Psychiatrische
Universitätsklinik Zürich

ICD – 11

«Störungen durch Substanzgebrauch oder Verhaltenssüchte»

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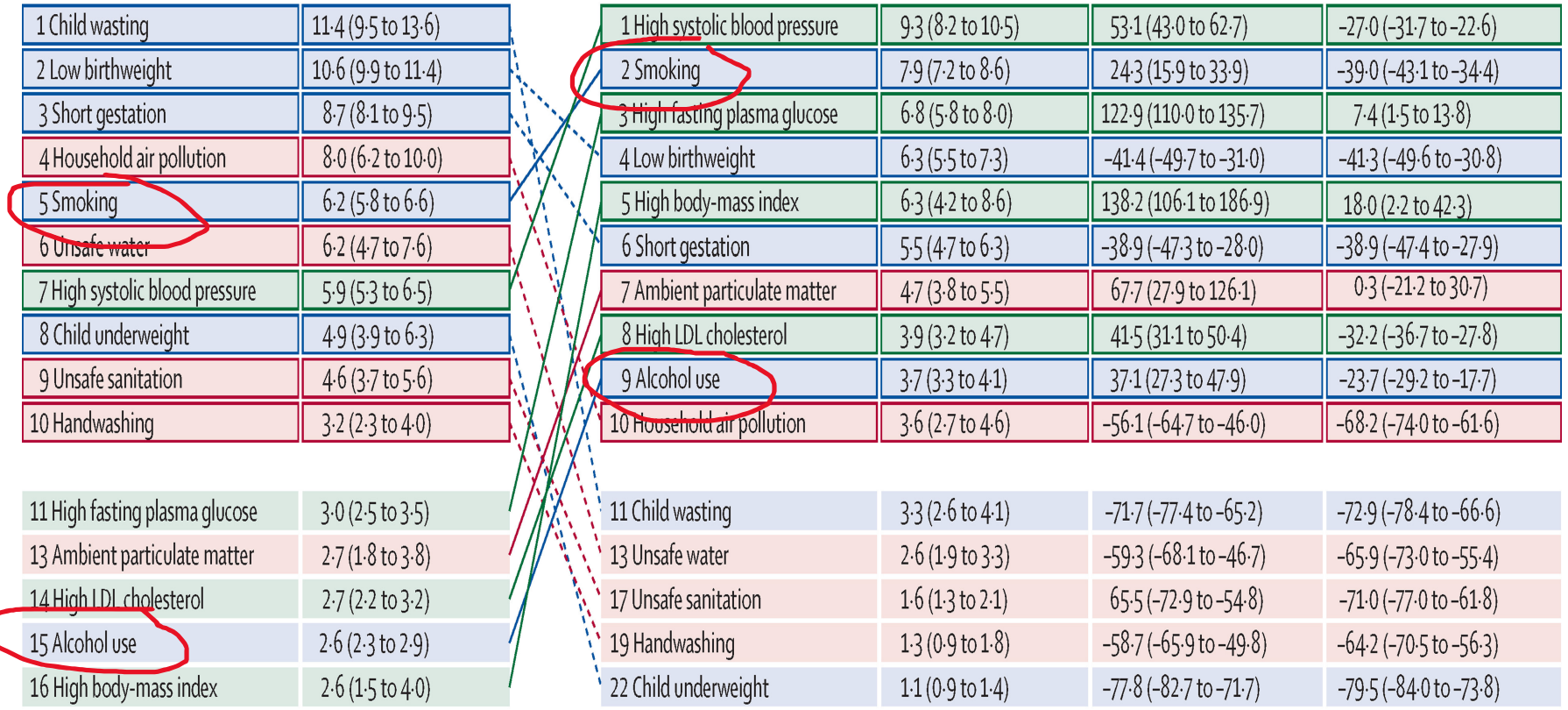
Universität Zürich

Gliederung

- *Krankheitslast durch den Konsum psychoaktiver Substanzen*
- *Verknüpfung von diagnostischer Kategorie und zielgerichteter Intervention als strategische Zielsetzung der WHO*
- *Abhängigkeitssyndrom nach ICD-11*
- *weitere diagnostische Kategorien in ICD-11*
- *Therapieziele bei Suchterkrankungen*

Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

*GBD 2019 Risk Factors Collaborators**

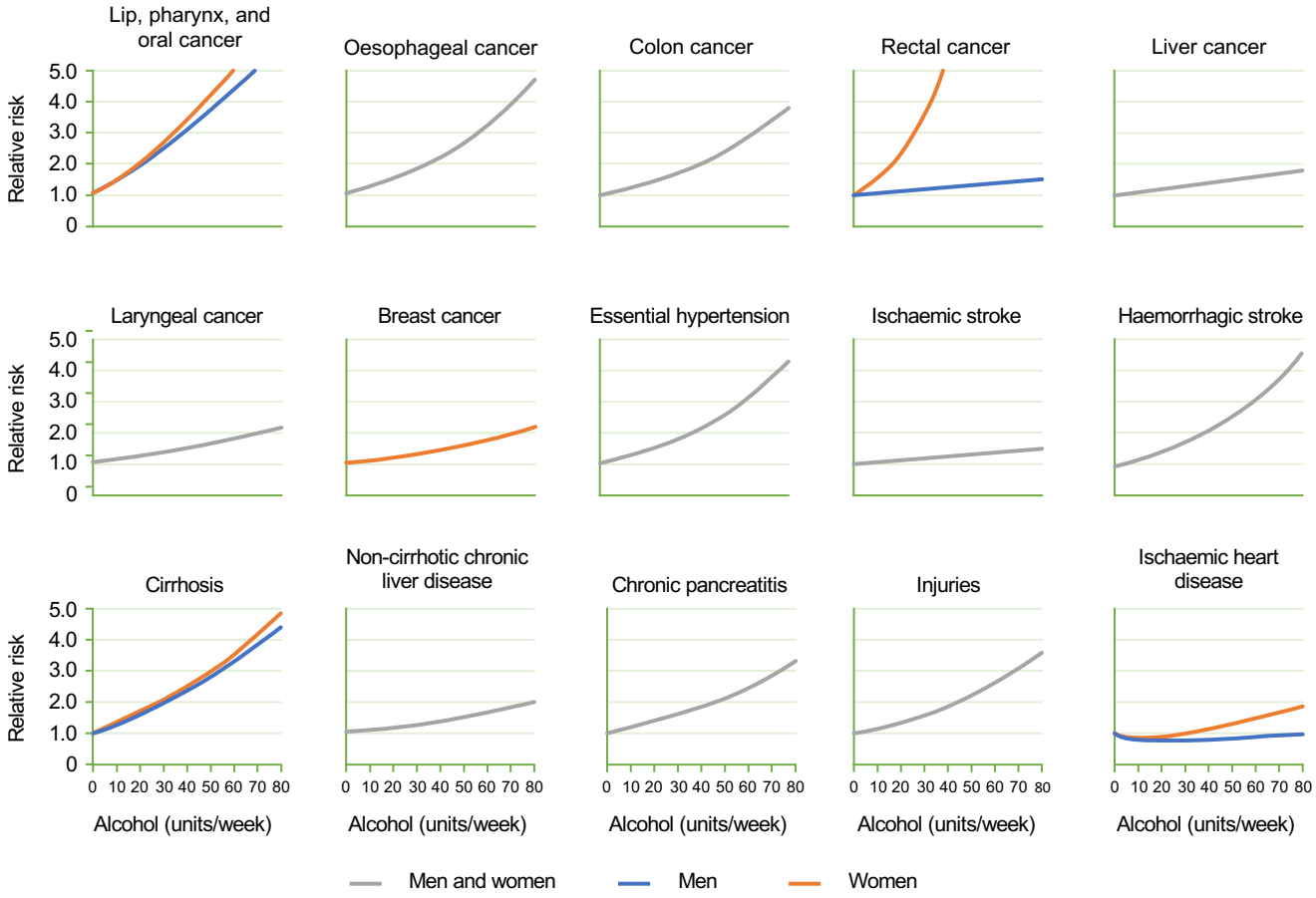


Leading risks 1990	Percentage of DALYs 1990	Leading risks 2019	Percentage of DALYs 2019	Percentage change in number of DALYs, 1990–2019	Percentage change in age-standardised DALY rate, 1990–2019
1 Child wasting	11·4 (9·5 to 13·6)	1 High systolic blood pressure	9·3 (8·2 to 10·5)	53·1 (43·0 to 62·7)	-27·0 (-31·7 to -22·6)
2 Low birthweight	10·6 (9·9 to 11·4)	2 Smoking	7·9 (7·2 to 8·6)	24·3 (15·9 to 33·9)	-39·0 (-43·1 to -34·4)
3 Short gestation	8·7 (8·1 to 9·5)	3 High fasting plasma glucose	6·8 (5·8 to 8·0)	122·9 (110·0 to 135·7)	7·4 (1·5 to 13·8)
4 Household air pollution	8·0 (6·2 to 10·0)	4 Low birthweight	6·3 (5·5 to 7·3)	-41·4 (-49·7 to -31·0)	-41·3 (-49·6 to -30·8)
5 Smoking	6·2 (5·8 to 6·6)	5 High body-mass index	6·3 (4·2 to 8·6)	138·2 (106·1 to 186·9)	18·0 (2·2 to 42·3)
6 Unsafe water	6·2 (4·7 to 7·6)	6 Short gestation	5·5 (4·7 to 6·3)	-38·9 (-47·3 to -28·0)	-38·9 (-47·4 to -27·9)
7 High systolic blood pressure	5·9 (5·3 to 6·5)	7 Ambient particulate matter	4·7 (3·8 to 5·5)	67·7 (27·9 to 126·1)	0·3 (-21·2 to 30·7)
8 Child underweight	4·9 (3·9 to 6·3)	8 High LDL cholesterol	3·9 (3·2 to 4·7)	41·5 (31·1 to 50·4)	-32·2 (-36·7 to -27·8)
9 Unsafe sanitation	4·6 (3·7 to 5·6)	9 Alcohol use	3·7 (3·3 to 4·1)	37·1 (27·3 to 47·9)	-23·7 (-29·2 to -17·7)
10 Handwashing	3·2 (2·3 to 4·0)	10 Household air pollution	3·6 (2·7 to 4·6)	-56·1 (-64·7 to -46·0)	-68·2 (-74·0 to -61·6)
11 High fasting plasma glucose	3·0 (2·5 to 3·5)	11 Child wasting	3·3 (2·6 to 4·1)	-71·7 (-77·4 to -65·2)	-72·9 (-78·4 to -66·6)
13 Ambient particulate matter	2·7 (1·8 to 3·8)	13 Unsafe water	2·6 (1·9 to 3·3)	-59·3 (-68·1 to -46·7)	-65·9 (-73·0 to -55·4)
14 High LDL cholesterol	2·7 (2·2 to 3·2)	17 Unsafe sanitation	1·6 (1·3 to 2·1)	65·5 (-72·9 to -54·8)	-71·0 (-77·0 to -61·8)
15 Alcohol use	2·6 (2·3 to 2·9)	19 Handwashing	1·3 (0·9 to 1·8)	-58·7 (-65·9 to -49·8)	-64·2 (-70·5 to -56·3)
16 High body-mass index	2·6 (1·5 to 4·0)	22 Child underweight	1·1 (0·9 to 1·4)	-77·8 (-82·7 to -71·7)	-79·5 (-84·0 to -73·8)

Murray et al., 2020, The Lancet

Alle Dinge sind Gift, und nichts ist ohne Gift. Allein die Dosis macht, dass ein Ding kein Gift ist. ***Paracelsus von Hohenheim (1493-1541)***

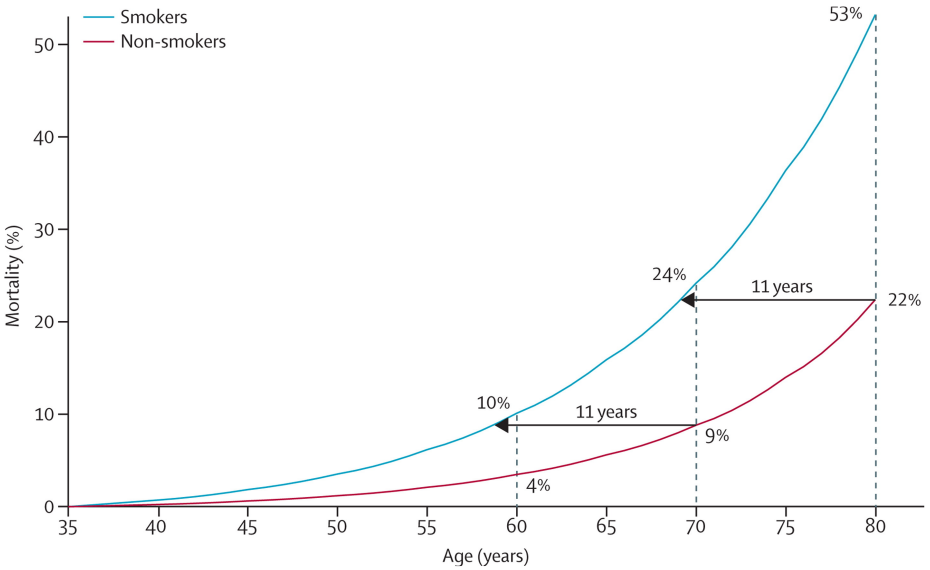
Erhöhung des Krankheitsrisikos durch Alkoholkonsum

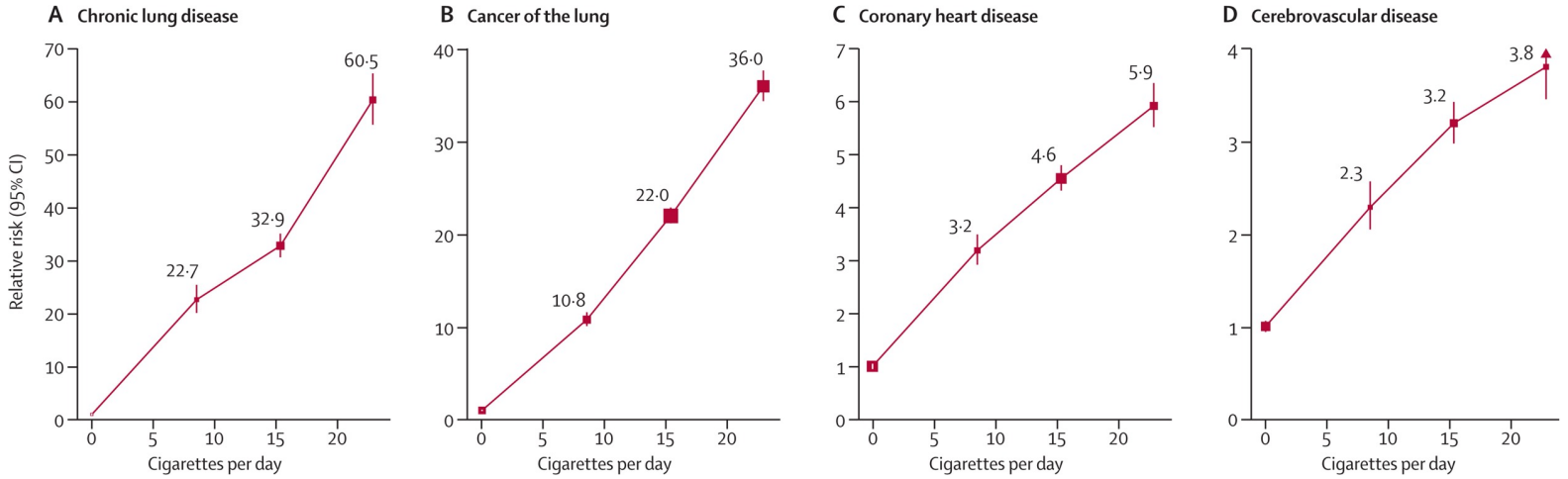


White et al. BMJ 2002

The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK

Kirstin Pirie, Richard Peto, Gillian K Reeves, Jane Green, Valerie Beral, for the Million Women Study Collaborators

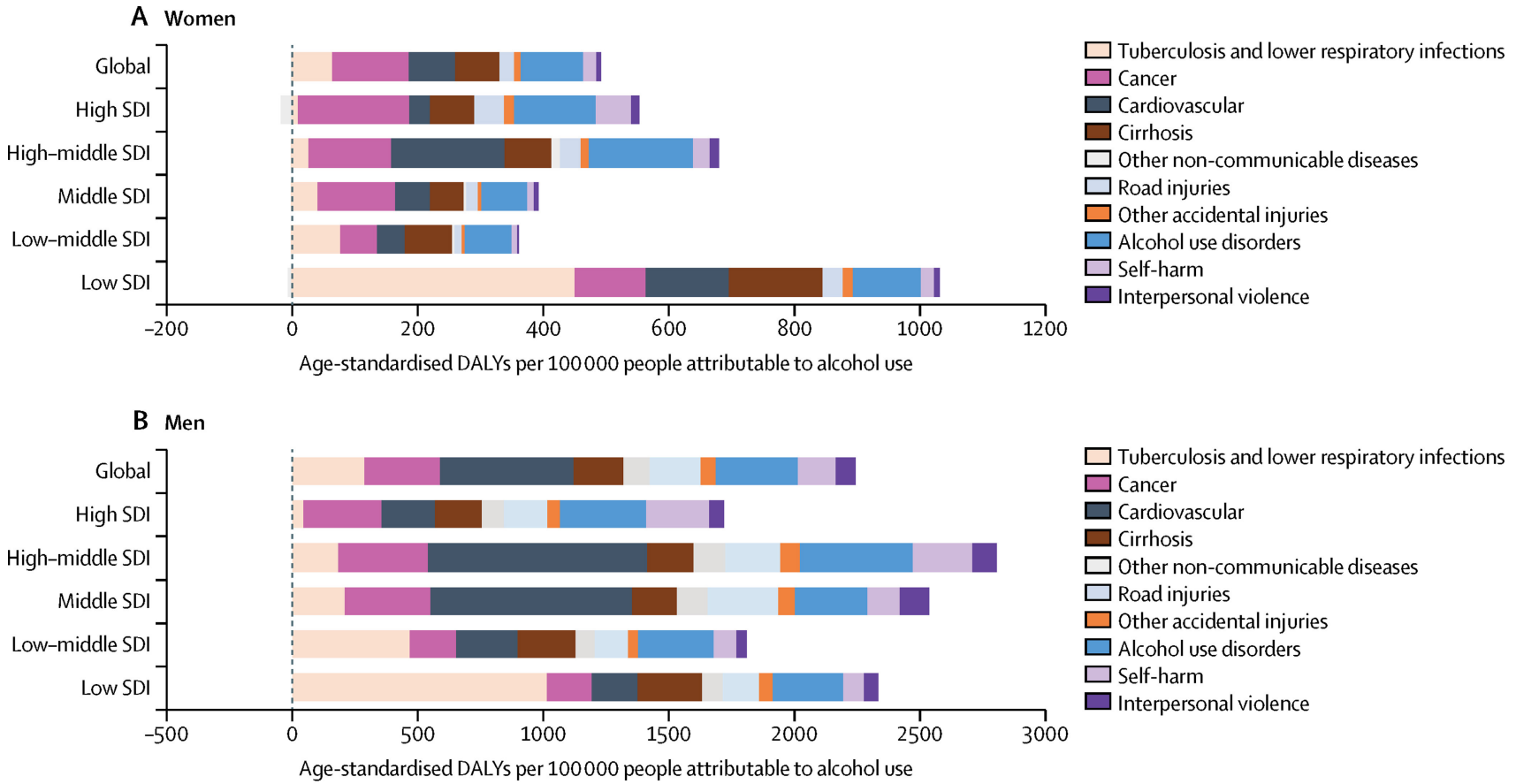




The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

*GBD 2016 Alcohol and Drug Use Collaborators**

- ***2016: ca. 100 Millionen DALYs (verlorene gesunde Lebensjahre) durch Alkohol***

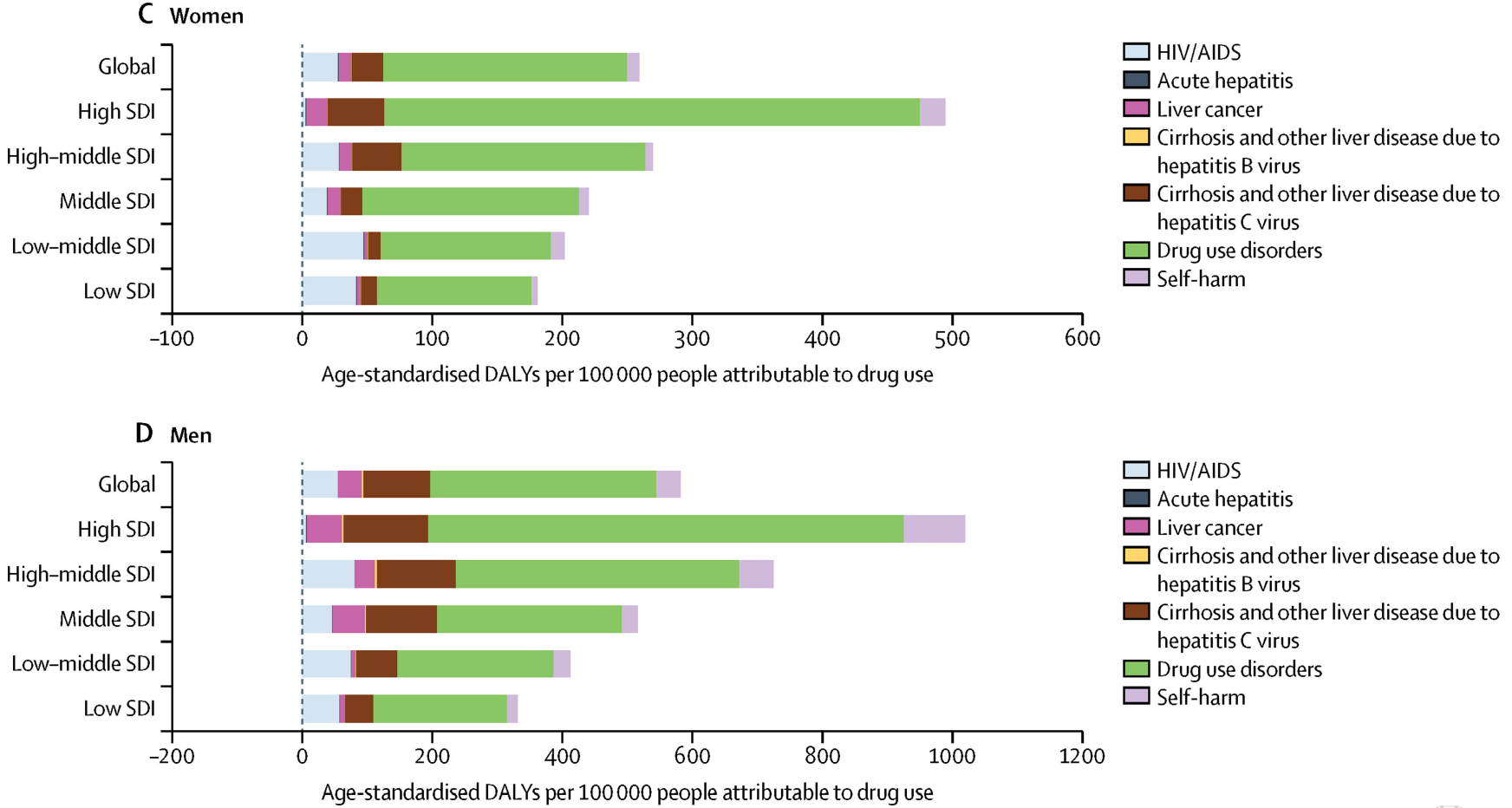


Degenhardt et al., 2018, Lancet Psychiatry

The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

*GBD 2016 Alcohol and Drug Use Collaborators**

- ***2016: ca. 31 Millionen DALYs durch andere Drogen***



Degenhardt et al., 2018, Lancet Psychiatry

The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

GBD 2016 Alcohol and Drug Use Collaborators*

- ***Weltweit ca. 100 Millionen Menschen mit Alkoholabhängigkeit***
- ***Weltweit ca. 22 Millionen Menschen mit Cannabisabhängigkeit***
- ***Weltweit ca. 27 Millionen Menschen mit Opioidabhängigkeit***
- ***Weltweit ca. 11 Millionen Menschen mit Abhängigkeit von Kokain oder Amphetaminen***
- ***Grosse Unterschiede in regionaler Verteilung***

Degenhardt et al., 2018
Lancet Psychiatry

ICD-11: Zeitplan

- 1990: Inkrafttreten der ICD-10
- Nach 12 Jahren Entwicklungsarbeit wurde am 18.06.2018 die ICD-11 Version durch die WHO in Genf vorgestelltund im Mai 2019 durch die WHO verabschiedet worden
- Einführung der ICD-11 per 01.01.2022 mit flexibler Übergangszeit von 5 Jahren
- Inhalte auf https://icd.who.int/en abrufbar
- Erste Version einer (teilweisen) deutschen Übersetzung als Entwurfsfassung: https://www.bfarm.de/

ICD-11 „Störungen durch Substanzgebrauch oder Verhaltenssüchte»

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Grundsätzliches

„Störungen auf Grund von Substanzgebrauch und Suchtverhalten“ als eine neue Gruppierung von Störungen in ICD-11

Diese Störungsbilder beziehen sich auf den Konsum psychoaktiver Substanzen oder bestimmte Verhaltensweisen (Glücksspiel und Gaming), die Suchtpotential haben (entsprechende Unterkapitel 6C4 und 6C5)

Fokus der Präsentation auf Störungen und Risiken durch Substanzkonsum (6C4)

Die ICD-11 Diagnosen in diesem Kapitel reflektieren und betonen einen Public Health – Ansatz, der die strategische Ausrichtung und das Ziel der WHO unterstützt, den Schaden durch den Konsum psychoaktiver Substanzen zu minimieren

Epidemiology and Psychiatric Sciences (2018), **27**, 212–218.

doi:10.1017/S2045796017000622

EDITORIAL

Aligning the ICD-11 classification of disorders due to substance use with global service needs

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A public health approach to the classification of disorders due to substance use

The public health approach recognises substance use and substance use disorders as a spectrum of behaviours and health conditions that may require different approaches, services and systems in order to achieve public health objectives. It recognises that

health perspective, it is critical that the classification of substance use disorders cover different stages and patterns of substance use through a set of diagnostic categories that are organised as much as possible on a continuum reflecting the stages and severity of substance use disorders. Classification

stance use. A major goal of this system is to facilitate early recognition of the negative impact of substance use on health and the provision of targeted prevention and treatment interventions at various levels of care corresponding to the needs and levels of harm caused by substance use. The proposed changes in ICD-11 are

While individuals with substance dependence may require structured and complex biopsychosocial interventions, other patterns of substance use can be assessed and treated in a broad range of non-specialised health care settings. The classification of

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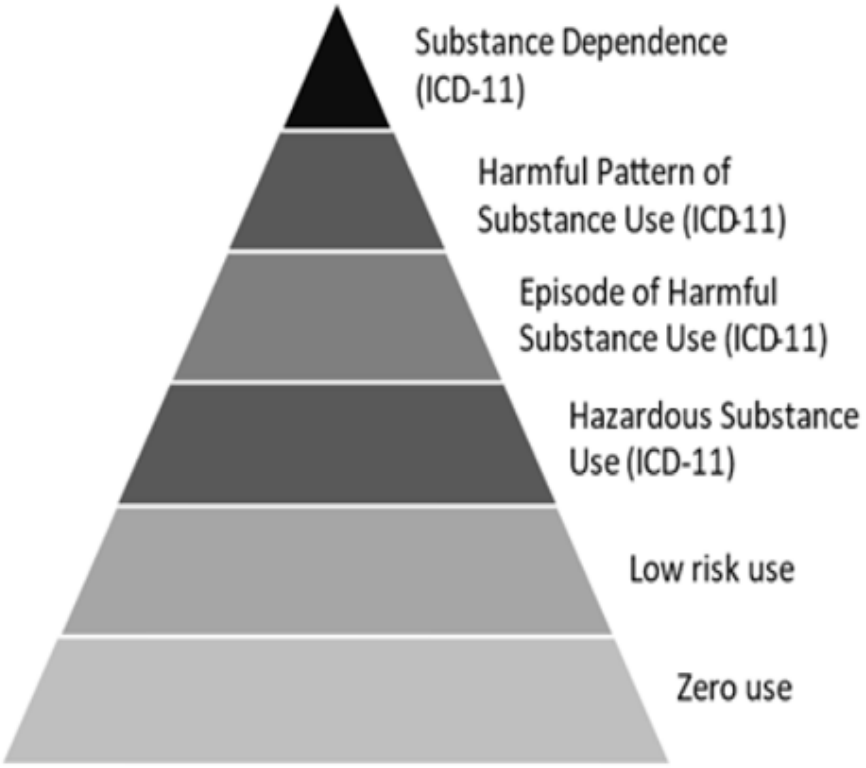

The "pyramid" depicting the spectrum of substance use and disorder

- Es gibt ein breites Spektrum von Konsummustern in der Gesellschaft
- Dieses reicht von keinem und risikoarmen Konsum über riskanten zu schädlichem Konsum bis hin zur Abhängigkeit
- Die oberen vier Ebenen entsprechen den primären Diagnosen gemäss ICD-11

ICD-11 „Störungen durch Substanzgebrauch oder Verhaltenssüchte»

Grundsätzliches

Für jede PatientIn mit substanzbezogener Störung ist die Einordnung zu einer der vier primären diagnostischen Kategorien erforderlich

Bei gefährlichem oder schädlichem Konsum können Kurz- und Frühinterventionen angewendet werden, um die Risiken des Konsum zu reduzieren

Bei Abhängigkeit sollen störungsspezifische integrative Therapieansätze in Erwägung gezogen werden

Schadensminderungsansätze können bei allen diagnostischen Kategorien angewendet werden

ICD-11: neue Codes

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ICD-10

- F0 Organische, einschliesslich symptomatischer psychischer Störungen
- F1 Psychische und Verhaltensstörungen durch psychotrope Substanzen
- F2 Schizophrenie, schizotype und wahnhafte Störungen
- F3 Affektive Störungen
- F4 Neurotische, Belastungs- und somatoforme Störungen
- F5 Verhaltensauffälligkeiten mit körperlichen Störungen und Faktoren
- F6 Persönlichkeits- und Verhaltensstörungen
- F7 Intelligenzminderung
- F8 Entwicklungsstörungen
- F9 Verhaltens- und emotionale Störungen mit Beginn in der Kindheit und Jugend

ICD-11

- 6A0 Neurodevelopmental disorders
- 6A2 Schizophrenia or other primary psychotic disorders
- 6A4 Catatonia
- 6A6 Mood disorders
- 6B0 Anxiety or fear-related disorders
- 6B2 Obsessive-compulsive or related disorders
- 6B4 Disorders specifically associated with stress
- 6B6 Dissociative disorders
- 6B8 Feeding or eating disorders
- 6C0 Elimination disorders
- 6C2 Disorders of bodily distress or bodily experience
- 6C4 Disorders due to substance use or addictive behaviors
- 6C7 Impulse control disorders
- 6C9 Disruptive behavior or dissocial disorders
- 6D1 Personality disorders and related traits
- 6D3 Paraphilic disorders
- 6D5 Factitious disorders
- 6D7 Neurocognitive disorders
- 6E2 Mental or behavioral disorders associated with pregnancy, childbirth and the puerperium
- 6E6 Secondary mental or behavioral syndromes associated with disorders or diseases classified elsewhere

Disorders due to substance use or addictive behaviours

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Grundsätzlich:

ICD-10	ICD-11
Psychische und Verhaltensstörungen durch psychotrope Substanzen (F1)	Disorders due to substance use or addictive behaviours
Schädlicher Gebrauch von nichtabhängigkeitserzeugenden Substanzen (F55)	Disorders due to substance use or addictive behaviours
Pathologisches Spielen (F63.0)	Disorders due to substance use or addictive behaviours

Nicht in ICD-10	ICD-11
Gaming disorder	Disorders due to substance use or addictive behaviours

Disorders due to substance use or addictive behaviours (6C4)

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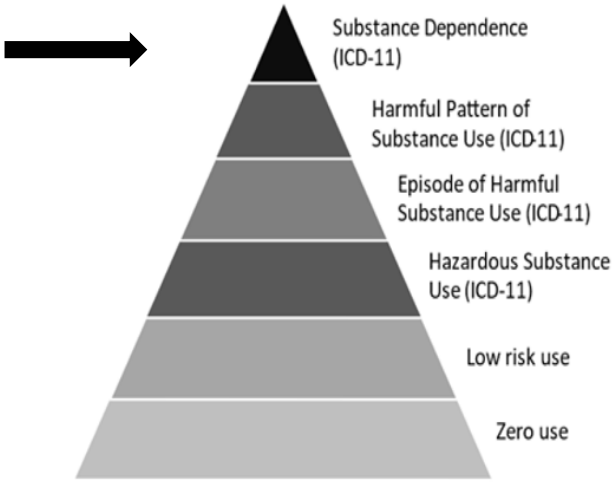
(14) Substanzgruppen

ICD-10	ICD-11
Substanzen bzw. Substanzgruppen: – Alkohol – Opioide – Cannabis – Sedativa oder Hypnotika – Kokain – Andere Stimulanzien inklusive Koffein – Halluzinogene – Tabak – Flüchtige Lösungsmittel	Substanzen bzw. Substanzgruppen: – Alcohol – Cannabis – Synthetic cannabinoid – Opioids – Sedatives, hypnotics or anxiolytics – Cocaine – Stimulants (amphetamines, methamphetamine, methcathinone) – Synthetic cathinones – Caffeine – Hallucinogens – Nicotine – Volatile inhalants – MDMA or related drugs including MDA – Dissociative drugs including Ketamine and PCP – Other specified psychoactive substances including medications – Unknown or unspecified psychoactive substances – Non-psychoactive substances incl. medications

Dependence



The "pyramid" depicting the spectrum of substance use and disorder

A disorder of regulation of substance use arising from repeated or continuous use of the substance. The characteristic feature is a strong internal drive to use the substance.

*The diagnosis requires **2 or more of the 3 central features** to be evident over a period of **at least 12 months** but the diagnosis may be made if **substance use is continuous for at least 3 months.***

(3!) Characteristic features of dependence

- ***Impaired control*** *over substance use — in terms of the onset, level, circumstances or termination of use, often but not necessarily accompanied by a subjective sensation of urge or craving to use the substance.*

- ***Increasing precedence of substance use over other aspects of life****, including maintenance of health, and daily activities and responsibilities, such that substance use continues or escalates despite the occurrence of harm or negative consequences (e.g., repeated relationship disruption, occupational or scholastic consequences, negative impact on health);*

- ***Physiological features*** *(indicative of neuroadaptation to substance use) as manifested by: (i) tolerance, (ii) withdrawal symptoms following cessation or reduction in use of the substance, or (iii) repeated use of the substance to prevent or alleviate withdrawal symptoms. Withdrawal symptoms must be characteristic for the withdrawal syndrome for the substance and simply reflect a hangover effect*

Abhängigkeitssyndrom nach ICD-10

- *Ein **starker Wunsch** oder eine Art Zwang, psychotrope Substanzen zu konsumieren*

- ***Verminderte Kontrollfähigkeit** bezüglich des Beginns, der Beendigung und der Menge des Konsums*

- *Ein **körperliches Entzugssyndrom** bei Beendigung oder Reduktion des Konsums, nachgewiesen durch die substanzspezifischen Entzugssymptome oder durch die Aufnahme der gleichen oder einer nahe verwandten Substanz, um Entzugssymptome zu mildern oder zu vermeiden*
- ***Nachweis einer Toleranz**. Um die ursprünglich durch niedrige Dosen erreichten Wirkungen der Substanz hervorzurufen, sind zunehmend höhere Dosen erforderlich.*

- ***Fortschreitende Vernachlässigung anderer Vergnügungen oder Interessen** zugunsten des Substanzkonsums*
- ***Anhaltender Substanz**- oder Alkoholkonsum **trotz Nachweises eindeutiger schädlicher Folgen** körperlicher oder psychischer Art*

Welcher Anteil der Konsumierenden entwickelt eine Abhängigkeit?

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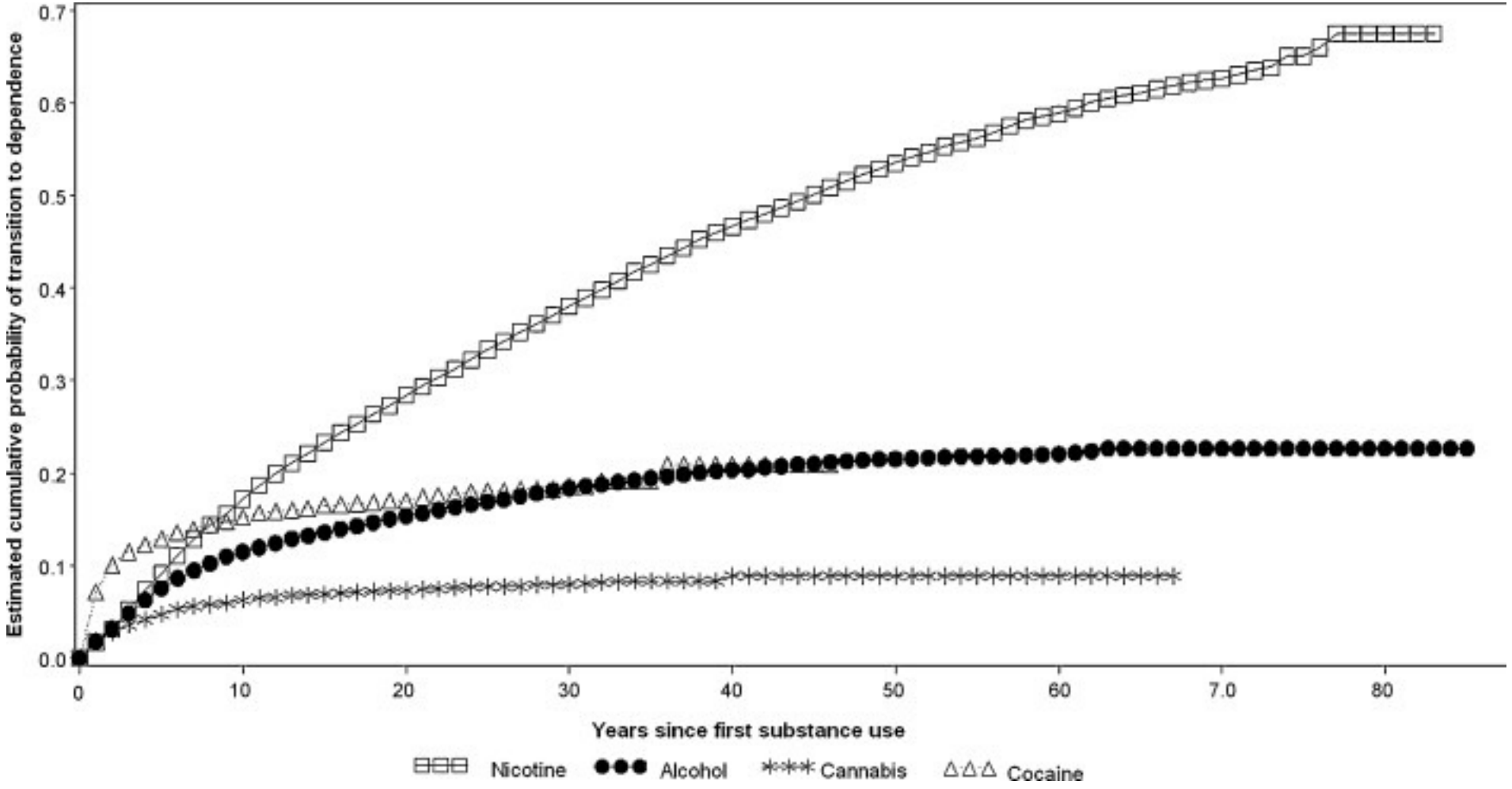
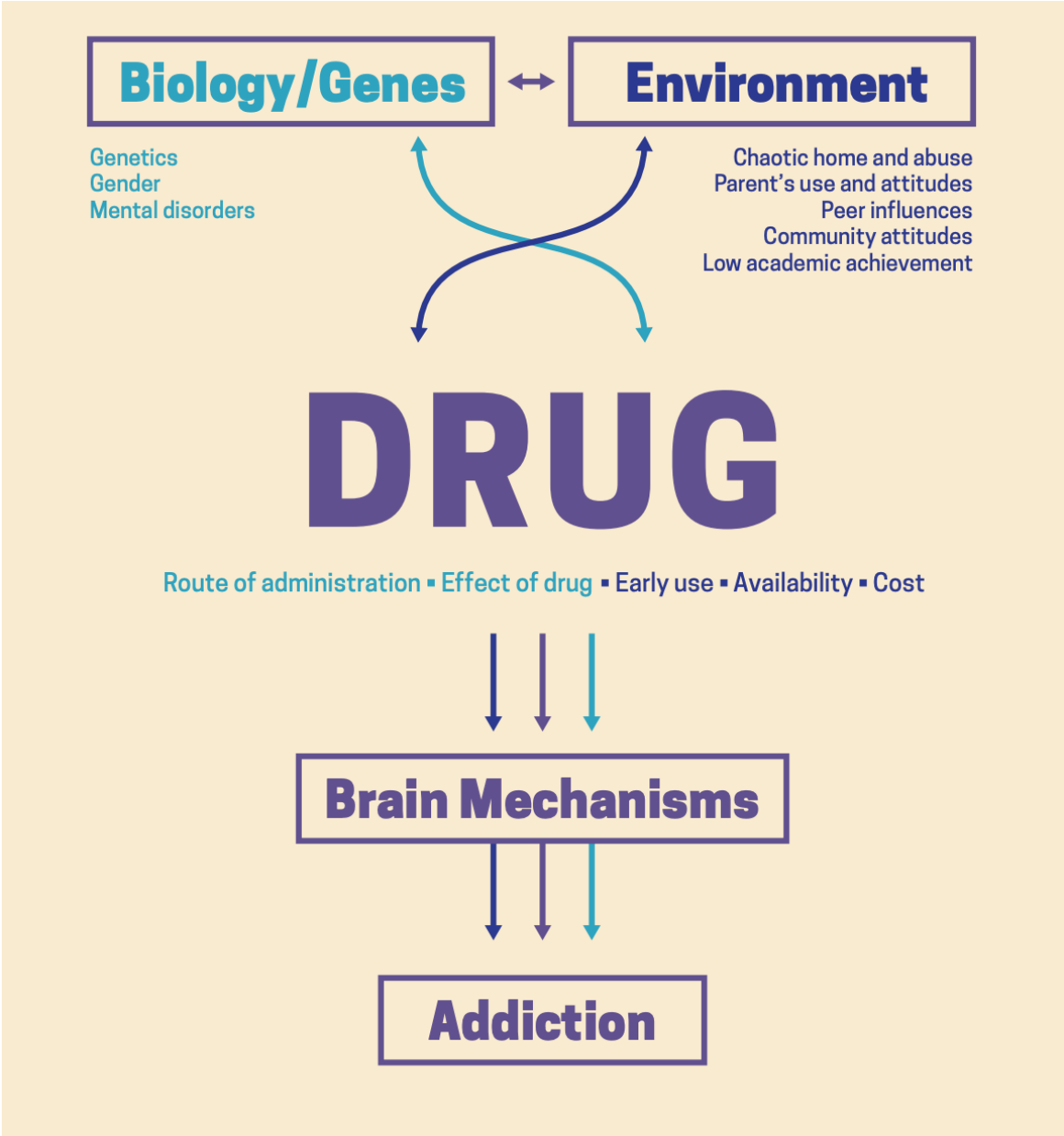
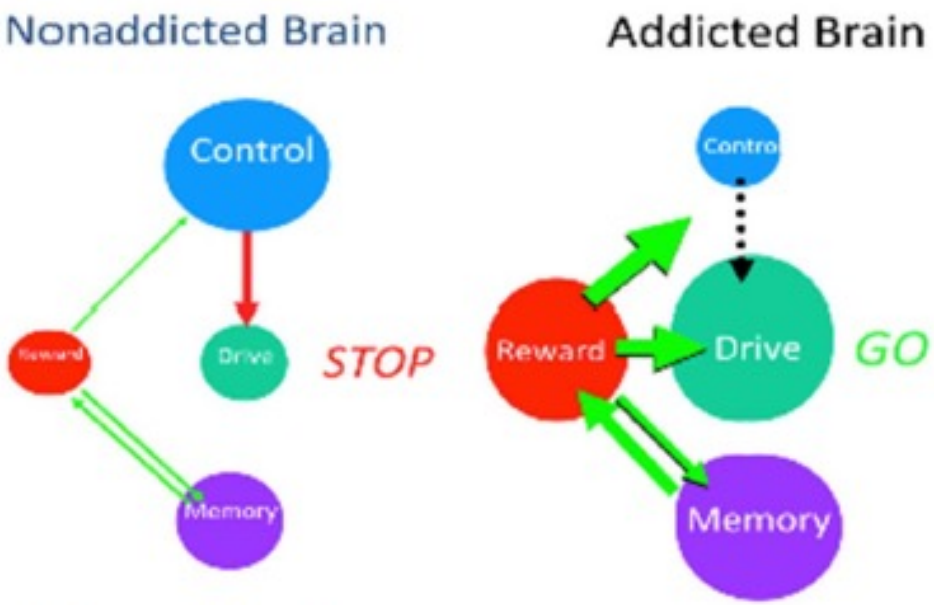


Lopez-Quintero et al., Drug and Alcohol Dependence, 2011

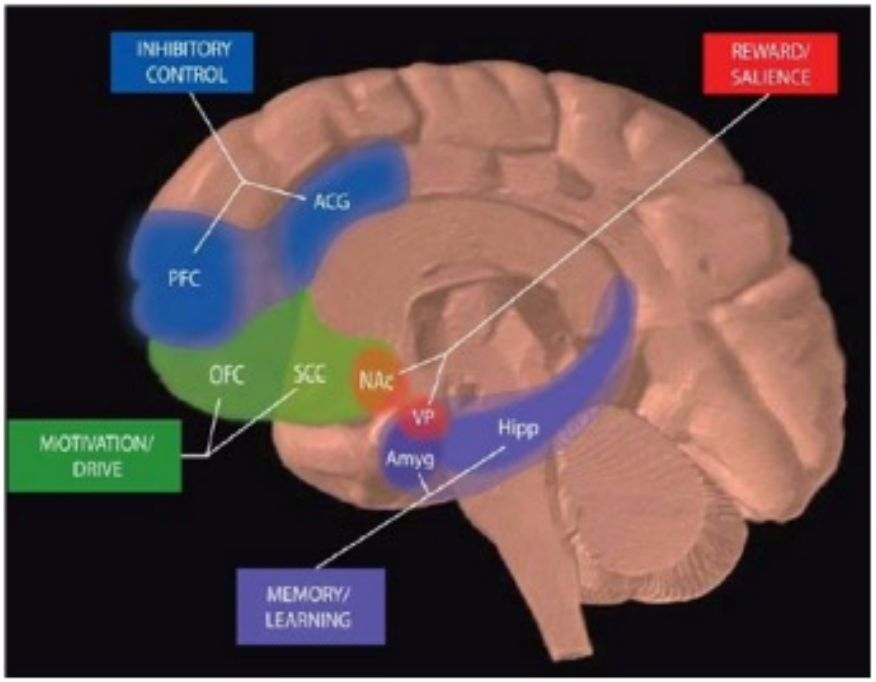
Welche Faktoren begünstigen die Entstehung einer Abhängigkeit?



Neuroadaptive Veränderungen bei Abhängigkeitserkrankungen



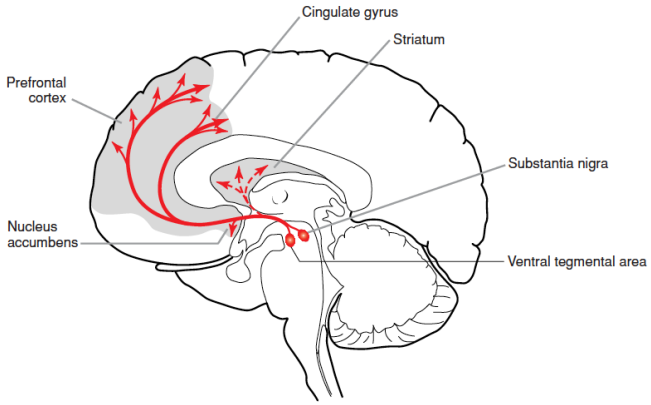
Volkow et al. 2011, Neuron

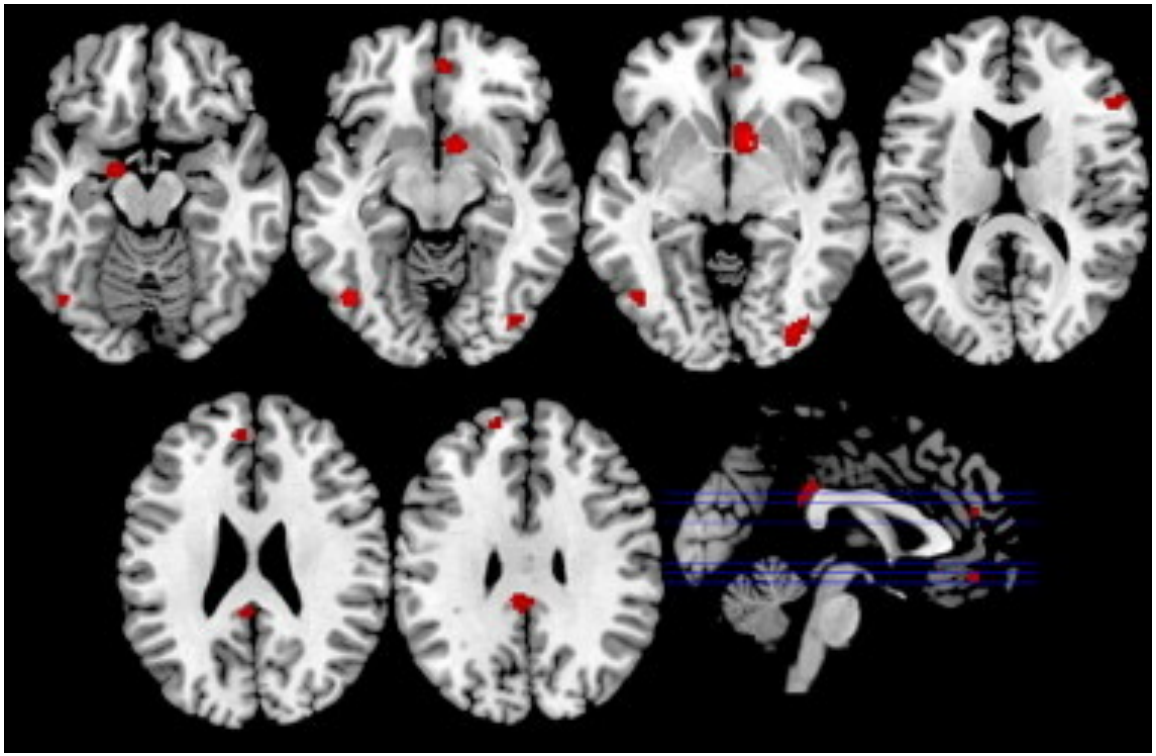


NIDA, www.nida.nih.gov

The transition from occasional to compulsive drug use and the persistent vulnerability to relapse are due to neuroadaptations in brain circuits implicated in reward, memory, drive, and control

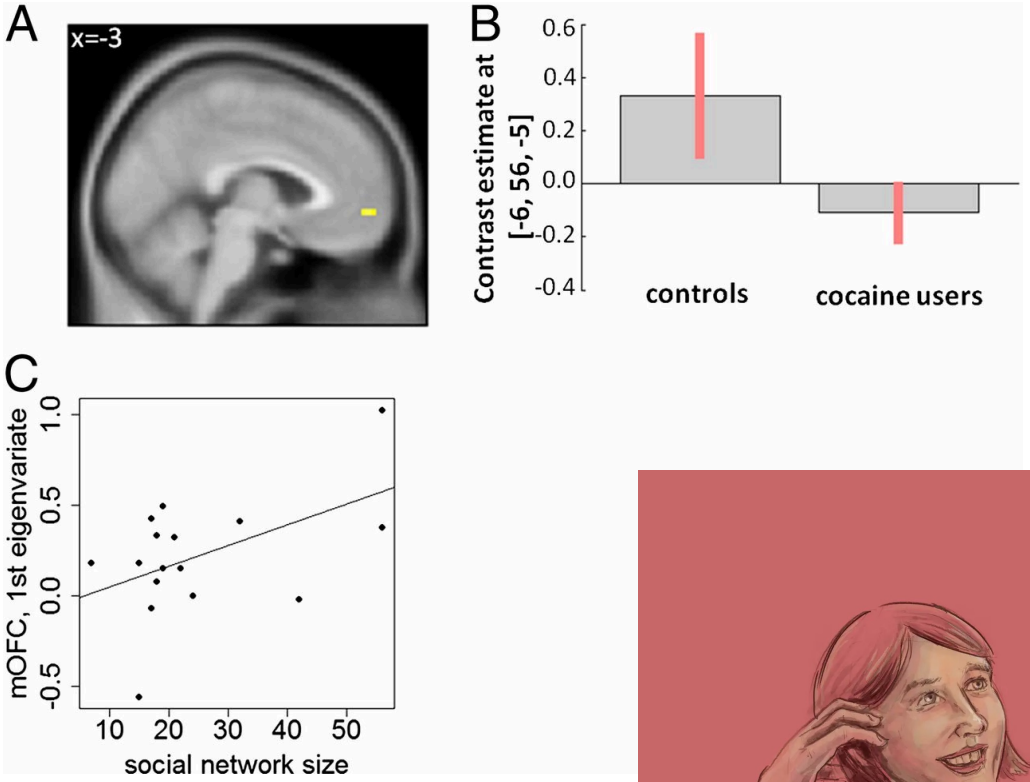
Vermehrte Sensitivität ggb. drogenassoziierter Reize





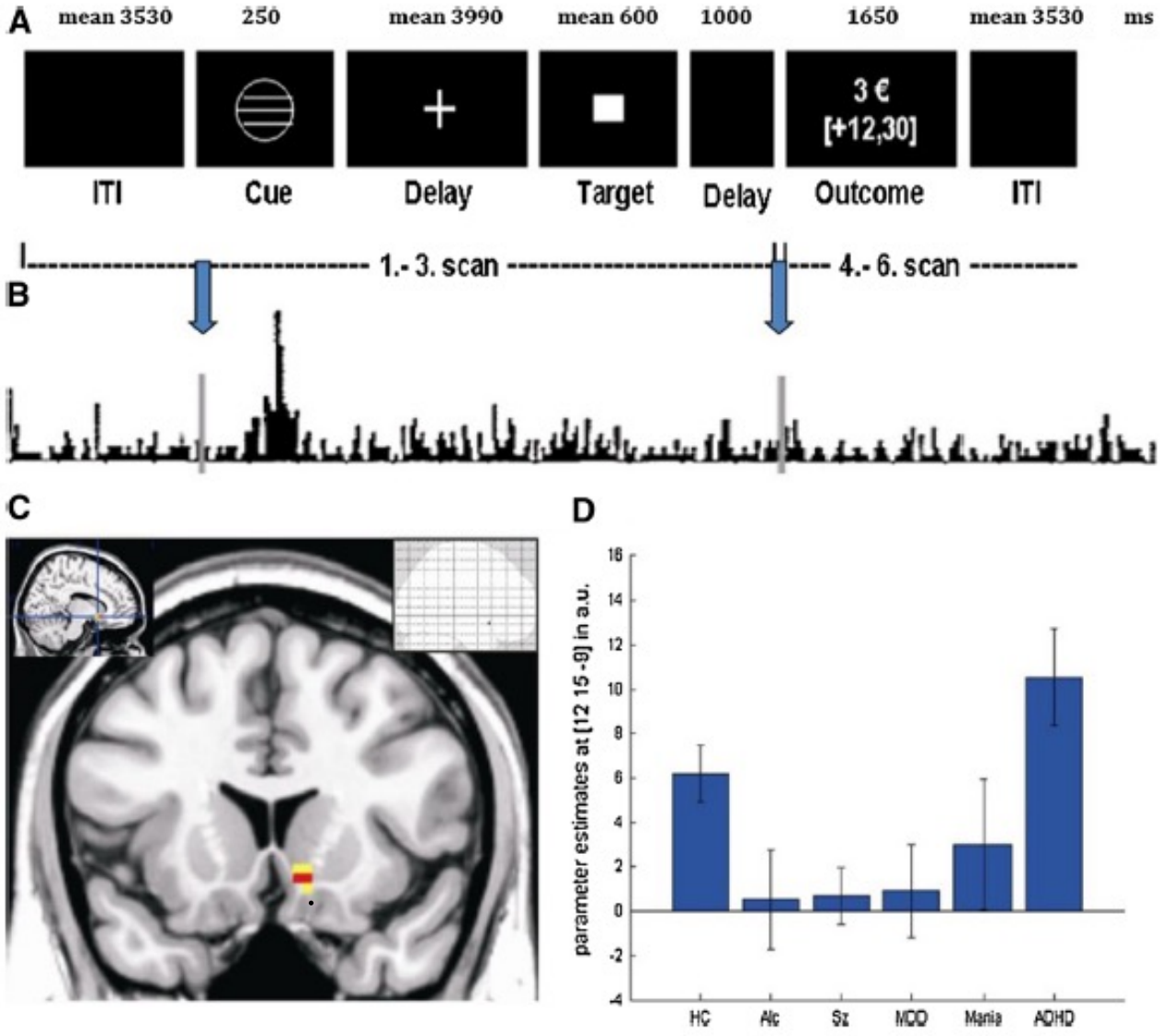
Chase, 2011

Verminderte Sensitivität ggb. sozialen Belohnungsreizen



Preller et al., PNAS, 2014

Verminderte Sensitivität ggb. anderen “Belohnungsreizen“



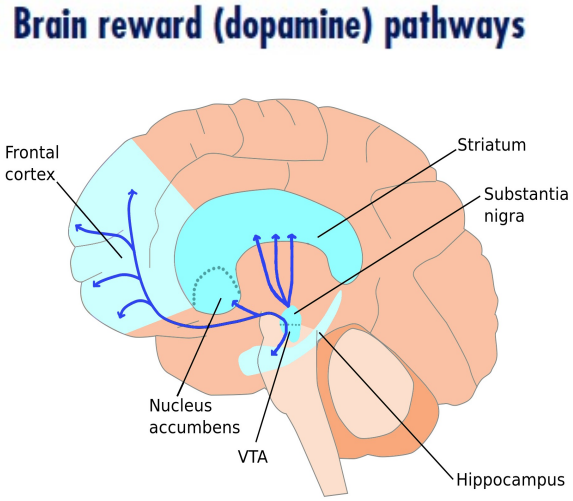
From Heinz et al., 2017

Neuroadaptive Veränderungen bei Abhängigkeitserkrankungen

oft im Fokus der PT

Abnahme der Sensitivität

Zunahme der Sensitivität



Diagnosekriterium der Abhängigkeitserkrankungen nach ICD-11:

- **Increasing precedence of substance use over other aspects of life**

Disorders due to addictive behaviours (6C5)

6C50.0 Gambling disorder, predominantly offline

Gambling disorder, predominantly offline is characterised by a pattern of persistent or recurrent gambling behaviour that is not primarily conducted over the internet and is manifested by:

- **impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);**
- **increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and**
- **continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.**

6C51.0 Gaming disorder, predominantly online

Gaming disorder, predominantly online is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is primarily conducted over the internet and is manifested by:

- **impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);**
- **increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and**
- **continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.**

6C5Y Other specified disorders due to addictive behaviours (e.g. *Buying-Shopping Disorder, Pornografy Use Disorder und Social Networks Use Disorder)*

Neue und erweiterte diagnostische Kategorien für Störungen durch Substanzgebrauch

Harmful use

A pattern of **continuous**, **recurrent**, or **sporadic** use that has caused clinically significant damage to a person's physical health or mental health or has resulted in behaviour leading to harm to the health of others.

Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration.

Harm to health of others includes any form of physical harm or mental disorder that is directly attributable to behaviour related to substance intoxication

Evidence of a pattern of continuous use (daily or almost daily) over a period of at least 1 month → **Harmful pattern of use, continuous (6C4x.11)**

Evidence of a pattern of recurrent episodic or intermittent use of alcohol over a period of at least 12 months → **Harmful pattern of use, episodic (6C4x.10)**

No clear pattern or time criteria not fullfiled → ***Episode of harmful use (6C4x.0)***

Harmful use

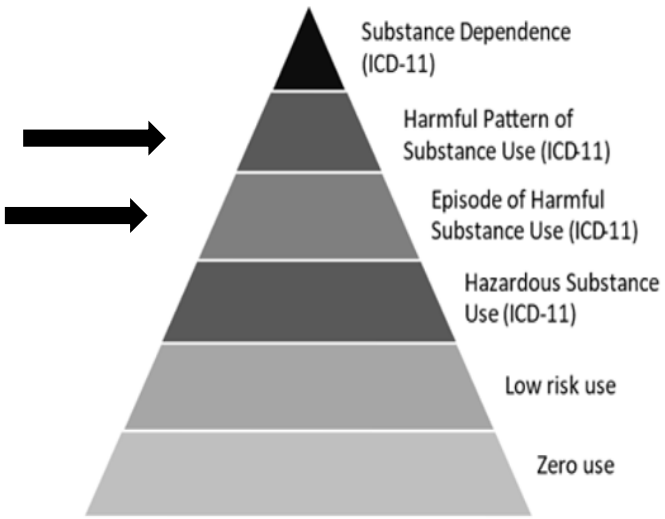
Harm to the health of the person to whom the diagnosis applies includes

- injuries caused by behaviour related to intoxication (e.g., impulsive aggressive behaviour, psychomotor impairment leading to injury;
- acute health problems resulting from substance use (e.g., overdose, acute gastritis, the effects of hypoxia or prolonged hyperactivity or inactivity),
- exacerbation or decompensation of pre-existing chronic health problems (e.g., hypertension, liver disease, or peptic ulceration).
- Harm related to route of administration (e.g., injecting drug use causing blood-borne virus infections, cocaine use causing a perforated nasal septum).

Harm to the health of others includes any form of

- physical harm, including trauma (e.g., impaired driving causing a motor vehicle accident, assaultive behaviour leading to bodily harm to another person)
- mental disorder (e.g., Post-Traumatic Stress Disorder arising from an assault by the intoxicated individual) that is directly attributable to behaviour due to substance intoxication on the part of the person to whom the diagnosis of Harmful Pattern of Psychoactive Substance Use applies.

Neue und erweiterte diagnostische Kategorien



The "pyramid" depicting the spectrum of substance use and disorder

„Schädliches Verhaltensmuster bei Gebrauch von xxx“
ersetzt “schädlichen Gebrauch“ nach ICD-10

«Episode of harmful use»:
Neue diagnostische Kategorie
Ziel: schnellere Identifizierung problematischen Konsums bevor sich Abhängigkeit entwickelt

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EDITORIAL

Aligning the ICD-11 classification of disorders due to substance use with global service needs

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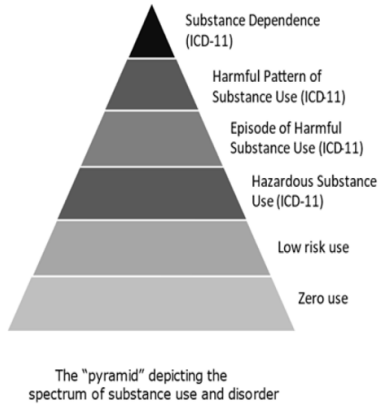

The "pyramid" depicting the spectrum of substance use and disorder

Hazardous use of substances

Hazardous use of substances is a concept that has long been integrated into WHO's approach to problems related to substance use. This category has been proposed for inclusion in the ICD-11 not because it represents a mental or behavioural disorder but rather because it is a behaviour that requires health actions.

> user or others around the user.' Hazardous use is an appropriate target for the simplest, briefest interventions focused on prevention of substance use and its negative health consequences and the prevention of progression to harmful substance use and dependence.

24 Factors influencing health status or contact with health services

Problems assosiated with health behaviours

QE10 Hazardous alcohol use

Description

A pattern of alcohol use that appreciably **increases the risk of harmful physical or mental health consequences** to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the **frequency of alcohol use**, from the **amount used on a given occasion**, **or from risky behaviours associated with alcohol use** or the context of use, or from a combination of these. The risk may be related to **short-term effects of alcohol or to longer-term cumulative effects on physical or mental health or functioning**. Hazardous alcohol use has **not yet reached the level of having caused harm** to physical or mental health of the user or others around the user. The pattern of alcohol use often persists in spite of awareness of increased risk of harm to the user or to others.

Risikoklassen der WHO[1]

Individuelles Risiko für Gesundheitsschäden	Männer	Frauen
Niedrig		
Standdarddrinks	pro Tag: 0–4 pro Woche: 0–28	pro Tag: 0–2 pro Woche: 0–20
Reiner Alkohol	bis 40 g	bis 20 g
Mittel		
Standdarddrinks	pro Tag: 4–6 pro Woche: 28–42	pro Tag: 2–4 pro Woche: 20–40
Reiner Alkohol	> 40 g–60 g	> 20 g–40 g
Hoch		
Standdarddrinks	pro Tag: 6–10 pro Woche: 42–63	pro Tag: 4–6 pro Woche: 40–60
Reiner Alkohol	> 60 g – 100 g	> 40 g–60 g
Sehr Hoch		
Standdarddrinks	pro Tag: über 10 pro Woche: über 63	pro Tag: über 6 pro Woche: über 60
Reiner Alkohol	über 100 g	über 60 g

Ein Standarddrink
≙ 10 g reinem Alkohol

Ein Standarddrink mit 10 g reinem Alkohol entspricht[2,3]:

100 mL
Wein
(12 % Vol)

330 mL
Bier
(4 % Vol)

30 mL
Spirituosen
(40 % Vol)

Standarddrinks in einer Flasche Wein[2,3]

7 Standarddrinks
Eine Flasche Wein (750 ml, 12 % Vol) enthält circa 70 g Alkohol, gleichgesetzt zu 7 Standarddrinks.

1. Risikoklassen der WHO; WHO/EMA, Guideline on the development of medicinal products for the treatment of alcohol dependence, 2010 (http://www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2010/03/WC500074898.pdf)
2. International Center for Alcohol Policies (ICAP). The ICAP Blue Book, Module 20: Standard Drinks. Seite 6
3. Anderson et al. 2005. Alcohol and Primary Health Care: Clinical Guidelines on Identification and Brief Interventions. Seite 19

Chronisch risikoreicher Alkoholkonsum in der Schweiz (ab mittlerer WHO-Kategorie)

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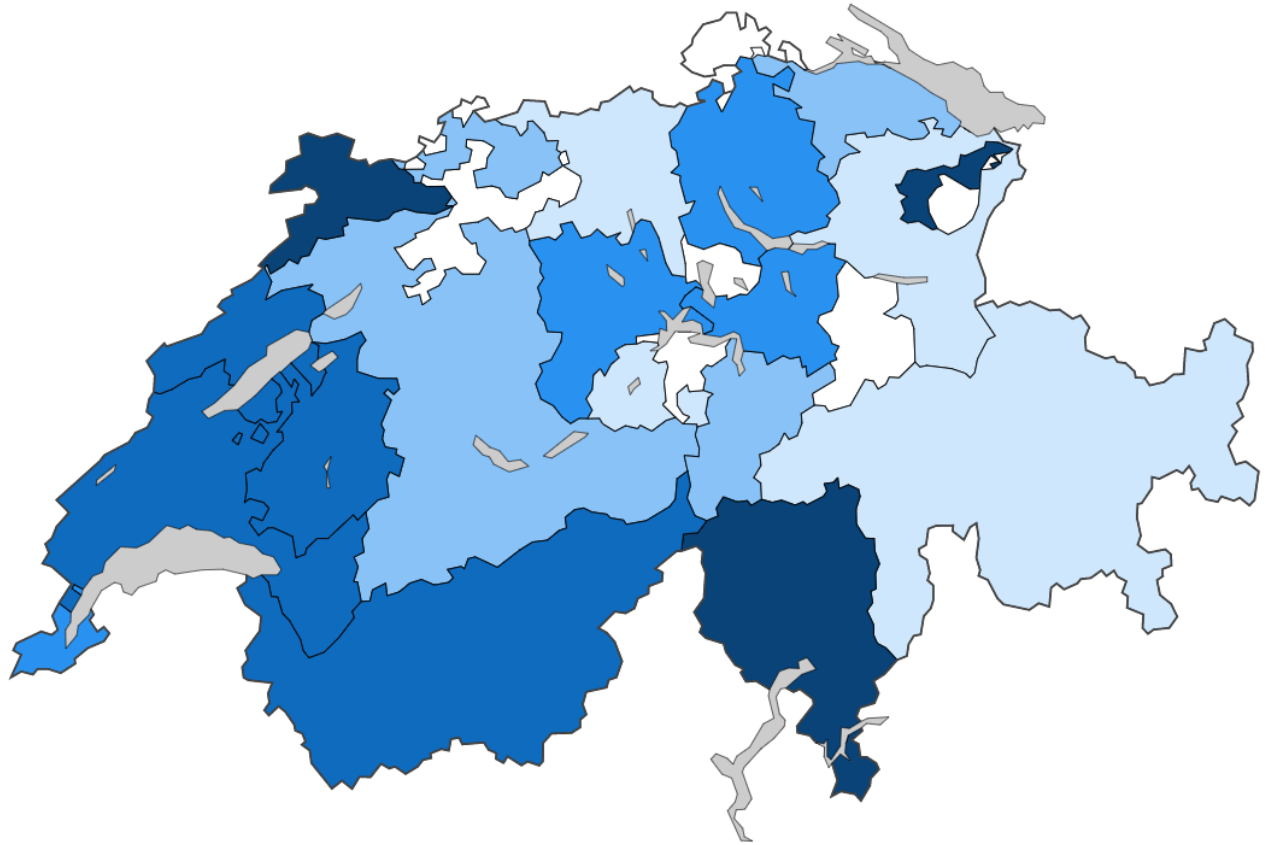

3.0 - 3.9 | 3.9 - 4.1 | 4.1 - 5.3 | 5.3 - 6.9 | 6.9 - 7.4

Anteil der Bevölkerung in % (in Quantilen)

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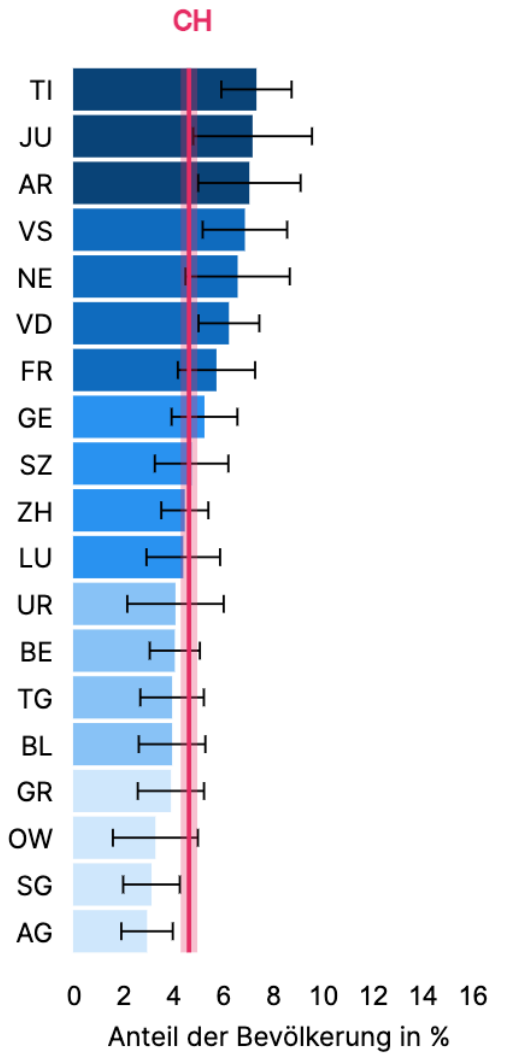

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The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Manual for use in primary care

1 January 2010 | Manual

Download (1.5 MB)

Overview

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of researchers and clinicians as a technical tool to assist with early identification of substance use related health risks and substance use disorders in primary health care, general medical care and other settings.

This manual is a companion to 'The ASSIST linked brief intervention for hazardous and harmful substance use: manual for use in primary care' and is based on 'The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care. Draft Version 1.1 for Field Testing'.

The purpose of this manual is to introduce the ASSIST and to describe how to use it in health care settings – particularly community based primary health care settings – to identify people who are using substances, so that a brief intervention (or referral) can be provided, as appropriate.

https://www.who.int/publications/

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Aligning the ICD-11 classification of disorders due to substance use with global service needs

In general, there has been a shift from an abstinence model of substance abuse treatment to a more liberal approach aimed at reducing consumption, particularly in the case of alcohol, and developing increased control over consumption and intoxication, partly with the goal of increasing acceptance and coverage of early treatment (van Amsterdam & van den Brink, 2013). These harm reduction approaches aim to reduce the negative consequences of substance use rather than to eliminate use.

We believe that the ICD-11 can be a useful tool in reducing the treatment gap between those who may benefit from prevention and treatment interventions and those who actually receive them and, over time, to improve treatment coverage for substance use disorders. Implementation of the new classification can also

Policy and Practice

The treatment gap in mental health care

Robert Kohn et al.

Table 2. **Estimates of the median treatment gap (%) by WHO region**

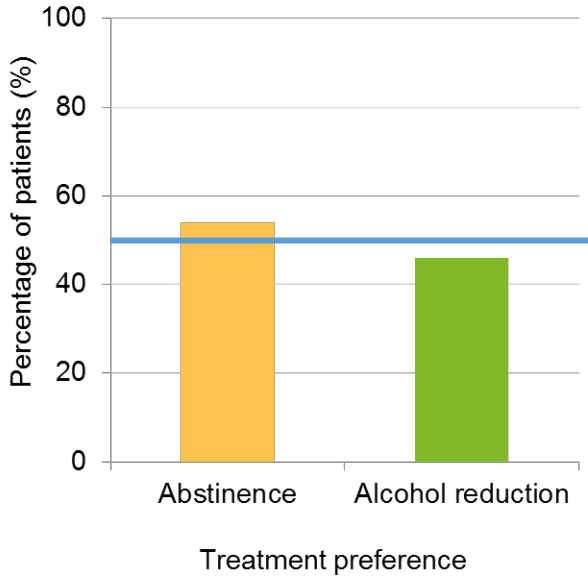
Mental disorder	WHO region					
	Africa	Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Schizophrenia	NA[a]	56.8	NA	17.8	28.7	35.9
Major depression	67.0	56.9	70.2	45.4	NA	48.1
Dysthymia	NA	48.6	NA	43.9	NA	50.0
Bipolar disorder	NA	60.2	NA	39.9	NA	52.6
Panic disorder	NA	55.4	NA	47.2	NA	66.7
Generalized anxiety	NA	49.6	NA	62.3	NA	55.6
Obsessive compulsive	NA	82.0	NA	24.6	NA	62.7
Alcohol abuse/dependence	NA	72.6	NA	92.4	NA	71.6

[a] Not available.

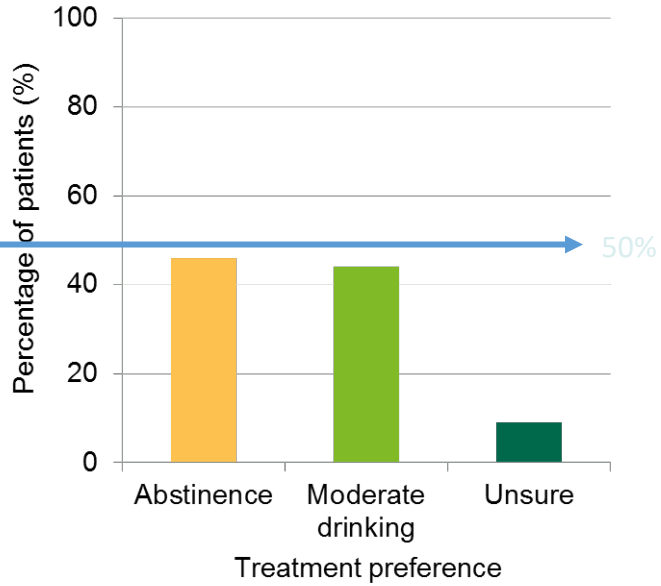
Kohn et al., 2004
Bulletin of the WHO

Therapieziele aus Patientenperspektive

UK survey of patients with alcohol problems (n=742)

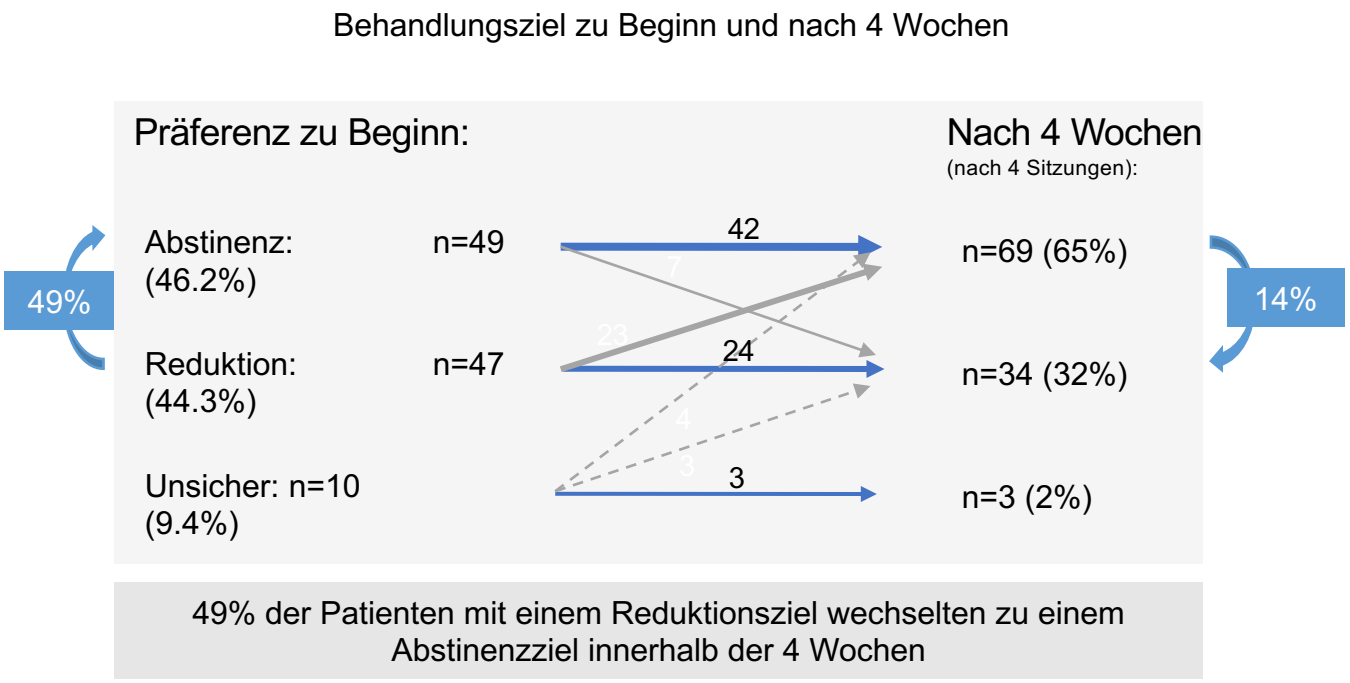


Canadian study of patients with chronic alcoholism (n=106)



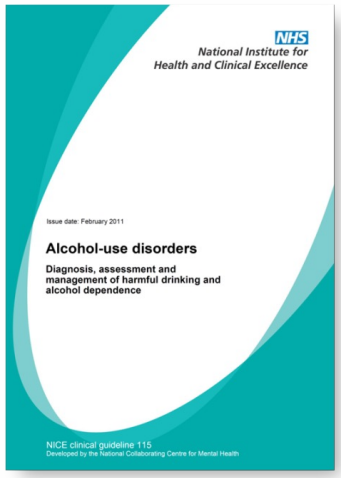
Heather et al. Alcohol Alcohol 2010;45(2):128–135;
Hodgins et al. Addict Behav 1997;22(2):247–255

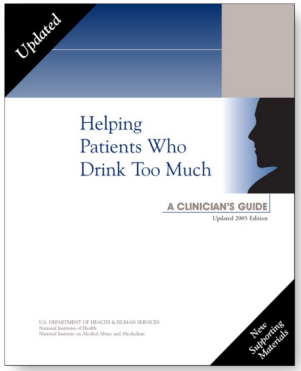
Therapieziele aus Patientenperspektive



Hodgins et al. Addict Behav 1997;22(2):247–255

Therapieziele – Aktuelle Guidelines





EMA. Guideline on the development of medicinal products, 2010;
NIAAA. Helping patients who drink too much, 2007;
NIAAA. Rethinking Drinking, 2010; NICE Clinical guideline 115, 2011

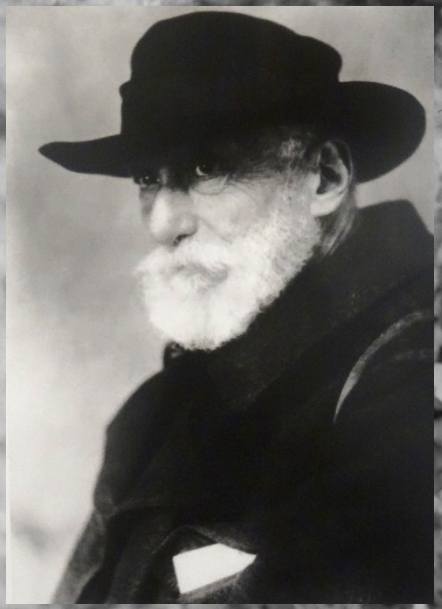
- **European Medicines Agency (EMA)**
  "In case an alcohol-dependent patient is not able or willing to become abstinent immediately, a clinically significantly reduced alcohol intake with subsequent harm reduction is also a valid, although only intermediate, treatment goal, since it is recognised that there is a clear medical need in these patients as well"

- **US National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
  "…it's best to determine individual goals with each patient. Some patients may not be willing to endorse abstinence as a goal, especially at first. If a patient with alcohol dependence agrees to reduce drinking substantially, it's best to engage him or her in that goal while continuing to note that abstinence remains the optimal outcome"

- **National Institute for Health and Care Excellence (NICE)**
  "…For all people who misuse alcohol, offer interventions to promote abstinence or moderate drinking as appropriate"

  "…For harmful drinking or mild dependence, without significant comorbidity, and if there is adequate social support, consider a moderate level of drinking as the goal of treatment"

Temperenzbewegung



- **Entstehung in Irland um 1820**
- **Eintreten für ein abstinentes und sittliches Leben und gegen moralischen Verfall**
- **Soziale Bewegung in ganz Europa; Höhepunkt Anfang 20. Jhdt.**
- **Arbeitstherapie, erzieherische Massnahmen**
- **später sozialhygienische Aspekte**
- **Schweiz: Auguste Forel (Direktor PUK Zürich, Gründer Forel Klinik)**

S3-Leitlinie
"Screening, Diagnose und Behandlung alkoholbezogener Störungen"

(Stand: 09.02.2015)

AWMF-Register Nr. 076-001

2013). Vor diesem Hintergrund kam die international stark beachtete englische Therapieleitlinie (NICE 2011) zu dem Schluss, auch die Reduktion der Trinkmengen als zumindest intermediäres Therapieziel für Alkoholabhängige anzuerkennen, ein Standpunkt den auch die European Medicines Agency vertritt (EMA 2011). Nach intensiver Diskussion schloss sich die Konsensusgruppe der S3-Leitlinie „Alkohol" einstimmig diesem Vorschlag an. Wir hoffen, dass die damit verbundene Senkung der Eingangsschwellen deutlich mehr Menschen in eine Beratung und Behandlung führt als bisher. Könnte die Inanspruchnahme von psycho- und pharmakotherapeutischen Angeboten von bisher 10% auf 40% der Betroffenen erhöht werden, ließen sich nach einer aktuellen Modellrechnung pro Jahr rund 2000 Menschenleben in Deutschland retten (Rehm et al. 2014).

Aktualisierte Leitline (2020) – breiter Versorgungsbereich

Versorgungsbereich

Riskanter, schädlicher oder abhängiger Alkoholkonsum sollte möglichst frühzeitig erkannt und behandelt werden. Deshalb bezieht die Leitlinie ein breites Spektrum an Settings und Versorgungsbereichen ein. Screenings, Motivierungs- und Frühinterventionsmaßnahmen können beispielsweise in der medizinischen Grundversorgung (Allgemeinarztpraxen, Allgemeinkrankenhäusern und Notfallambulanzen) sowie in den Bereichen Arbeitsplatz oder Ausbildung (Schulen, Universitäten) eingesetzt werden. Darüber hinaus existiert ein differenziertes

Zusammenfassung der Änderungen im ICD-11 (6C4/5)

Psychiatrische Universitätsklinik Zürich

- *ICD-11 6C4/5: Disorders due to substance use or addictive behaviors = Weiterentwicklung von ICD-10 (schrittweise Änderungen, einige Neuerungen)*
- *Public Health Perspektive mit Erweiterung des Fokus auf frühzeitige Erkennung von problematischem Konsum und zielgerichteten (Früh-)interventionen (strategisches Ziel der Reduktion von Disease Burden inkl. Harm Reduction)*
- *Aufnahme von Verhaltenssüchten (6C5: Glücksspiel, Gaming) in eine gemeinsames Kapitel mit den Substanzstörungen; gleiche diagnostische Kriterien*
- *Kerndiagnose bleibt Substanzabhängigkeit*
- *Vereinfachung der diagnostischen Richtlinien für Abhängigkeit (3 statt 6)*
- *aktualisierte und erweiterte Stoffklassen (unterstreicht die Rolle der ICD als internationales System zum Monitoring von Trends bei Substanzgebrauch weltweit)*
- *Unterscheidung schädlicher Gebrauch und Abhängigkeit bleibt erhalten (<--> DSM5)*
  - *stärkere Spezifizierung verschiedener Konsummuster beim schädlichen Gebrauch (kontinuierlich oder episodisch), einzelne Episoden*
- *Einführung von „hazardous substance use“ als Gesundheitsrisikofaktor (ausserhalb des Kapitels über Substanzstörungen)*