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GENERAL SYSTEM OF REHABILITATION FOR DRUG ADDICTS

Resocialization of drug addicts is a set of measures carried out with the aim of speedy adaptation into society of persons who have come for drug treatment for drug addiction. This term denotes the period of acquisition and assimilation of previously unknown or lost for some reason principles, values, and rules of behavior.

In psychology, the term “resocialization” was first introduced by American social psychologists A. Kennedy and D. Kerber to designate the process of an individual’s secondary entry into the sociocultural environment as a result of incorrect previous socialization or as a result of a change in the sociocultural environment. Today, this term in social psychology has a broad meaning beyond the specifics of the subjects of the process - as a conscious change in personal behavior in a situation of obvious social failure [1].

Resocialization of drug users is one of the independent stages of a comprehensive rehabilitation system, which includes:

1. detoxification;
2. drug addiction treatment;
3. medical rehabilitation;
4. social rehabilitation;
5. resocialization.

Being an independent stage that completes the process of rehabilitation of drug addicts, resocialization, as it were, consolidates the result available at such previous stages of rehabilitation.

However, today, unfortunately, not all people suffering from drug addiction and who have completed the rehabilitation stage go through the resocialization stage.

In this regard, the key problem today for the entire functioning resocialization system is the issue of stimulating individuals who have undergone drug treatment to overcome withdrawal symptoms to subsequently integrate into a prosperous social environment, to restore lost social connections with relatives and loved ones, as well as to find new ones. forms of interaction with society that exclude the possibility of repeated non-medical consumption of narcotic drugs, psychotropic substances or their analogues.

The effectiveness of measures taken by the state to resocialize drug users who have completed rehabilitation programs today is largely determined by the scale and limits of integration of these measures into the public environment.

Thus, anti-drug policy is not limited to drug treatment within medical organizations and rehabilitation centers, but is based on a more substantial network of organizations and communities built on a single anti-drug ideology that clearly expresses the negative attitude of society towards illicit drug use and trafficking.

Therefore, rehabilitation and resocialization programs for drug addicts also reflect a similar value orientation and have a practical orientation.

Currently, in domestic practice, the process of comprehensive rehabilitation is carried out by various institutions and organizations, which allows us to distinguish several levels:

- macro level (state, regional, to a greater extent – formal and legal);
- meso level (drug treatment clinics, rehabilitation centers, NGOs, etc.);
- micro level (interpersonal – family, school, university) [2].

At the macro level, ministries and departments initiate the development of various rehabilitation programs, as well as a general strategy to combat drug addiction.

In addition, they monitor the implementation of specific instructions by regional authorities. This level is also characterized by close interaction between ministries and departments and law enforcement agencies.

At the meso level (the so-called intermediate level), medical and drug treatment and rehabilitation centers and socially oriented non-profit organizations implement rehabilitation programs and carry out direct rehabilitation activities.

Depending on the goals and objectives, rehabilitation programs implemented by regional units of the comprehensive system of rehabilitation of drug users can be differentiated on various grounds.

Based on the timing of implementation, there are such forms of rehabilitation as short-term, which takes place within 1-2 months, medium-term, which takes 3-6 months, and long-term - up to 1 year.

As a rule, programs that provide social rehabilitation after medical treatment have a longer duration from 6 to 12 months.

Depending on the place and method of implementation of the rehabilitation program, in which medical activities are carried out in inpatient departments of drug treatment clinics and outpatient form, when medical and psychological procedures are carried out in special departments.

Unlike complex rehabilitation, social rehabilitation and resocialization are implemented in a natural social environment, to which the rehabilitator gradually adapts.

However, according to a number of experts, there are a number of difficulties in the activities of these institutions: “lack of trained, experienced and competent personnel, weak interaction with various levels of effective technologically advanced programs” [3].

The micro-level of rehabilitation is the interpersonal interaction of the subjects of the rehabilitation process with family members, with classmates and classmates in an educational institution, etc., which is especially important during the period of resocialization and social replantation, when the rehabilitator especially needs informal support and participation in communication.

At this level, rehabilitators who are subjects of rehabilitation programs form the foundation for them to overcome drug addiction, it becomes possible to implement their socially positive attitudes and use various models of socialization included in the corresponding rehabilitation program.

As experts note, the key to the effective implementation of a person who allows non-medical use of narcotic drugs, psychotropic substances or their analogues is the support and involvement of the family in the rehabilitation process.

Support from the immediate environment of the rehabilitator can guarantee by 80% the achievement of the goals and objectives of resocialization programs and ensure long-term remission.

It should also be noted that today there is a certain gap between the indicated levels of rehabilitation. Moreover, this gap is recorded at all stages of combating drug addiction, from the development of strategic projects and their legal support to practical implementation and monitoring of their implementation.

The lack of close cooperation (interaction) between these levels determines the relatively low efficiency of the implementation of social rehabilitation programs and, as a result, their unattractiveness for the rehabilitator who has received drug treatment.

In addition to the levels outlined above, researchers also use a different approach to differentiating levels of rehabilitation. Thus, the criteria for separation are the content, nature and methods of rehabilitation [4].

Based on this distinction, four interrelated levels of rehabilitation are distinguished: biological, psychological, social, spiritual.

Experts note that “treatment of a patient with a drug addiction profile cannot be considered complete if it does not end with a course of comprehensive rehabilitation, ensuring the reconstruction of the patient’s functioning at four levels - biological, psychological, social and spiritual” [5].

The biological level of rehabilitation at the detoxification stage is implemented under the strict supervision of a doctor in a medical organization.

The psychological level is aimed at overcoming mental dependence on drug use.

At the spiritual level of rehabilitation, there is an active and, as expected, adequate assimilation of basic cultural values by the rehabilitator, the formation of positive life orientations and worthy priorities.

The social level of rehabilitation consists of various stages of introducing the rehabilitator to the conditions of coexistence in an organized community of patients just like him.

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