



58022

An Authoritative Approach to the Treatment of Drug Dependence.

MAY 30 1979 *h*

T. G. P. GARNER, J. P.,
Commissioner of Prisons, Hong Kong.

ACQUISITIONS

Introduction

Most countries where the problem of drug dependence exists offer treatment facilities with the main emphasis on a voluntary programme.

Over the years despite progress in our knowledge of the problem brought about through more comprehensive research and the improvement of available treatment facilities, the problem of drug dependence and the dependent continues to present one of the most difficult questions facing those working in this area of rehabilitation. It is known that many persons who are drug dependent do not seek treatment through a voluntary programme. What then should be done if progress is to be made in this field?

In recent years a new approach has emerged "An Authoritative Approach" and, despite what would appear at first sight to be obvious drawbacks, this approach can be successful and when fully developed is capable of making inroads into the problem.

I realise that the idea of an "Authoritative Approach" can be distasteful to some, but then not all medicines are palatable and while any form of rehabilitation calls for co-operation from those involved, the initial step is not always a voluntary one. Such an approach has merit and must be given consideration for it certainly has a role to play in any community afflicted with this problem.

To place a person in a therapeutic environment is one thing, for it to have a satisfactory effect is another. Therefore the planning of this type of programme requires as much, if not more, careful thought than that of a voluntary one.

The manner in which he or she is handled and the understanding (or lack of it) which one is treated with, will play a prominent role in any effort to succeed. A popular Chinese saying is "Ngau M yam soy, M cum dak ngau tau dai" which means "If the cow does not want to drink water you cannot push its head down". This aptly describes the situation which anyone planning such a programme must face.

From the outset it must be determined how such an approach will be achieved. I do not favour making drug dependence an offence; this is too sweeping in its application and impedes voluntary programmes. Certainly in countries where the problem is acute it would be impossible to enforce, and would create overcrowding in treatment centres nullifying any attempt to succeed.

In advocating an authoritative approach I do so on the understanding that this is complementary to and not a replacement of voluntary programmes.

The size of the problem in most countries is such that there is ample scope for several avenues of approach and if each in its own right has significant and favourable results the sum total should spell "SUCCESS".

Application

Drug abuse frequently leads to an infringement of the law, and almost certainly where narcotics are involved; it is therefore at this point that an Authoritative Approach will succeed, particularly where the alternative to treatment is prison. Without doubt this course of action should always be taken when it is established that the offender's appearance in court is due to drug abuse.

Any authoritative approach must have the two basic ingredients of Incentive and Deterrent; both will help to establish broad guide lines within which the person being treated can, particularly in the initial stages of treatment, plan for the future.

Favourable influences which can be brought to bear from different sources must be co-ordinated and used to the best possible advantage.

Restrictions on communications with relatives and respectable close friends must be minimal. Reasons to motivate the individual must be probed for and discovered. These can then be used to good advantage by all whom he comes into contact with during the treatment programme.

For instance very few drug dependents know the true cost in monetary terms of their involvement. While he or she will know the day to day cost it is surprising the reaction which is achieved when they are asked to work out with pencil and paper the total cost of their involvement prior to admission for treatment. This simple exercise is but one which when done by drug dependents personally acts as a stepping stone on the path to gaining a deeper insight into their own problem.

As an example of this a few years ago in Hong Kong this exercise produced the result that an average group of 20 drug dependents spent between them *HK\$250,000.00 during the course of their involvement prior to admission to a treatment centre.

Planning

In planning an authoritative approach one must be guided by basic principles. The following comprise what I consider to be essentials :-

1. Necessary legislation to provide for compulsory treatment. This must include :-

- (A) A means of determining if a person is drug dependent.
- (B) An indeterminate period of detention for treatment with a realistic minimum and maximum. (The idea of detention to remove drug dependents from the community might well solve an immediate problem, but it does not contribute to a solution if the length of detention is unreasonable.)
- (C) Compulsory After-Care. A complete follow up programme after discharge with a statutory period laid down by law which can be varied if necessary.

* One Hong Kong Dollar equals 1s. 4½d. sterling or US\$0.165 approx.

- (D) Recall for further treatment if terms of supervision are breached.
- (E) Power for the court in the event of conviction for a criminal offence to refrain from recording a conviction, providing the person is sent to an Addiction Treatment Centre.
- (F) Provision should be provided to allow for self committal in the case of a person who is aged 18 years or over and committal by a parent or guardian under 18 years.

This type of programme does not rule out voluntary committal; in fact close examination will reveal distinct advantages particularly for young drug dependents.

2. A dedicated staff who believe in the successful outcome of treatment. This leaves no place for the clock watcher and is not as easy to achieve as one might wish.
3. Whenever it is established by a court that the root cause for any criminal offence is drug dependence then in lieu of any other sentence a person should be sent for treatment.

4. (A) Accommodation at the treatment centre should allow for a realistic number of inmates to be treated on an individual basis:- Not too large to become impersonal and not too small to become a cage. Inmates should be known to all staff and likewise members of the staff known to all inmates.

- (B) This calls for a programme designed to treat the individual and not groups. However, it is clearly desirable that group therapy must be applied particularly in work and recreation, but the splitting of inmates into compartments and the passing on of an inmate from one member of the staff to another must be avoided so the development of inmate and staff relationships can be fostered.

Staff must be trained to function with the minimum amount of support and the maximum amount of responsibility.

- (C) Programmes should be suited for younger and older age groups.
- (D) The treatment programme should be disciplinary by nature, particularly in the beginning, but relaxing progressively throughout until mutual respect between staff and inmate can take over.

5. An environment without hospital or prison overtones.
6. A work programme geared to develop interest and good work habits and not aimed as a form of compulsory vocational training. This must involve both staff and inmates working towards a common goal. Work skills which inmates may possess must be brought into the open by encouraging them to become involved in situations which will stimulate desire to use such skills.
7. A leave programme designed to enable inmates to enjoy a leave of absence from the treatment centre for periods of up to several days at one time.

Apart from other considerations this will facilitate their partaking in family gatherings such as weddings, funerals, and other family functions when it is clearly desirable that they should participate. It will also enable them to apply in person for vacant jobs and attend job interviews when close to discharge.

However the main aim will be to use this leave of absence as a barometer to determine progress.

8. The minimum restrictions on family contacts must prevail; such contacts if healthy are clearly desirable and are to be encouraged by both letter and visit.
9. Involvement of other Government and voluntary workers at all levels of treatment. (A self contained unit becomes a water-tight compartment).

This should be aimed to demonstrate community involvement and concern for those under treatment.

Interested members of the public can also become involved through visits, sporting activities and talks. Technical assistance can also be obtained this way and can involve people from all walks of life. The essential point is to amply demonstrate that the programme is at a level which does not indicate withdrawal from the community.

10. (A) After-Care to be initiated at the commencement of treatment on the understanding that an After-Care programme will only function efficiently when a bond of confidence and friendship has been established between the supervisor and the person under treatment before discharge.
- (B) Every dischargée must have employment on discharge. If a person is considered unemployable because of age or infirmity then alternative arrangements must be made with the aim of keeping him or her occupied.
- (C) An efficient tie up with voluntary organisations with facilities to assist inmates after discharge in the social field.

I believe that no former drug dependent can remain truly anonymous. He or she is in need of good friends, not do-gooders, but understanding friends who are willing to assist.

Such friendships can be founded by means of clubs specially catering for the problems of the former drug dependent, with membership also open to persons within the community who are motivated by a desire to assist in helping them remain abstinent.

11. A Half Way House programme designed to meet the needs of the treated drug dependent is essential, particularly of those without relatives or a home to go to on discharge.
12. A programme of research to evaluate treatment and follow-up coupled with an ability on the part of the staff to be self critical and a willingness to be exploratory.

The changing pattern of drug dependence and the dependent demands this if one is to keep abreast of the problem as it affects individual communities.

Such other facilities as medical, individual and group counselling and other recognised therapeutic aids are of course essential to the programme, bearing in mind the necessity to avoid hospital and prison overtones. Too sophisticated a programme can dress up a weak programme. The simpler it is the easier it is to check and correct if necessary this is essential.

An authoritative approach necessitates the invoking of authority. It is therefore important that this authority should be contained and usefully applied.

While I do not support many aspects of permissiveness that has crept into society over recent years, I do appreciate and am mindfully aware of the necessity to avoid encroachment on one's freedom.

Conclusion

Treatment in this field is accumulative. There is very little point apart from the process of clinical withdrawal of a relapsed case in putting the same person through an identical programme a second or subsequent time and expecting a successful outcome. A variation in the programme for relapsed cases is therefore essential which I would prefer to see done in a separate treatment centre.

The difficulties faced by drug dependents before and after treatment are much the same all over world; the main difference lies not in the person but in the type of drug used and the method by which it is taken.

International co-operation in every aspect of the drug problem is of tremendous importance. Without doubt we have much to learn from each other and I would like to see more international co-operation in this field particularly on a regional basis.

In approaching the work of rehabilitation we must retain our sense of values in human relationships and our ability to assist our fellow men. An authoritative approach may not be popular, it may not, indeed will not please the drug dependent; however an authoritative programme will in the long run prove the most successful of all particularly in dealing with the younger age groups.

The question of which organisation or department will undertake this type of programme will, of course, invoke discussion.

I have stressed the necessity to avoid hospital or prison overtones; this I consider to be very important particularly from an environmental point of view.

However I do not believe that this should rule out Correctional Services from running such a programme; in fact through experience I have discovered that an enlightened Correctional Service with the emphasis on rehabilitation and not punishment is probably best fitted to do the job.

Such a service possesses within its ranks men and women who are skilled in dealing with human problems and are rich in experience from involvement in human relationships.

No other aspect of rehabilitation invokes so little community interest, sympathy or understanding as the rehabilitation of drug dependents. Yet in many countries no other problem breeds so much misery, suffering and social problems.

If a community is to control or free itself of this problem, it follows that persons in that community must take an interest in and treat with sympathy and understanding any drug dependent who is desirous of remaining abstinent. This is a moral obligation and must not be confused with the problem of drug dealing and trafficking which of course must be dealt with differently.

Drug dependents are today treated like outcasts from society in much the same way as persons suffering from leprosy or mental illness were treated some years ago. Let us look realistically at the picture, and realise that human beings do respond to authority providing authority is applied sensibly and with compassion.

The multi-facet problem of drug dependence is one which has eluded solution by experts in different fields for many years. I believe that the approach which I have outlined will go some way towards the solution which has for so long eluded discovery.

END