

Psychological care and treatment of drug addicts

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Abstract:

This article aims to shed light on the phenomenon of drug addiction, which is present in all societies across different age groups and social classes. The danger of this phenomenon increases with its spread among young people, who represent the future of the nation and its human strength. The researcher highlights the importance of psychological care and treatment for this group, which usually constitutes the second stage after medical intervention and treatment, by emphasizing its role in full recovery, social reintegration, and the prevention of relapse.

Keywords: psychological care and treatment, addiction, drugs.

Introduction:

Within the context of searching for treatment, alleviating pain and suffering, and seeking solutions to health problems, humans became familiar with drugs, and their use was initially limited. However, with rapid civilizational change and the complexity of crises, drug use quickly spread among all segments of society, and its patterns of consumption became more complex. This is confirmed by the fact that hardly a day passes without the media reporting the enormous quantities seized by security services, while the quantities that go undetected and reach users are even greater. The groups most exposed to this phenomenon are adolescents and those unable to bear and confront the burdens and pressures of life. Drug use usually begins as a choice, then soon turns into a constraint that controls the individual, weakens their ability to make sound decisions, and affects their physical and psychological health as well as their relationships with others.

Given the negative effects of addiction on individuals' health, both physical and psychological, countries have established specialized centers in the health sector to treat drug addicts. These centers provide health and medical care for addicts, alongside teams of psychological specialists accompanied by sociologists.

1- The research problem:

According to estimates from the World Drug Report for 2019 issued by the United Nations Office on Drugs and Crime, about 271 million people, or 5.5% of individuals aged 16 to 64, used an illicit drug during 2017. Approximately 65 million people who used drugs (0.7% of the adult population) suffer from disorders resulting from drug use (World Health Organization, 2022, p 3).

Essential treatment services include community awareness services, screening and brief psychosocial interventions, outpatient psychosocial and pharmacological treatment, clinical management of acute drug-related conditions (such as overdoses and withdrawal syndrome), inpatient services for the clinical management of severe withdrawal symptoms and drug-induced psychoses, long-term residential treatment services, treatment of comorbid conditions associated with substance use

disorders and mental and physical disorders, and recovery management services provided by trained clinicians (World Health Organization, 2022, p 8).

Drug and alcohol addiction treatment through pharmacological and medical methods alone is considered incomplete treatment, as it only achieves the removal of acute intoxication or protects the addict from the medical symptoms of withdrawal, without changing addictive behavior. Therefore, relapse rates approach 90% when addiction is treated solely through pharmacological methods (Hajjar, 1992, p. 11).

Thus, psychological treatment is considered one of the most important pillars of drug addiction treatment and a fundamental stage of intervention. It does not merely aim at abstaining from drug use or relying on medications that help reduce withdrawal pain and craving, but goes beyond that to address the psychological, cognitive, and behavioral causes that led the individual to addiction.

The recovery process from addiction, known as “aftercare,” “continuing care,” or “social support,” is described as a long-term recovery-oriented model followed by continued abstinence from drugs during outpatient or residential treatment. It focuses on reducing the risk of relapse by supporting social functioning and overall well-being, in addition to reintegration into the group and society (Sami et al, 2022, p 137).

Recovery from drug addiction depends on a structured treatment program that is consistent with the needs of the addicted patient, their psychosocial and religious development, and requires motivation that reflects the patient’s desire to maintain recovery (Al-Falih, 2017, p 21).

In this context, this article seeks to investigate the phenomenon of drug addiction by addressing the stages of care and treatment, with particular emphasis on psychological intervention from the perspective of the main schools, both during the treatment period and the subsequent recovery phase.

2- Objectives of the study:

The present study seeks to achieve the following objectives:

- Highlight the magnitude and seriousness of the phenomenon of drug addiction.
- Address the types of treatment undergone by addicts.
- Evaluate psychological therapeutic intervention programs during and after the treatment period.
- Emphasize the importance of psychological treatment for addicts.
- Address the most important psychological therapies in this field and the main strategies applied by the psychologist.
- Provide recommendations in this regard.

3- Definition of the study terms:

a- Psychological care and treatment:

It is the process that aims to provide assistance and support to the drug addict with the purpose of achieving final recovery (health, psychological, and social) and preventing relapse, leading the individual to safety.

b- Addiction:

It is a condition in which the individual suffers from a compulsive desire for a substance, whether natural or synthetic, used continuously or intermittently, causing harm to the individual and society, and requiring the individual to undergo treatment in public or private clinics.

This addiction results in psychological and physical effects, withdrawal symptoms, or the feeling of a certain euphoria that disappears with the disappearance of the effects of the drug, or to avoid unpleasant effects when psychoactive substances are not used (Arnaout, 2013).

Addiction is characterized by the following:

- A compulsive force and an urgent desire to use drugs and obtain them by any means.
- A continuous tendency to increase the dose.
- Psychological and physical dependence on taking the drug.

c- Drugs:

They are all substances with psychoactive effects and include any substance, whether natural or prepared, containing stimulant or sedative components, whether they have a stimulating, depressant, or hallucinogenic effect. When a person uses these substances for purposes other than the medical purposes for which they were manufactured and becomes accustomed to their use, they lead to addiction with all its negative manifestations.

4- The theoretical background related to the topic:

The process of treating addiction and leading the patient to recovery is based on three axes: medical, psychological, and social. The medical axis of addiction is considered the first axis in treatment, as it is based on administering certain medical drugs that reduce the degree of physical dependence on the drug. The aim of this treatment is to calm the patient, eliminate diseases they have suffered from, detoxify the body from drugs, reduce the degree of dependence, strengthen the body, and restore it to its normal state.

The second axis concerns psychological treatment, which is considered one of the most important aspects emphasized in treating addicts and striving to achieve their recovery. This aspect is based on restructuring the patient's psychological structure by developing positive personal aspects and self-confidence. The aim of this treatment is to help the individual regain self-confidence and feel that they have value in life and society.

The third and final axis includes social treatment, whose role begins after the completion of medical and psychological treatment, by convincing the person of the necessity of continuing recovery through strengthening relationships with friends, relatives, and family. This treatment focuses on directing the individual to increase their efforts. Instead of seeking drugs, they seek social stability through good relationships with family and friends, avoiding negative behaviors, and integrating into social life (Taleb, 1994, p 183).

5- Psychological treatment of drug addiction:

The psychological treatment phase is considered an important stage, no less important than the critical phase that focuses on treating the addict with medications and drugs, or in other words, eliminating the physical effects of addiction, which may last three weeks, while the phase of psychological craving for drugs remains. Here lies the importance of psychological treatment, which primarily aims to restore self-confidence in the addicted individual, as well as to restore recognition of their personality and self as a person and as a useful and productive individual in the society to which they belong (Manaa, 2017, p 477).

Specialists in this field are keen to ensure that the addicted adolescent participates voluntarily in developing the appropriate treatment and treatment plan, and that the treatment is based on their desire and not imposed on them. This feeling makes them perceive themselves as a partner in treatment, thus accepting it and reducing the likelihood of failure, by making the addict feel their human and social value and their usefulness to themselves and their family, through working to change their

behavior and making them detest their addictive behavior (the goal here is to reach a perspective different from the addictive one), as well as helping the addict regain their lost will, gradually make decisions, and attempt to address the real causes leading to addiction (Suweif, 1996, p 184).

As for the importance of psychological treatment, Manaa (2017, p 478) enumerated it in the following points:

- Restoring the addict's self-confidence, restoring recognition of their personality, making them feel their social and human value, and their usefulness to themselves, their family, their close environment, and society as a whole.
- Attempting to gradually change the addict's behavior and make them abandon their previous behavior associated with the life of addiction and everything related to addiction.
- Attempting to motivate the addict to change their view of life and the surrounding society. This does not mean making the addict see life and society as entirely ideal or full of happiness everywhere, but rather helping them reach a perspective different from the one they had during addiction, since that previous perspective was, in one way or another, a cause of their addiction.
- Helping the patient regain the will taken away by drugs, enabling them to determine their own destiny by restoring initiative to them, and enabling them to make decisions and assume responsibilities related to themselves personally or to their close environment.
- Making the addict change their attitude toward drugs by providing correct and accurate information about the effects and tragic consequences of addiction, presenting real cases of addicts, and enabling them to personally observe the outcomes resulting from addiction.
- Searching for a new personality or convincing the addict of the possibility of restoring their true personality "pre-addiction," which is balanced, moderate, and morally and socially disciplined. This is achieved by identifying the real causes that led to addiction and attempting to treat them.
- Changing the addict's environment after leaving treatment clinics due to its association with pleasurable aspects of the experience of use involving things, people, and scenes.
- Secondary reinforcements are considered among the most important factors that undermine the effect of treatment.

6- Major psychological approaches employed in the field of psychological treatment of addiction:

The theoretical literature related to this topic indicates the existence of several psychological approaches in the treatment of drug addiction, in accordance with the psychological school to which they belong. Among the most important are the following:

a- Cognitive-behavioral therapy:

This approach is based on the role played by thinking or beliefs and the impact of influencing factors on human behavior and emotions. Accordingly, treatment focuses on changing the negative thoughts and behaviors associated with addiction, and helping the addict identify the triggers that led them to substance use, and learn new strategies to cope with them, such as avoiding bad company, confronting psychological pressure, restoring self-confidence, etc.

Rational emotive therapy usually focuses on two important aspects: the first is treating addiction itself by abstaining from substance use, and the second is addressing the psychological problems resulting from drug or alcohol use (Hajjar, 1992, p 51).

According to this theory, the cognitive element is considered the mediating factor in interpreting external events and creating emotional reactions. Thus, psychological disorder is caused by internal interpretations of stimuli originating from the self or the external environment.

This is consistent with what was pointed out by Liese and Franz regarding addicts possessing strong beliefs about the ability of drugs to modify mood. They believe that some drugs reduce boredom, others help relaxation, while others provide energy and a sense of strength (Sadki, 2014, p 193).

On the other hand, Freeman (1987), as cited by Hajjar (1992, p. 119), presents techniques that can be adopted to counter the addict's erroneous thoughts, including:

- The therapist examines the logical evidence to determine whether the client's self-talk is true or not.
- Balancing the advantages and disadvantages of the specific erroneous belief held by the client.
- Searching for positive aspects that may emerge from a negative event.
- Naming and framing the types of distorted irrational cognitive processes and helping the client recognize and become aware of them.
- Reconsidering the interpretation of events as they truly are.
- Examining options and alternatives.
- Helping the client recognize illusory outcomes associated with stopping drug use.
- Encouraging the use of new logical beliefs in confronting stressful and disturbing triggers.
- Patients play the roles of their irrational selves and discuss them with the therapist in favor of rational thinking.
- Patients are asked to use positive, logical self-talk and expressions.
- Cognitive-behavioral therapy is based on the following:
- Family therapy: Since addiction concerns the entire family, involving the family in treatment can enhance recovery outcomes. Family therapy helps improve communication within the family, strengthen emotional support, and avoid behaviors that may unintentionally contribute to the addict's relapse.
- Group psychotherapy: This gives addicts the opportunity to receive psychological treatment within a small group of peers who experience the same suffering. The addict is placed before peers in an analytical therapeutic setting, which helps them express their experiences, acknowledge their condition, recognize their problems without feelings of shame or guilt, and understand the problems of other addicts. The patient receives group support and encouragement through repeated sessions to reinforce good behavior, while also receiving criticism and reproach for negative behavior. Group psychotherapy is considered one of the most effective and positive methods and often lasts from one to two years (Atiyat, 2000, p 268).

b- Addiction treatment from the psychoanalytic perspective:

The roots of dynamic and psychoanalytic psychotherapy go back to the clinical work of Sigmund Freud, Melanie Klein, Donald Winnicott, and others. These therapies focus on transference between the therapist and the patient. The patient lies on the couch away from the therapist, and sessions are held at a rate of three to five times per week. Psychoanalytic psychotherapy helps individuals deepen their awareness of themselves, their unconscious desires, motivations, and conflicts. However, awareness in itself does not constitute change, but it gives the individual the option not to repeat negative and self-destructive patterns (Verma & Vijaykrishnan, 2018, p 485).

Addiction treatment is linked to its causes, which are seen as expressions of:

- A functional expression of an incomplete superego.
- Compensation for severe frustration resulting from deprivation of the satisfaction of certain basic needs.
- The result of deficient or submissive socialization.
- Personal behavior constituting a neurosis.

- Behavior expressing a loss of social norms.

When dealing with addiction cases from a psychological perspective, the focus is not placed on isolated symptoms as much as on the person as a whole and the development of specific defense mechanisms. Individuals suffering from addiction protect themselves from intense pain and confusion by developing a narcissistic defense system that combines omnipotence and rejection of dependency (Verma & Vijayakrishnan, 2018, p 487).

7- Ethical standards of care in psychological treatment services:

The World Health Organization (2022, p 9) outlined a set of ethical standards that must not be overlooked when providing psychological treatment and care for drug addicts, including:

- Individuals suffering from disorders resulting from drug use must be recognized as persons with a health condition and deserve treatment similar to patients with other medical and psychological problems.
- Drug use disorder treatment services must, in all cases, respect human rights and the dignity of patients, and must never use degrading or humiliating interventions.
- Patients should be given informed consent before starting treatment and should have a guaranteed option to withdraw from treatment at any time.
- Patient data must be kept strictly confidential. Circumventing the confidentiality of medical records when registering patients for treatment must be prohibited. Legislative procedures, supported by appropriate staff training and service rules and regulations, must ensure and protect the confidentiality of patient data.
- Treatment service staff should receive appropriate training in providing treatment with full adherence to ethical standards and human rights principles, and should demonstrate respectful, non-stigmatizing, and non-discriminatory attitudes toward service users.
- Service procedures should require staff to provide patients with sufficient information about treatment processes and procedures, including their right to withdraw from treatment at any time.
- Any research conducted within treatment services involving patients must be subject to oversight by human research ethics committees. These committees should ensure consideration of the views of individuals who have experienced drug use and treatment and are now in recovery. Patient participation in research must be entirely voluntary, with informed written consent obtained at all times.
- Ethical standards of care in treatment services should be applied to all population groups with special treatment and care needs without discrimination.

8- The most important roles of the psychologist in the treatment and recovery stages:

The psychotherapist undertakes a set of tasks during the processes of intervention and psychological treatment, as well as in the recovery stage, including:

- Providing the client with specific techniques, experience, and skills that help him correct faulty patterns of thinking, beliefs, behavior, and emotions, and everything related to good adjustment to life problems he faces.
- Persuading him to stay away from places and locations where these substances are available or that trigger the desire to use, while avoiding family and professional circumstances associated with use.
- Guiding him to oppose determinism, despair, self-deprecation, isolation, self-harm, and aggression.
- Conducting family therapeutic sessions with the patient's consent.
- Understanding the roots of addiction and helping the person build new tools to cope with life without resorting to drugs.

- Working to treat predisposing and facilitating factors for drug use related to psychological disorders and personality traits such as anxiety, depression, introversion, irritability, and insomnia, etc., during the period of psychological treatment, and also even after stopping use, since abstinence or reducing the amount used is followed by negative mood states.
- Helping the recovering addict determine objective and ethical controls in the process of choosing companions.
- Working to raise the threshold of tolerance for frustration and anxiety on the one hand, and highlighting the capabilities and skills he possesses on the other, in order to exploit them, especially during leisure time.
- Developing religious and moral motivation in general and highlighting the position of our true religion regarding drugs.

Conclusion:

From the foregoing, it becomes clear that there are many reasons that drive the individual to use drugs and then become addicted to them, whether related to cognitive beliefs, temperamental traits, or social circumstances. This has made the treatment process itself linked to the aforementioned aspects, especially the psychological aspect. It has been established that the origin of drug addiction in general is due to a pathological psychological structure that creates a state of readiness for addiction, and that thinking itself, rather than use, is what leads the substance user either to quit this addictive attachment or to persist in it and excessively use it, which necessitates correcting and rectifying the addict's cognitive structure.

This psychological treatment does not only treat addiction, but also helps the person build his life and avoid relapse, which should be viewed as indicating that some cognitive or behavioral changes, or both, in the patient have not yet been fully completed to take their final positive course and restore psychological and social balance, which makes the addict an indispensable element in any successful program. There is also the need to change the view of the recovered or recovering addict and deal with him as a victim rather than a criminal or deviant, and that full recovery can only occur through the combined efforts of the addict himself, specialized institutions, the family, and those close to him.

Recommendations:

Based on the above, a set of recommendations can be presented, all of which relate to the same topic, namely:

- Continuous training for physicians and psychotherapists responsible for the follow-up, care, and treatment of addicts, especially in the recovery stage, to avoid relapse.
- Working to establish a positive cooperative relationship with the addict and convincing him of the possibility of returning to his former personality (before addiction) by focusing on the strengths of his personality and making him aware of the negatives that may hinder his recovery.
- Involving relatives and those connected to the addict in understanding the nature of the problem.
- Focusing in treatment on the addict's will and intrinsic desire and involving him in developing plans and appropriate treatment.
- Raising awareness of the outcomes and effects of use and providing assistance to develop a new meaning and purpose for the addict's life.
- Providing the addict with mechanisms and strategies to satisfy psychological needs through legitimate means.
- Conducting group therapy sessions in order to exchange experiences, with the use of successful live models.
- Raising awareness of the criteria for choosing good companions and working to awaken religious motivation.
- Reducing feelings of fear and guilt experienced by patients upon leaving hospitals or clinics.

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