AlcoholAction Ireland

Submission

Citizens' Assembly on Drugs Use

June 2023

Alcohol Action Ireland (AAI) was established in 2003 and is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision. Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society.

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- People in addiction have very likely suffered trauma due to Adverse Childhood Experiences, which can lead to mental health issues like anger, anxiety and emotional pain as well as leading to risky behaviours such as problem substance use, eating disorders and suicide attempts/suicide. Treatment services need to be orientated to take account of this.
- Person-centred trauma-informed services would ensure that people's rights are at the centre of policies and practices and it is vital that services are evaluated and monitored for effectiveness.
- Services need to be able to deal with issues such as domestic abuse and mental health issues that arise from such trauma.
- Urgent action is required to address the needs of children affected by problem parental substance use. Investment is required to ensure their needs are met independently of their parent's treatment. This is vital to break the intergenerational nature of the trauma that comes with addiction in the family unit

Problematic use of alcohol and other drugs is a complex issue and continues to be one of the most significant health and social challenges facing our society.
Europe is the highest alcohol consuming region in the world and, as a result, has the highest level of alcohol harms. These harms include liver disease, at least seven types of cancer, alcohol dependence syndromes, mental health problems and suicides, heart diseases, injuries, and violence.

In Ireland, it is estimated that 1.34 million people have a harmful drinking pattern. This affects families, friends and communities and can have serious implications for outcomes for children from conception right throughout their life span and for their parents and siblings.

The cost of alcohol to the health, justice and social welfare systems is estimated to be at least €3.6 billion annually. Data from other jurisdictions suggests that the likely full cost of harm to others from someone's drinking would be a similar amount suggesting a full cost of around €7.2 billion. Researchers from Australia call this 'alcohol bystander burden' and the measured costs include those impacted by others' drinking through alcohol-related traffic accidents, crime, violence and aggression, family hardship, caring for drinkers and their dependents, and healthcare and social services.

AAI understands that alcohol is not within the remit of the Citizen's Assembly. However, alcohol is very likely the first drug that people begin to use problematically and is often combined with other drug use. Furthermore, alcohol and drug treatment services are in the main combined, so it is incumbent on us to make some comment on these issues when it comes to treating and supporting people who are affected.

Perhaps the greatest common factor between the use of alcohol and other drugs, is the nature of why people use substances.
As is now well understood, people don't fall into addiction because of personal weakness or because they are enjoying themselves too much, but because, in most cases, they are attempting to self-sooth, to numb themselves from trauma or pain.
People in addiction have very likely suffered trauma due to Adverse Childhood Experiences, which can lead to mental health issues like anger, anxiety and emotional pain as well as leading to risky behaviours such as problem substance use, eating disorders and suicide attempts/suicide.
Some experts have called for addiction to be renamed "ritualized compulsive comfort-seeking" as it is a "normal response" to ACEs, "just like bleeding is a normal response to being stabbed".
Alcohol Action Ireland in 2020 published a treatment services report surveying service providers, which, among other things found that providers said that almost all of the people they saw had mental health needs and had suffered trauma. They also spoke about gaps in services and barriers to treatment.

The main findings included:

- The mental health of clients seeking treatment was a significant and serious concern for those surveyed, as many client users often experience problems with getting adequate treatment for both issues.
- Trauma, as result of adverse childhood experience, was recognised by many service providers within its client population, however some expressed caution in addressing its impact.
- Children often go unnoticed in the programmes of those seeking treatment; Many of those in treatment are fathers or mothers, with children having to share the journey to recovery. Providers believe children require a specific response if the intergenerational cycle of dependency and trauma is to be broken. In 2021, 21.2% (1,451) of cases treated for alcohol were currently residing with children aged 17 years or younger. In 2022, those with children aged 17 years or younger, two-in-five (39.6%) cases treated for problem drug use were residing with children.
- Service providers highlight a societal stigma and the inadequate provision of detoxification services as barriers to treatment, while better aftercare supports and services are also needed to provide better pathways to those at their most vulnerable.

Having undertaken its treatment services report, AAI recommended that a national strategy for treatment services should set out the types of interventions that constitute best practice and develop national standards to which all state-funded treatment services should adhere.

Person-centred trauma-informed services would ensure that people's rights are at the centre of policies and practices and it is vital that services are evaluated and monitored for effectiveness. The report also found that there is no HIQA inspection of residential treatment services, despite this being recommended in a HSE report as far back as 2007. AAI believes that a HIQA inspection regime must be established for all residential treatment services, with providers being assessed against a national standards framework.

Furthermore, urgent action is required to address the needs of children affected by problem parental substance use. This should be in the form of dedicated services and supports for young people rather than as an adjunct to their parent's treatment.

People must be able to access treatment when they need it and so services must be equipped to respond to people's needs in a holistic manner. If they can't, people will not be able to recover fully and the likelihood of relapse is higher.
The World Health Organisation states that treatment provision must be proportionate with the scale of public health problems caused by harmful use of alcohol.

Current national policy, Reducing Harm, Supporting Recovery, emphasises a health-led response to drug and alcohol use in Ireland, based on providing person-centred services that promote rehabilitation and recovery. A key element of the services user's rehabilitation (including treatment and aftercare) is that an integrated pathway approach is taken in the provision of services across HSE and all other statutory and voluntary sectors. Cohesive pathways and care planning should essentially ensure that people can access the supports they require and move seamlessly from one service to another.

Despite the HRB's assessment that around 250,000 people in Ireland are dependent drinkers – a figure that is on the rise, treatment numbers for alcohol are actually going down.

HRB figures show that in 2013 drug treatment numbers were 9,006 and alcohol treatment numbers were 7,819. The 2019 corresponding figures were: Drug treatment numbers 10,664 – an increase of 18% and alcohol treatment numbers 7,546 – a decline of 3.5%. In 2021 (most recent available figures) there were 6,859 cases treated for problem alcohol use, another decline.
There is a growing body of international literature regarding the size of the gap between met and unmet demand for alcohol treatment. International data suggests that at any one time, 10% of such a cohort may be seeking treatment – i.e. in Ireland 25,000. This means that a significant number of people who are drinking harmfully in Ireland are likely not getting the support they require.

There are multifaceted reasons as to why people have difficulty accessing treatment services.
The blockages and barriers to accessing treatment were highlighted in a recent qualitative research paper carried out by University College Cork.

The research was a survey that looked at the roles and experiences of professionals in supporting individuals who require treatment for alcohol dependence. Interviews with professionals working in addiction were carried out. Issues highlighted included long waiting lists, a lack of structured treatment pathways and the lack of trauma informed services to properly assist people.

The report states:
In Ireland, it is prevalent that there are long waiting times and lists for those wishing to access treatment. The issue of waiting for treatment was frequently mentioned by participants throughout the interview process: "To get into treatment there are big waiting lists... I suppose if they're waiting to get into treatment centres and then they have a relapse, that sets them back."
Trying to get people into treatment was also difficult because of a lack of clearly defined pathways within the system, with professionals finding it difficult to navigate.

The report further noted:
"A lack of set referral pathways ... there's also a lack of awareness of what kind of addiction services there are and what the workers do." It appears that the referral process is quite ambiguous and lacking in solid guidelines: "I come up dependent in an alcohol assessment, what do I use as a tool or evidence to decide whether you go for residential or whether you stay in the community? You know, so that to me is left to the choice, really, maybe of the counsellor. I don't think that's appropriate... I also think though we need something that will tell us the pathway."

The suggestion of introducing guidelines for key professionals involved in referring clients was common among participants. Clearly, if professionals find it difficult to navigate the current pathways, a person themselves or family member would find it even more challenging.
AAI contends that as a matter of urgency, a comprehensive directory of all the resources and support services available across the country for alcohol and other drug services is needed. It is astonishing to think that this information is not readily available in a modern accessible way that shows what's available in each CHO area, what the capacity of the service is and what exactly is being offered – i.e. individual counselling, a group programme, residential treatment and so on. People should know if the service is trauma-informed, gender sensitive, has a religious ethos etc. If we are serious that addiction treatment is part of our healthcare services, accessible information is a vital tool, not just for people but for GPs, social workers, mental health professionals, probation officers – anyone who might look to refer people for help. It is very welcome to see an action point around mapping in the recently published Strategic Action Plan 2023-2024 for the implementation of the National Drugs Strategy.

As previously noted, it is widely accepted that people who have a diagnosed mental health problem and an addiction are considered to be more the norm than the exception. Yet this cohort very often experience problems getting treated for both issues together. This issue of 'dual diagnosis' – where both problem alcohol and/or other drug use and a mental health problem occur together, is generally thought to mean people with a serious and chronic mental health problem. However, it is clear that there is a significant cohort of people attending services with complex needs and who are struggling with anxiety and/ or depression, linked to their life circumstances and alcohol use, and who may also need a mental health professional as part of their treatment.

It is welcome that the HSE recently announced a new Model of Care for people with a dual diagnosis, i.e. the coexistence of mental health problems and substance use problems. The model sets out care pathways to ensure that people living with addiction have equal access to mental health services at a time when they need it. While this may take some of the burden from treatment services for more serious cases, the majority of people in treatment will still need some form of mental health intervention in terms of counselling and support that does not fall under this model of care. Addiction services must therefore have the skills and resources to respond to the mental health needs of clients.

Ensuring that services are trauma informed would help in this regard. According to US agency SAMHSA, who has developed a guide for substance use and mental health services, being trauma informed means: understanding the widespread impact of trauma and potential paths for recovery; recognising the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responding by fully integrating knowledge about trauma into policies, procedures, and practices; and seeking to actively resist retraumatisation.

Another consideration in the treatment landscape is the issue of domestic abuse, both in perpetrators seeking treatment and for women (in the main), who are victims of domestic abuse and have substance use problems.

Researchers have found that one fourth to one half of men who commit acts of domestic violence also have substance abuse problems and that a sizeable percentage of those men were raised by parents who have alcohol or drug problems. Studies also show that women who have substance use issues are more likely to be victims of domestic violence.

A major report on integrated services in the USA "that can provide the appropriate holistic care to their clients who suffer from both of these complex, intertwined problems," stated that failure to address domestic violence issues among substance abusers interferes with treatment effectiveness and contributes to relapse.

Furthermore, a recent Irish study, '*You can't fix this in six months': Understanding the intersectionality of women's substance use in the Irish context* laid bare the close connections associated between alcohol and other drugs and devastating harms across lifetimes and into the next generation.

Interviewing women who had experienced the intersectional and intertwined issues of substance use, domestic abuse and mental health issues, the study found that women's substance use tended to comprise of alcohol only, alcohol and medication misuse, or alcohol and poly use of a variety of substances, depending on the context, availability and circumstances.

The majority of women in the study reported growing up in households where there was problem parental substance use, in most cases alcohol.
Often there was also significant trauma experiences, within the family or wider community, which may have included direct abuse as well as exposure to violence and violent contexts. As one woman described: *Well, there was a lot of trauma in my life. There was, from a young age and all, there was abuse that was very difficult growing up and my father… was an alcoholic so we lived in a house with lots of substance misuse… but there was just a lot, then growing up and been around drink all the time*.

Given these very stark reports, and indeed others – an equally devastating report from Saol, found that In Ireland, in 2020, at least 11,000 women suffered the duality of hidden domestic violence and substance use within that year alone, it is clear that services need to be able to deal with issues such as domestic abuse and mental health issues that arise from such trauma.

- Development of a trauma-informed national strategy regarding delivery of the best possible treatment to people accessing alcohol and other drug treatment services, including aspects such as models of care and integrated mental health.

- A HIQA type inspection regime to be established for all residential treatment services providing uniform outcome measurements and monitoring of services.

- Investment made to ensure services have the capacity to adequately address issues arising from trauma such as domestic abuse and other unmet mental health needs.

- Urgent action is required to address the needs of children affected by problem parental substance use. investment is required to ensure their needs are met independently of their parent's treatment. This is vital to break the intergenerational nature of the trauma that comes with addiction in the family unit.