Putting "Addiction" back into Psychiatry: The RANZCP Section of Addiction Psychiatry

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Abstract

Objective: *To provide an overview of the history and activities of the RANZCP Section of Addiction Psychiatry, as well as its current challenges and opportunities.*

Conclusions: *From initial exclusion to an active and growing membership, the Section of Addiction Psychiatry continues to ensure that problematic substance use and gambling remain core issues within Australasian psychiatry. In addition to commenting and contributing to ongoing clinical and policy initiatives, the Section has recently introduced an advanced training curriculum and maintains a strong partnership with the relatively new Australasian Chapter of Addiction Medicine. Its active input into education, training, media and policy development within the College guarantees that psychiatry is represented within the addiction field, and that tomorrow's psychiatrists are competent to assess and treat comorbid addiction issues.*

Key words: *addiction, psychiatry, section, alcohol, drugs*

The first paper ever presented to a General Meeting of the Australasian Association of Psychiatrists (1946-1964), the forerunner to the Royal Australian and New Zealand College of Psychiatrists (RANZCP), was by Sylvester Minogue, who in 1947 presented information on Alcoholics Anonymous (AA).[1] However, despite these promising beginnings, it has been said that the founding fathers of the College sought to actively exclude addiction from psychiatry. The story related was that the low status, unreliable and insightless alcoholics would do a disservice to the emerging specialty. Even so, psychiatrists like Minogue who helped foster AA in Australia and Les Drew, who with John Moon wrote a well-recognised textbook on alcoholism, were important players in the 1950s and 1960s within the addictions field. In the mid-1980s, the Section started as an interest group, and subsequently became a committee, chaired by Les Drew, housed within the Section on Social and Cultural Psychiatry. Les Drew was the first Chair of the Section, followed by Rene Pols from 1988 to 1994, Stephen Jurd from 1994 to 2000 and Michael Baigent from 2000 to 2006. Dan Lubman is the current chair. What we now know as the Section of Addiction Psychiatry (SoAP) was formally inaugurated in 1987, as the Section on Alcohol and Other Drugs (SAOD), although its name changed to SoAP in 2002 in order to formally incorporate gambling as a core focus. Including gambling as a key concern of the Section came about following a year-long discussion involving two Annual General Meetings. Focusing on addictions as a theme rather than just substance misuse was regarded as an important conceptual shift.

Since its inception, the Section has been involved in a wide range of activities, including education, training, media and policy development. In its early years, the Section

auspiced a number of conferences, as well as regular pre- or post-Congress meetings, but more recently has focused on organising the Addiction Psychiatry stream within the Congress scientific program. Encouragingly, these sessions are usually well attended, with up to 150 fellows and trainees attending parallel sessions. The Section's commitment to training includes developing basic and advanced training in Addiction Psychiatry, ensuring that all psychiatric trainees gain experience in managing patients with addiction-related issues. In terms of policy and media involvement, the Section has been consistently utilised by the Executive and the Secretariat of the College as a resource. As the Government presented policies for perusal or the media sought a College response, the College turned to the Section, usually the Chair, for an opinion. Likewise, when the College developed the Quality Assurance Committee, they sought assistance from the Section in the development of Guidelines for Methadone Prescribing and for the Treatment of Alcohol Dependent Persons.[1]

Over time, the profile and relevance of the Section within the College has risen, mirroring changes in the public perception of addiction as a health problem. From initially being viewed as distinct and separate to psychiatry, drug and alcohol misuse, as well as problem gambling, are now viewed as inextricably linked to the aetiology and treatment of mental illness. Following the publication of the American Epidemiological Catchment Area study in 1990,[2] subsequent large epidemiological studies in Australia and New Zealand have also highlighted the impact of mental health and substance use disorders within the general community, as well as the high rates of comorbidity.[3, 4] At present, the increasing focus on comorbidity within research, service planning and health

administration emphasise the growing need for the College to play a greater role in the management and advocacy of such issues.

Recent studies that highlight a link between adolescent substance use and the later development of mental health disorders,[5, 6] as well as those that describe the common co-occurrence of mental health and substance use/gambling problems,[3, 4] have contributed to the development of Government initiatives targeting community awareness campaigns, as well as improved service delivery. In New Zealand, this has resulted in the reintegration of addiction services within the mental health sector, whilst in Australia, there are growing calls for better coordination of services. Most states have initiatives that target improved service responses to co-occurring substance use and mental health disorders, although they vary considerably in the focus and level of funding commitment. The recent funding of Australia's National Youth Mental Health Foundation (headspace) further highlights the importance of managing the mental health/addiction interface, and the need for a consistent and coordinated addiction psychiatry voice at state, national and bi-national levels.

In addition to commenting and contributing to ongoing clinical and policy initiatives, the Section has recently introduced an advanced training curriculum and has developed a strong partnership with the relatively new Australasian Chapter of Addiction Medicine (AChAM). As the demands on the Section continue to grow, we are reviewing how the Section operates, and how we best utilise the wide range of expertise and skills within our expanding membership. Indeed, if we are to highlight the importance of psychiatry within

the addiction field, it is critical that we have an energetic and informed membership to draw upon, especially as service needs differ substantially across states, territories and the Tasman. As a first step, we have begun to identify key areas in which the Section must continue to provide input and leadership, to ensure that the College remains appropriately positioned as a prominent figure in the changing landscapes of both addiction and psychiatry.

AChAM

In 2001, the College was requested to provide a nominee for a position on the committee that developed the Australasian Chapter of Addiction Medicine (AChAM). This Chapter, sited within the Royal Australasian College of Physicians, was set up to provide specialist medical training and credentialing in the treatment of addiction. The Chapter initially underwent a Foundation Fellowship process, 'grandparenting' the qualifications and experience of suitable applicants, to ensure that a critical mass of addiction specialists were available to supervise the next generation of trainees. Importantly, among the first 200 Fellows of AChAM (incorporating doctors from a variety of backgrounds who have specialised in the treatment of addiction), the single largest affiliated group (n=50) were those who also hold FRANZCP. A by-law in the constitution of AChAM ensures that a FRANZCP must always sit on the Chapter committee, and there are currently two such members, Stephen Jurd and Philip Morris.

AChAM has made a formal application to the Health Insurance Commission (HIC) in Australia for specialist recognition and received what appears at this stage to be a

favourable hearing, but the recommendation is currently on the Minister's desk. AChAM was involved in a similar process in New Zealand, although this has been largely unsuccessful to date. A 3-year advanced training program has been developed for doctors who already have a basic qualification, such as the FRACGP, to gain fellowship of AChAM. Successful completion of advanced training in Addiction Psychiatry is also accepted as satisfying requirements for two of the 3 years necessary for gaining FAChAM.

Our partnership with AChAM remains strong, and together we have developed and jointly published a suite of policies. These include policies on tobacco, alcohol, illicit drugs and the soon to be published prescribed drugs. Key members of the Section and the College have been involved in ensuring that policy development remains a joint initiative, and that we are both consulted on policy and media issues. The Section and College has striven to ensure that a collaborative rather than competitive relationship exists with AChAM. We recognise that the addiction workforce in Australia and New Zealand is relatively small. Individuals with addictive problems require input from highly trained professionals who can provide a range of evidence-based approaches. We can achieve more for this group of patients by working together, not only complementing each other in our work, but enhancing each other’s skill base. As such, we believe that a joint approach is critical in ensuring politicians, bureaucrats and policy makers value the input of addiction and psychiatry specialists in the development of policy initiatives and service reform. Ensuring that the College is appropriately represented at such forums, through the Section, has been an important step in reclaiming our role within the

addiction field.

BASIC TRAINING

The basic assessment and management of problematic substance use or gambling is a core competency for all psychiatrists, especially as such issues are clearly classified as mental disorders within both ICD-10 and DSM-IV.[7, 8] The frequent co-occurrence of mental health and substance use/gambling problems also highlights the need for psychiatrists to be sufficiently skilled in the management of such issues. In this regard, the Section has emphasised the importance of gaining specific skills in the management of addiction-related issues within basic training requirements. Basic trainees are required to have either a 3-month supervised experience in an addiction setting, or to have 10 addiction cases signed off. The cases need to include at least one patient with opiate dependence and one with a gambling disorder. In order to help trainees and supervisors, we have developed a series of guidelines for the treatment of various drug problems which are available on the RANZCP website. However, we recognise that the basic training experience is far from perfect, as opportunities for trainees to work within addiction settings are limited, and few trainees are offered supervision by experienced addiction psychiatrists (as they are few in number, especially in the public sector). We are currently exploring a variety of options to ensure that trainees receive an optimal training experience, so that the next generation of psychiatrists are fully competent in the basic assessment and treatment of a range of addictive disorders.

ADVANCED TRAINING

In 2003, the Section began writing guidelines for advanced training in Addiction Psychiatry. The curriculum was completed over a 12-month period and was carefully fashioned so that it is possible to obtain Fellowship of AChAM with only one year of additional training provided one also holds a certificate of advanced training in Addiction Psychiatry. Advanced trainees in Addiction Psychiatry are expected to work for at least 12 months in an addiction specific service, have an attachment to a pain clinic, work in an opiate pharmacotherapy program for at least 12 months, work in a general hospital setting for at least 6 months, and have experience dealing with co-occurring substance use and mental health disorders as well as problem gambling. Advanced trainees are also required to complete a research project, have a public health workbook and write up a quality improvement project.

Dr Phillip O'Rourke was the first person to be awarded the Certificate of Advanced Training in Addiction Psychiatry (Cert. Addictn Psych.) in February 2007. Currently, there are 5 other trainees who have satisfied some of the criteria towards Cert. Addictn Psych. Few public psychiatry training schemes offer placement within addiction services, making advanced training somewhat complicated to organise. The Section is currently exploring opportunities for additional funding through Government initiatives, and is hopeful that with the support of AChAM, more training positions should soon become available. Given the strong co-operation between Section and Chapter, training posts accredited by AChAM would usually be accredited for Addiction Psychiatry training and vice versa.

CME

The Section recognises the need to offer ongoing education and training to College Fellows in the area of Addiction Psychiatry. To date, this has largely been conducted through clinical updates or workshops at Congress, or symposia at the Australasian Professional Society on Alcohol and other Drugs (APSAD) annual scientific meeting. However, over recent times, the Section has received a number of requests for specialised training or accredited courses in the addiction field, and together with the development of an advanced training program, there is now an opportunity to develop specialised workshops or courses in collaboration with AChAM.

POLICY AND MEDIA RESPONSE

As discussed above, the Section has been involved in developing a series of policies for the College, often in partnership with AChAM. We have also been asked to comment on or update College position statements or practice guidleines, such as the ones on gambling and methadone prescription. Recently, we have recognised the need to position psychiatry centrally within the addiction field, and to ensure the College regularly has input into policy decisions relating to service coordination, reform and reintegration. To do this, we must make sure that the College is always ready to comment to the media on addiction-related topics, especially in relation to co-occurring disorders, and that the College has representation on national organisations and committees that are involved in tackling addiction-related issues.

PEER SUPPORT

One area where we recognise that the Section has an important role to play relates to collegial support, as many psychiatrists who work within the addiction field feel extremely isolated. They recognise the benefits of collegial contact and find involvement with the section an informative and enjoyable experience. Advances in information technology and the availability of administrative support within the College has now allowed us to directly contact our membership. This means that we are able to commence a real dialogue with our members, and rapidly disseminate news and upcoming training or CME activities. It also means that we can contact members with a broad range of experience and expertise in the addiction field, and invite them to input into policy or media developments. Indeed, the inaugural edition of our quarterly SoAP newsletter has just been released, and this will continue to provide our membership with up-to-date information on upcoming local and national meetings/conferences as well as relevant clinical and research updates.

SECTION COMMITTEE INVOLVEMENT

Involvement on the Section Committee allows one to help facilitate development of the many areas in which the Section is currently active. Reflecting on our progress over time, an informal and under-recognised role of the Section, and particularly the Committee, has been its ability to informally mentor relatively junior members as they develop their interests and professional roles within the addiction field. This is a particularly enjoyable aspect of membership and helps us feel reassured when looking to the future of our profession.

CONCLUSIONS

From initial exclusion to an active and growing membership, the Section of Addiction Psychiatry guarantees that problematic substance use and gambling remain core issues within psychiatry. Its active input into education, training, media and policy development within the College also ensures that psychiatry is represented within the addiction field, and that tomorrow's psychiatrists are competent to assess and treat comorbid addiction issues. Growing awareness of the interaction between substance use and mental health issues is now placing more demands on the Section, and as such, we are seeking to engage our membership to ensure that the College maintains an active voice binationally.

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