

## **Addiction Treatment: When Will Medical Principles Matter?**

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The medical approach to human suffering consists in practical interventions which may vary in accordance with the types of symptom, but are rooted in a set of identifiable principles.

**1) The principle of emergency.** Symptoms should be ranked according to their severity, and the severity of their expected consequences, so that those which can be identified as bearing the most dangerous consequences (e.g. death, organ failure or metabolic impairment) should be challenged as a priority. As far as addictions are concerned, patients may be intoxicated when asking for an intervention, be under the effect of multiple drugs, be traumatized, metabolically impaired, dehydrated or starving, or may display major psychiatric symptoms. The emergency principle can be applied to whole population instead of single cases, especially during epidemics: when death rates are quite high and the chances of survival depend on the degree of severity, less severe cases should be treated as a priority, so as to stop them becoming more severe, on the assumption that interventions against severer cases would have little impact on the future situation.

**2) The principle of severity.** Under conditions that imply imminent risks, one main treatment objective should be to reduce the severity of symptoms. Interventions should at least aim to ensure a minimal level of functioning, so enhancing the probability that treatment can continue. The principle of severity retains its validity regardless of how seriously the patient is impaired; in fact, those whose illnesses are most severe at the moment when they enter treatment are not necessarily those who are destined to have

the worst or least satisfactory outcomes. On the other hand, it is true that severity is correlated with the risk of relapses.

3) **The principle of stabilization** . Once any treatment has proved to be effective in controlling the core symptoms of a disease, it should be maintained and enhanced until a continuous, satisfactory balance is attained. Balance can be considered satisfactory when environmental factors have proved incapable of hindering the response to treatment or of jeopardizing the patient's well-being.

4) **The prognostic principle**. As long as we are able to anticipate the evolution of a situation on statistical grounds, the choice of one therapeutic regimen and its design through time represent the transition from the treatment of the acute phase of a disease and to its possible chronicity. Once acute symptoms have been buffered, most diseases need a maintenance regimen to keep the underlying processes under control. By definition, chronic disorders are, in fact, characterized by a spontaneous, autonomous self-perpetuating trend, which leads to persistence, recurrence and phases of rising severity. Despite this, patients with a chronic illness often put the blame on therapies, as if a given treatment were responsible for making that illness chronic. Given the illogical tendency to think that long-term regimens maintain proneness to relapses, rather than defending the results achieved so far against a spontaneously relapsing disposition, patients end up by feeling they will continue to be ill as long as they keep on attending treatments. It follows that the meaning of prognosis should be clarified from the start, so as to provide adequate linkage between the treatment premises (the nature of the disease), its course and the fact that the results that can be achieved will depend on the persistence of that treatment.

5) **Principle of improvement**. It is a common view, especially among social workers, that the golden therapeutic goal is to turn former addicts into ideal, highly productive, reliable citizens, who will act out a social and individual model that is completely opposed to their previous drug-related habits.

All the findings that have won acceptance over the years, and the consensus of opinion surrounding any known disease, point in a different direction. The extent of achievable results is, firstly, limited by the severity of the disease, its chronicity, and the degree of damage already sustained. Medical treatment should always aim to achieve some improvement, and, if possible, to go on from there in the direction of eventual healing. A prognosis of healing is a statistical possibility, but it sets up a misleading perspective. Approaches that are founded on an effort towards healing as an immediate objective tend to be rather irrational, and to leave medical knowledge out of account. When medical treatments are, indeed, applied to achieve healing directly, they tend to lose their theoretical role, so that the supposed treatment ends up by leaving greater room for the disease to develop and become more severe. When healing is the question at issue, little effort is spent on improvement, balance or control, because these are all

viewed as failures to achieve healing. From this perspective, successful treatment is no better than no treatment. By contrast, any period of clinical remission, no matter how brief, is highlighted as the proof that healing is possible, instead of being viewed as an interval that is only to be expected between relapses. In the end, individuals who have gone through healing-bound programmes are those most likely to fall into the categories labelled “dead, formerly healed”, or those who became untreatable. Likewise, the time spent within such programmes will result in lower chances of achieving realistic goals, or of shrinking the therapeutic gap between targets and attainable levels of improvement. From a physician’s point of view, healing is a rare exception, just as the total impossibility of achieving any improvement is an exception, too. Medical treatment falls between these two extremes. In reality, neither the impossibility of healing nor the impossibility of achieving improvements should be considered defeats. The only true defeat comes from a failure to employ the therapeutic instruments that are available, through ignorance or through an irrational resistance to scientific principles, and from lack of determination in pursuing achievable results.

6) **Principle of specificity.** On technical grounds, one needs to know which programmes can be useful in achieving the goals to be pursued. The successfulness of any treatment cannot be based on the soundness of the therapist’s intentions, the strength of the patients’ motivation or the alliance between patients and therapists. A disease is curable when there is at least one effective instrument to be resorted to, and its functioning can be handled scientifically in accordance with specific rules. Considering all the principles of medical practice, effectiveness is the least understandable: the reasons for the success of some highly effective instruments remain unexplained. In other cases, the discovery of effective instruments was unexpected, while there are many examples of candidate instruments which turned out to possess little, if any, effectiveness.

In the light of the above principles, the treatment of narcotic addiction can be thought of as follows: addiction should be challenged as a highly curable disease, with no realistic perspective of healing in the short or medium term. The best approach consists in achieving a condition of therapeutic balance by an agonist maintenance regimen that aims to control and prevent relapsing behaviour. This approach should constitute the first-line intervention against narcotic addiction, in order to minimize the rate of patients who enter treatment under the burden of somatic or psychosocial concerns, and the average severity of developed impairment. Drug-free regimens that aim to achieve absolute healing should be regarded as anti-therapeutic, besides being ineffective. The sequence of treatment goals to be pursued comprises: survival, behavioural stabilization, medically-allowed rehabilitation. Eventually, after a long period of stability, medically supervised withdrawal is conceivable, though on a strict clinical basis and only if an extremely gradual schedule is adopted.

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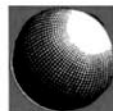
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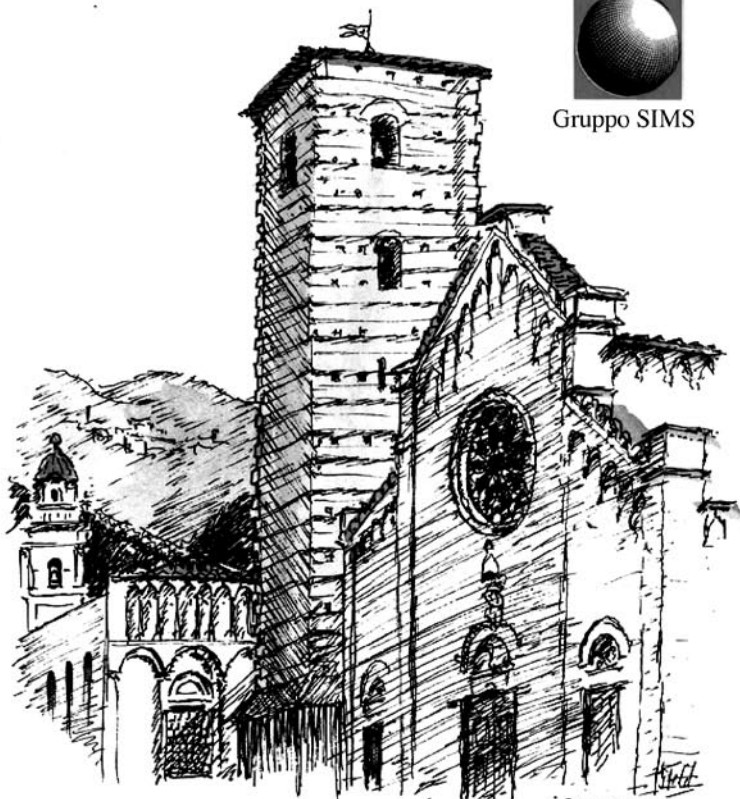
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