SOCIDROGALCOHOL
Sociedad Científica Española de Estudios sobre el Alcohol, el Alcoholismo y las otras Toxicomanías

ADICCIONES
2024 ■ VOL. 36 ■ N. 3 ■ PAGES 243–246
www.adicciones.es

ORIGINAL

Addiction medicine: Beyond the DSM-5

Medicina de la adicción: Más allá del DSM5

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While one person in eleven worldwide has an alcohol use disorder, associated with more than 200 adverse health conditions, it is also estimated that 3.5% of the world's population has an illegal substance use disorder. Both disorders cause significant harm in multiple areas of health (social/family, economic/financial, mental, physical, etc.) and also represent a high burden of disease resulting in significant direct and indirect expenditure for the health system, thus adding a financial cost to the social cost of these disorders (Degenhardt et al., 2019; Glantz et al., 2020; Miquel et al., 2018). Against this background, the role of addiction medicine is important, yet it faces several challenges in the coming years, especially at a local level. An initial challenge is linked to the replacement of professionals in the addiction network. The mass retirement of professionals involved in setting up the addiction treatment network in our country in the middle of the last century is expected shortly. Nevertheless, there has been little generational replacement of professionals. A further challenge to take into account is the increasing complexity of addictions, which is growing rapidly given the greater variety of toxic substances used (new psychoactive drugs) and the emergence of new patterns of use (e.g., chemsex, addiction to prescribed substances, etc.), and the presence of serious psychiatric or organic comorbidities. Similarly, the difficulty posed for the system by the ageing of the population served (for example, methadone maintenance treatments in the elderly or cognitive deterioration in patients with substance use disorders) should not be underestimated. At the same time, treatment for adolescents and young adults, especially for cannabis use or abusive use of video games is in greater demand. Finally, there is a legitimate demand from society that the management of mental health problems, and addictions in particular, be based on criteria of excellence and evidence-based medicine (from prevention to harm reduction).

The coming decade will be a period of change for the medical profession in general and in particular for professionals caring for patients with substance use disorder

■ ISSN: 0214-4840 / E-ISSN: 2604-6334

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(SUD) or other addictive behaviours. In 2023, Spain had 301,648 registered doctors or, in other words, 6.2 doctors per 1,000 inhabitants. This represents an increase in absolute numbers of 3.2% compared to the previous year and 0.1% in the ratio of doctors per 1,000 inhabitants (a stable ratio over the last 10 years). This minimal increase in the number of registered doctors per 1,000 inhabitants is striking, considering that the population aged over 65 years, which makes the greatest use of the health system's resources, has not stopped growing. Due to retirements, among other factors, it is estimated that in 2025 there will be a slight shortfall of professionals in specialties which are strongly involved in the treatment of addictions, such as family and community medicine. Less than 10 years ago, these specialties had a slight surplus. These factors are prior to two phenomena that have further strained the national health system and the well-being and working conditions of health professionals in particular: the economic crisis that began in 2008 and the COVID-19 pandemic. This shortage of medical personnel will be further aggravated by retirements, with some 80,000 expected by 2034 (7,000 annually), which will have a greater impact on primary care, where 60% of doctors are over 50 years old (Barber Pérez et al., 2011; Ferrero & Mateo, 2022; Instituto Nacional de Estadística, 2024; Ministerio de Sanidad, n.d.).

The generation of physicians who undertook the implementation and development of the current addiction treatment network during the 1980s and 1990s is now in the process of retirement. This is a generation of doctors, alongside other health and social care professionals, who approach the treatment of addictions from the perspective of health as a whole, at the same time physical, psychological and social. In many cases, they specialise in family medicine or internal medicine; in others, they achieved recognition in the specialty after years of practicing as addiction doctors and requesting validation through the MESTOS system. They have extensive training that includes the management of detoxification, withdrawal drugs, opiate-based maintenance programs, infectious diseases (viral hepatitis, HIV, tuberculosis, etc.), neurological diseases (peripheral neuropathies caused by alcohol, for example), liver disease, and other organic diseases. They have also mastered the diagnosis and treatment of the most frequent psychiatric comorbidities and have a special sensitivity for recognising social problems. In short, they are generalist physicians — in an ample sense of the concept — who have evolved to include mental health skills and knowledge, collaboratively with other colleagues (psychology, nursing, social work and education). Unfortunately, while this generation is leaving, the complexity in caring of these patients remains (MacLean et al., 2018). Consequently, the new generation of addiction physicians must have a wide range of skills and knowledge: communication (motivational interviewing, resistance-management skills), differential diagnosis and treatment of the most common mental health problems (post-traumatic stress disorder, depression, anxiety, schizophrenia or other forms of psychosis, suicide prevention, etc.) and cognitive deficits, diagnosis of organic comorbidities (HIV, viral hepatitis, sexually transmitted diseases, tuberculosis, pneumonia, cirrhosis, etc.), identification of social problems, management of detoxification and opioid substitution treatment, prevention and diagnosis of withdrawal and intoxication, treatment of patients with pain and opioid use disorder, conducting group therapy, and knowledge of different psychological approaches to withdrawal, use of telemedicine and digital interventions, diagnosis and management of non-substance addictions, management of drugs for nicotine and alcohol withdrawal, as well as off-label drugs for these and other addictions (Arunogiri et al., 2024; Bramness et al., 2024; Nunes et al., 2020).

The new generations of doctors choosing to dedicate themselves to addictions have completed the psychiatry specialty in their medical training (MIR: Médico Interno Residente). The fact that this is one of the few specialties that includes in its mandatory training schedule a minimum of four months of special training in addictions should improve the detection of and approach towards comorbid mental disorders suffered by a high proportion of patients with SUD or other addictions. However, there is some concern that the most "generalist" aspect of addiction management — the medical pathology derived from drug use — is lost in the focus on primary care and specialized care. While the former suffers from understaffing and bureaucracy overload, the latter results in insufficient experience in the treatment of these complications, lack of awareness of the addictions network and disregard for the specific and intrinsic difficulties of these patients. All of this can perpetuate the stigma of patients with SUD and, consequently, make their access to medical treatments more difficult, cause their treatment adherence problems to be underestimated and exclude vulnerable people who do not fit into a hospital health system that is often inflexible (Krendl & Perry, 2023).

Detecting diseases such as HIV, HCV, STDs or alcohol-related peripheral neuropathy, to give just a few examples, must remain the responsibility of addiction doctors, in coordination with professionals from other specialties. These are very prevalent problems that require professionals to feel confident in interpreting tests, electrocardiograms or chest X-rays, among many other complementary examinations. We need psychiatrists who choose dedication to this field to have transversal competences that are traditionally found in other specialties, such as internal medicine or family and community medicine: in many cases the only link with the health system for these patients are the addiction doctors. This does not imply an intrusion into the work of family doctors but rather cooperation; in short, the addiction

doctor adopts a double role combining primary care and specialized care in addictions.

Some initiatives at European level (https://wave-addictionsworkforce.eu/) are currently reflecting on the well-being of addiction professionals and on the necessary competencies in terms of knowledge and skills to guarantee a future which maximises dignity and quality in the treatment of people with addictions. Should there be a minimum level of competencies for hiring doctors in addiction treatment centres? Or do we perhaps need a specialty in addiction medicine? Or simply specific training/certification? These are questions open to debate. Spain has various master's degrees, in some cases pioneers at European level, with a comprehensive vision, and they produce excellently trained professionals. However, being aimed at various professional profiles — and in many cases the students are not doctors — they do not go deep enough into addiction medicine to the level that a specialty in the MIR specialized training system would allow. Some countries already have recognized training paths in addiction medicine as a subspecialty or independent certification of the specialty; this approach is therefore not unreasonable. In Europe, 17 out of 24 countries have some type of specific training in addictions that lasts between half a month (Germany) and 72 months (Norway). This includes Spain, with the 12 months of optional training for psychiatric MIRs (Bramness et al., 2024). This training, however, is not mandatory for the practice of addiction medicine in Spain and is not extended to other medical specialties. A proposed specialty in addiction medicine would also open the possibility of having a stronger presence in university medical studies, thus inspiring future generations of doctors.

Nevertheless, if working conditions are not improved, this is not enough to ensure the future of the specialty. To be more specific, a reduction in the workload is required, as well as greater consideration for professionals, a guarantee of professional careers, the promotion of work-family reconciliation and equal financial remuneration with other specialists. Dignifying the figure of the addiction doctor means increasing the workforce that this specialty will have in the future, and means improving the efficiency, quality and safety of the care of patients and their families.

A thorough knowledge of the DSM is not sufficient for the practice of psychiatry, let alone in the field of addictions. This editorial is a call to the Spanish medical and scientific community, and also to other health professionals, to continue working to maintain a legacy of which we should be proud.

Acknowledgements

Grup de Recerca Emergent, 2021 SGR 01158, AGAUR.

Funding

Project code number RD21/0009/0010 funded by Carlos III Institute, the European Regional Development Fund and the Recovery, Transformation and Resilience Plan.

References

Arunogiri, S., Lubman, D. & Foulds, J. (2024). Addiction medicine and psychiatry workforce training and planning across Australia and New Zealand: Commentary on "Education and training in addiction medicine and psychology across Europe: A EUFAS survey." *European Addiction Research*, *30*(3), 159–162. https://doi.org/10.1159/000536560

Barber Pérez, P., González López-Valcarcel, B. & Suárez Vega, R. (2011). *Oferta y necesidad de especialistas médicos en España (2010-2025)*.

Bramness, J. G., Leonhardt, M., Dom, G., Batalla, A., Flórez Menéndez, G., Mann, K., Wurst, F. M., Wojnar, M., Drummond, C., Scafato, E., Gual, A., Ribeiro, C. M., Cottencin, O., Frischknecht, U. & Rolland, B. (2024). Education and training in addiction medicine and psychology across Europe: A EUFAS survey. *European Addiction Research*, *30*(3), 127–137. https://doi.org/10.1159/000531502

Degenhardt, L., Bharat, C., Glantz, M. D., Sampson, N. A., Scott, K., Lim, C. C. W., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Andrade, L. H., Bromet, E. J., Bruffaerts, R., Bunting, B., de Girolamo, G., Gureje, O., Haro, J. M., Harris, M. G., He, Y., de Jonge, P.,… Kessler, R. C. (2019). The epidemiology of drug use disorders cross-nationally: Findings from the WHO's World Mental Health Surveys. *International Journal of Drug Policy*, *71*, 103–112. https://doi.org/10.1016/J.DRUGPO.2019.03.002

Ferrero, B. & Mateo, J. J. (2022, November 27). *La futura ola de doctores jubilados que acecha a la sanidad: El 60% de los médicos de familia de Madrid tiene más de 50 años.* El País. https://Elpais.Com/Espana/Madrid/2022-11-27/La-Futura-Ola-de-Doctores-Jubilados-Que-Acecha-a-La-Sanidad-El-60-de-Los-Medicos-de-Familia-de-Madrid-Tiene-Mas-de-50-Anos.Html

Glantz, M. D., Bharat, C., Degenhardt, L., Sampson, N. A., Scott, K. M., Lim, C. C. W., Al-Hamzawi, A., Alonso, J., Andrade, L. H., Cardoso, G., De Girolamo, G., Gureje, O., He, Y., Hinkov, H., Karam, E. G., Karam, G., Kovess-Masfety, V., Lasebikan, V., Lee, S.,… Kessler, R. C. (2020). The epidemiology of alcohol use disorders cross-nationally: Findings from the World Mental Health Surveys. *Addictive Behaviors*, *102*, 106128. https://doi.org/10.1016/J.ADDBEH.2019.106128

Instituto Nacional de Estadística. (2024, May 20). *Estadística de Profesionales Sanitarios Colegiados 2023.* https://www.ine.es/dyngs/Prensa/es/EPSC2023.htm.

Krendl, A. C. & Perry, B. L. (2023). Stigma toward substance dependence: Causes, consequences, and potential Interventions. *Asociation for Psychological Science, 24*(2), 90–126. https://doi.org/10.1177/15291006231198193

MacLean, R. R., Sofuoglu, M. & Rosenheck, R. (2018). Tobacco and alcohol use disorders: Evaluating multimorbidity. *Addictive Behaviors*, *78*, 59–66. https://doi.org/10.1016/J.ADDBEH.2017.11.006

Ministerio de de Sanidad, C. y B. S. (n.d.). *Los sistemas sanitarios en los países de la Unión Europea. Características e indicadores de salud 2019* https://www.sanidad.gob.es/estadEstudios/estadisticas/docs/presentacion_es.pdf

Miquel, L., Rehm, J., Shield, K. D., Vela, E., Bustins, M., Segura, L., Colom, J., Anderson, P. & Gual, A. (2018). Alcohol, tobacco and health care costs: A population-wide cohort study (n = 606 947 patients) of current drinkers based on medical and administrative health records from Catalonia. *European Journal of Public Health*, *28*(4), 674–680. https://doi.org/10.1093/EURPUB/CKX236

Nunes, E. V., Kunz, K., Galanter, M. & O'Connor, P. G. (2020). Addiction psychiatry and addiction medicine: The evolution of addiction physician specialists. *The American Journal on Addictions*, *29*(5), 390–400. https://doi.org/10.1111/AJAD.13068