

# Editorial: Substance use and addictive disorders

This special edition of the Israel Journal of Psychiatry and Related Sciences provides a focus on substance use disorders and addiction. While for most practicing psychiatrists issues pertaining to addiction may not be the preliminary focus of their work, it is nevertheless relevant to their daily practice. Substance use is widespread in the community across all social strata and even more so among psychiatric patients. Moreover, substance use affects the course of illness of many psychiatric disorders and has negative physical impact and consequences in a population which is already at-risk for physical morbidity.

Addiction and other psychiatric disorders co-exist at high rates. Though local data is currently lacking, population-based studies from high-income countries indicate that up to 30% of individuals with psychiatric disorders have an additional drug or alcohol use disorder. Inversely, up to 40% of individuals with an alcohol use disorder and more than 50% of those with drug use disorders have an additional psychiatric diagnosis (1). These figures indicate that alongside high rates of substance use disorders, co-occurrence of psychiatric disorders and substance use disorders is extremely common.

Unfortunately, from a systems standpoint, there is a crude disparity between general psychiatry and addiction. This is a result of a historical fallacy which patients still pay the price for. Almost five decades of scientific research emphasize the neurobiological basis of addiction (2), with clear indications that like other psychiatric disorders, disturbances in brain functioning manifest in human behavior. Though research has well-demonstrated that the most effective method of treating concurrent psychiatric disorders and substance use disorders ("Dual Diagnosis") is in an integrative fashion, by the same group of therapists in the same facility, this is rarely the case. Most psychiatric facilities in Israel, both inpatient and particularly outpatient, do not have expert services for this population and most specialized services for addiction do not have standard psychiatric care as a basis for medical treatment.

Publication of this special issue coincides, to an extent, with the long-awaited publication of the DSM 5. In the transition from DSM-IV-TR to DSM 5, the chapter title has been changed from "Substance-Related Disorders" to "Substance-Related and Addictive Disorders." This

represents an expansion of addiction to include non-substance related behaviors. Currently, only Gambling Disorder is included under this diagnostic category, though additional behavioral addictions, such as Internet Gaming Disorder, have been included under section C ("to be studied further") of DSM 5. In addition, the abolition of "abuse" and "dependence" in DSM 5 and the new diagnosis of "Substance Use Disorder" represent the understanding that these disorders exist on a continuum. Accordingly, in this special edition the reader will encounter different nomenclatures and terminologies, including "addiction," "abuse," "dependence," "substance use disorders," etc., a common rooted linguistic multitude in this field.

This special edition contains contributions from leading psychiatrists working with substance use and addictive disorders in Israel. These include a wide breadth of substances and ages, sub-populations and concurrent psychiatric disorders.

Dinur-Klein et al. (3) address the issue of tobacco dependence, the most common substance use disorder, with alarming high rates within the psychiatric population. Exploring the relationship between tobacco dependence and cognitive function is important in order to better understand the underlying mechanisms as a basis for potential effective interventions in this disorder. Another common substance use disorder, cannabis dependence, is addressed by Katz et al. (4). Their review focuses on cannabis withdrawal symptoms, which are a significant contributor to relapse, and acknowledged in DSM 5 for the first time. Peles et al. (5) report on rates of substance use among pregnant women hospitalized in a general hospital, a population commonly under-diagnosed for substance use disorders in the general medical system in critical phases of fetal development.

A portion of manuscripts contributed to this special edition come from researchers and clinicians working in specialized addiction clinics. Peles et al. (6), a group with great experience in studying clinical populations of individuals receiving Methadone Maintenance Treatment (MMT), contribute a study on characteristics of co-occurring MMT and benzodiazepine use. Goren et al. (7) describe a clinical population of individuals treated with buprenorphine in a large private network of clinics in Israel.

A number of studies published in this manuscript focus on specific clinical populations, particularly those with “dual diagnosis”: Feingold et al. (8) describe a clinical inpatient population of adolescents with previous alcohol abuse, indicating increased prevalence of Attention Deficit Hyperactivity Disorder and related behavioral problems; Delayahu et al. (9) compare clinical outcomes of coerced vs non-coerced inpatients from a dual diagnosis ward. Finally, Shlosberg et al. (10) provide a focused review on the association between substance use and suicidality in adolescence.

From a clinical perspective, a number of case reports and series are included in this special edition. Lerner et al. describe various manifestations of Hallucinogen Persistent Perception Disorder (HPPD), providing both a thorough review of this interesting phenomena (11) as well as a number of relevant case reports (12, 13).

The collection of papers included in this special edition not only provides an insight into the work conducted in Israel in the field of addiction and dual diagnosis, it provides an indicative snapshot of topics that advance our knowledge of substance use disorders and of the clinical significance of these disorders in psychiatry.

The upcoming reform in mental health in Israel will unfortunately not include treatment of addiction, meaning that these disorders will continue to be treated in specialized centers for substance use disorders run by the Ministry of Health. Though treatment of Dual Diagnosis is planned to be transferred to the Health Maintenance Organizations (HMOs) (“Kupot Cholim”) precise definitions are still unclear. We believe the reform provides a historical opportunity to establish accessible integrative treatment facilities for individuals suffering with Dual Diagnosis. This should include all individuals with a psychiatric disorder across the broad spectrum of disorders (e.g., psychotic, mood, anxiety, personality, etc.) who additionally suffer from a substance use disorder. Providing these services through the HMOs will allow access to treatment to up to hundreds of thousands of people in Israel, and will be cost-effective in the long term. This is a rare opportunity to partially amend the long-standing historical split between these services, and it should not be missed.

Indicating that substance use disorders are separate from general medicine and general psychiatry is not only contrary to all available research, it further stigmatizes and marginalizes a very large population suffering from these disorders. We believe inclusion of this

field in general psychiatry is critical, allowing educating clinicians from the medical-school level, through training during residency programs and finally through subspecializing in the field. We hope this special edition will serve as part of this process.

## References

1. Regier DA, Farmer ME, Rae DS, Locke BZ, Keith SJ, Judd LL, et al. Comorbidity of mental disorders with alcohol and other drug abuse. Results from the Epidemiologic Catchment Area (ECA) Study. *JAMA* 1990;264:2511-2518. Epub 1990/11/21.
2. Leshner AI. Addiction is a brain disease, and it matters. *Science* 1997; 278:45-47. Epub 1997/10/06.
3. Dinur-Klein L, Kertzman S, Rosenberg O, Kotler M, Zangen A, Dannon PN. Response inhibition and sustained attention in heavy smokers versus non-smokers. *Isr J Psychiatry Relat Sci* 2014;51:240-247.
4. Katz G, Lobel T, Tetelbaum A, Raskin S. Cannabis withdrawal symptoms – a new diagnostic category in DSM-5. *Isr J Psychiatry Relat Sci* 2014;51: 270-276.
5. Peles E, Sason A, Bloch M, Maslovitz S, Dolberg S, Many A, et al. The prevalence of alcohol, substance and cigarettes exposure among pregnant women within a general hospital and the compliance to brief intervention for exposure reduction. *Isr J Psychiatry Relat Sci* 2014;51:248-257.
6. Peles E, Adelson M, Shreiber S. Benzodiazine age during 19.5 years in methadone maintenance treatment patients and its relation to long-term outcomes. *Isr J Psychiatry Relat Sci* 2014;51:285-289.
7. Goren L, Carmel Z, Marchevsky S. Buprenorphine for opiate dependence: Clinic based therapy in Israel. *Isr J Psychiatry Relat Sci* 2014;51:281-284.
8. Feingold D, Nitzan U, Ratzoni G, Lev-Ran S. Clinical correlates of alcohol abuse among adolescent psychiatric inpatients in Israel. *Isr J Psychiatry Relat Sci* 2014;51:258-261.
9. Delayahu Y, Nehama Y, Sagi A, Baruch Y, Blass DM. Clinical Outcomes in hospitalized dual diagnosis patients with emphasis on coercion. *Isr J Psychiatry Relat Sci* 2014;51:290-295.
10. Shlosberg D, Zalsman G, Shoval G. Emerging issues in the relationship between adolescent substance abuse and suicidal behavior. *Isr J Psychiatry Relat Sci* 2014;51:262-269.
11. Lerner AG, Rudinski D, Bor O, Goodman C. Flashbacks and HPPD: A clinical-oriented concise review. *Isr J Psychiatry Relat Sci* 2014;51:296-302.
12. Lerner AG, Goodman C, Bor O, Lev-Ran S. Synthetic Cannabis Substances (SPS) use and Hallucinogen Persisting Perception Disorder (HPPD): Two case reports. *Isr J Psychiatry Relat Sci* 2014;51:277-280.
13. Lerner AG, Goodman C, Rudinski D, Lev-Ran S. LSD flashbacks – the appearance of new visual imagery not experienced during initial intoxication: Two case reports. *Isr J Psychiatry Relat Sci* 2014;51:307-309.

Shaul Lev-Ran

Addiction Medicine and Dual Diagnosis Services,  
Department of Psychiatry,  
Sheba Medical Center  
✉ shaul.levran@gmail.com

Arturo G. Lerner

Dual Diagnosis Ward, Lev Hasharon Mental Health Center  
✉ alerner@lev-hasharon.co.il

Guest editors