



## the college

### Advice to Commissioners and Purchasers of Modern Substance Misuse Services

Council Report CR100

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This document provides advice and guidance to health and social care commissioners, drug action teams and other agencies involved in the planning and commissioning of modern substance misuse services. There is increasing recognition of the impact of substance misuse on individuals and society and the emergence of national strategies and standards for service and commissioning. Services should be able to respond to a spectrum of need and should work closely with, and in support of, primary care, other secondary care services and non-statutory agencies.

#### Young people's services

The special needs of young people are addressed in detail in a specific section in this document, with key elements drawn from the Health Advisory Service 2000 guidance document (Christian *et al*, 2001).

#### Interface with general psychiatry

The contribution of general psychiatry and other psychiatric specialities is acknowledged. The exact nature of the interface with substance misuse services will be clarified at the College level in the light of the Department of Health good practice guidance on dual diagnosis (Department of Health, 2002) and the substantial work by the College Research Unit.

#### Alcohol services

Alcohol consumption in the UK continues to increase, with consequent adverse effects on physical, psychological and

social (including community) well-being. When supported by specialists, effective interventions can occur in a variety of settings, including primary care, general hospitals, general psychiatry, social services and probation.

Multi-disciplinary, specialist treatment is effective and is needed to tackle complex alcohol problems, especially where there is psychiatric comorbidity. Non-statutory agencies provide invaluable facilities in both community and residential venues.

Specialist services must include a range of effective interventions and have close links with other agencies, to provide 'stepped care'. The needs of special groups of patients must be taken into account also.

Alcohol services have a clear contribution to make in tackling the key health improvement areas: cancer, coronary heart disease and stroke, accidents, and mental illness.

#### Drug services

Drug misuse in the UK also continues to rise. Prevention of communicable diseases, especially hepatitis C, is being prioritised. There is increasing evidence of the need for provision of a range of services for drug users, and that these services are effective in reducing harm to individuals and society. Community care is the norm, with a greater emphasis on proper support for treatments based in primary care. It is more important to retain patients in services and there are more demands for treatment from the criminal justice system.

#### Tobacco

Substance misuse services have a significant contribution to make to the planning and provision of smoking cessation services.

#### Levels of treatment

Three main levels are evolving:

- (1) Shared care with primary health care:
  - (a) community treatment for more complex patients
  - (b) liaison with general hospitals
  - (c) liaison with, and response to, the criminal justice system
  - (d) liaison with mental health and learning disability services for patients with substance misuse comorbidity.
- (2) High intensity treatment as in-patients, out-patients or day patients for people with high levels of complex needs.
- (3) Extensive contact with social services and non-statutory organisations to provide appropriate treatment packages.

Services for young people also warrant a tiered approach, with a specific model to reflect the special issues surrounding this group.

#### Roles and responsibilities of psychiatrists

Because of the development of extended roles for other disciplines, psychiatrists have key roles in: diagnosis; medical and other treatments; training doctors and other professionals; management; and service planning. The rising demands within varying contexts indicate the need to increase provision to 0.9 whole time equivalent (WTE) consultant psychiatrists per 100 000 population, with a further increase to 1.5 WTEs in more deprived, urban settings. There are significant workforce issues to address for psychiatrists to meet such increasing needs.

#### References

- CHRISTIAN, J., CROME, I. & GILVARRY, G. (2001) *The Substance of Young Needs. Review 2001*. London: Health Advisory Service.
- DEPARTMENT OF HEALTH (2002) *Mental Health Policy Implementation Guide. Dual Diagnosis Good Practice Guide*. London: Department of Health.

## obituaries

### Israel Kolvin

Previously Emeritus Professor, The Tavistock Clinic, London

Israel Kolvin was one of a small group of medical practitioners who, in the late 1950s, decided to specialise in child and adolescent psychiatry. Over the next 4 decades 'Issy' Kolvin was to become one of the great pioneers of academic child

mental health and a leading figure in clinical child and adolescent psychiatry.

Issy was born in Johannesburg in 1929, the youngest of five children of Jewish immigrants from Poland and Germany. After completing a degree in philosophy and psychology at the University of Witwatersrand, he later graduated in medicine. His interests in both psychology and medicine, together with his exposure to child poverty and deprivation in his

home country, led him to seek a career in psychiatry. He undertook his postgraduate education and clinical training in the UK and, in 1958, went to Edinburgh where he gained valuable experience in general psychiatry and psychodynamic child psychiatry. At that time, there were no formal training schemes in child and adolescent psychiatry, so Issy obtained a senior registrar post in Oxford under Christopher Ounsted, Medical Director of