



Coláiste Dhochtúiri  
Teaghlaigh Éireann



*Irish College of GPs*  
*Opening Statement on Drug Use*

*September 2024*

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## About the Irish College of GPs

The Irish College of GPs is the professional body for general practice in Ireland, with over 4,400 GP members. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. Since our foundation in 1984, we have remained committed to the education and training of GPs, enhancing their skills, competencies and professionalism. We are dedicated to general practice education, training, research and advocacy on behalf of the profession and patients.

Medicine is constantly evolving and continuing professional development and education are lifelong commitments for all doctors. We support GPs throughout their professional careers in the practice of evidence-based medicine to the highest standard. We do this through the delivery of training programmes, courses, clinical guidance and research.

The College is accredited by the Medical Council as the postgraduate training body (PGTB) responsible for the delivery and governance of general practice training for the specialty of general practice. Our National General Practice Training Programme currently provides training for more than 1,200 trainees.

At an international level, the College is a member of the World Organisation of National Colleges and Academies and Academic Associations of General Practice (WONCA).

## Understanding of Addiction

The Irish College of GPs recognises addiction as a complex, chronic, relapsing disease involving a common pathway with both physiological and psychological components (1). Drug use and addiction adversely impacts individuals, families and communities and is associated with significant morbidity and mortality (2).

There is a close causal relationship between addiction, social deprivation and childhood trauma (2).

Engaging people who use drugs (PWUDs) in harm reduction services and treatment is known to be protective (3). GPs see PWUDs as our patients and members of our local communities, rather than criminals.

The number of people seeking treatment for addiction to illicit substances is increasing annually (4). There are several barriers to PWUDs seeking treatment. Social stigma significantly impacts willingness to report illicit-drug use, reveal addiction and access appropriate healthcare. Fear of punishment and criminal conviction are further barriers (5). Legislative changes should address the many barriers to treatment. The Irish College of GPs recognises the detrimental impact of penalisation and stigma on PWUDs and those seeking addiction treatment, sustained recovery from addiction and access to meaningful employment.

The Irish College of GPs supports the overarching recommendations of the citizen's assembly report (6), pivoting from a narrow legalisation/decriminalisation criminal justice approach to a comprehensive multi-faceted bio-psycho-social approach: addressing supply reduction, addiction prevention, harm reduction, treatment and recovery services, underpinned by enhanced resourcing with relentless prioritisation of disadvantaged communities. A piecemeal approach to managing drug and other addictions is doomed to failure whereas with a comprehensive approach, the gains for personal and public health are enormous.

The HSE is committed to a health led approach to drug use in Ireland. GPs when appropriately resourced, are well placed to offer timely equitable access to high quality addiction management, helping reduce patient harm and support recovery.

The European Drug report 2024 noted that Ireland had 322 drug-induced deaths in 2020 (fatal overdoses). These 322 fatal overdose deaths exclude other drug-related deaths from accidents, violence, suicide and so on. This is the highest rate among EU member states at 97 deaths per million compared to the EU average of 22 deaths per million (7). A Health Research Board report documents that over 13,000 people were treated for problem drug use, the highest annual number ever recorded. The evidence is very clear – early detection and management of drug use can prevent progression to dependence (4).

## Drug Addiction Management in General Practice

GPs see and support families and loved ones, devastated by these tragic and preventable drug-related fatal overdose deaths. Together we can disrupt the cycle of harm and stigma of illicit drug use. A strategic health led approach to drug misuse and treatment of addiction is resource intensive. It is critical that legislative reform is underpinned by significant and targeted investment.

Addiction is raised in about 10 to 20% of GP patient consultations (8,9). Having an appropriately trained GP workforce is essential to ensure identification and treatment of both chemical and behavioural addictions. Addiction medicine training is an essential component of the GP trainee curriculum in the Irish College of GPs. GPs have different roles in managing drug use and addiction depending on the substance involved: alcohol, sleeping tablets, benzodiazepines, pain medication and illicit drugs such as cannabis and cocaine.

More than 350 GPs have completed addiction specialist training delivered by the Irish College of GPs (10). These GPs primarily treat people with opioid use disorder. Given the changing pattern of drug use in Ireland, the Irish College of GPs supports an expansion in access to and range of treatments offered via HSE specialist clinics. The expansion of services to include evidence-based treatment for all chemical and behavioural addictions is required to meet the increasing needs of patients presenting for treatment (11). Assessment, intervention and ongoing management of addiction is time-consuming and resource-intensive.

Nationally there is limited access to public clinical psychology and counselling (talk therapies) (12). Limited access to inpatient residential recovery beds and inadequate resourcing of GPs negatively impacts the quality of care provided and restrict the availability of treatment options.

## Societal Determinants of Addiction

Addiction is a complex interplay of biological, psychological and societal factors. Societal factors play a significant role in the risk factors for addictions and opportunities for recovery. While drug use is prevalent among all socio-economic groups, disadvantaged communities, where health needs are greatest are often neglected and at greatest risk (the “inverse-care” law) (13). Criminalising drug use further marginalises people in these communities.

Housing insecurity and homelessness exacerbate the risk and severity of substance use disorders. Supportive housing programmes alongside addiction treatment facilities improved recovery outcomes for PWUDs, their families and communities (13).

Focused and sustained efforts are required to plan and deliver appropriate healthcare to these communities including easy access to primary care led, patient centred, holistic and multidisciplinary addiction treatment.

The Irish College of GPs

- Welcomes this opportunity to engage with and support the Oireachtas Committee to transform Ireland's approach to drug misuse/ PWUDs
- See PWUDs as our patients and members of our local communities, rather than criminals
- Recognises stigmatisation, penalisation and social deprivation as significant barriers to treatment and impede chances of a sustained recovery for PWUDs
- Supports a compassionate, non-judgemental, non-punitive, health-led approach to PWUDs seeking help with drug use and addiction
- Supports legislative changes that reduce stigma related to illicit drug use by comprehensively supporting people suffering from and impacted by addiction
- Recognises that criminalising our citizens who use drugs does not address or solve the societal problems of drug misuse
- Supports timely, equitable access to a human rights-based healthcare for all and a national policy to meaningfully address the social determinants of health

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13. Grinspoon, P. Poverty, homelessness, and social stigma make addiction more deadly. Harvard Health Blog; 2021. Available from: <https://www.health.harvard.edu/blog/poverty-homelessness-and-social-stigma-make-addiction-more-deadly-202109282602> [Accessed 13/09/2024]. This article highlights how socioeconomic disparities, including poverty and homelessness, exacerbate addiction and its consequences

## Appendix 1: Anonymised Examples in Primary Care

1. 48y/o man in full time employment living in Dublin. Started using cocaine regularly. long term stable from opioid misuse and prescribed Opioid Agonist Therapy (OAT). Referred for evidence based psychotherapy. Due to resource limitations there was a prolonged wait time for assessment of more than 3 months. During that time frame he suffered a cocaine induced myocardial infarction (heart attack). He now has a persistent disability and is no longer able to work.
2. 32 y/o woman with longstanding addiction to Nurofen plus (Codeine/ibuprofen based pain killer available over the counter without a prescription) buying up to 4 packets a day (96 capsules). This had a detrimental impact on her physical health and social relationships. Subsequent marital breakdown. She was commenced on opioid agonist therapy via her local GP who had completed additional Irish College of GPs addiction specialist training. She had a sustained recovery from her addiction and a subsequent improvement in physical health, relationships and employment prospects.
3. 37y/o man using non-prescribed regular Benzodiazepines. Supply issue with regular source. Obtained tablets from alternative supplier that were contaminated with a potent synthetic opioid, nitazene. The combination of nitazenes with benzodiazepines in an opioid-naïve individual resulted in a near-fatal overdose necessitating 2 weeks treatment in intensive care.
4. 17y/o boy with regular daily heavy cannabis use in Dublin. Previously excellent student. Deterioration in motivation, school truancy, and worsening paranoia. Assessed by GP and referred for counselling for cannabis use disorder. Subsequent abstinence from cannabis with ongoing counselling input. Improved mental wellbeing and successfully returned to education.
5. 23y/o attended GP for anxiety. Qualified engineer. Applying for a work visa to Australia. Caught in possession of cocaine and antisocial behaviour during binge. Subsequent conviction and unable to take up employment. Successfully treated for drug addiction. However, ongoing concern and anxiety re future and impact on employment and limiting opportunities.