a particular focus on cannabis use among young people who have little knowledge about the risks.
- **Secondary Level Education:** There is an urgent need for the full roll-out of the SPHE module on substance use, at both junior and senior cycles. There should be annual reports detailing the proportion of schools and students who receive this education.
- **Implement Successful Prevention Model:** The Icelandic Prevention Model for Substance Use (the *Planet Youth* study programme) should be funded and rolled out nationally.
- **Cannabis Specific Public Health Campaign:** There is an urgent need for stronger public health messaging, across the entire population, regarding the adverse health effects of cannabis, with an emphasis on reducing initiation and frequency of cannabis use among adolescents; use among women who are pregnant or contemplating pregnancy; and avoidance of cannabis-impaired driving.
- **Cocaine Specific Public Health Campaign:** There should be specific campaigns targeting cocaine use, given the substantial rise in its use and in related harms across Ireland in the past decade.
- **Clarity and Consistency of Language:** Currently in Ireland, special permission can be granted to some specific patient groups (such as children with rare forms of childhood onset epilepsy) to access cannabis/cannabinoid-based products. Cannabis-based medicines are regulated by the appropriate body, the Health Products Regulatory Authority (HPRA) (e.g. Sativex, Epidiolex). To avoid confusion we would recommend that the term “medical cannabis” should not be used.

2. Early Intervention

- **Early Discouragement of Drug Use:** Drug use, should be strongly discouraged especially for persons most vulnerable to the adverse effects of use such as young people, pregnant women and those with personal or family history of mental disorders.
- **Dangers of Drug Use During Pregnancy Campaign:** There is a need for a greater communication of the dangers of drug use, including cannabis use, during pregnancy. This information campaign could be targeted at young women and pregnant women and led by the maternity services, well-woman clinics and public health clinics.
- **Specific Programme for Children of Parents with Substance Use Issues:** There should be urgent, formal recognition of the needs of children of parents with substance use issues. A programme similar to “*Children First*” should be developed so that there is mandatory enquiry into the wellbeing of children when any adult with children presents to addiction services. Intervention should be rapidly initiated if children are deemed to be at risk. Full support should be provided to “*Hidden Harms*” and “*Parents under Pressure*” programmes already operating in this area.
- **A Plan to Address Dependence & Risks of Opioid Containing Tablets:** Urgent steps should be taken to address the lack of public understanding of dependence and risk related to use of opioid-containing tablets, (e.g. Nurofen+, Solpadeine, tramadol), with particular reference to the greater proportion of females appearing to be vulnerable to this addiction.
- **Clinical Programme in Emergency Departments and General Hospitals:** There is a need for an initiative (such as a Clinical Care Programme) to provide addiction nurses and other suitably qualified staff in Emergency Departments and in General Hospitals. This is an important site for early intervention in substance use and misuse.
- **National Traveller Action Plan:** There should be full implantation of the HSE National Traveller Action Plan.
- **Need to Address and Reduce Drug-related Deaths Across a Broader Spectrum:** To reduce drug-related deaths there is an urgent need to also focus efforts on reducing the growing proportion of non-injection related poisoning deaths and non-overdose deaths, such as suicidal behaviours.

3. Treatment

- **Resource and National Rollout of Tier Three Adolescent Addiction Services Nationally:** Accessible, comprehensive and evidence-based treatment should be provided to adolescents suffering from drug use disorders or any other drug induced health problem. There is a need to fully resource the Tier Three Adolescent Addiction services across all of Ireland, with an increased focus on recovery and psychosocial aspects of treatment and trauma-focused care. Mental health comorbidities highlight the value of addiction treatment teams that include staff with skills in the areas of assessing and responding to developmental disorders.
- **Increase Recovery Supports Nationally:** There is an urgent need to build capacity in Ireland for recovery supports, such as the building of Recovery Communities.
- **GP Training and Resourcing:** Increased training should be provided for general practitioners in the area of addiction and GPs should have easy access to a range of supports.
- **Primary Care Methadone Services:** More GPs should be encouraged, as well as incentivised, to provide methadone services as some parts of the country are lacking in this regard.
- **Urgent Progression and Rollout of Dual Diagnosis Model of Care:** There should be full resourcing of the proposed pilot sites delivering the new HSE Model of Care for Dual Diagnosis. Following these pilots, there should be urgent progression to a full rollout of the model nationally. There is also a need for recognition that further development of this model may be needed to allow full integration of services, and the parallel assessment and treatment of people with mental health disorders and drug use problems.
- **Fully Resourced Residential Services Nationwide Based on Population Need:** There is an urgent need for adequate resourcing of the full spectrum of residential services for drug use. Needs across the population will vary over time and capacity for each component should keep pace with these developments. Currently, there are difficulties with capacity in specific areas of treatment and recovery services - such as sourcing of stabilization beds and settings for 'secondary residential treatment' for under-18s.
- **Parents and Children:** There is a need for more residential addiction services for mothers with young children.
- **Need for Clear Pathways and Joined-Up Services Across all of Health:** There is need for greater co-ordination between the mental health, physical health and addiction services in providing care for comorbidities in the ageing population with opioid dependence.

- ***Acknowledge and Address Co-Morbidities in the Homeless Population:*** People experiencing homelessness exhibit high rates of addiction and medical co-morbidities. This vulnerable population will require substantial co-ordination between homeless services, addiction services and mental health services.

4. Legislation

- ***'Working Group on Possession of Drugs for Personal Use' and 'Health Diversion Programme':*** CPsychI endorses the recommendations of the Working Group on Possession of Drugs for Personal Use (2019). This includes the implementation of a *'Health Diversion Programme'*. We call on the Government to address any barriers preventing the progress of this approach and to formally set up the *'Health Diversion Programme'* as a matter of urgency. Once this is in place, the benefits or otherwise of such an approach should be carefully evaluated.
- ***Emerging Evidence of the Health Harms of Cannabis:*** CPsychI is very concerned by the evidence emerging from certain states in North America showing increases in cannabis-related health harms following the legalisation of cannabis in those locations. For this reason, CPsychI would have grave concerns about any move towards legalization of cannabis or other drugs in Ireland.
- ***Use of Imprisonment for Possession of Illicit Drugs:*** CPsychI considers that imprisonment is not warranted for individuals solely for possession of small amounts of any illegal drug for personal use.