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Drug counselling guide lines: Therapies and disorders for cocaine use

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DESCRIPTION

To make the transmission of therapies into community-based settings and the facilitation of effectiveness testing, more "community friendly" therapist training materials are required. For input after existing drug counselling guides were modified in structure and context to be more user-friendly in the community. The final versions were then tested in a pilot randomised clinical trial with 41 cocaine addicts who got either IDC+GDC or GDC-only treatment for three months.The revised treatment guides were executed by counsellors with a respectable degree of skill and adherence.The outcomes showed a significant reduction in drug use, but the degree of abstinence was only moderate.

Therefore, the creation of effective therapies for cocaine use disorders has the potential to significantly affect both the general health of cocaine users as well as the bigger social issues (such as crime, HIV) related to cocaine use. Furthermore, society will probably save a lot of money if cocaine addiction is successfully treated. Despite the lack of cost data specifically for cocaine use, a 1999 study by Hardwood, Fountain, and Livemore estimated that the overall expenditures of drug addiction and dependence in 1995 were $109.8 billion.

There are currently programmes that provide drug counsellors professional certification in relapse prevention along with training in relapse prevention, as many counsellors have integrated a relapse prevention strategy with the traditional 12-step concept (Washton, 1989). Although the traditional 12-step philosophy primarily focuses on the "people, places, and things" that should be avoided because they are linked to drug use, relapse prevention methods use ideas and methods from cognitive-behavioral psychotherapies, such as skills training and the importance of expectations, irrational thoughts, feelings, and self-defeating behaviours, to help the patient deal with cravings and prevent or reduce relapses.

Although drug counselling is the most often utilised treatment in the addictions community, professional-administered treatments have been the subject of the majority of clinical investigations. Although it will continue to be crucial to look at psychosocial treatments provided by highly skilled professionals, especially in the early stages of the development of new modalities, the prevalence of drug counsellors as the frontline clinicians within the delivery system for addiction services suggests that treatments that can be tested and made available to such drug counsellors will have a greater impact on the provision of addiction services.

It is crucial to separate apart and standardise the treatment strategies used in the addictions area, in addition to looking at how a particular treatment is disseminated to drug counsellors. Although 12-step-oriented drug counselling is already widely used in the community, some methods are not standardised, and it is not apparent which counselling strategies are most effective. Improved quality control and better treatment outcomes for drug counselling within the community may be made possible by the creation and dissemination of an effective manual-based drug counselling strategy.

The goal of this project was to undertake a feasibility study on the usage of manual-based, community-friendly IDC and GDC, as well as to generate updated versions of those manuals.The study's objectives were to ascertain whether community counsellors could be trained to implement the new IDC and GDC treatments with sufficient levels of adherence and competence, to ascertain whether the new, community-friendly IDC+GDC package produces superior retention and outcomes compared to GDC alone, and to compare the study's findings to the full model of drug counselling. Although the ultimate aim of this research programme is to implement the community-friendly manuals in actual community agencies, as a first step, we brought community clinicians into an academic-based setting to gauge their reactions to the new manuals, aptitude for

learning the manuals, and early results in implementing the treatments. With this strategy, we were able to analyse the treatment manuals free from the administrative and financial restraints that can have an impact on clinicians' enthusiasm in learning a new manual, their capacity for learning, and the outcomes of their treatment in a community clinic.