

Multidisciplinary Care in the Management of Drug Dependence

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In spite of relatively recent evidence over the past decade, increasingly showing drug abuse and addiction as a chronic health disorder, arising from several factors and often displaying a relapse – remission pattern, there are still numerous instances where this is not viewed as a health problem, which is an impediment to administration of treatment and access to rehabilitation services (WHO, 2015; Ashworth, 1997).

In addition, scientific evidence points to dependence and the relapse/remission interplay as the consequence of a complex interaction involving multiple factors such as biological, social and environmental factors as well as recurrent exposure to drugs.

As shown in practice, in patients suffering from drug use disorders, multiple treatment needs can often be identified, involving a range of personal, social and economic contexts, that would likely remain unmet should their addictive symptoms be only approached in a standardized manner (ICD 10; DSM V, 2014).

This has led to rising awareness among professionals concerning the biopsychosocial model of drug dependence as a multifaceted issue requiring holistic approach, integrated care increasingly becoming the norm and involving attention to not only to general individual health, both physical and mental, but also to such apparently unrelated social issues such as employment, criminal behavior, violence, housing, financial status, child care or social exclusion.

In that context, successful intervention on drug dependence now depends itself on science-based, qualified and systematic, multidisciplinary approach at all levels, including research, prevention and treatment. Evidence in that respect may be considered for instance, the failure of penal sanctions, however severe, as a deterrent to drug abuse, which is an intrinsic consequence of their overlooking the neurological changes drug dependence exerts on the brain, such as alteration of motivation cerebral pathways. Therefore, in the light of more recent evidence from the practice, comprehensive multidisciplinary approach, consisting of varied pharmacological, clinical,

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psychological and social interventions, tailored to the individual's singular needs can provide sustainable client outcomes.

Globally, this approach has been recognized and enforced by the UN Office on Drugs and Crime, which, in its Discussion Paper proposed in 2008, advocates for the following principles for the development of services for treatment of drug use disorders (UN Office, 2014):

- Availability and accessibility of drug dependence treatment
- Screening, assessment, diagnosis and treatment planning
- Evidence-informed drug dependence treatment
- Drug dependence treatment, human rights, and patient dignity
- Targeting special subgroups and conditions
- Addiction treatment and the criminal justice system
- Community involvement, participation and patient orientation
- Clinical governance of drug dependence treatment services
- Treatment systems: policy development, strategic planning and coordination of services

The most common manner for application of specific pharmacological, psychological and social intervention on drug dependence is within programs combining a variable range of various treatments.

Thus, the following may be outlined:

- **Pharmacological intervention**, mandatory concerning certain patients suffering from specific substance use disorders. Such pharmacological interventions consists of administration of medication directed towards, e.g., treatment of acute/chronic intoxication and for management of withdrawal, antagonist therapies, agonist maintenance therapies, inhibitors of reinforcing substance effects, therapies for promotion of abstinence and prevention of relapse, as well as treatment of comorbid psychiatric conditions (Busto, 1986; Farré 1991).
- **Psychological and social intervention**, which are key components in a comprehensive, evidence-based treatment program. Such interventions mainly refer to cognitive-behavioral therapies (social skills training, prevention of relapse), behavioral therapies (contingency management, community reinforcement), behavioral self-control, 12-step facilitation, interpersonal therapy/psycho-dynamic therapy, therapy for motivational enhancement, case management, group/family therapies, self-help manuals etc *Drugs, Brains and Behavior, The Science of Addiction*, 2007; Aaron, 2015).

Integrated care also is proven to be effective in the approach of patients with co-occurring underlying psychiatric problems compounding the substance use disorder. In such cases, patients can benefit from combined psychosocial intervention, involving therapies specific for the treatment of specific substance use disorders with approaches generally used for the treatment of other psychiatric problems (such as the use of cognitive-behavioral therapies for the treatment of

depression) (*Principles of Drug Dependence Treatment*, 2014; *Principles of Drug Addiction Treatment, A Research-Based Guide*, 2012).

As experience accumulates in the application and research of the multidisciplinary approach, several factors have arisen as essential for program effectiveness and sustainable change in clients. Among such factors, appropriately trained, experienced and specialized staff is increasingly seen as critical, on condition of their sharing a common vision and provision of well-defined structure with clear leadership. An additional key factor is effective communication both internally, at program level, and externally, with other key areas and stakeholders (*Assessment and Care Pathways*, 2010; *Conseils Aide et Action contre la Toxicomanie*; Ayers, 2007).

Further on, attention for identification of and responsiveness to wider client needs has been recognized for its importance, as has client inclusion in treatment planning and decision-making. Such individualized approaches can be effectively achieved through diagnostic and comprehensive assessment (Ernst, 2007; Giannini, 2000).

Apart from key programme-related factors, extrinsic features may also contribute to success, such as supportive social networks directed towards factors of social context likely to undermine positive social support (Hansson, 1996; Hammersley, 2010).

Therefore, developing effective interventions and services requires multi-faceted attention to the unique and general contextual circumstances (biological, psychological and environmental and social) of the targeted individuals at risk (Maiuro, 2009; Shapiro, 2014).

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