Background. Psychoactive substances abused – one of the most common forms of social epidemics – is a phenomenon that represents a global threat to mankind. Alcoholic pathology in the structure of other forms of addiction of psychoactive substances remains the dominant. Today, there are about 140 million people who suffer from alcohol abuse and need treatment and rehabilitation. Ukraine takes fourth place in the number of deaths caused by alcohol.

Objective – to analyze the main approaches and development's tendencies of rehabilitation of addicted to psychoactive substances persons.

Materials and methods. Publications from open source databases were analyzed for the following keywords: rehabilitation, psychoactive substance, alcohol addiction, drug policy, addicted persons by analytical method.

Results. The representation of rehabilitation approaches in modern narcology is extremely wide. In countries of Western Europe, the USA and Canada, and in recent years – Eastern Europe, many post-Soviet republics, Southern and Southeast Asia, China and many other countries, the problems of rehabilitation of patients, who are psychoactive substances abused, are considered from the standpoint of public health and economic feasibility interferences; efforts are being made to find and justify such rehabilitation measures that can significantly reduce the level of negative social consequences associated with the usage of psychoactive substances. Numerous studies have highlighted the necessity for adequate prior assessment of patients' rehabilitation potential, further monitoring of the parameters of the rehabilitation process, which demonstrate the effectiveness of therapeutic and rehabilitation technologies.

Conclusions. Content of appropriate substance use disorders rehabilitation programs depend on several factors, such as the drug policies implemented at the national level, the general concept of drug assistance, organized in accordance with the basic doctrinal approaches of national policy, observance or, conversely, ignorance of the principles of evidence medicine by the rehabilitation programs sponsors and organizers as well as financial and human resources.

Keywords: rehabilitation, psychoactive substance, alcohol addiction, drug policy, addicted persons, substance dependent person.
Background. Psychoactive substances abused – one of the most common forms of social epidemics – is a phenomenon that represents a global threat to mankind at the turn of the XX-XXI centuries. Recent WHO estimates suggest that between 8% and 10% of the world’s population is directly involved in alcohol, narcotic or toxic addiction. The high risk for this profile is 10-12% of the population. This social epidemic has a direct destructive effect of almost 40% of society, and indirect – on the society as a whole.

Alcoholic pathology in the structure of other forms of addiction of psychoactive substances remains the dominant. Today, there are about 140 million people who suffer from alcohol abuse and need treatment and rehabilitation. According to the statistics, the use of alcohol is the leading risk factor for the burden of disease worldwide, accounting for almost 10% of world deaths among the population aged 15-49, which has negative consequences for the health of the future generation and for the demographic situation in general. Ukraine takes fourth place in the number of deaths caused by alcohol [1, 2].

The problem of treatment of alcohol abuse is extremely relevant in connection with the scale of proliferation and the continuing increase in the incidence of alcoholism [3, 4].

Isolated pharmacotherapy cannot provide long and stable remissions, does not allow to form a motivation to stop abusing from psychoactive substances and long-term treatment, cannot help the patient to successfully adapt in society. These and many other tasks are being solved in the process of rehabilitation. Rehab acts as an inevitable final stage of treatment. Moreover, only in the process of rehabilitation is the correction of the root causes of addiction [5, 6].

These circumstances significantly update and confirm the necessity for research and analysis of the main approaches and trends in the development of rehabilitation of addicted to psychoactive substances persons.

Objective – to analyze the main approaches and development’s tendencies of rehabilitation of addicted to psychoactive substances persons.

Materials and methods of research

Publications from open source databases were analyzed for the following keywords: rehabilitation, psychoactive substance, alcohol addiction, drug policy, addicted persons, substance dependent person by analytical method.

Results

Development of the rehabilitation direction is one of the possible options for reforming drug treatment in improving the effectiveness of treatment of substance abuse. Rehabilitation in narcology allows to maximize the restoration of the physical, mental, spiritual state of patients and the correction or the formation of their normative personality and social qualities, the ability of full-fledged functioning in society without the use of psychoactive substances. The rehabilitation system consistently uses the recovery potential of the rehabilitation environment, rehabilitation programs and techniques in their interaction [6].

The main provisions of the medical and rehabilitation approach used in medicine, based on identifying deficiencies in biological functions, social skills, and full compensation for the identified deficiencies are quite acceptable in narcological practice. At the same time, any chemical addiction is treat as a manifestation of deep personal problems that must be taken into account when implementing treatment and rehabilitation programs in narcology [6-8].

Rehabilitation have a goal of restoring or preserving the status of a person, a process which have neurophysiological and psychological mechanisms, a method of approaching a patient. On the other hand, the rehabilitation method includes the principles of partnership between a specialist and a patient, the versatile effort of influence, the unity of psychological and biological methods. Universal stages of the general rehabilitation process are restorative therapy (medication and other treatment aimed at restoring functions), restoration of adaptive skills, proper rehabilitation (restoration of the individual and social integrity of the patient) [7-9]. Successful passage of these stages causes the parameters of the duration and quality of remission – the main indicators of the effectiveness of complex therapy of addicted to psychoactive substances persons.

In countries of Western Europe, the USA and Canada, and in recent years – Eastern Europe, many post-Soviet republics, Southern and Southeast Asia, China and many other countries, the problems of rehabilitation of patients, who are psychoactive substances abused, are considered from the standpoint of public health and economic feasibility interferences; efforts are being made to find and justify such
rehabilitation measures that can significantly reduce the level of negative social consequences associated with the usage of psychoactive substances. Numerous studies have highlighted the necessity for adequate prior assessment of patients’ rehabilitation potential, further monitoring of the parameters of the rehabilitation process, which demonstrate the effectiveness of therapeutic and rehabilitation technologies [10, 11].

The representation of rehabilitation approaches in modern narcology is extremely wide. So, according to SamSha, the psychiatric and narcological sector in the US Department of Health and Social Development, there are currently around five thousand rehab programs in the world, mostly unprofessional, low-profile copyrights or truncated variants of rehabilitation using the principles of the therapeutic community (more than 500 registered techniques), programs using the ideology of “12 steps” (more than 100 variants). However, there is no generally accepted classification of many rehab programs and approaches does not exist [12].

Numerous associations that unite in a greater or lesser degree, ideological structure and content, rehabilitation programs and the personnel responsible for their implementation, develop, in general, only their own directions. However, in the main sources of literature can be traced to six variants of systematization (with the possibility of their crossing) of rehabilitation programs and approaches practiced in relation to psychoactive substances.

The first option – systematization, based on requirements to residents of the relevant programs for abstinence: rehab programs with complete abstinence, rehabilitation programs with incomplete abstinence.

The second option – systematization, based on the professional qualifications and staffing: professional rehabilitation programs, nonprofessional rehabilitation programs, mixed rehabilitation programs.

The third option – systematization, based on the technological content of the program: highly structured rehab programs, low-structured rehab programs, medium-structured rehab programs.

The fourth option – systematization, based on the format of the involvement of the resident: rehabilitation program with round-the-clock in-patient, rehab program with ambulatory participation, rehabilitation program with free attendance mode.

The fifth option – systematization, based on the amount of requirements for the program participant: high-threshold rehab programs, low-threshold rehab programs.

The sixth option – systematization, based on the differentiation of spheres of realization of rehab programs, usually corresponding to the general ideology of practical approaches: rehabilitation programs implemented in the health care system, in the social sphere, in the confessional sphere, in cooperation with any of the abovementioned sectors of social and confessional activity.

Also, in the structure of professional rehabilitation programs implemented in the field of health, allocate programs with a full course (i.e., the resident receives the full amount of treatment and rehabilitation measures, including detoxification), with incomplete course (the resident receives a separate fragment of treatment and rehabilitation measures, for example, a standard rehab program without detoxification).

In most countries of Europe and the United States mainly mixed mid- and high-structured rehab programs relying on South Africa. In this case there is a productive cooperation between the medical and social sectors. Thus most of the treatment and rehabilitation of psychoactive substances abused in the United States is organized using so-called placement criteria developed by the Society of Add-on Medicine (ASAM) [9], designated PPC-2R (criteria for placement of patients for the treatment of alcohol-related illnesses). There are 6 “measurements” levels of diagnosis depending on which decisions are taken on the appropriate level of professional assistance which include the following parameters: assessment of the degree of intoxication and the termination of reception of psychoactive substance, assessment of biomedical characteristics, the presence and degree of severity of complications, emotional, behavioral and cognitive features, readiness for change (motivation), probability of recurrence of the use of psychoactive substances.

The five main treatment levels include early intervention (usually emergency detoxification), outpatient treatment, intensive outpatient therapy, resident accommodation (community living) and in-patient treatment.

Personnel in drug abuse treatment facilities in the USA, which carry out rehabilitation activities, consists mainly of psychologists, addictologists, prevention specialists, case managers (managerial staff), middle medical personnel and to a lesser extent from medical staff, the need for which is usually required at the detoxification phase. However, these non-medical positions include strict requirements for education and licensing standards set forth in federal and state laws. The USA government, professional organizations and associations strictly control the implementation of education standards and the quality of services in this profile. As a rule, patients after the completion of the standard course of treatment in a drug addiction institution continue the process of rehabilitation in the communities of “Anonymous Alcoholics” (AA). These groups are not related to treatment centers and they are not managed by professionals [13].

Of particular interest is the organization of the system of narcological aid to the population in a socially-oriented country, such as Sweden. Treatment and rehabilitation of persons with alcohol abuse is carried out here within the framework of various programs carried out both by social services and health care services. Employees of social services provide most of the necessary outpatient treatment; their activities are carried out in coordination with health authorities. The competence of outpatient treatment and rehabilitation services includes developing plans for the promotion of those patients in need of in-patient treatment. The issue of the profile of the hospital where the patient should be sent and the form of financing is being solved. Hospitals can be both public and private, offering a variety of services – from short-term detoxification programs to full-length, long-term rehabilitation courses. In the late 1990s, in Sweden, there were 103 outpatient and inpatient clinics for abused persons. In addition, there were 42 medical establishments for the forced treatment of patients with alcoholism and drug addiction, with a total capacity of 1,400 people. Courses of detoxification therapy are conducted mainly in psychiatric departments of general hospitals. Young people are often treated in special youth centers located in the department of the social sector [14].
In Poland the traditional system of narcological aid to the population, which is provided to the outpatient and in-patient units of the psychiatric service, is effectively complemented by a large-scale specialized program of treatment and social rehabilitation of psychoactive substances abused implemented by the Association of MONARs since the late 1970s. In more than 20 years of its activities MONAR has established a specialized network of medical, rehabilitation, consulting clinics and centers – 27 therapeutic and counseling centers and dispensaries, 6 centers of long-term care, 18 centers of mediation therapy, 1 center of intensive care, 4 centers for adolescents and 3 centers for children who suffer from alcohol and drug addiction. In addition, 2 programs “Overcoming Schools” were created, which represent the stage between detoxification and rehabilitation program. MONAR has created a program of support for South Africa abused, which has undergone all stages of rehabilitation of this program. 24 special therapeutic groups carry out therapy in prisons throughout Poland. The main elements of the MONAR system are adequate information on the range of services and the availability of options, outpatient services with a variety of short and medium term targeted programs, day care facilities for people in need of intensive care, inpatient centers for people who are not able to function properly at their place of residence, a stationary center for the treatment of children and adolescents, a hotel program (residential program for persons who have completed intensive therapeutic courses), support groups for siblings not included in the hotel program but need support motivational therapy. MONAR closely cooperates with therapeutic, psychiatric, dermatological, infectious divisions of multi-disciplinary hospitals, courts, prosecutor’s office and police, organizations providing public assistance, religious organizations, clubs, houses of culture, etc. [16].

In Germany in addition to the traditionally operating system of clinically oriented drug treatment for the population, which uses mainly medicinal methods of treatment, the practice of bringing together various specialists – psychologists, educators, doctors, social workers and others – has become widespread in recent years under the name “Kon-Drobs”. The fraction is the abbreviation of the “Drug Advice Point”, and “Con” means together. The emergence and development of the Con-fraction is typical for the existence of the entire system of narcological aid in Germany. It arose as a result of the dissatisfaction of the public and chemically dependent patients with those measures that were offered by official institutes. The main focus of the “Kon-Drobs” is on psychological work with patients and risk groups of narcological profile. Such groups exist both at the expense of public and private funding [17, 18].

In Italy since the late 1970s, there has been a marked reduction in the number of dependents appearing in psychiatric hospitals due to inevitable social obstruction. In this regard, there are new structures operating in parallel with the official – the so-called cooperatives for dependent on psychoactive substances, based on which there are two main functions: individual, family and group therapeutic support and outpatient and inpatient treatment. The work of such a cooperative is carried out in close cooperation with other interested services. In addition, cooperative means help the sick in search of housing, employment. The Association “Casa Famiglia Rosetta” (ACFR), known for its rehabilitation centers and rehab programs for persons who are addicted of psychoactive substances, has been in Italy for over 20 years. The components of rehabilitation here are specially built rehabilitation environments, psychotherapy, labor relations, work with families and educational programs [19].

In France alternative forms of drug treatment to the population are developing, for example, the practice of drug addicts in the family. In 1977, such an opportunity was resolved by an official decree of the President of France. In 1987, this issue was discussed in detail in the special decree of the Minister for Social Work, and since then such families receive cash from contributions. In this situation the patient concludes a special agreement with the “host” family, which is based, on the one hand, on increasing responsibility for the result primarily dependent person, on the other – in personality towards the patient from the side of the "medical group" [20].

In Lithuania the main focus in shaping the options for providing specialized medical care to the population is through the implementation of a program to reduce harm from the use of alcohol and drugs. An “Anonymous counseling room” has been created. In addition, there are special centers for primary health care. Center staff are also involved in other tasks related to adequate information and motivation for less risky behavior, indicating counseling and palliative care for alcohol and drug addicts. The activities of these structures are funded mainly by the state. Anonymous counseling centers and centers actively collaborate and coordinate with the Center for Toxicity Management in Vilnius [21].

In Slovenia in the mid-1990s a series of prophylactic centers was set up to implement appropriate rehab programs. The network’s activities are coordinated by the South African Treatment Center at the Center for Psychiatric Health in Lubin, funded by the Slovenian Health Insurance Institute. The main tasks of network activity are: provision of free medical care to addicts, development for the medical staff of the basic principles of treatment of narcotic addiction, development and implementation of information and educational, proac- tive programs. Regular network surveys have shown that more than 90% of patients evaluate the therapeutic program positively [21].

Ukraine also uses the traditional system of narcological aid to the population, which is provided to the outpatient and in-patient units of the psychiatric service. The national system is a set of administrative, material and human resources to provide identification, motivation for getting rid of abuse, treatment, medical and social rehabilitation, as well as re-socialization of addicted to psychoactive substances persons. The main task of the National System is to ensure the efficiency and accessibility of comprehensive rehabilita- tion services. Short-term rehabilitation of abused patients is carried out by state medicine, and long-term rehab programs are implemented by various community and charitable organizations. The implementation of preventive measures is carried out by the central executive authorities within the limits of the powers specified in the relevant normative-legal
documents. One of the tasks of the state policy of Ukraine for the period till 2020 is the concentration of efforts of the drug policy actors on the prevention of alcoholism and drug addiction, the development of protective barriers of the individual and society as a whole, and the promotion of a healthy lifestyle [22, 23].

Conclusions

Studies show that the content of appropriate substance use disorders rehabilitation programs depend on several factors, such as the drug policies implemented at the national level, the general concept of drug assistance, organized in accordance with the basic doctrinal approaches of national policy, observation or, conversely, ignorance of the principles of evidence medicine by the rehabilitation programs sponsors and organizers as well as financial and human resources.

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