

<b>SHORT COMMENTARY</b>
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## Substance Abuse Treatment – the Special Needs Populations

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Alcohol and drug use are common among the general population (1). Research shows that the prevalence of problem drug-use is significant in both high and low income countries. In 2001, a national household study in Jamaica found that 5.9% of the population or 92 800 persons had alcohol-related problems; 7.9% or 124 000 persons had drug-related problems while 11.9% or 187 100 persons had either alcohol, drug related problems or both (2). The 2004 National Institute on Drug Abuse survey in the United States of America (USA) reported that 19 million or 8% of the population under age 12 years old used illicit drugs in the month leading up to the survey (3).

The World Health Organization (WHO) reports that problem drug-use is a chronic behavioural disorder characterized by repeated cycles of treatment, relapse and recovery that might last for decades (4). The factors contributing to alcohol and substance use are varied and complex. These include sociodemographic, environmental, sociocultural, family, personality and genetic factors.

Similarly, the attendant consequences are varied and complex. Such use is often associated with a plethora of medical, psychological and social problems. While the financial costs to family and society are substantial, the imposed suffering of the affected individual is no less significant (5). It is for these reasons that the society has looked to residential treatment and rehabilitation as one way of altering an individual's substance use and as such alleviating the attendant problems (6).

Furthermore, substance abusers are a heterogeneous group of persons whose individual characteristics vary across a number of dimensions (7). These characteristics may differ with respect to demographics, presenting complaints, reasons for seeking treatment, level of motivation and specialized needs or barriers which may impact on successful treatment completion (8). Research indicates that these special needs populations are often under-represented and underserved in most treatment plans (9). This represents an oversight which may well account for the failure of treatment success. Among the possible special needs population, subgroups which may require specific interventions to ensure treatment

success are females, minority ethnic groups, extremes of age groups (young adults and elderly) as well as those individuals who in addition to their substance abuse also have a co-morbid psychiatric disorder (10).

The concept of treatment and rehabilitation in substance abusers has been presented in numerous ways. In 1988, Rinaldi *et al* (11) proposed that treatment is “the application of planned procedures to identify and change patterns of behaviour that are maladaptive, destructive or health injuring; or to restore appropriate levels of physical, psychological or social functioning.” It is however important to note that the provision of treatment in and of itself is insufficient to ensure success. The characteristics, idiosyncrasies, needs and goals of the individual must be of paramount importance in the treatment planning. Therefore, all treatment plans must show an appreciation of client diversity which reflects the heterogeneity of the substance abusing population. The approach to treatment which works for one individual or subset may not apply to another.

It is postulated that younger problem drug-users do not gravitate towards residential or hospital based treatment facilities and that the rate of failure to complete treatment is high in this population (12). It also seems that females with children find residential treatment facilities prohibitive as they are separated from and lose control over their children. Substance abusers with comorbid psychiatric problems present as another special needs group. Studies show that the severity and symptomatology of the mental illness may hinder the individual's insight and as a result negatively impact on his/her level of understanding and participation in treatment activities (13). In fact, treatment programmes designed for people whose problems are primarily substance abuse are generally not recommended for people who also have a mental illness. These programmes tend to be confrontational and coercive and most people with severe mental illnesses are too fragile to benefit from them (3). It seems that what are needed are “hybrid” programmes that address both illnesses together (3).

Receptiveness to the treatment has been found to be crucial to positive behaviour change (3) and to customizing the content of any treatment regime to the needs of the individual coupled with the individual's readiness.

The stages of change treatment model made popular by DiClemente *et al* (14) provides a framework within which the substance abuse treatment provider may assess the individual's readiness and receptiveness for treatment. Many

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individuals who present for substance abuse treatment are improperly labelled as being unwilling, uncooperative and resistant to change simply because the treatment offered does not appeal to them based on where they stand with regards to their level of motivation.

The stages of change model comprise five incremental motivational levels; namely, precontemplation, contemplation, preparation, action and maintenance, and attempts to match an individual's treatment to their level of commitment at the time of entry into the treatment programme. It therefore seems that not only engaging but retaining these special needs populations in treatment will require taking the individuals stage of readiness to change and as such a stage targeted motivational oriented approach may be useful (7, 14, 15).

In the Caribbean, data suggest that being of a young age, female gender, minority ethnicity, fewer years of self-identified harmful use, cocaine use, prior treatment experience, and comorbid psychiatric diagnosis with mental health prescription use are factors associated with failure to successfully complete treatment (16, 17). These findings are comparable to those documented in the USA where in addition to the aforementioned variables, others such as, past suicide attempts, homelessness, legal history, childhood physical or sexual abuse, parental history of addiction, multiple substance dependence, medical problems and the ethnicity of the therapist were also found to be determinants of successful treatment completion (18).

Additionally, certain characteristics of the treatment provider have been found to be significant determinants of treatment failure. Studies suggest that an effective substance abuse treatment provider is one who is empathetic, warm and shows positive regard while attempting to tailor a treatment plan which in addition to meeting the specific needs and goals of the individual remains alert to the human frailties of this subset of individuals (7). As highlighted by the findings in the article by Martin *et al* in this issue of the Journal (17), as well as findings internationally (18), the difficulty in achieving long term change in the special needs substance abusing population as well as the noted factors that affect same are for the most part universal.

Therefore, identifying and addressing the needs of persons who are problem drug-users and who also possess characteristics which seem to render them incapable of successful treatment completion may result in amelioration of the burden of substance abuse. To this end, there seems to be a need for emphasis to be placed on the development and

design of individual or "hybrid" programmes, staffed by effective treatment providers, which specially address the special needs subgroup of substance abusers.

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