

## Summary of the COHERE recommendation Psychosocial interventions in drug dependence treatment and rehabilitation

The Council for Choices in Health Care in Finland (COHERE Finland) adopted the recommendation at its meeting on 6 October 2021.

The recommendation applies to psychosocial interventions in the treatment and rehabilitation of drug dependence (ICD-10 Codes F11-12, F14-16 and F18-19). The target group also includes ages 12 to 21 with symptoms of drug abuse or dependence.

In drug dependence, the use of drugs may become compulsive and life-controlling. Simultaneous or intermittent use of different substances has become more commonplace, and dependence may develop in one or several substances. The development of dependence is influenced by several factors. The presence of concomitant other mental health and behavioural problems is common.

Drug use is associated with a risk of serious infection and intoxication. Drug dependence significantly increases mortality and shortens life expectancy. Drug dependence can lead to significant psychosocial problems and a cycle of marginalisation (including unemployment, homelessness, issues with livelihood), serious harm to loved ones, and far-reaching social impacts.

Drug dependence patients are particularly vulnerable as the result of several factors. Social attitudes, prejudices and misconceptions about drug dependence, with all their complex consequences, can make it difficult for patients to seek treatment and for providers to organise and implement the treatment and rehabilitation process.

Social welfare and health care services are insufficient to meet the increased need for services as drug and polydrug abuse use become more prevalent. The consequences are reflected in increased costs in social security, social order and security, and the justice and prison systems.

In the treatment of drug dependence, the interventions employed by health care services include the following: Motivational interview and motivational enhancement therapy (MI, MET) and other short-term interventions, cognitive and behavioural therapies, couples therapy as a supplement to other care, contingency management as a supplement to other care, community reinforcement approach (CRA), community reinforcement approach and family training (CRAFT) and twelve-step facilitation interventions.

In youth drug dependence and abuse, the range of services includes the following treatments: motivational interview and motivational enhancement therapy (MI, MET) and other short interventions, family therapy, multidimensional systematic therapies (such as MDFT) for the treatment of behavioural problems in young people and related problems, such as drug abuse and criminal behaviour, and adolescent community reinforcement approach models (ACRA, ACC).

The range of services for the treatment of concomitant other psychiatric disorders includes: dialectical behaviour therapy for the treatment of borderline personality disorder and drug abuse, and integrated cognitive behavioural group therapy for the treatment of bipolar disorder and drug abuse. If a psychosocial intervention shown to be effective for the treatment and rehabilitation of a simultaneous drug abuse and mental health problem is not available, interventions shown to be effective for the mental health problem in question are used as a supplement to drug dependence treatment and rehabilitation.

The service provider must ensure that the interventions included in the range of services are used for those groups of patients for whom there is sufficient evidence of the treatment's effectiveness.

Effective and good treatment and rehabilitation of dependence disorders also require the following: understanding the nature of the dependence, building trust through interactions, motivating and supporting the patient's commitment to treatment, strengthening the agency of the patient, family and close persons, individuality and realistic progress-oriented setting of goals, co-operation between social welfare and health care services, simultaneous diagnosis and treatment of other mental and behavioural disorders, diagnosis

and treatment of concomitant somatic diseases, acknowledging the need for support and treatment of relatives and close persons, and ensuring the continuity of treatment.

The establishment of effective interventions requires that service providers make use of a sufficient range of treatment and rehabilitation interventions and access to sufficient multi-disciplinary expertise in treatment interventions for dependence, and that the interventions employed are used on the basis of medical evidence. Psychosocial interventions are a form of health care, and the content of the treatment must be entered in the patient's record. Where applicable, they can also be applied by social welfare professionals.

Failure to treat drug dependence leads to both a loss of health benefits and significant overall costs.

Systematic data should be collected on the interventions used in the treatment and rehabilitation of drug dependence and their effectiveness and costs.

This is a summary of a recommendation adopted by the Council for Choices in Health Care in Finland (COHERE Finland). The actual recommendation and the related background material are available in Finnish on the website of COHERE Finland under [Recommendations](#).

The summary of the recommendation is also available in [Swedish](#) and [Finnish](#) on the website.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in healthcare is available on [the COHERE Finland website](#).