

To whom it may concern:

During the celebration of the XXV anniversary of the *Associació Rauxa* (1989-2014), a NGO devoted to the integral treatment of the dependence of alcohol and other drugs of homeless people in the city of Barcelona, a request to include a new subject in the Medical Degree on "Alcohol and other drugs addiction: early diagnose and treatment" was brought up as a basic preventive action to avoid the great harms caused by the consumption of alcohol and other drugs.

We are specially worried about the harm produced by the consumption of alcohol since alcohol is the drug that causes the greatest organic and social negative effects.<sup>1</sup> The average annual consumption of alcohol per capita in Europe is of 9,1 liters, and in Spain it is of 9,9 liters.<sup>2</sup> There are more than 200 illnesses related to alcohol consumption, among them we have cirrhosis, fetal alcohol syndrome (FAS), a greater defenselessness against certain types of cancer, and also some infections such as tuberculosis and the human immunodeficiency virus (HIV), traffic accidents and homelessness.<sup>3,4</sup> One out of every three men younger than 35, drinks 4 or more drinks on each occasion, which raises the risks of accidents, overdoses and cognitive damage.<sup>5</sup> There are 23 million alcohol-dependent people in Europe. Alcoholism causes 3,3 million deaths per year, which represents the 5,9% of the total deaths.<sup>2</sup> This costs 155.800 million euros per year.<sup>6</sup> As a result of this, 3 or 4 people that are close to the patient suffer negative consequences. Even in spite of the above mentioned facts, 80% of alcoholic people do not receive a specialized treatment.<sup>7</sup>

If this illness, alcoholism, is not treated or its treatment is delayed, its spontaneous evolution results in **death** due to serious organic consequences, such as cirrhosis, cancer or some others, or due to secondary mental disorders such as depressions and *suicide*. The brain damage can reach alcoholic dementia, and as a consequence these patients need to be admitted in a **hospital for mentally insane people**. The serious misbehaviors of these patients also have legal consequences that take them to **prison**. The loss of family relationship, work and home is what throws some of these patients into the **street (homelessness)**.

A very impressive fact, reported by Rauxa Association, is the high rate of suicide attempts, 35% - of the global sample - among the homeless alcoholic patients, before being admitted in Rauxa. In the sample group of alcoholics with cocaine dependence the percentage raises to a 48%.<sup>4</sup>

We like to remark that there is evidence against the assumed benefit of drinking moderately or low alcohol doses.<sup>8,9,10</sup>

Given this situation, we believe that the official University training in this matter of any medical professional is crucial to reduce the risk of consumption and to avoid the dependence development; this training enable to do an early diagnose of the illness and refer these patients to centers that are specialized in alcoholism and other addictions treatments.

To reduce alcohol consumption through brief intervention<sup>11,12</sup> would avoid a dependence development. On the other hand, a medical education on alcohol consumption and on the corresponding risk levels should be common practice for any primary care doctor.

If all alcoholic patients received a specialized treatment from the very beginning, many serious and multiple negative consequences, affecting their own life and that of their close relatives, could be avoided. The consequences derived from alcoholism entail a very high medical cost and a very high personal and family cost, too. **It is for all these reasons that we consider unavoidable that a good training in alcohol and other drug dependence should be included as a curricular subject in the Medical Degree.**

<sup>1</sup> Nutt, David et al Drug harms in the UK: a multicriteria decision analysis. The Lancet vol. 376 Nov. 6 2010.

<sup>2</sup> OECD (2015), Tackling harmful alcohol use: Economics and public health policies. OECD Publishing

<sup>3</sup> Vaillant GE The natural history of alcoholism. Revisted Harvard University Press (1995).

<sup>4</sup> Memoria Associació Rauxa. (1990-2014)

<sup>5</sup> Alcohol and the developing adolescent brain: Evidence Review. SHAAP (Scottish Health action on alcohol problems) 2013

<sup>6</sup> Rehm, J., Shield, K., Rehm, M., Gmel, G., & Frick, U. (2012).Modelado de los efectos de la dependencia del alcohol sobre la carga dela mortalidad y el efecto delas intervenciones de tratamiento disponibles en la Unión Europea.

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<sup>7</sup> Kohn *et al.* Bull World Health Organ 2004; 82: 858–866

<sup>8</sup> Reseach Report from IOGT-NTO and the Swedish Society of Medecine.2014: The effects of low-dose alcohol consumption

<sup>9</sup> BMJ 2015; 350:h384|doi:10.1136/bmj.h384

<sup>10</sup> GuardiaSerecigni, Josep. ¿Es bueno el alcohol para la salud? *Is alcohol really good for health?* ADICCIONES, 2008 Vol.20 Núm. 3 • Págs. 221-236

<sup>11</sup> Rodriguez-Martos Dauer, Alicia. Efectividad de las técnicas de consejo breve. ADICCIONES (2002), Vol 14. Supl 1. Pags337-351

<sup>12</sup> Rodriguez-Martos Dauer, Alicia. Lo bueno, si breve, dos veces bueno... a veces. Revista Española de Drogodependencias 32 (1) 2007. Pags. 68-76

I support this proposal

Name: ..... Surnames: .....

Identity document: ..... Date: .....

Signature:

Barcelona, november 2016