

## Intervención en adicciones (3109G01034 / 2016)

---

### Datos generales

---

**Curso académico:** 2016

**Descripción:** Factores neurobiológicos, psicológicos y psicosociales asociados a las conductas adictivas. Intervenciones para la prevención de las conductas adictivas. Manejo y opciones terapéuticas en el tratamiento de las conductas adictivas. El modelo transteórico del cambio y la entrevista motivacional en el abandono de las adicciones. Imagen social del adicto. Prevalencia y carga de enfermedad atribuible al alcohol y otras drogas.

**Créditos ECTS:** 5

### Grupos

---

#### Grupo A

Duración: Semestral, 1º semestre

Profesorado: **MARIA PILAR AVILA CASTELLS** , **JUAN LUCAS PONS LALAGUNA**

Lengua de las clases: Inglés (100%)

Horarios:

| Actividad                       | Horario | Grupo de clase | Aula |
|---------------------------------|---------|----------------|------|
| Teoría                          |         | 1              |      |
| Aprendizaje basado en problemas |         | 1              |      |
| Aprendizaje basado en problemas |         | 2              |      |
| Aprendizaje basado en problemas |         | 3              |      |

### Competencias

---

- Reconocer los elementos esenciales de la profesión médica, que incluyan los principios éticos, las responsabilidades legales y el ejercicio profesional centrado en el paciente.
- Desarrollar la práctica profesional con respeto por los otros profesionales de la salud, adquiriendo habilidades de trabajo en equipo.
- Comunicarse de modo efectivo y claro, tanto oralmente como por escrito, con los pacientes, los familiares, los medios de comunicación y otros profesionales.
- Conocer, valorar críticamente y saber utilizar las fuentes de información clínica y biomédica para obtener, organizar, interpretar y comunicar la información científica y sanitaria.
- Saber utilizar las tecnologías de la información y la comunicación en las actividades clínicas, terapéuticas, preventivas y de investigación.
- Tener, en la actividad profesional, un punto de vista crítico, creativo, con escepticismo constructivo y orientado a la investigación.
- Garantizar el conocimiento adecuado de la lengua inglesa, tanto oral como escrita, teniendo en cuenta las especificidades del registro médico para poder comunicarse eficazmente a la comunidad internacional científica y profesional.

## Contenidos

---

1. Define addiction, dependence, habituation, abuse, harmful use and compulsion.
2. Characterize the social image of the addicted person and the attitudes to drug consumption in health professionals along history
3. Expose the prevalence of drug consumption for the different substances in Catalonia as well as in Spain, in Europe and in the World and the percentage of persons entering treatment by each drug.
4. Give an account of the mortality and burden of disease attributable to alcohol and other drugs.
5. Identify the major sociological and psychological factors associated with increased risk of addiction and explain the evidence which indicates they are the most important determinants.
6. Describe some of the different settings for addiction prevention and the interventions with evidence of effectiveness in each setting. Specifically, detail the strategy for addiction prevention from the sanitary services (Brief Intervention, Transtheoric Model of Change, Motivational Interviewing).
7. Recognize the indicators that a behavior has become an addiction
8. Determine the neurocognitive processes involved in addiction.
9. Using examples, illustrate how an addiction is managed inside the Health Care System.
10. Outline the therapeutic interventions currently employed in the treatment of addictions (Pharmacological, Inpatient units, Cognitive-Conductual Therapy, Group Therapy, Family Therapy, Therapeutic Community, Risk reduction, etc.) and indicate their grade of effectiveness.
11. Using examples, asses, design and implement biopsychosocial interventions for the treatment of patients with tobacco and alcohol addiction.
12. Evaluate the evidence for Complementary and Alternative treatments for addiction (Hypnosis, Acupuncture, Herbs and Plants, Bioresonance, etc.)

## Actividades

---

| Tipo de actividad                     | Horas con profesor | Horas sin profesor | Total |
|---------------------------------------|--------------------|--------------------|-------|
| Análisis / estudio de casos           | 8                  | 0                  | 8     |
| Aprendizaje basado en problemas (PBL) | 18                 | 72                 | 90    |
| Búsqueda de información               | 1                  | 0                  | 1     |

|                      |           |           |            |
|----------------------|-----------|-----------|------------|
| Clases expositivas   | 4         | 0         | 4          |
| Prueba de evaluación | 2         | 22        | 24         |
| <b>Total</b>         | <b>33</b> | <b>94</b> | <b>127</b> |

## Bibliografía

---

- Johnson, Bankole A. (ed.) (2012). *Addiction Medicine: Science and Practice*. Springer. [Catálogo](#) 
- Verster, Joris Cornelis et alt. (Eds.) (2012). *Drug abuse and addiction in medical illness: causes, consequences and treatment*. Springer.
- El-Guebaly, Nady et alt. (eds.) (2015). *Textbook of addiction treatment: international perspectives*. . Recuperado , a <http://link.springer.com/referencework/10.1007/978-88-470-5322-9>
- Hanan Frenk and Reuven Dar. (2002). Addiction, Compulsion and Habit. Dins (Ed.), *Neurobiological foundation of aberrant behaviors* (, p. 244). Kluwer Academic Publishers. [Catálogo](#) 
- Sellman, D. (2009). The 10 most important things known about addiction. *Addiction*, Recuperado , a [http://www.uniad.org.br/desenvolvimento/images/stories/fulltext\\_ID122579394PLACE](http://www.uniad.org.br/desenvolvimento/images/stories/fulltext_ID122579394PLACE)
- Charles O'Brien (2010). Addiction and Dependence in DSM –V. *Addiction*, 866-867
- Chapters 1 and 2. EMCDDA monographs n°. 9 (2009). *Addiction neurobiology*. . Recuperado , a <http://www.emcdda.europa.eu/publications/monographs/neurobiology>
- Chapter 3. World Health Organization (2004). *Neuroscience of psychoactive substance use and dependence*. . Recuperado , a [http://www.who.int/substance\\_abuse/publications/en/Neuroscience.pdf](http://www.who.int/substance_abuse/publications/en/Neuroscience.pdf)
- Chapters 1 and 2. EMCDDA Thematic papers (2009). Preventing later substance use disorders in at-risk children and adolescents. Dins (Ed.), *Preventing later substance use disorders in at-risk children and adolescents*. . Recuperado , a <http://www.emcdda.europa.eu/publications/thematic-papers/indicated-prevention>
- *Analysis of risk and protective factors* (2003). Dins (Ed.), *Adolescent Substance Use: Risk and Protection*. . Recuperado , a <http://www.emcdda.europa.eu/publications/perk/resources/step2a>
- EMCDDA Insights n° 7. (2008). *Prevention of Substance abuse*. Dins (Ed.), *Prevention of Substance abuse*. Recuperado , a <http://www.emcdda.europa.eu/html.cfm/index52388EN.html>
- World Health Organization (2003). *Brief intervention for substance use: a manual for use in primary care*. Recuperado , a [http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6b.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf)
- Sobell L.C. and Sobell M.B. (2008). *Motivational Interviewing Strategies and Techniques: Rationales and Examples*. Dins (Ed.), *Assessing Alcohol problems using motivational Interview*. Recuperado , a [http://www.nova.edu/gsc/forms/mi\\_rationale\\_techniques.pdf](http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf)
- Chapter 9. Spencer, J.W. & Jacobs, J.J. (ed.) (2003). *Complementary and alternative medicine* ((2nd ed)). Recuperado , a <http://www.sciencedirect.com/science/book/9780323020282>

## Evaluación y calificación

---

### Actividades de evaluación

| Descripción de la actividad     | Evaluación de la actividad  | %  |
|---------------------------------|---|----|
| PBL sessions (3 case scenarios) | Learning Abilities (25%)<br>Communication (25%)<br>Responsibility (25%)<br>Interpersonal Relationships (25%)  | 60 |
| Final written examination       | Content (fulfillment of the task) 25%<br>Organization (logical and ordered writing) 25%<br>Development of ideas (supporting evidences) 25%<br>Style (readability and conciseness) 25% | 40 |

### Calificación

Evaluation has two parts (PBL sessions and a final written examination) and both of them have to be passed independently.

- PBL sessions evaluation will account for 60% of the module evaluation.

Criteria (Grade proportion)

Responsibility (25%)  
 Learning abilities (25%)  
 Communication (25%)  
 Interpersonal relationships (25%)

- The final written examination is going to account for the other 40%.

**ATTENDANCE TO THE FINAL EXAM REQUIRES HANDING OVER 3 SHORT ESSAYS FIRST.**

The essays are assignments set during the course on different topics.

The final exam consists also in a short essay on a clinical problem.

All essays have to contain between 150 and 200 words.

Tasks (Grade proportion)

Essay 1 (20%)  
 Essay 2 (20%)  
 Essay 3 (20%)  
 Final exam essay (40%)

In rating an essay the following criteria will be applied:

Criteria (Grade proportion)

Content (fulfillment of the task) 25 %  
Organization (logical and ordered writing) 25 %  
Development of ideas (supporting evidences) 25 %  
Style (readability and conciseness) 25 %

**Criterios específicos de la nota «No Presentado»:**

Not attending to the PBL sessions  
Not attending to the final written examination

**Observaciones**

---

When a behavior seems to be strongly driven by forces outside the person's voluntary control and, specially, when the person continues with this behavior despite the experience of the significant physical and/or psychological problems being caused by this behavior we judge this dysfunctional conduct to be an addiction.

For a long time the addiction field has been a cardinal medical concern because of its serious health repercussions. The mortality and morbidity derived from maladaptive habits (specially tobacco and alcohol consumption) are of the utmost relevance to public health in the developed countries above all because they are preventable, becoming an imperative to any person involved in the medical profession to be proficient in the understanding, assessment and management of an addiction.

Unfortunately, the attitude and beliefs of the medical profession toward people engaged in drug abuse or in addictive behavioral patterns continue to show negative, even intolerant dispositions. Clinical staff in primary care and in hospitals commonly place alcoholics and drug addicts very low on the list of patients whom they would like to treat. This bias influences the healing approach and is, clearly, an obstacle to problem resolution. Therefore, a specific training in addiction to all medical personnel is indispensable in order to change this stigmatizing and counter therapeutic attitude.

Opportunely, in the short space of time of two decades, there has been a paradigm shift in the interpretation of what addiction is, from considering it a personality vice or a breakdown in the person's ability to exercise normal intentional control over their behavior, to addiction being viewed as a neurobiological brain disorder involving unconscious learning and responsive to a neurocognitive rehabilitation.

This elective is addressed to students interested to survey, probe and handle the addiction range.