



What components contribute to treatment effectiveness?

Phases of treatment

The following factors have been shown to influence the outcome of different stages of treatment:

- Counselling and psychotherapies
- Medications in detoxification and maintenance
- Counsellor and therapist effects
- Treatment completion and retention

Detoxification-stabilization phase

Medical detoxification is the initial and acute stage of abstinence-oriented addiction treatment. However, the term “detoxification” has been used to describe a true withdrawal syndrome (i.e. neuro-adaptation) as well as simply the stabilization of acute physiological and emotional symptoms associated with the cessation of drug use.

“True detoxification” is required only for certain types of drug dependence, most notably nicotine, alcohol, opiate (derived from the opium poppy), barbiturate and benzodiazepines. The withdrawal syndromes for these different drugs generally include headaches, bone pain, fever, chills, seizures in extreme cases, watery eyes, runny nose, diarrhoea and emotional problems. Opiate drugs in particular can produce these symptoms, but, while they are profoundly uncomfortable, they are rarely life threatening. Alcohol, barbiturates and benzodiazepines can also cause seizures and cardiac irregularities that can be life threatening depending upon the history and general health of the user.

Virtually all drug use – including amphetamine, cocaine and hallucinogens – will produce acute periods (one to three days for hallucinogens and up to two weeks for amphetamine or

cocaine) of physiological and emotional instability following discontinuation of regular use. While uncomfortable, this will almost always subside without formal medical attention.

Indicators of effectiveness in the detoxification-stabilization phase

- Significant reduction in physiological and emotional instability
- No serious medical or psychiatric complications
- Integration and engagement in an appropriate rehabilitation programme

Rehabilitation-relapse prevention phase

Rehabilitation is appropriate for patients who are no longer suffering from the acute physiological or emotional effects of recent substance use and who need behavioural change strategies to control their urges to use substances. Practical goals of this stage are to prevent a return to substance use that would require re-detoxification/stabilization; to assist in developing control over urges to use alcohol, drugs or both, either through sustaining total abstinence or through substitution treatment; and to assist in regaining or attaining improved health and social function, because these improvements in lifestyle are important for maintaining sustained control over substance use.

Although worldwide the majority of rehabilitation treatment programmes are abstinence-oriented, a significant number in Australia, Western Europe and North America, and increasingly in other parts of the world, maintain patients on a medication that is designated to block the effects of the abused drugs, thus preventing the re-emergence of illicit drug use.



Indicators of effectiveness in the rehabilitation-relapse prevention phase

All forms of rehabilitation-oriented treatments for addiction have the same four goals:

- Maintaining the physiological and emotional improvements initiated during detoxification/stabilization, preventing the need for re-detoxification (in abstinence-oriented treatment);
- Enhancing and sustaining reductions in alcohol and illicit drug use;
- Teaching, modelling and supporting behaviours that lead to improved personal health, improved social function and reduced threats to public health (e.g. HIV/AIDS) and public safety;
- Teaching and motivating behavioural and lifestyle changes that are incompatible with substance abuse.

Treatment factors shown to be important in determining outcome

The major treatment variables or components associated with better outcome following rehabilitation-oriented treatments are:

- Staying longer in treatment;
- Reinforcement (financial incentives or vouchers for attendance and abstinence);
- Having an individual counsellor or therapist;
- Specialized services for psychiatric, employment and family problems;
- Medications to block drug craving and the effects of drugs and to reduce psychiatric symptoms;
- Participating in self-help groups following rehabilitation.



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