



European Opiate Addiction Treatment Association

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CONCLUSIONS ENDORSED AT THE PLENARY SESSION OF MAY 27, 2012

- Opioid addiction (*) is a chronic relapsing disorder.
- Detoxification should not be the primary goal, because of the high risk of relapse and lethal overdose.
- There is no evidence for better outcome when leaving the general principles of treatment for chronic ill patients.
- Addicted patients should be treated as normally as possible without stigmatizing regulations.
- Long term treatment with adequate dosage of an opioid should be started without delay either buprenorphine, buprenorphine/naloxone or methadone. Dose should be individualized; split dosage may improve stabilization.
- As patients in treatment may face intolerance to the traditional treatment, alternative opioid(s) should be offered.
- Decentralized, full coverage of opioid treatment should be provided.
- Polysubstance abuse is no contraindication to opioid substitution treatment

(*) Cfr: "Opiate Addiction Syndrome": International Classification of Disease (ICD 10 F11.2) or DSM IV.



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