

# European Medical Students' Association

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# **Drugs and Addiction Training**

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

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## Problem statement.

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviours that become compulsive and often continue despite harmful consequences (NYSAM, 2021).

The level of acceptance varies by substance, social and cultural impact in each country, thus showing that the legality of the substance is not medically related. However, it does have an important impact on Public Health and medical care. Substances that are considered medicine can also fall under the category of drug abuse if misused (Crocq, 2007).

One of the most significant barriers affecting patients with substance use disorders is stigma from civil society to medical providers (Zwick et al., 2020). Addiction can present itself as a barrier for both access to healthcare and the doctor-patient relationship, with patients feeling judged by the healthcare provider, denied pain medication and other substances due to the mistrust of the professional, interfering with the quality of care given (Matsuzaki et al., 2018; McCoy et al., 2001; van Boekel et al., 2013). Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases (NYSAM, 2021).

Treating addiction as an illness that needs to be tackled as such, whilst providing safer consumption, medical care and psychological support, leads to benefits to public health, decreasing HIV, HBV and HCV infection rates, as well as providing appropriate treatment for the illness, thus reducing drug addiction rates (Ferriera, 2017; Santana & Nogueira, 2005; Turner, 2011).

Harm reduction policies focus on reducing the harm from drug usage by providing safe places and materials, help for those that seek it and a judgement-free treatment environment.

Medical students face a knowledge gap and lack the skills to identify, treat and manage patients with substance use disorders, mainly due to the lack of dedicated training in their curriculum and little exposure to patients with this disorder (O'Brien et al., 2011; Strobel et al., 2012). Providing appropriate care reduces the rate of substance use disorders to a great extent and positively affects public health, whilst insufficient training leads to misdiagnosis, increased stigma, and negative attitudes towards patients (van Boekel et al., 2013; "European Prevention Curriculum", 2019). Therefore, it severely affects the quality of care provided and public health.



## Our view. Aim.

EMSA deems the work on drugs and addiction as a whole a much necessary topic of discussion. With recent work primarily focused on tobacco and alcohol policies, EMSA is continuously expanding its work in this area.

There is an overall lack of appropriate training curriculum on drugs as well as the pathophysiology and social and psychological processes of addiction. Current substance abuse training in medical schools is focused mainly on transmitting scientific knowledge with relatively little education or training on attitudes and skills central to effective prevention and treatment of patients (Ram & Chisolm, 2015). Lack of training prevents early recognition of the disease and the risk factors that the patient presents with. It also prevents appropriate management of care and impacts the doctor-patient relationship.

Given that the gap between clinical need and physician education is yet to be properly addressed, EMSA finds the need to promote an open discussion on the topic and calls for a change in curriculum to help medical students access appropriate training on substance abuse attitudes and skills. These may enhance the practice of evidence-based care, tackling the deficits that medical students face on the approach to harmful drug usage and addiction. Furthermore, investment in prevention is imperative, which requires medical students to not only have sufficient knowledge to inform their patients and civil society through awareness campaigns, patient centred care and teaching, but also the appropriate training to approach these topics from a non-judgemental standpoint, based solely on scientific and social evidence ("European Prevention Curriculum", 2019).

Early diagnosis and treatment are often not accomplished mainly due to the lack of skills and knowledge in addiction medicine of the general doctor. This results in a public health problem steaming from the untreated addiction and its morbimortality. With changes in the medical curriculum, which include appropriate attention to the topic, as well as combined initiatives to change the clinical culture around substance abuse, earlier recognition of substance abuse problems will be made possible, allowing for earlier intervention, facilitating the prevention of addictions. Earlier intervention and diagnosis will in turn lead to a shorter overall length of treatment, effective referrals for continued treatment of the addiction and its morbidities, as well as increased access to care and the decrease of morbimortality related to addiction. (Ayu et al. 2015)

With this policy paper, we aim to increase awareness on the importance of this topic and hope to promote change in the medical curriculum and the approach to drugs and addiction by medical students' organisations. Providing better-trained doctors, increasing the knowledge of civil societies regarding drug usage and addiction would improve the overall healthcare of our future patients.



We support Harm Reduction policies that promote education on drug usage and addiction, thus providing people with an informed choice that ultimately reduces drug-related harm and consumption as well as addiction.

### Recommendations.

EMSA calls upon the World Health Organization and the European Centre for Disease Prevention and Control to:

- promote information compiled by the Expert Committee on Drug Dependence (ECDD) through summaries of their documents, containing infographics to increase accessibility for the general population;
- promote the work of the European Monitoring Centre for Drugs and Drug Addiction in their social media and through governments;
- promote targeted campaigns for adolescents and young adults to raise awareness on the effects of drug usage on their physical and mental health;
- raise awareness on Maternal Substance Use by creating content which can educate the general population as well as guidelines which aid health professionals to ensure optimal health for both the mother and the fetus;
- develop guidelines that allow governments to improve their work on addiction prevention and treatment.

EMSA calls upon the European Union Institutions and National Governments to:

- adopt Harm Reduction Policies, making information on drugs and their acute and chronic effects on health more prominently available to students and the general public, through awareness campaigns and integration in the school curriculum
- promote targeted campaigns for adolescents and young adults to raise awareness for the effects of drug usage in their physical and mental health;
- develop guidelines that allow governments to improve their work on addiction prevention and treatment;
- promote the work of the European Monitoring Centre for Drugs and Drug Addiction and enforce the European Prevention Curriculum (European Monitoring Centre for Drugs and Drug Addiction, 2019);
- create a collective fact sheet containing statistics on substance misuse within the European Union and comparing the strategies developed by each country, in order to improve the laws, regulations and coursework regarding substance misuse prevention and treatment;
- encourage family physicians to:



- screen their patients for substance use disorders during routine consults by enquiring about drug usage and misuse, and risk behaviours;
- screen patients at risk of drug abuse for infectious diseases, such as Hepatitis B, Hepatitis C and HIV;
- create and promote mobile checkpoints where citizens can get tested for infectious diseases, such as Hepatitis B and C, and HIV, and screened for addictive disorders and substance misuse, and receive guidance if necessary;
- develop algorithms to support the addiction recovery process, following the example of countries with better success rates, and integrating addiction care in the national health system, promoting continued care in a community setting;
- provide social support for the reintegration of patients affected by substance use disorders;
- educate the European population on substance misuse through the creation of audiovisual material, which includes information on substances that are likely to be abused, signs to look out for which may indicate substance misuse and services available for the general public;
- treat substance use disorders as a chronic disease, promoting integration on the healthcare system and fighting discrimination towards these patients through the enforcement of anti-discrimination policies

EMSA calls upon Medical Schools of Europe to:

- review and implement curricular changes in the teaching of substance misuse within the next four years, which can include internships in substance misuse units, psychiatric services with addiction consults, lectures and/or workshops within the medical curriculum to ensure that medical students are adequately exposed to the services offered by the national healthcare system and learn how to diagnose, manage and treat these patients properly;
- promote voluntary educational opportunities (e.g. workshops, conferences) for students;
- adequately assess students knowledge of substance misuse, their treatment and services available within the healthcare system through the inclusion of assignments and/or exam questions on the subject in study units focused on related subjects, e.g. psychiatry, public health;
- teach students how to properly handle a medical interview and enquire about drug usage, misuse and addiction, promoting better communication skills, e.g. through simulations using role-playing or actors, internships and/or by visiting centres that aid these patients;
- offer harm reduction services and provide information about harm reduction strategies to students who seek help for substance misuse;
- have mental health services available and free or at reduced and accessible prices on campus, with sufficient capacity, to aid medical students seeking mental health support.



EMSA calls upon the Medical Students Organizations and other health-related organisations to:

- visit schools and institutions with kids, adolescents and/or young adults at high risk of substance misuse and promote educational activities regarding the effects of drugs in their development and health, as well as initiatives that promote a healthy lifestyle such as mentoring initiatives;
- create educational sessions and material aimed at students enrolled in multiple stages of the education system (e.g. primary, secondary, high school) on drugs and services available for those seeking help due to substance misuse, from a harm reduction perspective;
- encourage a multidisciplinary approach by arranging lectures and panel discussions where various specialities are represented (psychiatry, public health, family physician etc.), to discuss their actions taken regarding addiction;
- publish booklets including glossaries of stigmatising terms that should be avoided and that are culturally and socially still used, promoting a more appropriate language;
- prepare a guideline explaining establishments where people can get help during struggling with addiction;
- collaborate with psychiatrists and addiction medicine trainees/specialists to organise peer education training on substance misuse disorders by organising, e.g. webinars, onsite workshops;
- create and maintain a database containing educational material, session plans and webinar recordings on the subject for future reference, bookkeeping and statistical purposes.

EMSA commits itself to:

- raise awareness amongst medical students regarding the harmful effects of substance misuse;
- adopt a Harm Reduction perspective by promoting initiatives to inform medical students and fill the curricular gap in drug usage and addiction training, capacitating students to educate their communities and giving them the necessary materials to raise awareness;
- develop a comprehensive booklet on drugs and addiction;
- continue to collaborate with the European Public Health Alliance (EPHA) and the Smoke-Free Partnership (SFP) to raise awareness and promote changes at the European level;
- promote a healthy environment in every EMSA event, discouraging the use of harmful substances;
- promote mental health initiatives for medical students;
- decline sponsoring from any company promoting alcohol, tobacco or other drugs.

### References.

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- Ayu, A. et al (2015). Effectiveness and Organization of Addiction Medicine Training Across the Globe. *European Addiction Research*. <u>https://doi.org/10.1159/000381671</u>
- Bajekal, N. (2018). Want to Win the War on Drugs? Portugal Might Have the Answer. *Time*. Retrieved 27 June 2021, from <u>https://time.com/longform/portugal-drug-use-decriminalization/</u>
- Crocq, M. (2007). Historical and cultural aspects of man's relationship with addictive drugs. <u>Https://Www.Dialogues-Cns.Org/Contents-9-4/</u>, 9(4), 355-361. <u>https://doi.org/10.31887/dcns.2007.9.4/macrocq</u>
- Darke, S., Hall, W., Weatherburn, D., & Lind, B. (1999). Fluctuations in heroin purity and the incidence of fatal heroin overdose. *Drug And Alcohol Dependence*, *54*(2), 155-161. <u>https://doi.org/10.1016/s0376-8716(98)00159-8</u>
- Decriminalization works, but too few countries are taking the bold step. Unaids.org. (2020). Retrieved 27 June 2021, from <u>https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200303\_drugs</u>.
- European Prevention Curriculum. Emcdda.europa.eu. (2019). Retrieved 27 June 2021, from https://www.emcdda.europa.eu/system/files/publications/11733/20192546\_TDMA19001ENN\_PD F.pdf
- Ferreira, S. (2017). Portugal's radical drugs policy is working. Why hasn't the world copied it?. The Guardian. Retrieved 27 June 2021, from <u>https://www.theguardian.com/news/2017/dec/05/portugals-radical-drugs-policy-is-working-wh</u> <u>y-hasnt-the-world-copied-it</u>
- Human Rights Watch. (2016). US: Disastrous Toll of Criminalizing Drug Use. Retrieved 27 June 2021, from <a href="https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use">https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use</a> .
- Matsuzaki, M., Vu, Q., Gwadz, M., Delaney, J., Kuo, I., & Trejo, M. et al. (2018). Perceived access and barriers to care among illicit drug users and hazardous drinkers: findings from the Seek, Test, Treat, and Retain data harmonization initiative (STTR). *BMC Public Health*, 18(1). https://doi.org/10.1186/s12889-018-5291-2
- McCoy, C., Metsch, L., Chitwood, D., & Miles, C. (2001). DRUG USE AND BARRIERS TO USE OF HEALTH CARE SERVICES. Substance Use & Misuse, 36(6-7), 789-804. <u>https://doi.org/10.1081/ja-100104091</u>



- O'Brien, S. (2011). Undergraduate medical education in substance use in Ireland: a review of the literature and discussion paper. Irish Journal of Medical Science. <u>https://doi.org/10.1007/s11845-011-0736-y</u>
- Ram, A., & Chisolm, M. (2015). The Time is Now: Improving Substance Abuse Training in Medical Schools. Academic Psychiatry, 40(3), 454-460. <u>https://doi.org/10.1007/s40596-015-0314-0</u>
- Santana, P., & Nogueira, H. (2005). AIDS/HIV mortality in Portugal in the 90s. Hdl.handle.net.
  Retrieved 27 June 2021, from <a href="http://hdl.handle.net/10316/13615">http://hdl.handle.net/10316/13615</a>.
- Social exclusion and reintegration. Emcdda.europa.eu. (2003). Retrieved 27 June 2021, from <a href="https://www.emcdda.europa.eu/system/files/publications/295/sel2003\_2-en\_69679.pdf">https://www.emcdda.europa.eu/system/files/publications/295/sel2003\_2-en\_69679.pdf</a>.
- Strobel, L. et al (2012). German medical students lack knowledge of how to treat smoking and problem drinking. *Addiction*. <u>https://doi.org/10.1111/j.1360-0443.2012.03907.x</u>
- Turner, K. et al (2011). The impact of needle and syringe provision and opiate substitution therapy on the incidence of hepatitis C virus in injecting drug users: pooling of UK evidence. *Addiction*. <u>https://doi.org/10.1111/j.1360-0443.2011.03515.x</u>
- van Boekel, L., Brouwers, E., van Weeghel, J., & Garretsen, H. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug And Alcohol Dependence*, *131*(1-2), 23-35. https://doi.org/10.1016/j.drugalcdep.2013.02.018
- What is Addiction Medicine? | NYSAM. New York Society of Addiction Medicine. (2021). Retrieved 27 June 2021, from <a href="https://nysam-asam.org/about-addiction-medicine/">https://nysam-asam.org/about-addiction-medicine/</a>
- Zwick et al. (2020). Stigma: how it affects the substance use disorder patient. Substance Abuse Treatment, Prevention, and Policy, <u>https://doi.org/10.1186/s13011-020-00288-0</u>
- Seal, K. H., Ochoa, K. C., Hahn, J. A., Tulsky, J. P., Edlin, B. R., & Moss, A. R. (2000). Risk of hepatitis B infection among young injection drug users in San Francisco: opportunities for intervention. The Western journal of medicine, 172(1), 16-20. <u>https://doi.org/10.1136/ewjm.172.1.16</u>