

MUTUAL HELP AND SUPPORT GROUPS

Mutual help and support groups are based on the principles of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). These are primarily run by recovering group members rather than professionals, and they have adopted a philosophy that recovery from drug dependency can occur but there is no cure. The '12 steps' approach of AA/NA has a strong spiritual emphasis. Meetings commonly revolve around discussion, testimonials, confessions of past or present drug use problems and working through the 12 steps. Through this process members receive support, fellowship and the desired motivation to maintain their recovery. As with all treatments some individuals respond better than others to AA/NA.

DRUG SUBSTITUTION PROGRAMMES AS TREATMENT

Drug substitution involves replacing one drug (such as heroin) with another medically prescribed drug. Most substitution programmes targeting illegal drug users are primarily for opioid-dependent persons. Globally the most common substitution medicine prescribed for those dependent on opioids is methadone and buprenorphine. The effect is long lasting and it does not provide the euphoria (intense excitement and happiness) associated with opiates. Both medicines are not a cure for opiate dependency but do offer drug users the opportunity to stabilize their lives. The benefits of methadone and buprenorphine as a drug substitute are:

- improves overall health and well-being
- reduces criminal activity
- reduces mortality (deaths)
- reduces transmission of blood borne viruses such as HIV
- improves social functioning
- relatively inexpensive as a form of treatment
- can ultimately lead to abstinence (stopping) from all drugs in time

Short term treatment often does not prove effective which is why 12 months of treatment is encouraged as the minimum.

CONCLUSION

Investment in treatment programmes can yield significant returns such as reduced drug related crime and improved health outcomes. It is important to manage expectations as the journey to long term abstinence is a slow and incremental (step by step) process. Research supports treatment but it is important to have sufficient resources and human skills to contribute towards these interventions. A balanced approach is required and the best treatment programmes offer a combination of therapies and linkages with other services.

Drug dependence is a chronic relapsing medical condition. Drug dependence is not based on personal weakness or lack of morals.

Effective treatment must attend to multiple needs of the individual and not just a person's drug use

THIS PUBLICATION HAS BEEN PRODUCED WITH THE ASSISTANCE OF THE EUROPEAN UNION. THE CONTENTS OF THIS PUBLICATION WERE DEVELOPED IN COLLABORATION WITH UNODC AND NIGERIAN STAKEHOLDERS FROM GOVERNMENT AND CIVIL SOCIETY GROUPS WORKING ON DRUG ISSUES AND CAN IN NO WAY BE TAKEN TO REFLECT THE VIEWS OF THE EUROPEAN UNION.



RESPONSE TO DRUGS AND RELATED ORGANISED CRIME IN NIGERIA
This project is funded by the European Union

TREATMENT OPTIONS FOR THOSE WITH DRUG DEPENDENCY



UNDERSTANDING DRUG DEPENDENCY

Drug dependency is both physical and psychological. With physical dependency the person using a drug over a period of time will have developed an intense reliance on drugs, often to avoid difficult withdrawal symptoms. The person will often crave (powerful desire) to use the drugs despite the damaging consequences to their physical, mental and social well-being. Drug users also experience psychological dependence in which they believe it is necessary to use drugs to function sometimes just at social gatherings or all the time.

TREATMENT MODELS

Many drug users wish to stop their drug use behaviours and seek drug treatment. There are various treatment models and evidence does show there is no single drug treatment that works for everyone, and some treatments are more effective than others.

Drug treatments primarily focus on changing behaviour and/or prescribing alternative drugs (for withdrawal and drug substitution) or a combination of both. The treatments for drug dependency are as successful as treatment for other chronic illnesses and can be effective in the long term, when they are adequately resourced in funds and with skilled people to run treatment programmes.

No single treatment is appropriate for everyone.

COUNSELLING

Counselling is the most common kind of treatment and for many people this can be the first opportunity to openly discuss with others (professionals) about their drug use. Counselling might involve talking through your problems, learning to change the way you think, or thinking about how you might deal with difficult situations. Counselling can be provided individually or in a group situation, and is available both to people who use drugs, and to their family members or other support people. For many, counselling can be an ongoing process and is mostly combined as a useful component with the other forms of treatment.

DETOXIFICATION

The treatment of chronic drug use generally requires a person to go through a period of detoxification (process of removing all forms of harmful drugs from the body) or withdrawal in order to achieve complete stoppage of drug use. Withdrawal symptoms can range from mild to severe, and differ depending on the duration of use, type of drug, age, the person's physical and psychological characteristics and the method of withdrawal. The process of detoxification involves getting rid of the drugs from the body which can usually be achieved in 7–14 days. Detoxification occurs in various settings such as drug treatment centres in hospitals, private specialist treatment units, and at home. Detoxification aims to keep the drug user safe with minimal discomfort.

Detoxification commonly involves prescribing medications for the various symptoms of withdrawal as well as providing counselling and ongoing support.

When detoxification is only focused on the physical and not the social and psychological dimensions of drug dependency, the effectiveness of the treatment is weakened. Detoxification works best as the first stage in a comprehensive rehabilitation process. When the social and psychological dimensions of drug use are ignored or not given high priority, then it provides some explanation for the high rates of those returning to drug use. Detoxification can provide a break from drug use and act as a stepping stone towards longer term drug treatment.

ABSTINENCE-BASED TREATMENTS

Drug treatment settings may include residential, outpatient and mutual help and support groups. Treatment settings and what they offer can vary depending on individual needs, often the types of drugs used, and commonly what is available and affordable in the community.

RESIDENTIAL REHABILITATION

Residential rehabilitation is based on the principle that a drug free residential setting is helpful for confronting the underlying causes of drug dependency and associated behaviours. In this setting the focus is on the 'un-learning' of negative behaviours and developing the required skills and positive attitude to assist drug users to achieve a drug free lifestyle. Residential rehabilitation programmes commonly involve an approach where the individual is taking personal responsibility for decisions and actions that will in time promote improved health, welfare and personal growth. Residential treatment programmes offer various psychosocial support and counselling during individual and group therapy sessions to encourage behavioural and emotional change.

The success of residential rehabilitation largely depends on how long the individual remains in treatment. Research suggests that in order to achieve behavioural change at least three months in treatment is necessary. Drop-out rates in these settings can sometimes be high and many people do not stay long enough to establish enduring behaviour changes. These approaches do not suit everyone and success varies according to the level of drug use, the stage of recovery and having sufficient funds to remain a resident for the long term. As with all forms of drug treatment relapse is common.

OUTPATIENT

Outpatient programmes range from drop-in centres to individual and group counselling sessions which provide education, medical and psychological services. These programmes have far less restrictions than residential programmes and consequentially are more suited to those living in a stable and supportive environment or for those that do not have the financial resources for residential treatment. As with residential treatment psychosocial support and counselling is provided for some of the following reasons: to support lifestyle adjustments and reduce risk behaviors; address a person's motivation to change; provide incentives to encourage stopping drug use; establishing skills to resist drug use; exploring ways of replacing drug-using activities with more constructive and rewarding activities; improving problem-solving skills and; seeking ways to improve a drug user's relationship with others, such as family and friends.

The relapse (return to drugs) can be high for residential rehabilitation and outpatient approaches because often the environmental, personal or social dimensions which trigger (activate) relapse are not adequately addressed. While this approach may result in a period of reducing or stopping drug use, a longer term solution requires ongoing monitoring as drug dependency is recognized as a chronic relapsing medical condition.