Drug dependency services

There are a number of services available to help a person with drug dependency. The best treatment depends on the needs of each person.

Different treatments aim for different outcomes, whether it’s total abstinence or reduction of drug use to a safer and less harmful level. Options include individual counselling, group therapy and medication to ease the symptoms of withdrawal.

Not everyone completes a treatment program the first or even second time, but this does not mean a person cannot seek help again. Some people find they need to explore a number of different treatment options before they find what works for them.

Assessment for drug dependency

A person with a drug dependency is normally assessed at a treatment centre or health agency to find out which forms of treatment may work best for them. Face-to-face interviews and questionnaires help to pinpoint key areas of the person’s drug use in relation to their history, lifestyle and personality.

The issues discussed may include:

- the type of drug used
- how much is used
- the regularity of the drug use
- the level of drug dependency or severity of addiction
- any previous dependency problems with other drugs
- the person’s motivation for change regarding their drug use
- lifestyle issues such as housing, employment and relationships.

Following an assessment, a treatment plan can be developed. Treatment plans are a common part of many drug and alcohol interventions. These plans contain practical, realistic goals and the strategies needed to achieve these goals.

Brief intervention for drug dependency

Brief intervention means attempting to treat a person in the earlier stages of their drug use before they develop serious drug-related problems. It is based on the theory that a person can manage their own drug use and associated issues if they are provided with the appropriate information or other intervention at the right time.

These intervention sessions may include an assessment of the person’s drug use and provide a self-help manual or other information. Brief intervention has been used successfully with cigarette smokers and heavy alcohol drinkers.

Counselling options for drug dependency

A person can receive individual or group counselling as an outpatient or as part of their inpatient treatment. The different models of counselling may include:

- The Egan model – the person decides which issues are important and the best ways to address them, with the counsellor as a ‘sounding board’.
• Motivational interviewing – the person is encouraged to reduce their level of drug use by exploring the consequences of their addiction and the benefits of behavioural change. Taking responsibility for their behaviour and decision-making helps the person to see their ability to make changes in their life.
• Cognitive behavioural therapy (CBT) – the person is helped to overcome irrational thoughts. The theory aims to change the way people think about their own behaviour.
• The systems theory – a form of counselling that places a person in the context of family, social, cultural and other environments in which they live. The theory proposes that change in one area creates change in other areas.

**Detoxification is withdrawal from the drug**

Detoxification ('detox'), or withdrawal, is a program to rid the person’s body of toxic drug levels. A person who is dependent on a drug may suffer from withdrawal symptoms when they stop using the drug.

Withdrawal from certain drugs – such as alcohol and minor tranquillisers (benzodiazepines) – can be life-threatening in extreme circumstances. Therefore, a medical assessment should be considered before a person withdraws from a drug.

Medical withdrawal means using other medication to ease the symptoms of withdrawal. This can be carried out either in hospital or through a drug withdrawal service.

Typical withdrawal symptoms can include:

• insomnia
• nausea
• shaking
• sweating
• coma or death, in very rare cases.

**Harm reduction when breaking drug dependency**

Harm reduction recognises that many people regularly use drugs of some type, such as alcohol. Rather than aiming exclusively for abstinence, the concept of harm reduction centres on reducing drug use or changing drug use behaviour, so it is less harmful to the drug user.

An example is the needle exchange program, which is designed to reduce the incidence of HIV and other blood-borne diseases that are passed through intravenous drug users sharing needles. For many people, reducing drug use is a more realistic goal than quitting altogether.

**Pharmacotherapy and medication to treat drug dependency**

Sometimes, a prescribed medication is used to replace the drug a person is trying to stop using. This is called substitution pharmacotherapy. For example, methadone is sometimes prescribed for heroin dependence (addiction).

Methadone is a synthetic drug that is taken in place of heroin. Like heroin, methadone belongs to the opiate family. While it doesn’t provide the same ‘high’ as heroin, it eases the withdrawal symptoms. Methadone works for longer than heroin, so it only needs to be taken once daily instead of every few hours.

While substitution pharmacotherapy may not be suitable for everyone, and there are not pharmacotherapies available for use with all drugs, it does have a number of benefits.

Depending on the drug a person is using, some of these benefits can include:

• an easing of withdrawal symptoms, which allows the person to function in day-to-day life
• the person is no longer taking a drug that is manufactured in a ‘backyard lab’ with no quality control or knowledge of its purity
• the person is no longer using a drug in harmful amounts or using a potentially dangerous method, such as injecting
• providing a person with the chance to address their life issues without having to worry about finding enough money each day, getting the drug, using it and so on.
Some examples of pharmacotherapies for different drugs include:

- alcohol – Acamprosate (Campral), Disulfiram (Antabuse), Naltrexone (Revia)
- opioids (such as heroin) – Buprenorphine (Subutex®, Suboxone), Methadone, Naltrexone (Revia)
- tobacco – nicotine replacement therapies (NRT) such as patches, gum and inhalers, Bupropion (Zyban), Clonidine, Nortriptyline.

**Relapse prevention during drug dependency treatment**

A person undergoing treatment for drug dependency needs considerable support to make a successful transition to a drug-free lifestyle. There are various support programs available – for example, to help the person find employment or housing.

**Community support for drug dependency**

A person with a drug problem can gain insights into their drug use by talking to others who have been in a similar situation. Many of these groups can also offer support services.

Also, there are ‘therapeutic communities’, which aim to personal growth through the understanding and care of others in the community. A person may join a therapeutic community for months or years.

Because women are less likely to seek help for drug use than men, several treatment options have been established specifically for women – for example, group counselling sessions that are for women only, with childcare available if required.

**Where to get help**

- Your doctor
- DirectLine Tel. 1800 888 236 – for 24-hour confidential drug and alcohol telephone counselling, information and referral
- Youth Support and Advocacy Service (YSAS) Tel. 1800 458 685
- Family Drug Help Tel. 1300 660 068 – for information and support for people concerned about a relative or friend using drugs

**Things to remember**

- Many treatment programs can help people overcome an alcohol or other drug-related problem.
- Treatment options include individual counselling, group therapy or medications to ease withdrawal symptoms.
- Some people need to explore a number of different treatment options before they find out what works for them.

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