

Results and challenges of the San Patrignano model

trying to build a bridge from
neurobiology to a life without
drugs

The birth of San Patrignano

- Founders were “normal people”, without skills on medicine, psychology, and sociology, etc.
- They were not politics, priest, or components of a religious groups.
- They had no personal or relatives experience on drug addiction, nor some knowledge about this problem.
- They were driven only by strong humanistic ideals, and by the desire to help the suffering people.
- They meet drug users only because at that time (late 70’s) the heroin addiction epidemic was a true social emergency.
- Founders considered their social activity not as a work but as a human duty.
- They decided to dedicate all their time, strenght, and thoughts, to this “mission”.

The basic principles

1. Drug addicts are not «patients»:

- No substitution or pharmacological treatment.
- The Community is a home, a family, not a Rehab Clinic.
- a family is free of charge; families and health care system shouldn't pay for drug users.
- «welfarism» could be dangerous if applied to drug users, because they need autonomy, self esteem, and not commiseration.

The basic principles

2. Education and rehabilitation are the mainstay of treatment and recovery.

- Educational principles are simple (respect) and should be understood, recognized and accepted by all.
- There are no political, religious, or social discriminations.
- Religion, or political ideals, are not instruments of treatment, but eventually, individual choices after recovery.
- Non confessional does not mean non spiritual: the commitment in helping other people, and the desire to become a better human being, is «religious» per se.

The basic principles

3. The Role of Former drug users (DUs)

- Since the beginning founders identified in rehabilitated former DUs the future of San Patrignano (the actual Governance is based mainly on former Dus).
- most of staff components, mainly Educators, but also other professional team components like Physicians, Nurses, Lawyers, etc. are former addicts rehabilitated in this Community.
- During the program all subjects in treatment should take the responsibility, as tutors, for those who enter in program.

The basic principles

4. Volunteering

- under the strong living example of founders, a small group of “first generation” rehabilitated drug users, choose to remain in the Community, driven by the desire to give others the same help and experience received by them.
- In the following years a 2^o and a 3^o generation of people did the same choice.
- Volunteering also provides a large part of the sustainability.

The basic principles

5. All the drugs are considered dangerous, independently from their toxicity, addictive, and dependence property.

- All drugs are considered dangerous for brain and personality development, especially if the consumption started during adolescence.
- every drug predisposes to other drug experiences.
- The therapeutic program is not based on the kind of drugs used.
- Only gambling has a different, and shorter, approach.

The basic principles

6. a practical approach.

- Since its origins the therapeutic program has evolved and structured based solely from day after day experiences.
- There has never been an application of any kind of theory (books, guidelines, professional courses, etc).
- This process is still ongoing, and facilitates the flexibility and adaptation to continuous social, cultural, and epidemiological changes observed in substance use disorder.

life without drugs is possible and should be offered as the first option

- In late 70s founders were unaware brain circuits and reward pathway.
- they had a strong belief that drug addicted could achieve a life without drugs, and also without chronic opioid replacement therapy.
- Very far from scientific knowledge, with a «naive» approach, builded on love and daily experience, they build a therapeutic program that still mantain the same basic principles.
- After 40 years, we can try to understand how individual changes take place, also from a neurobiological perspective

how individual changes take place

**Is it possible to reverse the
brain changes induced by
drugs?**

Common personality traits in drug users

etiology

1. Present before drug addiction.

low mood, anaedonia
low self-esteem
self-pity.

2. Drugs related (brain neuroadaptation).

mistrust, suspicious
selfishness and self-centeredness
presumption.
anti-sociality.

3. Drug seeking behaviour related.

impulsivity

The instruments of change

environment

examples

relationships

rewards

to recover self esteem and accountability

educational activities

vocational training

secular spirituality

feelings (and love)

The Environment

- Safe
- without drugs.
- With social rules to respect.
- As much as possible resembling the outer «society».
- With simple ethical principles: respect yourself, the others, and the environment
- without physical and/or psychological violence.
- With equality: same rights, same duties
- Without distinctions related to social status, religion, etc .
- Without competition between people for the sake of career.

The examples

Trying to eliminate stigma on drug addiction, in Public Health Services, doctors, psychologists, etc., explain to addicts that they have a medical disease and that it isn't a their fault to need drugs to live.

A large part of (heroin) addicts, enter the program with the resignation/justification, of being affected by an untractable brain disease.

Seeing and living with hundreds of people not using drugs from 1-4 years is a completely new experience

Day by day they start to believe that it is possible to change, and this consciousness is, in the same time, source of hope and of self responsibility.

relationships

- relationships are intense and continuous.
- at the beginning people is stressed by this non-stop request.
- individual weakness and personality traits become evident.
- the continuous comparision with others is an instrument and source of thought and knowlege.
- this knowledge can be painful.
- with time relationships can develop in solidarity and friendship.

reward

Long before reward pathway discovery, educational-rehabilitative program was designed to teach the people how to feel well, satisfied, from the normal daily living activities.

In this sense we know that theoretical teaching is not enough, because it vanishes in few time.

Long lasting daily training is necessary, to leave a deep imprint in behaviour.

Coming back to neuroscience we can correlate this «hard work» to the brain process called «neuroplasticity».

Self-esteem and accountability

- **The basic work is to learn the way to connect reward with:**

interest,
responsibility,
strong commitment,
perseverance,
but also fatigue,
if not pain.

educational activities

- In the beginning you can find reward in individualistic, or also egotistical activities, such as feeling physically well, eating well, practicing sports
- then you should learn the way to be satisfied by other, more demanding, activities, such as work, small responsibilities, etc..
- At some point you can discover friendship.
- One of the most important stage is when you experienced to feel rewarded by helping other people, like being a tutor for people starting the community treatment, assisting those with AIDS or other disease in the Medical Center, etc.
- It is not a theoretical learning, it is a long way, because is not unusual to do two steps forward and one back.

Activities (in order of timing)

- Work
- Other Community Activities (collective housework and services)
- Recreational activities (sport, music and chorus, theatre, culture, etc.)
- To be a tutor for a new entry addict
- Study, Professional Training Courses, etc.
- Assistance to patients of Community Hospital
- Guide for Community Visitors and Guests.
- Taking part to Prevention Programs for Students (We Free)

vocational training

In the last years schools and learning a job are not only an educative and rewarding instruments, but more and more an absolute necessity for a full recovery.

Having a job is not only a way of economic support, but also an existential need, something that let you feel not useless for the others, or for the society.

spirituality

The program is spiritual in essence: anyone, even the atheist or the agnostic who does not believe in a religious type of higher power, can make use of the fellowship's protective wall of the «community»

Community itself can be a spiritual concept; moreover it is important to feel as 'being-at-home', i.e. fitting in and belonging.

Insight and meditation are aroused.

Secular spirituality consists of transcendence of self to a reality larger and greater than the self or of joyous pluralism.

feelings and love: a big issue

- emotional disorders and sexual problems are often present in drug addicts.
- most of them never experienced a stable relationship.
- during addiction the body is a way to get money or drugs.
- after detoxification the body could be a way to get a reward, or also a compulsive thinking.
- it's not necessarily a matter of sex: people look for gazes; a glimpse can give sense to your day (love addiction?).
- only in the 2nd part of the therapeutic program you can deepen an acquaintance.
- and it's always a long path...

when educational-rehabilitative program is not enough.

Probably, in the first years, an high number of people dropped out of the program because of undiagnosed psychiatric disease, or unresolved psychological problems.

The desire to help, the strong commitment, the safe environment, the rewards opportunities, and the spiritual driving, are not always enough.

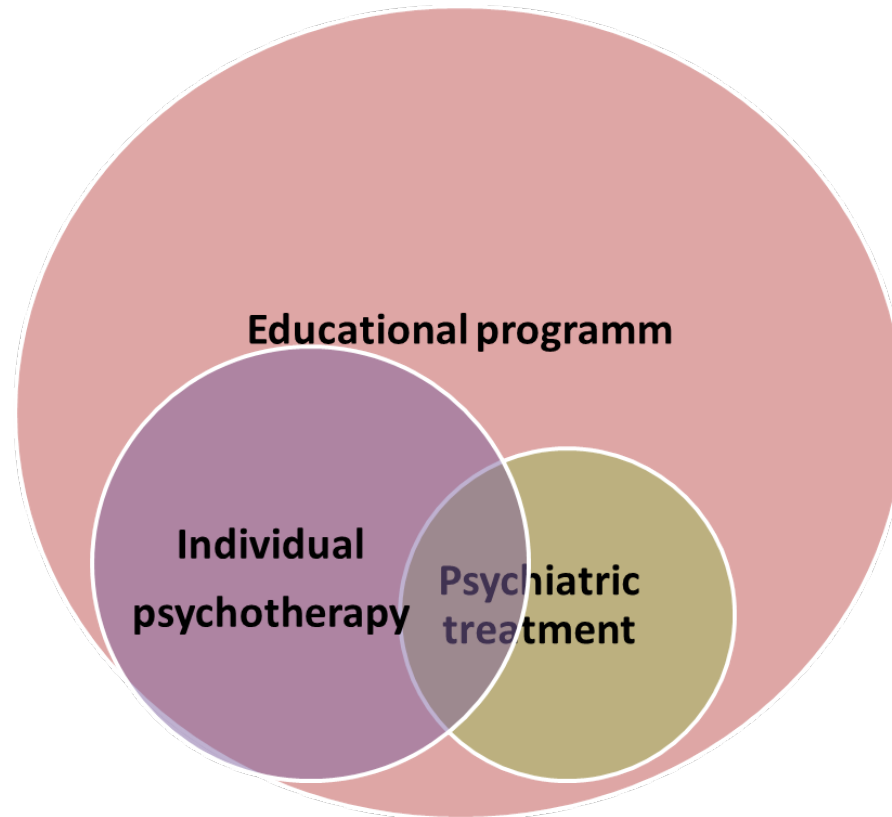
Educational programs should be integrated with psychological and psychiatric science, in an harmonized way.

Psychiatric treatment

- Episodic and transitory drugs related psychotic symptoms .
- Eating disorders: actual prevalence of about 40% of females and 3% of males
- Mood disorders, major depression, bipolar disorders.
- Anxiety disorders (insomnia, panic attacks, OCD, etc).
- Difficult to manage personality disorders.

Individual psychotherapy

- Sexual identity disorders.
- Major trauma in childhood (physical or sexual abuses).
- PTSD (Post Traumatic Stress Disorders).
- Borderline Personality Disorders.
- Eating disorders



educational program needs integration:

35 % of people needs individual psychotetaphy

20% needs pharmacological treatment for psychiatric symptoms

challenges

1. sustainability
2. unemployment
3. staff motivation, training, and renewal