

An Analysis On A Comprehensive Drug Rehabilitation Framework

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Abstract:

Background: This qualitative research looked into the rehabilitative treatment models offered for drug addicts in the western world and into the types of Islamic rehabilitative methods to see its compliance on its own to each other as well as to the Comprehensive Drug Framework based on the declaration on the Guiding Principles of Drug Demand Reduction and on the implementation guide of drug treatment of the United Nations. Firstly, the research established the areas of importance under United Nations guidelines on drugs and its policy. Secondly, based on the established criteria 3 specific models from conventional western rehabilitation treatment and Islamic rehabilitative treatment were selected and both the western and Islamic rehabilitative models were analysed based on their commonality. It was found that the conventional models and Islamic models complement each other and are very much the same in its core fundamental aspects. The other finding is that both these models were fully compatible with the UN guidelines on drug demand reduction and could be utilised by governments. The findings of this study can be further extrapolated into other areas of development of individual program centric schedules for drug dependency and treatment.

Key Word: Drug Rehabilitation; Treatment; Harm Reduction; Rehabilitation Models.

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I. Introduction

Ever since alcohol and other narcotics were identified as an addiction and a disease, the need for a cure and a treatment were sought out by different cultures. Namely the utilisation of rehabilitative treatment was well found and documented in the 1750's by the Native Americans¹. Firstly, the treatment provision was discussed for alcohol related addictions. In particular in the United States of America this was the case as the effect of alcohol related problems and its crippling effects on the society had its grip on the country as soon as production and consumption of alcohol were increased by the 18th century². However, the approach to rehabilitation was not in the books during that time period. To fight this disease an approach was identified and suggested by the physician Benjamin Rush. He mentioned that alcoholism is a mental health condition which required treatment.

The treatment model put forward by Dr Rush was that the addicts should be treated with moral and religious means³. So, in 1864 in the state of New York, the very first alcohol rehabilitation centre was established⁴. This followed into other types of addictions such as narcotics and several approaches towards the prevention and the rehabilitation of those dependent on these were included in legislations of different countries throughout the world. The United Nations has also declared that addictions from drugs require treatment and rehabilitation⁵.

II. Defining Treatment for Drug

According to the WHO Expert Committee on Drug Dependence. The treatment for drugs is defined as the moment of first contact by a drug dependent individual with a health provider and or any other community service, where the process of rehabilitating the individual to achieve the highest possible level of health and well-being through continued succession of interventions specifically designed for purpose⁶. Therefore, based on this definition it can be seen that different cultures and different nations would have different approaches towards rehabilitation of drug addicts and no two should offer the same treatment. However, one thing to note here is that there would have to be common grounds where despite the treatment provided it should all follow specific goals.

These goals are mentioned under the Declaration on the Guiding Principles of Drug Demand Reduction of the UN. This contains important areas where focus should be given when addressing the issue of addiction and rehabilitation. Namely highlighting the importance of having a balanced approach between demand and supply reduction and also integrating these policies to further encourage active and coordinated participation of the community members⁷.

III. The Comprehensive Drug Framework

In order to analyse the ideal type of rehabilitation program for drug addicts, the research looked into the essential areas mentioned under the Declaration on the Guiding Principles of Drug Demand Reduction of the UN⁸.

Table no 1: The Comprehensive Drug Framework program's stages

Before	During	After
Drug Prevention programs	Counselling services	Relapse prevention programs
Initial use discourage programs	Treatment programs	Social reintegration
Public awareness programs	Rehabilitation programs	Aftercare programs
Early Intervention measures	Educational programs	Educational programs

From this table it can be said that the drug prevention and rehabilitation addicts are mainly in 3 stages or phases. The first stage is focused on identifying areas to prevent the spread of drugs and to include in these programs ways to discourage potential future drug addicts from initial drug use. The other important aspect in this stage is increasing public awareness and having early identification and intervention methods to prevent addiction to drugs.

The second stage presents focus areas in the instance where a drug addict who already requires treatment and care comes to seek such treatment and on how to provide that treatment for the patient. This stage addresses the importance of having treatment and rehabilitation and educational programs which are both educational and have a cohesive counselling service to the patients. This is an overall set of systems intertwined in a way that would address all the care and treatment which would be required by a patient during the receipt of treatment⁹.

The 3rd stage is where the patient is released upon completion of the inhouse treatment and rehabilitation at a facility. This release would allow the patient to go back into society and extend what he learnt from the treatment program in real life, and to use this information to better their lives. This stage also requires additional measures to be in place to prevent the patient from falling back to their old habits. So, focus is to be given to relapse prevention programs and social reintegration programs. Further, as this stage would also involve in the aftercare programs for the patient, educational programs and counselling should also be included during this stage¹⁰.

IV. Modes of Rehabilitation

Based on the above-mentioned criteria, it would be possible to identify the current rehabilitation methods to see if these programs are indeed compliant with the comprehensive framework. So, for this section 3 specific models of rehabilitation were chosen from the western world and an additional 3 models were chosen from the Islamic treatment models. The purpose of which is to identify the common factors as well as to see its compatibility with each other as well as to see its compliance with the comprehensive drug framework.

V. The 12-Step program and the Millati Program

Founded in 1935 by Bill Wilson in the United States the 12-step program is one of the most well-known models of rehabilitative treatment programs in the world. This program involves incorporating a spiritual aspect so that patients could use this as an intercessor to help them withdraw and recover from drugs and its addiction. Currently there are some variations and offshoots of this program and new and more specialised programs are being evolved such as the Alcoholics Anonymous and the Narcotics Anonymous¹¹.

The Millati Islami model is also modelled from the same 12-step program however there are some intrinsic differences and deliberate changes brought to the program. The most important change is that the Millati model is Islamic centric, thus the spiritual intercessor in the 12-step program is replaced with Allah and Islamic teachings. Yet with the entire program and its materials Islamised the core concept between these two models are very much the same¹².

VI. The Matrix model and the Islamic Integrated Model

Developed in 1980's at the Matrix Institute on Addictions, the Matrix model was mainly targeted to address the cocaine epidemic in southern California. This model not only has proven to be very successful in helping addicts overcome the addiction however, it has shown to help the patients psychologically by having a great positive improvement overall on these people¹³. The other notable thing with this model is that it is a flexible model which could incorporate any other type of treatment program without affecting the integrity of the overall model.

This model is thus conducted in 2 parts. Where the first part focuses on treatment and addiction therapy whilst the second part is on the recovery of the patient. For this reason, this model in its first part could include any type of addiction therapy model such as the Millati model or the 12-step program or even have a combination of multiple such programs to help the patient in this stage¹⁴.

The second part of the program fully complies with the 'After' stage of the Comprehensive Drug Framework, this addressing every aspect from early recovery support, education, social support and relapse prevention in addition to other mechanisms incorporated to ensure that the patients upon release from in house treatment stays clean upon their release. These measures may include monitoring continuously on the status of the patients through supervision¹⁵.

On the other hand, the Islamic Integrated model is a similar type of program as the Matrix model. In this model, more focus is placed on the inclusion of the families and the communities directly affected by the addict in the recovery process itself. So, from the very start of the initial screening phase of the patient and during the receipt of the treatment and even after the release of the patient into the society, the family and community are fully engaged in the whole process.

The other important thing to note is that under this model the patient is considered as someone who should go out and encourage others to stay away from drugs and alcohol so this message should be delivered by the patient to other potential addicts¹⁶.

VII. Cognitive Behavioural Therapy and Islamic Psycho-Spiritual Therapy

The Cognitive Behavioural Therapy is based on teaching the patients on the techniques of recognizing relapse and maintaining abstinence through this approach. This therapy method is known to increase the efficacy of other types of treatment programs¹⁷. However, there are a few concerns regarding this model of treatment as this treatment is found to work the best when it is conducted individually since the model is difficult to extend over groups or social areas. The other problem with this model is that the model is sometimes ineffective when it comes to treating individuals with low cognitive abilities¹⁸.

The Islamic Psycho-Spiritual therapy is also considered as an ad-hoc model that can work effectively with the Cognitive Behavioural Therapy model. As this model is mostly based on the recovery of the patient through cognitive realisation and realisation on the recommendations in Islamic law and the use of psychotherapy to reduce harm and suffering. The primary belief of this therapy model is that being observant of the tenets of Islam would alleviate the stress and it would be a solution to all human suffering and harm¹⁹.

VIII. Conclusion

The Comprehensive Drug Framework based on the declaration on the Guiding Principles of Drug Demand Reduction and on the implementation guide of drug treatment. It is found that a drug treatment or rehabilitation program must be able to address a number of aspects and should be able to be inclusive as well as flexible to change, where most benefit could be derived for the patient and the society as a whole. Thus, based on these criteria it can be seen that both the models, whether the western treatment models or the Islamic therapeutic models, are very similar and do possess the qualities of the Comprehensive Drug Framework to treat addiction and provide rehabilitation.

It has to be noted that both these models in its core focus on utilisation of the spiritual aspect such as the idea of a 'higher power' or 'god' in addition to other forms of conventional treatment. Furthermore, both the models also put an emphasis on outpatient services such as engaging the public and community to help the drug dependent to become a law-abiding member of the society. These models could be integrated together or conducted as individual modular treatment programs to provide treatment to drug dependents.

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