

INTERVENTION METHODS FOR DRUGS USERS REHABILITATION

Irina FĂINARU¹

Abstract: *The problem of the use of the psycho-active substances known as "ethno-botanical" is a very topical subject. With the development of the society, drug trafficking has spread so much, reaching global dimensions. Millions of young people fall prey to these substances, which initially are not an imminent danger, but later, become a difficulty to escape nightmare. The professionals helpers may requires special training in order to efficient intervene to assist them. The intervention methods used by them manage to determine positive changes in the young drug users' lives.*

Key words: *psycho-active substances, drug use (abuse), rehabilitation.*

1. Introduction

The consumption of new substances having psychoactive properties known as “designer drugs” is a phenomenon that makes more and more victims every day. Unfortunately, those “targeted” by the merchandisers of such products are the adolescents. Most of the times young people are an easy prey as they lack the experience, they are naive, willing to make experiments, and curiosity is a part of human nature; they are also most impulsive, they make decisions in a moment without considering the consequences as they can be easily influenced.

The new substances with psychoactive properties generically called “designer drugs” are like the synthetic cannabinoids or synthetic stimulants that have the properties similar to the amphetamine s (amphetamine type stimulants or ATS). They were originally sold worldwide in physical stores and through online retail networks approximately in 2006. In Romania, they started to appear in the last period of the year 2008, becoming shortly after very popular among young people. According to the Annual Report of the European Observatory for Drugs and Toxicomania, in 2010 a number of 41 new substances have been reported in comparison with the year 2009 (24 substances) and the year 2008 (13 substances). These substances are varied and they include: substances with psychoactive properties obtained from plants, synthetic cannabinoids, piperazines, synthetic catinons and other new groups of synthetic substances. The EMCDDA also conducts studies in order to research which of the substances having psychoactive properties are available online. Thus in 2009 in Europe there have been identified 115 online shops dealing with

¹ Center for Financial and Monetary Research "Victor Slăvescu" of the Romanian Academy, University of Bucharest.

merchandising the “legal drugs”, 37% of them located in Great Britain, 15% in Germany, 14% in Holland and 7% in Romania. In 2010 the number of online shops diminishes in Romania, although in Europe it is rising (Botescu, 2011, p. 15).

The final report of the European Observatory for Drugs and Toxicomania underlines the fact that during the last five years there has been a continuous growth of the number, the type and the availability on the market of psychoactive substances in Europe. Thus, in 2014 a number of 101 new substances with psychoactive properties have been reported for the first time, which leads to a total number of 450 substances of the kind that are being monitored presently by the EMCDDA. (European Monitoring Center for Drugs and Drug Addiction, 2015)

The adolescence is the period most frequently encountered as the beginning of drug consumption. Since no individual is born as a drug user, and also considering that the non-medical usage of the chemical substances during childhood and early childhood is still considered abnormal, the previous and the subsequent experiencing and more regular models of drug consumption occur usually during the adolescence. Furthermore, the traditional substances for initiation into the drug consumption are still represented by tobacco, alcohol and marijuana.

The present information indicates also the fact that in the case of many youngsters, alcohol and other drugs are actually used before the beginning of high school. For some, the early experiencing of drugs is equivalent to a ritual of entry-the passage that marks the attainment of maturity and the separation from childhood. It has been indeed studied the idea according to which experiencing drugs may be a natural development for adolescents and doesn't necessarily have to produce catastrophic consequences in the long run. Frequent users have been described with the characteristics of maladaptation and interpersonal alienation, weak impulse control, and obvious emotional suffering. By contrast, at the age of 18, there are adolescents who haven't experienced any drugs but yet can be described with signs of anxiety, emotional constraint and lack of social skills. (Charles R. Carroll, 2000)

By the nature specific to this development period, teenagers are in search of their own personality, displaying a certain emotional and affective instability. This causes a certain vulnerability of the young man or woman, for which reason (s)he is prone to more easily access the new substances with psychoactive properties. Sadly, their vulnerability increases if, as children, they have been deprived of affection, love, fondness, or the feeling of security and comfort. Their manifestations include states of anxiety, devaluation, serious lack of confidence, negative view of the present and the future. The emotional traumas dig deeply into their psychic but unconsciously, the individual is desperately trying to fill these holes but they are incapable of managing their negative feelings and emotions. It is not by chance that the promotion of illicit substances is a positive one, which promises wellness, fun, euphoria, the ethnobotanical composition or the convenient price. Practically, they present a timely offer to satisfy the needs meant to quickly provide happiness for the individual.

Any action is generated by the needs felt by individuals. Abraham H. Maslow (Maslow, 1954, pp. 80-98) sets a series of needs organised under the form of a pyramid, from the base to the top, as follows: physiological needs (hunger, thirst, sleep, sex - elements that maintain the body balanced by satisfying them), the need of safety (stable environment, deprived of dangers of any kind), the need of love and affection (to love and be loved), the need of esteem and consideration (the need of reputation and prestige), the need of

self-fulfilment (by exploiting one's own potential with the intent of becoming better and better), the need of knowledge and understanding. Any psychological need implies a behaviour which represents a channel for a totally different kind of needs. More precisely, a person who thinks is hungry is probably very likely to be in search of something completely different, such as comfort or a dependency, rather than vitamins or proteins. That is why it is likely to satisfy the need of hunger by drinking water or by smoking a cigarette. In other words, these needs can be completely isolated from one another. When the human body is dominated by a certain need, their entire philosophy on their future changes, because they come to believe that, if they have what they are missing, then they will be extremely happy. The other things will become unimportant.

Social conduct also generates in return other types of behaviour, attitudes and brings benefits, costs, gains or losses. "The responses may be diverse according to the problems and difficulties generated by losses as well: discrimination and obloquy in the case of the persons infected with HIV/AIDS, social isolation in the case of the refugees and immigrants, labelling in the case of drug users or probationers of commercial sex, addiction the case of older or handicapped persons etc."(Buzducea, 2010, p. 42). All these responses are dealt with by experts in order to restore the balance into relating with individuals inside a community that is negatively contrived.

2. Psychotherapy

Psychotherapy may be defined as „ a psychological activity which is systematic, planned and intentional, based on a theoretical system of concepts well established that needs to be performed by a qualified psychotherapist (psychiatrist or doctor) on a patient" (Holdevici & Neacșu, 2008, p. 9). Meanwhile this can be considered from the perspective of an interpersonal relationship that is created between the patient and the psychotherapist, designed to understand and to investigate the nature of the patient's psychological troubles with the intent of rectifying them and of course of releasing the patient from his suffering. The mental suffering is expressed by feelings, attitudes, conducts or symptoms that generate disorder to the patient and as a consequence the patient wants to remove them.

Inside any society there are groups that endure losses at a social level, more precisely they are confronted with: lack of power and control, shortage of exterior and interior resources, damage at a mental, physical, psychic and social level. Their effect is felt by individuals on an emotional, biological, cognitive and social scale. (Buzducea, 2010)

The main purpose of psychotherapy is represented by the reconstruction of the patient's personality, while helping him to adapt effectively and for a long term to his environment. Generally psychotherapy involves the difficulties, the symptoms, the maladaptation and the disorders experienced by the client, but it doesn't have to be limited only to the psychological healing process, because it has to take into account an efficient coordination and self-coordination of the patient's mental life. The process has to be preventive and self-corrective, following the update of man's hidden availabilities, his evolution and his full potential, both spiritually and physically.

Psychotherapy may be applied to a varied range of psychic disorders, from existential crisis, neurosis, disorders related to personality, chronic and organic diseases, and psychosomatic conditions to the psychotherapeutic support of psychotic patients that are situated in a stage of improvement that helps completing the psychiatric treatment. A

good therapist should not focus on a diagnosis, that may sometimes be established superficially, but he must treat the patient as a unique entity, exploring his inner world, his qualities, his symptoms, his weaknesses, his healing possibilities, his relationships with himself and with the others, his receptivity, his adaptability to a psychotherapeutic method (Holdevici & Neacşu, 2008).

The main aspects studied in relation to the goals of psychotherapy are (Holdevici, Neacşu, 2008, p. 12): getting the client out of the existential crisis where he is situated ; diminishing or removing the symptoms; raising the self-esteem and improving the integrative skills of the patient's personality; restructuring or solving the client's inner mental conflicts; changing the structure of the personality in order to obtain a more mature functioning and an effective capacity of adaptation to the environment; diminishing (or even removing if possible) the environment conditions that maintain or produce maladaptive behaviour; developing a clear system of personal identity on the subjects.

A most important tool the therapist has is building a therapeutic bond with each patient. The drug addictive patients usually come from dysfunctional families and have the tendency to deny their problem related to drug consumption refusing to take a treatment in this respect. In order to maintain a sustainable therapeutic relationship it is necessary that the therapist shows his respect and compassion from the first session with the patient, making him feel safe and understood. Thus the convenient surrounding created will allow the therapeutic intervention. Throughout the therapy sessions, the therapist should remain objective and should use the power that he acquires in his relationship with the patient using decency and not taking advantage of this relationship. The therapist should be well informed, flexible, optimistic, honest in order to acquire the favourable results he wants (Mitrofan, 2003, pp. 21-22).

A very important part is also played not only by the consumers' convictions about drugs, but also by the experts' arguments. The latter consider that obtaining a drug is not a natural event from a mental point of view. They are either prescribed by a psychiatrist, either bought or obtained illegally from other sources. The consumer will know for certain at every occasion when he decides to use the respective substance or in what manner, where he wishes to have it administered in order to obtain the result hoped for at the level of his thoughts, feelings and behaviour. Even in those cases when the individuals don't acknowledge the fact that they are under the influence of a particular substance, they always find reasonable explanations regarding the changes that happen inside their organism or in their behaviour. These social and psychological influences are generated by what the consumers say to one another, by the circumstances when the consumption takes place. These influences are strong enough to affect the response to the pharmaceutical effects of the drug itself (Gossop, 2000, p. 18).

3. The Theoretical Pattern of Human Change

The psychologists Carlo C. Diclemente and Jim Prochaska (Mitrofan, 2008, p. 371) suggest there is a theoretical pattern concerning the way people change. In order to be able to choose the most appropriate therapeutic methods it is important to identify the stage where the client is situated at. One of the therapeutic lines of action in drug addiction is the motivational interview. The objective for using this method is an increase in the client's personal motivation as this will help the client to take his own decisions

regarding his problems. The therapist has the mission to support the client throughout the process of change that belongs entirely to the client.

At this stage, assisted by the psychological tests performed for the client, the psychotherapist may help him acknowledge his present situation, through the risks he is exposed at. (Debucean, 2013, p. 28)

The accomplishment of this change is also performed inside the family, since with therapy the client develops the communication skills and he manages the crisis situations. These skills will assist the family members when trying to solve the present and future problems (Schwartz, Hervis, & Szapocznik, 2007, p. 57).

Precontemplation represents the first stage that generates the change. The person who is at this stage accepts her own conduct and has no intention to change anything in her behaviour as she is happy with herself. At this stage, the individual considers that he doesn't have any problem. Most of the drug addicts are at this stage when they come to a counselling office. They get here following the prayers or the pressures of their close friends or family and not by their own initiative, as they feel good the way they are. This attitude of denial could make an unexperienced therapist fall into the trap of forming an alliance with the client's family and trying by confrontation or persuasion to convince him that he needs to change. The most indicated method is gaining the consumer's trust by respecting his options and by providing him information related to the effects of the drug consumption.

The second stage is *contemplation*, which is characterized by motivational ambivalence. At this stage the individual is aware of some negative effects of the drug consumption and a part of him would like to give this up, but the other part is still attached to the benefits of drugs. The consumer still wavers between the advantages and disadvantages of the consumption, the balance being inclined towards the advantages. At this stage, the therapist uses the motivational interview in order to increase the awareness and at the same time to stimulate the motivational conflict having the purpose to reach the point where a decision is made. The following step is *determination* which represents the next stage in order to stop consumption and this appears when the client is ready for action. Meanwhile, the change doesn't occur automatically. The role of the psychotherapist is to strengthen the decision made by helping the individual find the best methods to apply it. There is also the implication of using strategies for solving the ambivalence.

The following stage is the stage of the *action* and it is characterized by various actions taken by the client while having in view to change. The therapist monitors these actions while providing support and aiming at helping the individual to be self-confident and to trust his capacity of finishing what he has planned. There is a risk that at this stage the client might want to interrupt the sessions, being under the impression that his problem is solved. Generally, this stage of the action lasts between 3 and 6 months, and it is difficult to establish a pattern of behaviour in this respect.

The last but one stage is that of the *maintaining*. It consists of stabilizing the new conduct. At this point of the change the therapist will work on preventing the relapses by building abilities that will become necessary for the client so that he no longer finds a refuge in drugs instead of facing reality. Maintaining the new conduct for a few years represents the test of change. There is however the risk that the person returns to the old conduct and this is where the relapse follows. It may appear for various reasons, either a very stressful event or a very powerful compulsion that induces to the client to start the

drug consumption again. This action will drive the client back to the therapist's office feeling dejected, having a low self-esteem and especially the fear of not being able to overcome at any time this type of behaviour. In this respect the therapist has the charge of helping the individual recover his self-confidence and believing in the possibility of overcoming the addictive conduct. Meanwhile he has to find ways to increase the client's motivation for change and to take back the stages of action and of maintaining in order to resume the cycle that would last until the accomplishment of change. But this is the optimistic perspective, since it is also possible that this desired and expected change doesn't take place, and that the patient's life continues as a perpetual roll of abstinence and consumption (Mitrofan, 2008).

The researches indicate the fact that the benefits brought about by psychosocial intercessions through counsellors and psychotherapists are limited, this is why most of the times one must take into account that a medication might also be required to be administered in parallel to the psychological one (Solomon, 2014).

4. Conclusions

Circumstances are given by the nature of each individual but also by the nature of those around us, by the environment, and the events in our lives. On the socialization stage, the social actors in the community have equal rights and duties. School, church, and family become responsible for each destiny which derives from the regular course of life, for each purchased drug, for each overdose, and each death caused by it. It is not easy to intervene when we are talking about a series of customs perpetuated from one generation to another but it is not impossible, either.

As long as we know and understand the real reasons why teenagers prefer new substances with psycho-active properties, we can prepare new strategies against this trend, by means of an effective prevention combined with personal development and self-knowledge trainings. The answer to one's own problems is in the hands of each young man or woman. Specialists need not solve their problems but help them reveal their personal resources and develop abilities and skills required by a healthy lifestyle.

The rehabilitation of the young drug consumers is made progressively by going through a set of stages meant to ensure the recovery of a healthy and socially accepted behaviour. The change appears only at the moment when the individual accepts his condition and wishes to get involved by asking for help from an expert. The results of the psychotherapy process are noticeable in the clients' conduct, by a growth in their self-esteem, a development of their inner resources, of the interactions with members of the community and in the avoidance of reassuming drug consumption.

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