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## Treatment of Drug-Abusers

Current Care Summary  
19.3.2006

Work group appointed by the Finnish Medical Society Duodecim and the Finnish Society of Addiction Medicine

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Current Care guideline «Huumeongelmaisen hoito»<sup>1</sup> and abstract «Huumeongelmaisen hoito»<sup>2</sup> in Finnish

### Central message

Drug dependency causes significant health problems. Drug use is often intertwined with mental health problems, requiring the expertise of a psychiatrist. Treatment and harm reduction of drug abuse requires an unprejudiced, neutral and non-judgmental approach. Providing treatment for a drug abuser is ultimately less expensive for society than not providing treatment ( <http://www.euromethwork.org> <sup>1</sup>). The treatment guarantee applies to those with drug problems as well.

### Epidemiology

Twelve percent of Finns between the ages of 15 – 69 have experimented with one illegal drug or another at some point of their lives. The most commonly used drug is cannabis. In 2002, there were estimated to be 16,000 – 21,000 problem users of amphetamine and opiates, i.e. approximately 0.6 – 0.7% of Finns between the ages 15 – 55. In the Helsinki metropolitan area, the estimate was 0.9 – 1.3%.

### Treatment system

In Finland, all substance abusers are treated within the health-care system, in special service units of substance-abuse treatment services, and within the social welfare system. The same chain of services is utilised in treatment of drug-abuse problems. Efforts are made to arrange long-term outpatient care near the patient's place of residence.

## **Identifying drug-abuse**

A drug-abuser may seek treatment because of infections, accidents, stomach problems, circulatory problems, or poisoning or withdrawal symptoms. In interviews and discussions, openness and confidentiality are striven for. A good investigation involves gathering information from many different sources, and carefully recording that information. A drug test may be taken without the patient's consent only in cases involving a differential diagnosis or treatment of a serious disease or poisoning. With the patient's consent, drug tests can be used as part of the treatment, and they can be useful in following up on treatment compliance and results.

## **Psychosocial treatment- and rehabilitation methods**

The same psychosocial methods are used in the treatment of drug abusers as in the treatment of alcohol abusers. Often, treatment consists of a combination of methods and approaches based on different theories. In all treatment methods, the professional skill of the therapist, continuity of care, and motivating and committing the patient to receiving treatment are important.

## **Treatment of drug abusers**

### **Cannabis and stimulants**

Thus far, no medical treatment is available for cannabis-dependency. For amphetamine poisoning, no specific antidote is available. Treatment is based on symptoms, but information on it is scarce. A specific, effective medical treatment for amphetamine withdrawal is not known (B), but symptoms can be treated. Treatment of acute cocaine poisoning consists of maintaining vital functions based on symptomatology. Acupuncture is not useful in treating cocaine dependency.

### **Opioids**

Naloxone is effective in treating opioid poisoning (D). An effective way to prevent symptoms of opioid withdrawal is to give the patient buprenorphine or methadone within 12 – 24 hours of the most recent drug dose. Substitution therapy for opioid dependency is considerably more effective than the long withdrawal treatment of three weeks' to four months' duration, complemented by psychosocial treatment (A). Corresponding doses of methadone and buprenorphine will yield an equally good result (A). Psychosocial treatment without any medication, no matter how intensive, does not improve the treatment results of opioid abuse or addiction (A).

## **Drug abuse and mental health problems**

Patients with a mental illness or serious mental health problem should receive psychiatric treatment, offered simultaneously with the treatment for substance abuse. A drug abuser can easily become dependent on a variety of medicines as he or she becomes accustomed to the tranquilliser used to treat the drug problem, or as he or she attempts to replace the drug with the medication. Often, alcohol use is in the picture as well.

Benzodiazepines can be used to treat drug withdrawal symptoms. With the exception of situations of short duration related to the treatment of withdrawal symptoms, prescribing dependency-causing medications to a drug-abuser without a clear reason should, however, be avoided.

## **Harm reduction**

An attempt to reduce health hazards is made by providing low-threshold health counselling, which includes testing for contagious liver diseases and HIV-infection, vaccination for hepatitis A and B free of charge, distribution of condoms free of charge, and replacing used needles and syringes with clean ones. Health counselling sites provide other services as well, such as treatment of infections and injuries, contraceptive advice, social support and motivation for receiving treatment. Replacing used injection needles and syringes with clean ones apparently reduces the occurrence of HIV-infection (B), but does not appear to increase the use of intravenous drugs (B). It is less expensive to provide health counselling than to treat HIV-infections.

## **Drugs, pregnancy and the child**

Women of fertile age who use drugs should be directed to birth-control services on time. Co-operation of substance-abuse treatment services and maternity-care services improves the prognosis for the pregnancy, and is economical as well (A). Methadone substitution therapy will improve the prognosis for a heroin-dependent mother and her newborn child, provided that the mother has not been involved in poly-drug use. No evidence is available of long-term benefits (A). A baby born to a mother who has used drugs is in danger of suffering from withdrawal symptoms, and will require special follow-up care. In cases where the mother continues to use drugs or is HIV-positive, breastfeeding is not recommended. A hepatitis C-positive and HIV-negative mother may breastfeed her baby (B), if she so desires.

A child born into a family with substance-abuse problems is in danger of being physically or emotionally neglected or otherwise mistreated. In order to protect such a child, intensive co-operation between health-care and child protection services is required.

## **Evaluating the quality of the drug-abuse treatment provider**

The Ministry of Social Affairs and Health has drawn up a recommendation for organising, evaluating and dimensioning of substance-abuse treatment services

[«http://pre20031103.stm.fi/suomi/pao/julkaisut/paosisallys165.htm»](http://pre20031103.stm.fi/suomi/pao/julkaisut/paosisallys165.htm)2 (in Finnish).

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