

OPIOID USE DISORDER: EPIDEMIOLOGY AND TREATMENT

Italy, Europe and USA: comparing different experiences

Scientific Committee

Antonio Boschini

M.D., Head of Health and Therapeutic Programme, San Patrignano Community

Jonathan Avery

M.D., Director of Addiction Psychiatry, Associate Professor of Clinical Psychiatry, Weill Cornell Medical College, New York - Presbyterian Hospital

The global community is confronting with an OUD - Opioid Use Disorder epidemic, that started in the 70', when heroin use spread rapidly among the generations of the economic boom. Recently, a new epidemic of opioid painkiller abuse/dependency began, (for now limited to North America and to some North European countries) caused by an indiscriminate and easy prescription of these medications. From this epidemic a new surge in heroin as well as very powerful and lethal synthetic opioid substances use started. Opioid overdose in the United States has become the leading cause of death in the 20 to 40 age group.

The OUD treatment follows two divergent guidelines:

- (a) treatment aiming at Recovery, at integral recovery from addiction;
- (b) agonist pharmacotherapy program or opioid substitution therapy, which involves the indefinite administration of synthetic opioid medication (methadone, buprenorphine).

Pharmacological treatment spread enormously in the 1980s, to stem the spread of AIDS, therefore prioritizing a public health approach ("harm reduction"); but later, with the spread of the neurobiological interpretation of addiction as a structured brain disease ("Brain Disease Model of Addiction"), it became the only medically recognized treatment, while the interventions aimed at Recovery were considered marginal experiences, not backed by scientific evidence.

This online training course, which will be completed by a live webinar, intends to examine in depth the opiate use disorder from various perspectives with a secular approach. We will present different treatment options, and also highlight possible integrations between them.

We would like also to make some reflections on an important ethical challenge, regarding the possibility of ensuring adequate access to treatment to people affected by physical pain, without however putting them at risk by causing or worsening a condition of substance dependence. This is a problem that is still not perceived in Italy, but it could be in the future.