

The Italian Association on Addiction Psychiatry (SIPDip), formerly The Italian Association on Abuse and Addictive Behaviours

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Submitted 15 April 2003;
initial review completed 28 April 2003;
final version accepted 28 April 2003

ABSTRACT

The Italian Association on Addiction Psychiatry (SIPDip) is a special section of the Italian Psychiatric Association (SIP). It started, under the name of the Italian Association on Abuse and Addictive Behaviours (SICAD), in 1989 from the awareness that the addiction field had been starved of a psychiatrists' contribution since 1975. SIPDip aims to improve and implement study, clinical, research and educational topics about substance abuse and addictive behaviours. The National Board composition aims to provide an equal distribution of psychiatrists working in psychiatric and addiction facilities inside the National Health System, and private non-profit agencies. All psychiatrists and members of the Italian Psychiatric Association can become SIPDip ordinary members, while other health professionals working in psychiatric and addiction fields can become associate members. SIPDip has its National Congress every second year. In 2001 it promoted a network called the National Council of Addiction Disorders. It is recognized officially by the Drug Policy National Department and was created under the direct authority of the Prime Minister. In this, SIPDip is particularly involved in review groups relating to ethical issues, substitutive therapies and dual diagnosis. Furthermore, it organized the first Consensus Conference on Dual Diagnosis, under the sponsorship of the Italian Psychiatric Association. This was held in June 2003 to implement relevant national guidelines. The SIPDip main topics that will be addressed in the near future are: psychiatric comorbidity in substance related disorders; intervention efficacy assessment; and special populations and novel addictions. The National Board meeting on 15 December 2002 decided to submit to the General Assembly in April 2003, a motion to modify the Association's byelaws and to rename the organization 'The Italian Association of Addiction Psychiatry'.

KEYWORDS Italian drug policy, psychiatry, substance use-related disorders.

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HISTORICAL BACKGROUND

The Italian experience in the field of substance-related disorders is quite different from that of many other countries. Only the last Reform of Act 309/90 ratified a network of addiction facilities within the National Health

System. One of the most peculiar elements of Italian health culture in the addiction field has been an ideologically orientated approach to addiction as a phenomenon, and to the organization of related services. This approach is linked to historical 'anomalies' which have accompanied and influenced not only professionals' views but also public opinion about addiction issues.

Among these anomalies it is appropriate to identify key elements which, for a long time, have had a strong influence on development of new ideas in this field. They are:

- the virtual expulsion of psychiatry from the addiction field by the first Reform Act 685/75. This occurred during a deep crisis in Italian psychiatry following on from an antipsychiatric wave that led to the well-known psychiatric Reform Act 180/1978 (inspired by Franco Basaglia);
- the temporary role of private non-profit agencies, especially therapeutic communities—generically inspired by the Daytop model—in the addiction field. This was developed largely because of the lack of psychiatric skills in diagnosis and treatment of substance-related disorders, and the uncertainties and delays in establishing a network of addiction facilities inside the National Health System;
- public and political opinions are still engaged in an ideological argument, with little scientific basis, about the causes of addiction and related therapeutic tools. These are, first, public opinion which denied for many years the illness model of addiction. Secondly, never-ending and useless debates about the unique validity of specific therapeutic options (e.g. methadone maintenance versus therapeutic communities or psychopharmacological treatments versus environmental therapies), which prevented any empirical evaluation of treatment options, and created barriers among professionals;
- furthermore, we should mention the changes since 1999 in the health and welfare systems caused by the growing lack of economic resources, and the re-organization of the National Health System according to a business-orientated model. This has concentrated the limited resources for addictions on selected programmes, often with little regard for evidence-based criteria.

SIPDIP'S START-UP IN 1989

The Italian Association on Addiction Psychiatry was established—under the name of the Italian Association on Abuse and Addictive Behaviours (SICAD)—in Rome in 1989 during the 37th Italian Psychiatric Association (SIP) Congress, as a special section affiliated to the mother society. It started from the Italian Psychiatric

Association's awareness that the addiction field had been starved of psychiatrists' contribution for a long time, since 1975 when ACT no. 685 (byelaw of abuse and psychoactive substances. Prevention, treatment and rehabilitation of addiction-related conditions) set up, in regional catchment areas, specific addiction facilities. These were medically orientated but with a strong component of social work (Nizzoli & Foschini 2002). This act was strongly innovative overall for the decriminalization of personal substance use, and emphasized voluntary treatment with confidential safeguards. Unfortunately the Act introduced a vague concept of 'a moderate amount', provoking lively controversy because it can be interpreted in many different ways by different judges who could prescribe compulsory treatment in addiction facilities.

In 1997, again in Rome, byelaws were reviewed and updated to be congruent with the mother association. Periodically—as recently in July 2002 and April 2003—the general assembly has voted additional changes in byelaws.

SIPDIP'S AIMS

SIPDip's aims, as a special section of the Italian Psychiatric Association, are to improve and implement, among mental health professionals, clinical, research and educational responses to substance abuse and addictive behaviours, especially those related to addictions to licit and illicit substances and, generally speaking, compulsive behaviours. These aims are pursued through research and educational projects, spreading and exchanging knowledge and sponsoring and supporting health policy initiatives.

THE ASSOCIATION'S FRAMEWORK

All psychiatrists who are members of the Italian Psychiatric Association can become SIPDip ordinary members if they are interested in addiction issues, even if they do not actually work in addiction facilities. The membership fee is 40 euros per year. Related benefits are free attendance at SIPDip scientific meetings, i.e. a National Congress each second year (but renewal of the Board takes place every fourth year), and CME courses for psychiatrists and different health professionals. In addition, health professionals working in psychiatric and addiction facilities within the National Health System or private non-profit agencies (e.g. physicians, psychologists, social workers, psychiatric rehabilitation technicians, etc.) can become associate members. Among SIPDip's main purposes we emphasize the need to spread knowledge about psychopathological and psychosocial issues of substance-related

disorders, in order to provide a properly integrated theoretical and operative perspective. For this reason the National Board composition aims to provide an equal proportion of psychiatrists working in psychiatric and addiction facilities, within the National Health System and private non-profit agencies. Current officers, elected in Milan on 8 July 2002 by the General Assembly, are listed in Table 1.

Current membership is 434 ordinary members and 512 associate members. Each member signs a form which, according to the national privacy law, restricts access to his or her membership. Membership fees are essential to the association's survival and its educational and training activities; related budgets are funded by public bodies, such as the national or regional government, or by unrestricted educational grants by pharmaceutical companies.

Every fourth year SIPDip has its own National Congress, organized by the current national board. SIPDip publishes National Congress proceedings. Under the previous name of the Italian Association on Abuse and Addictive Behaviours (SICAD) we have published: *Abuse Behaviours and Addictive States: from Research to Interventions* (SICAD 1992). Rome, 7–10 October 1992 (more than 500 participating professionals); *Abuse Behaviours and Addictive States: Integrating Interventions* (SICAD 1996). Catania, 16–22 June 1996 (more than 400 participants); *Addiction and Dual Diagnosis in European Metropolis* (Carrà & Clerici 2003). Milan, 8–9 July 2002 (more than 600 participants).

PUBLICATIONS AND WEBSITE

Since 2002 the Association has had its own web site in the Italian language (<http://www.doppiadiagnosi.it>). The aims are: (a) spreading dual diagnosis knowledge among Italian health professionals; (b) providing national and international links to analogous organizations; and (c) an overview of national research.

SIPDip edits its own monograph series by Franco Angeli (Publisher, Milan), with seven volumes published up to the present.

PARTNERSHIPS

SIPDip promotes and supports links with public and non-profit agencies at regional, national and international level. It has established links with numerous such organizations.

TRAINING ACTIVITIES

SIPDip has organized a number of training activities throughout Italy on diagnosis (Clerici *et al.* 1989; Clerici & Carta 1996) and psychoeducational treatments (Clerici *et al.* 1988) in the substance abuse fields. Furthermore, it supports the dissemination of Italian versions of EURO-ASI (Kokkevi & Hartgers 1995) and the Maudsley Addiction Profile (Marsden *et al.* 2000). Many SIPDip board members act as supervising counsellors for local and regional trusts about dual diagnosis and substance abuse topics.

SIPDIP AND POLICY

The National Council of Addiction Disorders, of which SIPDip is a founding member, is the cornerstone of lobbying activity in the substance field, because it is recognized officially by the Drug Policy National Department under the authority of the Prime Minister. Within the National Council we will develop a lobby to influence national government and local and regional trusts favourably—previously conditioned exclusively by private non-profit agencies. SIPDip is particularly involved in trying to suggest the best strategies in private and public mass-media campaigns to spread correct and continuous information about addictions. SIPDip also submits to the Drug Policy National Department up-to-date and evidence-based reviews to influence the National Health System guidelines.

What we have learned from past experience is that funding difficulties often induce delays, shortages or setbacks in the provision of resources. This means that a sci-

Table 1 SIPDip current officers.

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| Honorary President | E. Tempesta (Roma) | National Board |
| Past President | I. Carta (Milano) | E. Aguglia (Trieste), G. Bellio (Treviso) |
| President | M. Clerici (Milano) | F. Bonfà (Piacenza), F. Catapano (Napoli) |
| President Elect | A. Fioritti (Bologna) | M. Diana (Cagliari), M. Di Giannantonio (Chieti) |
| Secretary | G. Carrà (Pavia) | R. Gatti (Milano), L. Janiri (Roma) |
| Vice-Secretary | S. Biscontini (Spoleto) | S. Lucesoli (Macerata), G. Mammana (Foggia) |
| Treasurer | R. Scioli (Pavia) | P. Miragoli (Milano), G. Pozzi (Roma) |
| Auditors of accounts | D. Banon (Treviso), C. Barile (Torino), L. Restani (Pavia) | M. Sanza (Rimini), G. Zanda (Lucca) |

entific association can never have any certainty even if it has a long history and a strong presence among professionals and institutions.

A further initiative on dual diagnosis

In 2002 SIPDip stated its aim to link the regional sections of the Italian Psychiatric Association, and to promote dual diagnosis guidelines as a practical tool for psychiatrists working both in mental health and substance abuse fields. SIPDip brought about the first Consensus Conference on Dual Diagnosis, under the sponsorship of the Italian Psychiatric Association, held in Turin in June 1993, with the participation of 120 psychiatrists from mental health and substance abuse services from the five northern Italian regions (Lombardy, Piedmont, Triveneto, Emilia-Romagna and Liguria) and national opinion leaders among professionals involved in the fields of substance abuse and psychiatry. The Consensus Conference on Dual Diagnosis will be repeated in a few months in the Central and Southern regions.

CONCLUSIONS

Fundamental to SIPDip's purpose is to involve as many members as possible from the mother association, the Italian Psychiatric Association. We are witnessing a satisfying trend of growing interest in dual diagnosis and psychopathological comorbidity in substance-related disorders in Italy, above all among health professionals whose interest is borne out by the large number of applications to the Consensus Conference. This was the background to the decision at the last National Board meeting to submit to the General Assembly, held in Pescara on 11 April 2003, the proposal to modify the Association's by-laws and change the name to the Italian Association of Addiction Psychiatry (Società Italiana Psichiatria delle Dipendenze-SIPDip). The General Assembly gave its approval, emphasizing that we would be more able to

influence the scientific and cultural debate in our specialist field.

The SIPDip Board stated that for the next 5 years the following main topics are to be stressed among our members and national and local authorities: psychiatric comorbidity in substance-related disorders; intervention efficacy assessment; special populations (prisons and outside-EU immigrants); novel addictions (e.g. gambling, bulimia, sex, fitness and doping-related).

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