5.1 Problems concerning psychiatric diagnoses

The diagnostic systems typically used in psychiatric hospitals are designed to define homogenous groups of patients whose specific aetiology leads to certain symptoms. From this aetiology, a therapy that is most effective for this disease group should be planned. For a diagnosis of a disease the following should be provided:

By defining a disease, its aetiology is also automatically defined. In addictions, smoking and drinking are often only secondary phenomena. The aetiology of abuse and the causes of addiction have always been seen as two different constructs.

The implementation of the therapy is scientifically supported and defined according to the theoretical aetiology and the clinical conditions at the initiation of the therapy. At least 88 different therapies for addictions are used all over the world: these therapies lead to both positive and negative results (Hester RK and Miller WR, 2003). The therapeutic procedure depends on many factors, but not usually on the consumption behaviour. The diagnosis of addiction merely describes one aspect of the whole problem.

In many cases the natural course of a disease can be predicted on the basis of the diagnosis. However, abuse and addiction have completely different developmental trajectories which depend the least on substance consumption behaviour (see chapter 6.3).

As not all of the preconditions for addiction related disorders have been established, more and more subgroups of different addictions are being identified (see chapter 6). Nevertheless, two international classification systems (ICD-10 and DSM-IV) have been established which have widespread use. The advantage of these systems is that epidemiological studies can compare the incidence and prevalence of addictions in different cultures. Further, in central Europe this schema of diagnosis has been proven to be effective for invoicing insurers and other payment agencies. Therefore it was important that tobacco addiction was included in ICD-10 as a separate disorder. Unfortunately, in meeting the needs of these two goals (epidemiology and the cover of costs) both systems became too general and insufficient to allow development of specific therapies. The therapies which are offered at the moment have very rigid guidelines and primarily comply with the needs of the inpatient and outpatient institutions. Yet, they don’t sufficiently address the real needs and capabilities of affected individuals. Results from basic research and pharmacologi-
5.2 Development of the term “addiction”

From a historical perspective, the term “alcoholism” was introduced into the medical literature by Magnus Huss in 1852 (Huss M. 1852), but already by the beginning of the 20th century different aetiologies for alcoholism had begun to evolve. Primary or secondary alcoholism, alcoholism caused by a neurotic, psychiatric or psychopathic personality and alcoholism due to physical vulnerabilities were also defined at that time (see Feuerlein W. 1975). In 1952, the