

Addiction Psychiatry

Royal College of Psychiatrists Higher Specialty
Curriculum (Sub-Specialty Endorsement)

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Purpose Statement

Addiction Psychiatrists provide assessment and treatment for patients of all ages with severe and enduring medical and psychiatric co-morbidities arising from or complicated by, the use of substances such as alcohol, nicotine and other drugs.¹²³⁴⁵⁶⁷⁸⁹ They also assess and treat people with gambling addiction and other addictive behaviours. Addiction Psychiatrists have significant expertise, being the most highly trained professionals in the addictions field. They apply their medical training and knowledge to the field by providing evidence-based quality treatment to patients in an efficient and cost-effective way, developing treatment guidelines and delivering training. In addition, they play an important role in raising awareness and providing treatment interventions to prevent harm to children including treatment during pregnancy; they work in collaboration with other specialities and disciplines to understand the needs of families and carers.¹⁰ They have an understanding of the aetiology of addictions, especially childhood trauma and an ability to work and lead in a non-hierarchical way which includes advocacy for their patients.

The Dame Carol Black report.¹¹ February 2020) highlights that illicit drug use is now big business; drug related deaths have reached an all-time high and are closely associated with poverty and deprivation and more than a third of people in prison are there due to causes related to drug use. Patients are now presenting with increasing levels of co-morbidity and complex needs. Key points highlighted from the report include:

- Funding reductions exacerbating gaps in treatment provision
- Treatment commissioning outside of the NHS raises concerns for quality management
- Competition with funding has meant that a small number of third sector providers have dominated the market
- The number of training places for addiction psychiatrists has plummeted, raising general concerns around current training opportunities.

¹ [The role of addiction specialist doctors in recovery orientated treatment systems.](#) *Public Health England, 2014*

² [Drug misuse and dependence: UK guidelines on clinical management.](#) *Department of Health, 2017*

³ [Young People's Statistics from the National Drug Treatment Monitoring NICE Guidance: Co-existing severe mental illness \(psychosis\) and substance misuse: assessment and management in health care settings.](#) *CG120 2011*

⁴ [System \(NDTMS\) 2017-2018.](#) *Public Health England, 2018*

⁵ [NICE Guidance: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.](#) *CG115 2011*

⁶ [NICE Guidance: Alcohol-use disorders: diagnosis and management of physical complications.](#) *CG100 2010*

⁷ [Deaths involving substances that are commonly abused.](#) *Office for National Statistics, 2016*

⁸ [Statistics on drugs misuse: England, 2018.](#) *NHS Digital, 2018*

⁹ [Statistics on alcohol misuse: England, 2018.](#) *NHS Digital, 2018*

¹⁰ [Supporting the supporters: families of drug misusers \(policy briefing\).](#) *UK Drug Policy Commission, 2009*

¹¹ [Independent report: Review of Drugs.](#) *Dame Carol Black (2020)*

Training in Addiction Psychiatry is essential to provide expert advice to other doctors and clinicians, and non-medical prescribers on assessment (including risk), diagnosis, complex prescribing and recovery care planning, as well as liaison with other statutory and non-statutory services.¹² The provision of effective specialist addiction treatment and advice contributes to cost savings, including the contribution to local needs assessment, commissioning and service development, research and audit.¹³¹⁴¹⁵¹⁶

It is clear that the need for psychiatrists across the specialties is growing throughout the UK.¹⁷¹⁸

The UK Drug strategy reported that up to 70% of people in community addiction treatment also experience mental disorder.¹⁹²⁰ People with co-occurring substance use disorders (SUD) and mental health conditions are too often unable to access the care they need. People with co-occurring mental health conditions are at higher risk of dying by suicide. Between 2004 and 2014 one third (33%) of patients in mental health treatment who died by suicide had a history of SUD, but only 7% were in contact with addiction treatment services.²¹

The strategy committed to working with Health Education England and other stakeholders - in line with the Five Year Forward View for Mental Health recommendation – and aims to support the development of an appropriately trained and competent workforce to meet the needs of people with co-occurring substance use and mental health conditions.

The Global Burden of Disease (GBD) study ranks alcohol and drug use in the top five contributors to causes of premature deaths in England.²²

¹² [Delivering quality care for drug and alcohol users: the roles and competencies of doctors.](#) Royal College of Psychiatrists and Royal College of General Practitioners CR173, 2012.

¹³ [Review of the effectiveness of treatment for alcohol problems.](#) National Treatment Agency, 2006

¹⁴ [Alcohol and Drugs Prevention, Treatment and Recovery: why invest.](#) Public Health England, 2018

¹⁵ [The National Treatment Outcomes Research Study \(NTORS\) and its influence on addiction treatment policy in the United Kingdom.](#) M. Gossop. *Addiction* 110 Suppl. 2:50 – 3 (July 2015).

¹⁶ “There are predicted to be two million more people with mental health conditions by 2030.” [Facing the Facts. Shaping the Future – a draft healthy and care workforce strategy for England to 2027.](#) Public Health England, 2017

¹⁷ [Old Problems, New Solutions: Improving acute psychiatric care for Adults in England.](#) The Commission to review the provision of acute inpatient psychiatric care for adults, 2016.

¹⁸ [The State of Care in Mental Health Services 2014 to 2017.](#) Care Quality Commission, 2017

¹⁹ [2017 Drug Strategy.](#) UK Government, 2017 p33

²⁰ Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. *The British Journal of Psychiatry* Sep 2003, 183 (4) 304-313. Weaver et al 2003

²¹ [The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Making Mental HealthCare Safer: Annual Report and 20-year Review 2016.](#) University of Manchester, 2016

²² [Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016.](#) *The Lancet.* 392 (10158), 2018

The NHS Long term plan makes a firm commitment to strengthen work on disease prevention and health inequalities by prioritising the development of alcohol care teams within acute hospitals, aiming to prevent 50,000 admissions over five years.²³

The NHS Long term plan is focused on population health systems and Addiction Psychiatrists will be expected to participate not just in patient assessment and management, but also in improving clinical outcomes,²³ health promotion, collaborative or integrated care and providing person-centered treatment. The Centre for Mental Health highlights that only 17 of 55 English mental health trusts have specialist addiction services,²⁴ the Five Year Forward view for Mental Health details up to a £30 million future investment for outcome-based interventions for patients with alcohol or other substance use disorders.²⁵

The Welsh Government's ten-year strategy to improve mental health and wellbeing has identified a lack of inpatient and specific services for the treatment of addictions.²⁶ In conjunction with this, the strategy outlines the challenge to address the rise of frequent attenders to emergency departments with mental health needs combined with SUD as adequate services and continuity of care are simply not available.^{27,28}

In 2018, Scotland had the highest number of drug related deaths in the EU with a rise of 27% on the previous year and the highest since records began.²⁹

The Scottish Mental Health Strategy has identified the need to shift the balance of care towards mental health and has determined specific actions that are required to improve care in Addictions Psychiatry to meet soaring population trends.³⁰

- (i) Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with SUD and mental health diagnosis.
- (ii) Offer opportunities to pilot improved arrangements for dual diagnosis for people with SUD and mental health diagnosis.
- (iii) Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.

Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.

²³ [The NHS Long Term Plan](#). NHS, 2019

²⁴ [Future of the Mental Health Workforce](#). Centre for Mental Health, 2017

²⁵ [The Five Year Forward View for Mental Health](#). NHS England, 2016 (p27)

²⁶ [Together for Mental Health](#). Welsh Government, 2012 (p43)

²⁷ [Together for Mental Health](#). Welsh Government, 2012

²⁸ [A Service Framework to meet the needs of people with co-occurring substance misuse and mental health problem](#). Welsh Government, 2007

²⁹ "Scotland has highest drug death rate in EU" <https://www.bbc.co.uk/news/uk-scotland-48938509> BBC News, Accessed August 2019

³⁰ [Mental Health Strategy 2017-2027](#). Scottish Government, 2017

Scotland's strategy "Rights, Respect and Recovery" aims to improve health by preventing and reducing alcohol and drug use, harm and related deaths and details an eight-point plan for Treatment and Recovery through the improvement of access to effective services, quality treatment and recovery-orientated support.³¹

Northern Ireland has higher levels of mental ill health than any other region in the UK and it has been identified that building up the range of specialist mental health services is required to meet the need.^{32,33} The Health and Social Care Board has emphasised the monumental financial burden and indescribable social impact addictions can have on individuals, families and communities in Northern Ireland.³⁴ A review of the health care available stated "Not to act on these facts will condemn the population and the system to failure."³⁵ The 'You in Mind' Mental Health Care Pathway that subsequently developed pledged to provide future addiction services to meet the overwhelming need.³⁶

It is recommended that Addiction Psychiatry training is undertaken over 12 months (Whole Time Equivalent) in order to achieve the required capabilities and gain the necessary experience. Successful completion of the programme leads to entry on to the specialist register with an endorsement (currently termed 'Substance Misuse Psychiatry', but with a request that this is renamed 'Addiction Psychiatry').

The purpose of this training curriculum is to enable the consultant Addiction Psychiatrist to develop the necessary skills to assess, diagnose and treat the full range of addictive behaviours, recognise and manage the impact of addiction on mental disorder, develop specialist prescribing skills and gain experience of multiagency working in a variety of complex environments. This includes evidence-based psychological, biomedical and social interventions in a wide range of clinical settings including criminal justice and acute hospitals.

This curriculum provides a framework for training. It enables the achievement of essential sub-specialty-specific clinical and generic professional capabilities through development of the professional values, behaviours, knowledge and skills required in order to provide high quality, evidence-based care for those of all ages with addictions, including substance use disorders and behavioural addictions (e.g., gambling).

³¹ [Rights, Respect and Recovery: Scotland's strategy to improve health by preventing alcohol and drug use, harm and related deaths.](#) Scottish Government, 2018

³² [Making Life Better.](#) Northern Ireland Assembly, 2014

³³ [Evaluation of the 2009-2011 Bamford Action Plan.](#) Dept. of Health , Social Services and Public Safety, 2012

³⁴ [Transforming Your Care, A Review of Health and Social Care in Northern Ireland.](#) Health and Social Care Board, 2011

³⁵ [Transforming Your Care, A Review of Health and Social Care in Northern Ireland.](#) Health and Social Care Board, 2011

³⁶ [Regional Mental Health Care Pathway, You in Mind.](#) Health and Social Care Board, 2014

Treatment for addiction is delivered in a variety of clinical and non-clinical settings and in conjunction with a range of statutory and non-statutory services including safeguarding, criminal justice and social care. Trainees would be expected to gain experience in these different settings and understand the roles of other stakeholders. A consultant psychiatrist with an endorsement in Addictions will be able to co-ordinate the management and treatment of patients with chronic enduring and acute complex mental and physical health co-morbidities.

Subspecialty training in Addiction Psychiatry is integrally linked to training in General Psychiatry. The three years spent in General and Addiction Psychiatry will provide appropriate development of transferable skills and experience (e.g. advanced leadership, emergency psychiatry and complex decision making), as well as specialised skills and experience in General and Addictions Psychiatry.

Further curricula are available for the following established psychiatry specialties:

- Child and Adolescent Psychiatry
- Forensic Psychiatry
- Learning Disability Psychiatry
- Medical Psychotherapy
- Old Age Psychiatry.

During training in Addiction Psychiatry, a trainee develops further knowledge and skills to manage complex cases of addiction with comorbid mental and physical health problems. Collaborative working with other physical health specialties such as hepatology, maternity services and gastroenterology develops the trainees understanding of the common comorbid physical health problems seen in the addicted population allowing early detection and signposting for appropriate treatment.

Training in Addiction Psychiatry provides the Addiction Psychiatrist with the skills to manage complex addiction within all general settings where prevalence is high and the need to reduce morbidity and mortality in this group is a recognised challenge.

The Addiction Psychiatry learning outcomes are mapped to the Generic Professional Capabilities Framework (GPCs) ensuring ease of transfer between medical specialties. Through the attainment of the High-level Learning Outcomes (HLOs), this curriculum will enable trainees to lead and work in multidisciplinary and multi-professional teams, provide leadership and participate in research, teaching and training in a variety of clinical and non-clinical settings. It will also enable trainees to gain experience in formulating person-centred holistic systemic management plans for patients with addictions and additional complex needs.

Trainees will be provided with the opportunities to develop the expertise to work with people with Addictions and understand the need to signpost to other relevant specialties where appropriate.

This purpose statement has been endorsed by the GMC's Curriculum Oversight Group and confirmed as meeting the needs of the health services of the countries of the UK.

The below tables outline the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes.

The reference in brackets below each HLO is to the GMC Generic Professional Capabilities. HLOs are mapped to the nine GPCs.

High Level Outcome 1 (GPC 1)	Demonstrate the professional values and behaviours required of a Consultant Psychiatrist with reference to Good Medical Practice, Core Values for Psychiatrists (CR204) and other relevant faculty guidance.
Themes	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
1.1 Professional Relationships	Work collaboratively with patients, families, carers of all ages and colleagues respecting their autonomy and valuing their contribution.
	Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages and on working relationships with colleagues.
	Consistently demonstrate a holistic and person-centred clinical approach to adult patients that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.
	Demonstrate when working with others, the ability to be flexible, lead, use initiative, be able to prioritise, and be adaptable, effectively managing your time and resources, and using new technologies as appropriate.
1.2 Professional Standards	Demonstrate understanding of the role of personal and professional boundaries in the management of patients with substance use disorder (SUD) and Non-drug Addiction (NDA).
	Demonstrate an understanding of the need for equality and diversity in addiction treatment.
	Act appropriately on any concerns about own or colleagues SUD or NDA.
	Maintain appropriate professional standards whilst working clinically across organisations
	Demonstrate an understanding of the principles of sustainability and how they underpin sustainable psychiatric practice.

High Level Outcome 2.1 (GPC 2)	Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
2.1 Communication	<p>Demonstrate the ability to communicate and advocate the current best practice around SUD and NDA evidence to professionals, patients, families and carers of all ages in appropriate formats.</p> <p>Consistently demonstrate effective communication approaches with patients and relevant others, including those with neurodevelopmental disorders making reasonable adjustments and adaptations where appropriate, including the use of new technologies.</p> <p>Establish and maintain working and supportive relationships whilst understanding the needs of patients, families and carers of all ages.</p> <p>Demonstrate skills in supporting those in challenging situations including when English is not their first language, involving the use of interpreters, and providing information in other languages.</p> <p>Demonstrate an understanding the principles of involving families, carers of all ages and social networks in the management of SUD and NDA.</p> <p>Effectively advocate on behalf of patients with SUD or NDA and their carers in respect of public awareness and stigma.</p> <p>Conduct motivational interviewing.</p> <p>Effectively communicate across a range of professional bodies and organisations, policy, public awareness, and civil society.</p>

High Level Outcome 2.2 (GPC 2)	Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic* management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Addiction Psychiatry.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
2.2 Clinical Skills	<p>Assess the impact of SUD and NDA across a variety of clinical populations over the life span, as well as in a wide range of settings.</p> <p>Demonstrate an appropriate understanding of learning and behavioural stages of human development through the lifespan including awareness of normative as well as variations in presentations, for example with neurodevelopmental conditions and across cultures.</p> <p>Undertake a comprehensive risk assessment, putting in place an appropriate management plan.</p> <p>Demonstrate an understanding of the principles of harm minimisation and apply these in practice.</p> <p>Demonstrate an understanding of the principles and availability of mutual aid and peer support for addiction.</p> <p>Assess patients from a range of different cultural, spiritual, and religious backgrounds, including asylum seekers and refugees, and demonstrate an understanding of how protected characteristics may impact on clinical presentation.</p> <p>Use formulation to devise a safe, effective, collaborative and co-productive management plan to ensure continuity of care in the immediate, short and longer term.</p> <p>Demonstrate an understanding of the principles of group therapies for addiction.</p> <p>Demonstrate an understanding of Addiction Psychiatry in inpatient settings, and treatments provided.</p> <p>Demonstrate in-depth knowledge of person-centred holistic management of mental disorder and co-occurring SUD and NDA.</p> <p>Demonstrate in-depth knowledge of integrated person-centred holistic management of alcohol, illicit and prescribed substances and NDAs.</p> <p>Demonstrate proficiency in acute medical management of in-patients with addiction.</p>

	Demonstrate knowledge and practical application of evidence-based behavioural change techniques.
	Initiate and maintain a comprehensive care plan, potentially involving a broad range of agencies.
	Manage intoxication in emergency settings.
	Demonstrate proficiency in the use of relevant screening tools and rating scales and their relevance to diagnosis and management in patients with SUD and NDA.
High Level Outcome 2.3 (GPC 2)	Apply advanced management skills within Addiction Psychiatry in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
2.3 Complexity & Uncertainty	Demonstrate an understanding of unconscious processes, including transference, countertransference, projection and splitting and the impact of these on yourself and others.
	Demonstrate proficiency in the management and highly specialised treatment of patients with complex psychiatric, medical and social comorbidities.
	Demonstrate an understanding of the place of highly specialised treatments for complex patients.
	Demonstrate knowledge of the systemic complications of substance use, NDAs and relevant treatments.
	Demonstrate an understanding of individual variation and the impact of social, cultural, spiritual, and religious factors, including effects of deprivation, discrimination and racism.
	Undertake appropriate risk assessments in patients who present with SUD and NDA.
High Level Outcome 3.1 (GPC 3)	Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Addiction Psychiatry.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
3.1 Knowledge of legal and organisational frameworks in your UK jurisdiction	Demonstrate an understanding of the application of appropriate legislation in the management of patients with SUD and NDA.
	Demonstrate a working knowledge of the legislation around driving with respect to both drug and alcohol use.

	Meet the requirements to apply for relevant statutory approval where appropriate.
High Level Outcome 3.2 (GPC 3)	Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
3.2 Working within NHS and organisational structures	Demonstrate a working knowledge of the structure of national health, local authority and third sector services in the management of patients through your interaction with them.
	Demonstrate a working knowledge of the relationships between relevant regulatory bodies including the criminal justice system in service provision for patients with SUD and NDA.
	Demonstrate an understanding of the differences in governance frameworks across organisations.
	Understand the relationship between SUD, NDA and mental health and social factors in service design.
High Level Outcome 4 (GPC 4)	Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Addiction Psychiatry and the wider community.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
4.1 Health promotion and illness prevention in community settings	Engage with patients with addiction, their families, and carers of all ages and the wider community around health promotion and illness prevention.
	Encourage and empower patients in the management of their condition.
	Apply your understanding of the factors affecting health inequalities and social, cultural, spiritual and religious determinants of mental and physical health to improve your patient's health.
	Undertake opportunistic brief interventions.
	Identify and challenge stigma and discrimination against people with addictions both amongst professionals and with the public.
	Demonstrate an understanding of, and implement, principles of harm minimisation and other public health measures.

High Level Outcome 5 (GPC 5)	Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.
Themes	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
5.1 Teamworking	Demonstrate the ability to work across a full range of service providers for people with addiction and understand their role within local and national treatment systems.
	Demonstrate the ability to work closely with colleagues in the Multi-Disciplinary Team (MDT) and external statutory/non-statutory agencies.
	Review and supervise the implementation of care plans with colleagues in the MDT.
5.2 Leadership	Demonstrate appropriate assumption, sharing and delegation of responsibility in patients' best interests.
	Demonstrate the ability to recognise and appraise the clinical and leadership skills of others in a range of contexts.
	Develop supervision and mentorship skills to enhance the management of patients with SUD and NDA.
	Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.
	Recognise the impact of leadership across systems and manage partnerships.

High Level Outcome 6 (GPC 6)	Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.
Themes	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
6.1 Patient safety	Engage with the systems of clinical governance that assure safety and quality of care for patients with SUD and NDA.
	Promote the effective implementation of national clinical guidelines for patients with SUD and NDA.
6.2 Quality improvement	Demonstrate the importance of quality improvement to enhance patient safety and outcomes of patient care as applied to people with SUD and NDA.
	Undertake quality improvement activities relevant to your clinical practice.

	Actively participate in service development work.
	Demonstrate an awareness of national statistics to inform service development and practice as applied to populations with SUD and NDA.

High Level Outcome 7 (GPC 7)	Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Addiction Psychiatry. Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.
Themes	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
7.1 Safeguarding	Demonstrate specialist knowledge of the individual and systemic factors contributing to the vulnerabilities and safeguarding concerns in people of all ages, their families, and carers of all ages with SUD and NDA. Work within legislative frameworks and local process to raise and report safeguarding concerns in a timely manner and contribute to safeguarding processes.

High Level Outcome 8.1 (GPC 8)	Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
8.1 Education & Training	Promote and lead on the provision of effective education and training in Addiction Psychiatry across a wide range of settings.

High Level Outcome 8.2 (GPC 8)	Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
8.2 Supervision	Demonstrate the professional qualities of an effective trainer, teaching and guiding individuals and groups, providing safe and effective clinical supervision in emergency and non-emergency situations or settings.
	Actively participate in clinical, psychiatric and educational supervision, demonstrating as appropriate effective skills, creating safe and effective learning environments.

High Level Outcome 9 (GPC 9)	Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.
Theme	Key Capabilities (KCs). By the end of the endorsement in Addiction Psychiatry, you will be able to:
9.1 Undertaking research and critical appraisal	Describe a range of appropriate research methods for the investigation of SUD and NDA.
	Understand the specific research ethics relating to people with SUD and NDA.
	Demonstrate an awareness of substance use and NDA trends.
	Demonstrate the ability to critically appraise research of the evidence base in addiction psychiatry and apply it to your clinical practice.