

World Psychiatric Association

Position Statement on Substance Use Disorders

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Overview

Substance use disorders cover a broad spectrum of presentations involving both illicit drugs and prescription drugs in addition to legal substances such as alcohol and tobacco.

The nature of substance use disorders is often chronic and relapsing, characterised by a cluster of behavioural, cognitive and physiological phenomena in response to exposure to the psychoactive substance. This may be expressed as a craving the substance, despite knowledge of harmful effect, prioritising use of the substance above other obligations or desires, loss of control over substance use, increased physiological tolerance to the substance and a physiological withdrawal syndrome upon the removal of the substance.

There is a strong biological component to substance use disorders with genetic variations predisposing many individuals to neuroadaptation in areas of the brain, including the amygdala, basal ganglia and prefrontal cortex^{1 2}. However social factors leading to marginalisation, such as inequality, poverty, unemployment and low levels of education are also significant drivers in the prevalence of substance use disorders³.

This document should be read in conjunction with the WPA section statement (attached herewith).

Global Burden.

The epidemic of substance use disorders is arguably one of the biggest threats to public health globally. It is estimated that globally, there are almost 250 million users of illicit drugs, 2 billion users of alcohol and 1.3 billion users of tobacco^{4 5}.

Tobacco use alone, directly causes the death of over 7 million people per year due to smoking related illnesses such as lung cancer and chronic obstructive pulmonary disease⁶. Alcohol consumption is a causal factor in more than 200 diseases and injuries, resulting in a further with 3.3 million deaths⁷.

Of illicit drug related deaths, up to 50% are due to opioid overdose, with the greatest risk carried by populations recently released from prison and in those who inject intravenously. The intravenous route of administration is associated with the worst health outcomes, largely due to the increased risk of infection and transmission of blood borne viruses such as Hepatitis C and HIV^{8 9}.

Comorbid mental health disorders, such as anxiety, depression, ADHD, psychosis and personality disorder are also much more common amongst individuals who misuse substances¹⁰. Whilst directionality of dual diagnosis is often difficult to assert, there is clear evidence of a ripple effect of socio-economic burden across multiple generations in sectors such as education, judicial, housing and social care¹¹.

Prevention, Treatment and Harm Reduction Strategies.

Given the significant burden of substance use, there is a strong public health and socio-economic argument for investing in prevention, treatment and harm reduction strategies¹².

This approach has already proved successful in tobacco, with public education programs, restrictions on advertising, graphic pictorial warnings on cigarette packaging, taxation on tobacco, screening and brief intervention as well as free and accessible availability of nicotine replacement therapies and relapse prevention medication such as varenicline¹³.

However the implementation of such strategies is far from universal with less than 10% of countries surveyed by the World Health Organisation routinely employ screening and brief interventions

substance use disorders and only 30% of countries making opiate substitute therapy programs freely available and accessible ¹⁴.

With this in mind, there is considerable progress still to be made, with valuable system level guidance from the United Nations Sustainability Development Goals ¹⁵.

Summary

The World Psychiatric Association hold the position that substance use disorders arise from the interaction of multiple biological, psychological and social factors. The chronic and relapsing nature of the disorders result in significant ill health and socio-economic burden to both the individual and wider society across multiple generations. Efficacious treatments are available and can reduce the burden of disease through preventative, curative and harm reductive strategies. Accordingly, the WPA makes the following recommendations:

Research

- Epidemiological data should be gathered to understand the prevalence of substance misuse disorders and associated social features within local populations.

Public Policy

- Governments should perform health and wellbeing needs assessments, based upon local epidemiological data.
- Governments should address social drivers of substance misuse, including poverty, inequality, low education, unemployment and other forms of social marginalisation and exclusion.
- Sustainable principles of care commissioning should be employed, ensuring affordable, evidence based treatment is available with minimal economic or environmental waste.
- Public health education programs should be culturally sensitive and available in local languages.
- Healthcare records on substance use disorders should remain confidential and protected by law.
- Individuals identified as having substance use disorders should have equal access to medical treatment without prejudice, discrimination or fear of criminal prosecution.

Medical Education and Training

- Undergraduate medical curriculums should promote awareness of substance use disorders without stigma. A comprehensive approach should be taken, ensuring awareness of how the basic sciences relate to substance use disorders. Health promotion and disease prevention should feature in curriculums alongside pharmacological and psychosocial options for the management of substance use disorders.
- The number of post graduate medical training posts in addiction psychiatry should reflect the projected need of the population.

Clinical Practice

- Routine screening and brief intervention for substance use disorders should be offered in all primary care and antenatal settings.
- Individuals identified as having substance use disorders should be offered a comprehensive assessment of psychosocial needs and offered an individualised treatment package, focused on recovery and relapse prevention.

- Care should be free and accessible.
- Nicotine and opiate substitute therapy should be available where maintenance and harm reduction is the goal.
- Needle exchange programs should be available to individuals who continue to inject despite other interventions to reduce the transmission of blood borne viruses and other infections.
- Individuals with a history of dependence should be made aware of the risk of overdose following any period of reduced use, due to loss of tolerance.
- Individuals at risk of opiate overdose should receive appropriate training in the administration of naloxone alongside kits to take home.
- Acute alcohol withdrawal should be recognised as a medical emergency treated with short course of long acting benzodiazepines.
- Relapse prevention programs should be offered to individuals following successful substance detoxification.

¹ Ducci F and Goldman D. The genetic basis of addictive disorders. *Psychiatr Clin North Am.* 2012. 35(2):495-519
2012 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3506170/>

² Koob GF and Volkow ND. 2016. Neurobiology of addiction: a neurocircuitry analysis. *The Lancet Psychiatry.* 3:8 760-73

³ UNODC and the Sustainable Development Goals. United Nations Office on Drugs and Crime available online at https://www.unodc.org/documents/SDGs/UNODC-SDG_brochure_LORES.pdf

⁴ World Drug Report 2016. The United Nations Office of Drugs and Crime. 2016. Available for download at <http://www.unodc.org/wdr2016/>

⁵ Management of substance abuse. The global burden. World Health Organisation. Accessed online 29/09/17 http://www.who.int/substance_abuse/facts/global_burden/en/

⁶ WHO report on the global tobacco epidemic 2015. Raising taxes on tobacco. World Health Organisation. Available for download at http://www.who.int/tobacco/global_report/2015/en/

⁷ Global status report on alcohol and health 2014. World Health Organisation. 2014. Available for download at http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf

⁸ World Drug Report 2016. The United Nations Office of Drugs and Crime. 2016. Available for download at <http://www.unodc.org/wdr2016/>

⁹ Degenhardt L, Charlson F, Stanaway J, Larney S, Alexander L, Hickman M, Cowie B, Hall W, Strang J, Whiteford H, Vos T. Estimating the burden of disease attributable to injecting drug use as a risk factor for HIV, hepatitis C, and hepatitis B: findings from the Global Burden of Disease Study 2013. *The Lancet Infectious Disease.* 2016; 16(12) 1385-1398

¹⁰ Comorbidity: Addiction and other mental health disorders. National Institute on Drug Abuse. 2010. Available online via <https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf>

¹¹ Bauer A, Parsonage M, Knapp M, Lemmi V, Adelaja B. The costs of perinatal mental health problems report summary. 2014 Available online at <http://everyonesbusiness.org.uk/wp-content/uploads/2014/12/Embargoed-20th-Oct-Summary-of-Economic-Report-costs-of-Perinatal-Mental-Health-problems.pdf>

¹² Campion J, Bhui K, Bhugra D. European Psychiatric Association (EPA) guidance on prevention of mental disorders. *European Psychiatry*. 2012. 27:68-80

¹³ WHO report on the global tobacco epidemic 2015. Raising taxes on tobacco. World Health Organisation. Available for download at http://www.who.int/tobacco/global_report/2015/en/

¹⁴ The Global Information System on Resources for the Prevention and Treatment of Substance Use Disorders. World Health Organisation. 2008. Available at http://www.who.int/gho/substance_abuse/en/

¹⁵ Transforming our world: the 2030 Agenda for Sustainable Development. United Nations General Assembly 25/09/2015 Available to download http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

Declaration prepared by the WPA Section for Addiction Psychiatry

On the North American opiate overdose crisis

The current overdose crisis in the United States of America and Canada is a major challenge causing more mortality than the early years of the recent HIV epidemic. This situation has significant global

impact and demonstrates the importance of a rethinking of current drug policy as well as treatment approaches internationally.

The contamination of street drugs of all kinds with synthetic substances, which frequently includes only small amounts of substances as claimed, has increased the risk of fatal overdoses exponentially. The high potency opioids mixed into street drugs, like the synthetic opioid fentanyl, are very dangerous and are the most discussed recent example.

Higher risks are increasing the pressure on our healthcare system to develop appropriate responses in all domains. It's not only about changing behaviors—it's about saving lives. This may turn out to be the most critical challenge for addiction psychiatry and addiction medicine: we must work hard to be part of the solution in overcoming clinical, administrative, cultural and fiscal barriers to prevention, identification and treatment of opioid use disorders and through advocating for our patients!

Public health crises like this one are not new to medicine and health policy. The HIV crisis, the Ebola epidemic or the response to cholera are similar bold threats. All societies should address the overdose crisis based on the principles of effectiveness and the human right to live a healthy life.

The fact that the current overdose crisis is mainly happening in North America and not in most European countries should help us to develop effective strategies learning from each other. The main outcome we must address is to stop the dying on our streets as the first step to recovery.

Due to prohibition and stigma, drug users still suffer at the margins of society. This treatment system is the most underdeveloped and underfunded area of modern medicine. Most effective treatments are not available globally.

We encourage a reset of the policy and treatment paradigms, based on the broad public demand to act quickly and effectively. The following core initiatives are the essentials from our perspective:

1. An effective, accessible treatment system:
Our patients need treatment on demand, which means increasing the capacity of quality care, in order to affect the rising death toll. Key measures should be:
 - a. The regulation of available treatment options with proven effectiveness in all countries to provide the necessary range of options.
 - b. To facilitate the accessibility to treatment system with a gender perspective, in order to address the gap between prevalence of females with opioid use disorder in the general population and the much lower prevalence in females seeking treatment for this disorder.
 - c. The provision of different routes of administration in patient-centered settings, including intravenous, nasal, inhaling and others, to reduce the mortality risk.
 - d. To provide treatment options with proven evidence for the most difficult-to-treat patients like heroin assisted treatment, Hydromorphone assisted treatment in different forms of application.
2. High-quality treatment with evidence-based medicines as the most important component
Opioid substitution treatment is internationally the most effective and prevalent treatment option. However, the quality and capacity varies a lot. We recommend:

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- a. Increasing the coverage through building treatment capacity in all possible ways, including the piloting of virtual substitution clinics in remote areas.
 - b. Increasing retention since retention in treatment is most important indicator of patient satisfaction. The range is between 30 and 80% for the first year of treatment. Improving retention is critical for the current crisis.
 - c. Improving the quality of care The main quality criteria are: sufficient dose, appropriate substance (consumers choice is critical), psychosocial support and enough duration (i.e. several years and lifelong for some)

3. An improved emergency response including effective monitoring and after care

Application of Naloxone is a first step to save lives. To prevent reinjection, patients need to be taken care of for a minimum of 2 hours. In the case of overdose with longer-acting opioids, the acute care must be provided over many hours. Intensive case management for the following weeks should engage them with the treatment system. These persons who have overdosed on opioids are at high risk to overdose again.

First responders and peers need support to better know how to help and get support on their own. Governments and professional organizations have created clinical and peer training programs as part of a program to disseminate Naloxone in populations highly affected by the opioid epidemic, and this needs to be part of a strategy to broadly distribute that knowledge as well as Naloxone.

4. Improved informed decision-making by users, implementing drug content analysis, transparency on the drug market, and unbiased health promotion

The drug supply is changing and is not transparent, so users can't calculate the risks to a large degree, which is essential to making informed decisions. The systematic checking of ingredients, public reporting of results etc. in an accessible format can help to improve safety. Risk education, e.g., with online solutions can help to engage users into care too.

5. Integration of intervention strategies through psychosocial care and counseling

The quality of care of people using drugs is defined through the availability of the best possible pharmacological treatments, good psychosocial counseling and the most appropriate treatment setting. Psychosocial interventions build the bridge to other components of the system and are essential for retention and integration.

6. Treating underlying mental challenges as a major reason for any consumption of psychotropic substances through major changes in psychiatry. Addiction psychiatry must be core to the solution.

The coincidence of substance use disorders and other mental challenges is the rule and not the exception. Intravenous drug users especially suffer enormous rates of trauma and mental illness, which needs treatment. Untreated mental illness contributes to poorer outcome among persons with substance use disorders as it does with other medical

problems. Psychiatry therefore needs to play a leadership role in the response to the current crisis:

- a. through providing quality services for patients with complex concurrent disorders at the highest risks of overdose;
- b. through support for the suicidal patients among users, which may be up to 15% of overdose cases; and
- c. through helping to improve the quality of the overall treatment approach in all settings, etc.

7. Strengthening of interdisciplinary healthcare and collaboration across support systems

The four pillar approach is a successful framework (*needs a short explanation*), however, it only works with systematic coordination and synergy between the system components. It needs to be adapted to regional needs.

8. Collaboration and dialogue between users, peers, families and professionals improving oversight and system design as well as overcoming stigma.

Substance users are a critical resource to the treatment system. The systematic dialogue on needs and their input to help improve services frequently make the difference. They need access not only to services, but to decision-making and system design.

9. Evidence-based Policy.

Research, teaching and training capacities must be appropriately expanded to match the size of the challenge, and made available and accessible for the full range of professionals and patients.

These activities need to be patient-centered, and have measurable impact on the quality of care and chance of survival. Better scientific evidence is the key to a better functioning treatment approach based on better political decisions.

10. Learning from new approaches to national drug policies

The examples of Uruguay and Portugal, Switzerland and some US states, as well as the Canadian legislation on Cannabis in preparation are evidence of the benefits of paradigm shifts in drug policy. An open outcome-oriented reconsideration of legal frameworks should be part of an effective approach.

For the section

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