

Let us be thrilled, free from drugs

The “Roma Capitale” intervention on substance dependencies issues

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ”

(WHO, 1948)

The definition of health provided by the *World Health Organization* (WHO) expresses a positive concept valorising personal and social resources as well as physical capability. Understood as a resource for everyday life, health is achieved when individuals develop and valorise their own resources at best so as to satisfy personal physical and mental prerogatives as well as social and material external ones.

It was during the eighties that the WHO began to emphasise the subject of promoting health and ensuring this was acknowledged as a one of humankind’s fundamental rights. The WHO’s constitution in fact reads:

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition.”

In recent years both political institutions and the media have shown increasing interest in the phenomenon of drug addiction. It appears that the approach to this issue is changing from an organicist vision of the problem to a desire to instead understand the real causes behind the resorting to the use of such substances. This different approach proposes a different perspective of the phenomenon and the reasons causing it (Canu, Bellucci, 2006).

The WHO defines substance dependency as “the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs”. Substance dependency is characterized by “a cluster behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state”.

Although the main and better-known dependencies are those concerning substances, there is also a group of dependencies linked to objects of behaviour present in everyday life that do not concern substances. These dependencies concern food, sex, the internet, television, gambling, shopping, etc... As a group these can be described as *object toxicomanias*.

The subject of drug addiction has been intensely studied and revisited in the course of the years, also from a clinical point of view, with attention focused on the parent-child dyad. More recent studies carried out within the framework of *Infant Research* (Sander, 1987; Weinberg, 1992; Stern, 1971, 1998; Beebe, Lachmann, 1992, 2002) have emphasised the central role played by both the self-regulating and reciprocal regulating processes of the Self's physiological state in infantile development. The Self, as described by Kohut, is defined as a primitive psychic apparatus, the cohesion and integration of which are essential for the later development of the 'I'. The Self is at the origin of the feelings that result in an individual perceiving him/herself as an autonomous centre of perception and initiative. The regulation of eating cycles, sleep patterns, emotions and self-confidence, are processes that from the very beginning take place in dyadic or multi-personal contexts. Throughout a person's life, the *self-regulating* capability interacts with *reciprocal relational regulation*. Hence pathology develops within those relational contexts that inhibit the dialectic fluctuation between the need for self-regulation and the need to regulate one's relationships with others. From such a perspective, *pathological dependency* can be seen as a relationship in which the dependent subject is bound by an ever-present regulation of the other, since he is incapable of regulating alone the states of the Self, which naturally implies that the other is not allowed the possibility of self-regulation without having to in turn commit to the relationship.

The attachment bond formed mostly in the first year of life with primary reference figures is the fundamental basis for developing the *self-regulating* capability (Mikulincer and Shaver, 2004). Safe attachment is in fact associated not only to the capacity to look for support, but also to the creation of the Self as the mind's principal executive requirement. Substance addiction behaviour is an example of how insecure Internal Operative Models, and the lack of a regulating process, can lead to the development of forms of addiction. Within this framework, dependent behaviour can be described as the search for an external contribution, addressed at maintaining a personal balance that cannot be achieved with one's own resources and internal self-regulating capabilities (Jeammet, Corsos, 2002).

The first nuclei of the autonomous Self are therefore developed initially with the interiorisation of forms of emotional regulation experienced within the context of relationships with safe devotion (Emde and Buchsbaum, 1990; Fonagy et al., 1995; Liebermann and Pawl, 1990).

Research in the neurophysiologic field have shown that in the course of highly attuned interaction, the flow of emotional and sensorial signals coming from the maternal brain are impressed in the child's implicit memory, moulding the functional and structural organisation of the areas specialised in emotional processing, mainly situated in the right hemisphere. In such a perspective, the mind develops, starting from the transposition of early emotional experiences within a human being's neural functioning, into the form of neural maps of the Self (Trentini, 2008). There are mechanisms (mirror mechanisms) in our brain that allow us to directly understand the meaning of the actions and emotions of others, replicating them within ourselves, with no explicit reflexive mediation (Gallese et. al, 2004).

Furthermore, the most recent neuroscientific research has shown that when puberty approaches, the brain experiences sudden and abrupt growth that above all affects the frontal lobes. It has also been proved that in adolescents too the brain undergoes profound change and that such dynamic conditions could contribute to making sense of some well-known impulsive and uninhibited forms of behaviour (Giedd, 1999).

Hence there seems to be a clear need to orientate intervention within a framework of primary interventions, addressed mainly at pre-adolescents and adolescents, still involved in a phase of remodelling and reorganisation of the brain.

In view of this empiric evidence, both in the fields of neurophysiology and neuropsychology, it becomes necessary to redefine the very concept of *dependency*, which is sometimes still used in terms of chronic recurring pathologies and simultaneously reformulate guidelines capable of inspiring innovative intervention strategies.

A study dated 2007, financed by the Italian Ministry for Social Solidarity and carried out by Modavi ONLUS at a national level, had the objective of investigating in young people aged between 14 and 17, the ways in which they perceived, approached and used drugs.

The results indicated that family relationships experienced by the young significantly influence their inclination to use drugs.

86.7% of young boys with a family made up of a mother and a father declared they did not use drugs. The young people only having a father were those who most used drugs, while those living with a father and his partner mainly used alcohol with the objective of becoming intoxicated.

Adolescents who perceive they have an authoritative relationship with their parents, showed less familiarity with substances and were more aware of the damage they can cause.

The link between the nature of the relationship with parents and the use of addictive substances is an interesting one. An analysis of the data appears to confirm the hypothesis that, adolescents with

parents who are not authoritative, and hence without strong reference points, are far more likely to be inclined to use drugs.

If one investigates the reasons for which those interviewed ended up using drugs in relation to the relationship experienced with their parents, one obtains a sample of adolescents saying they had a complicit relationship with their parents, and, in 20% of cases, used cannabis to imitate them. Imitation of parents occurs also in the presence of a conflictual relationship; the ambivalence at the basis of the relationship with the parent was so powerful that it led 50% of those interviewed to use other addictive substances (cocaine, heroin...etc) precisely so as to emulate the behaviour learned from their reference figures.

It is important to emphasise that 32% of the young people interviewed had used alcoholic drinks to experience the pleasure of *intoxication* as early as the age of ten. 32% had smoked cannabis at least once since the age of eleven and 16% still smoked it on a daily basis. 7% of those interviewed had instead made use of other drugs starting at the age of ten, while 46% continued to use them, and of these 15% did so on a daily basis.

In the course of 2009, the Anti-Drug Policy Agency estimated a progressive increase in the use of cocaine in Italy, especially among the very young, aged between 15 and 24, and young people aged between 25 and 34.

An analysis of this data confirms and also strengthens the need to intervene on the territory with adequate strategies and intervention models, with a leading role played by the young, who increasingly take drugs at a younger age.

The *Yearly Report on the state of substance abuse in services provided by the Municipal Agency for Drug Addictions* emphasises the need to prevent the consumption of substances both among the young and among adults. The average age of service users is 38, but it has been observed that first use of such substances is taking place at an increasingly younger age. There are users who have first experienced drugs at the age of 9 and other whose first experience took place at the age of 52. Furthermore, data emphasises that the age group most at risk for both legal and illegal substances is the one between 14 and 25. Considering the average age at which a first experience takes place (19), and the average age of those using the services (38), it is obvious how for these users the service is only entered after about twenty years of substance abuse and hence in a condition of lengthy chronicity.

To achieve this, the Guidelines for Rome Municipality's Agency for Drug Addiction, have the general objective of not only assisting those with a drug addiction problems, as well as those who are occasional users, or being drug-free need help in social and work reintegration, but also the implementation of projects and services centred on prevention, addressed at protecting and

improving life quality with sensitising strategies and setting examples of healthy life styles based of the promotion of wellbeing.

This kind of intervention is therefore addressed at ensuring that the phenomenon does not spread to sectors of the population that are still unscathed but remain at risk. In this sense, primary prevention is implemented to avoid the problem arising, and education, information and sensitisation to this problem play an absolutely crucial role in our civilisation. The promotion of health, wellbeing and healthy lifestyles is the result of the development of critical capabilities, changing specific behaviour and the development of life skills capable of improving and strengthening a person's self-confidence and individual capabilities. Coherent with these premises the Municipal Agency for Drug Addictions has more specifically activated:

- ✓ Primary and secondary prevention action for pathological dependencies;
- ✓ Prevention and support for families and more in general for the education sector;
- ✓ Activities involving the promotion of wellbeing;
- ✓ A network of state and private social services operating in the city in the field of substance addiction;
- ✓ Low level services that are not only contexts for satisfying urgent needs but places of socialisation with educating, integrating and clinical activities so as to stimulate and motivate users towards evolutionary drug-free processes;
- ✓ Intermediate level services, motivational intervention and psychological and social support addressed at encouraging or strengthening users' motivation to enter an organised treatment process;
- ✓ High Level services addressed at treatment and achieving a drug-free condition, as well as the social reintegration of the person showing a strong desire to change his/her condition;
- ✓ Training, informative and updating programmes addressed at service operators to encourage an exchange of good practices;
- ✓ Programmes for supervising processes that create a context in which it is possible to study and/or restudy interventions for users, addressing the emotional dynamics characterising the work of a multi-disciplinary team, also so as to prevent burn-out syndrome that is frequent among aid workers, since they operate in particular and constant conditions involving emotional tension and stress;
- ✓ A computerised data collection system (called GIANO – Integrated Management, Analysis and Orientation) which guarantees the ongoing assessment and monitoring of services so as to improve understanding and knowledge of addiction phenomena

throughout the territory, but above all the sharing between services of the “history” of drug addiction using a specific IT user file.

A system that offers a constant assessment allows the reorganisation of activities or services’ missions depending on the evolution of the drug addiction problem, so as to provide programmes suited to emerging needs, such as, for example, dependency on the so-called new substances, and the low first consumption age as well as multi-dependencies.

Drugs act on the vulnerability of the young and the very young who are approaching substances at an increasingly precocious age. Preventing the use of drugs means addressing the psychological balance of children and adolescents, directing the young towards healthy lifestyles, safeguarding the full development of thought so as to allow them to assess, debate and choose a life free from drugs. By considering dependency as “a state of periodic or chronic intoxication produced by repeated consumption of a drug (natural or synthetic).” (WHO, 1957) one does not contemplate the possibility of being able to intervene before such addiction is created, thereby focusing the activities of services on treating those who are chronically dependent.

Prevention instead means addressing the problem before it emerges, concentrating on individual, environmental and relational factors at the origin of addictive behaviour, encouraging the creation of healthy lifestyles through complete information and correct sensitisation. A good family relationship also allows the development of self-confidence, trust and the capability to solve problems, permitting dialectic interaction and inhibiting the arising of pathological dependency.

To achieve this, the Municipal Agency for Drug Addiction has planned projects addressed at carrying out activities addressed at the prevention of substance abuse and deviant behaviour throughout the territory of the Municipality of Rome. The “City Care – Social Desk” project is aimed at contacting and sensitising pre-adolescents, adolescents and young adults aged between 12 and 30, in direct or indirect contact with problems linked to drug addiction, sexually transmitted diseases and all at-risk behaviour. Interventions have been implemented bearing in mind the specific stages in life, encouraging the acknowledgment of potential and the development of personal and social resources among the young. Within this framework the project envisages the presence within the territory of reference centres and/or information points, in addition to the use of a travelling camper as a mobile centre of information, while simultaneously sensitising the managers of night clubs and locations where the young tend to meet.

The project entitled “Prevention for the young and peer education” instead consists of a multiplicity of interventions for the prevention of substance abuse and the promotion of healthy life styles, using peer education as a model, within the group dynamics of the world of the young, encouraging the young to participate and play a leading role. The project’s aim is to welcome the young in a

prevention centre with the objective of analysing demand, providing information and counselling on training and professional opportunities, so as to orientate and send social and/or social-health services where it is necessary. The project intervenes in schools with health education activities as well as the prevention of deviant forms of behaviour by forming opinion leaders capable of becoming positive reference points for their peers.

Through agreements with external organisations, this institution also manages various daytime, night time and residential welcome centres, as well as a 'community centre.' In particular, the Residential Rehabilitation Community, which hosts those who have already begun a programme involving the physical withdrawal from drugs, favours action addressed at changing deviant behaviour, at rehabilitation, the development of the dependent person's capability, ability and competences, using individual and group psychotherapy sessions as well as training and work sessions carried out in the centre. Within the Therapeutic Community the young people's relational capabilities are fundamental and, by sharing daily activities, they manage to learn functional and organised behavioural models. A recent follow-up study on those released from the community on average 30 months earlier, indicated that 80% of those regularly completing the rehabilitation programme had not returned to substance abuse, while 93.7% of those who interrupted treatment during the first three months returned to drugs in the following period.

In spite of the multiplicity and complexity of services provided by Rome's Municipality, constant efforts are made to collect uniform data throughout the city's territory, so as to progress in empiric research and obtain a picture of the phenomenon that is as close as possible to the reality of this city. The protection and improvement of people's life quality is therefore at the centre of all the programmes organised by the Municipal Agency, ranging from prevention to social and labour reintegration, which, thanks to a holistic methodology, places the person at the centre so as to make possible a full recovery from substance dependency. The definitive solution of this problem is in fact only possible through processes developed around a person's relational, emotional, social and organic aspects so as to allow them the redemption of their lives, thereby achieving the primary and fundamental objective, hence a drug free life.

In the same way, it is possible to prevent substance dependency, involving the young in healthy activities and lifestyles, presenting them with a clear and coherent message, allowing them a chance to live and experience their feelings free from all dependencies.