

Statement to the Mental Health Subcommittee on the topic of Dual Diagnosis

My name is Em Murphy and I'm employed as a Peer Educator with the Dublin North North East Recovery College and the Recovery Academy of Ireland. My work gives me the privilege of sharing my experience, and witnessing the lived experience of a diverse range of people with mental health and substance use histories. I will share some of my own story, with the disclaimer that I represent a tiny fraction of the wealth of experiences on Dual Diagnosis, and I'm one of the lucky ones. Many people are still unable to access support. Many people are dead.

I started using drugs before my brain was even developed enough to understand why I was doing it. By the time I reached an age of being able to understand, I was already using drugs as my only means to cope with the weight of the world and how unsafe I felt in it. I didn't know there was any alternative, or even that this was abnormal until a much later stage. It's not an unrelated coincidence that I grew up poor in a deprived council estate. Substance use and mental health issues don't develop in a vacuum, separate from the social conditions of the people experiencing them. These issues are socially determined¹.

My adult engagement with services began in 2017, when due to mental health issues, and substance dependence, I lost my job, and subsequently lost my home. Within a few months I lost all security in my life. I was on a welfare payment of about 100 euro a week, while also battling a worsening drug dependence and health crisis. After some months, at the stage where I was barely able to feed or wash myself, and had very little grasp on reality, I went to a GP to ask for a counselling referral. I was refused a referral because of my substance use. I was instead put on anti-depressants and told to sort out my substance use issues first. I wasn't advised on any resources to help me to engage with my substance use issues, such as information on local drug projects.

Many addiction services also refuse care to people with mental health issues, and are told a similar story –sort out your mental health issues somewhere else, we're not qualified to deal with you. As well as this, many addiction services refuse to see clients who are not drug-free.

So, I'm using drugs to cope with my mental health issues, which in turn is worsening my mental health, but I can't get help with my mental health until I stop using drugs. And I can't stop using drugs because it's how I cope with my mental health issues, which in turn means I can't access addiction support services. Where does that leave me? It left me, and it leaves countless people, giving up on trying. I reached out for help at the beginning of 2017, but my recovery journey only began in 2020.

My recovery journey started when I heard about a community drug project that accepted self-referrals and took a harm reduction approach, meaning I didn't have to be abstinent to access the service, and I didn't have to face the humiliating retraumatisation of going to a GP who might turn me away. As well as this, I got on a disability payment which meant I was able to access low cost therapy in a private service.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6254257/>

It was the community drug project I attended that put me in touch with a housing agency who would advocate for me, and helped me access an education and employment officer. She met me where I was at and recognized the social complexity of my experience – that the problem didn't lie simply in my drug use, or my mental health issues. She didn't judge me, dismiss me, or prescribe me a behavioral solution. She asked me what I felt I needed to feel connected and empowered in my life. She saw me as a person with potential and value. She gave me the hope and the care and the information I needed to start my journey.