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## **Listening Withdrawal Psychotherapy from Psychoactive Substances Addiction among Young Moroccan Trainees**

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### **ABSTRACT:**

**Introduction:** *MedSPAD 2013 survey reports an increase in the prevalence of certain psychoactive substances (PAS) at the expense of others (Elomari et al., 2014). The offer of care addiction in Morocco is booming, but still not sufficient.*

**Objective:** *The aim of our study is to identify consumers of PAS and to assess the effect of a listening withdrawal therapy among trainees.*

**Subjects and methods:** *The present study is a cross-sectional study conducted among 460 Moroccan students of a vocational institute in Mohammedia (NW of Morocco), for the academic year (2012-2013). These students are aged 18 to 27 years. Addiction status was evaluated by two Questionnaires: CRAFFT-ADOSPA for PAS consumption and Fagerström for tobacco consumption. We recruited 100 volunteers. The addicts received a listening and accompanying psychotherapy.*

**Results:** *The results show that 45% of male students have a high risk of SPA use, with an important dependence on tobacco. Only 2% of girls were able to confess their addiction. We recorded a strong tendency to polyaddiction although the most used drug is cannabis (92%). The withdrawal rate of these addicts was 15%. Monitoring of students weaned reveals maintains and realization of withdrawal for other students after leaving the institute and mainly for those who are part of active life.*

**Conclusion:** *Our psychological intervention with these young people is promising. Listening psychotherapy proves to be a very effective method to address addiction.*

**Key words:** *withdrawal, psychoactive substances, trainees, listening psychotherapy.*

Adolescence is a period of life characterized by significant changes (physical, cognitive, emotional and relational...) that occur over a short period and are accompanied by an identity crisis duration and variable intensity (Birraux and Lauru, 2010). If they are not properly supervised nor in the home nor at school, and if the environment permits it, the first step to set free from adult authority or even to imitate adults is taking cigarettes, followed by a psycho-active substances. The

traditional use of drug has changed from the sixties. In the seventies it was a minor problem. It was only around 1985, we began to observe that the problem lies in several countries, whatever the nature of the product (Bennani and Ranger, 2002). In France, the number of regular cannabis users is twice as high among young people aged from 17 to 25 years than among those aged from 26 to 44 years (OFDT, 2013). Morocco, like other countries, crossing the path of the drug became rarely and hardly avoidable. Using toxic (drug) is not a free choice but a forced choice. There is a strong male predominance among users. The number of women smoking and drinking alcohol is increasing too. The profile of the addict is that of the young between 18 and 25 years old, single (Bennani and Ranger, 2002). Epidemiological studies estimate that 10% of people are "Addicts" among regular consumers (Coroma, 2009). In Morocco, the prevalence of cannabis use of young aged 15-17, is 6% (Elomari et al., 2014).

Addiction is the result of a course. We're not immediately heroin addicts, alcoholics, smokers. We become addicted. Each person that can be described as addicted takes a long way, with movements, stops, backtracking. The state where they are is not regarded by them as a final. Even the most inveterate alcoholic is not far from thinking that it will soon stop drinking. The addict decides to stop every eight days and the smoker slightly less (Lesourne, 2007). The effects of addiction differ from one drug to another. It is usual to talk about "hard" drugs and "soft" drugs. It is a strange vocabulary and corresponds to nothing in particular. There are drugs whose effect is extremely powerful and fast, which transform the individual, but for a short time, others on the contrary, have very slight effect, which have no effect on the behavior but with consumption over long periods, it can become fatal. All the old landmarks have become floating, and some even say that tobacco is the most "hard" drug because it causes the most deaths (Lesourne, 2007). We are talking about poly-addictions among young (Rangaraj and Pelissolo, 2007). In Morocco, consumers tend to take different drugs, even if they have a preferred one. Hashish, alcohol with psychotropic drugs; psychotropic substances and solvents with hashish; heroin, and cocaine with hashish (Bennani and Ranger, 2002). Which makes it difficult wean. These new profile of drug users requires, strategy adapted taken into consideration each case, according to the personality, family history, environment, duration and type of addiction or substance used, etc. The prevention is the most requested and the most urgent action to take. This prophylaxis should begin from childhood and worsen the stage of adolescence. Drugs and alcohol are, after all, well lamentable chemical substitutes of paternal love (Dodson, 1975). In this study we are trying to help students to weaning their various addictions (tobacco, cannabis, alcohol, psychotropic drugs, sexual addiction) adopting a listening therapy.

**PATIENTS:** This study was conducted on students of a vocational training Institute at Mohammedia city (northwestern Morocco) during two school years 2011/2012 and 2012/2013. These students are (n= 460) (234 girls, 226 boys). Aged between 18 and 27 years, with an average of 22 years. These students suffer from their addiction and tried in vain weaning.

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## **METHODS:**

These young people live in groups in boarding school for the most of them and half board for external, who also live generally in shared especially for boys. And therefore it is very difficult for a student displays a fake withdrawal without being detected by his colleagues. We also recruited a young working administration who is very close to the students thanks to his job, his young age and quality of tobacco smoking. That allows him to share with students the most intimate secrets and allows us to keep an eye on what happens in this young privacy. The first month consisted of a free discussion about individual and collective students' problems. The discussion revealed the issue of drug, tobacco and alcohol addictions, and eventually confessions that could be called unexpected. The second and third months, we tried through weekly discussions, to strengthen the relationship of trust with students by emphasizing security, privacy and consumer confidence, especially on strengthening the self- itself.

During the rest of the year, discussions focused primarily on the ambivalence, motivation to quit, the negative effects of drugs and congratulation of those who succeed weaning, which encourages more others to try weaning.

## **RESULTS:**

We selected 100 Voluntary regular drug consumers, including 6 girls. They use "MAAJOUNE" (local preparation pasty cannabis-based), "CALA" (tobacco powder as a compress under the lower lip), alcohol, "NEFHA" (tobacco powder sniffing. The "KEEF" (cannabis smoked in a pipe called SEBSI) is consumed in the absence of cannabis (shit) or in order to stop it, it's difficult and takes more time to prepare, so that bored consumers and facilitate weaning. The most commonly used drug is Hashish (cannabis rolled in cigarette paper or special paper called "Edinburgh it falls" and that sold freely in the tobacconist, while the consumption and marketing of cannabis are prohibited in Morocco.) Note that the percentages mentioned below (Table 1) are not cumulative because most of these young people use multiple drugs at the same time depending on the availability of kinds of drugs on the one hand; and income and according to the type of evening parties on the other hand. When we discussed this issue with the addict students, most have expressed their willingness to stop their use of psychoactive substances. A week later, a student stopped suddenly using tobacco and drugs. Day after day, we receive students who reduce or stop gradually their drug use. Note that this weaning group wasn't preceded by any therapeutic method or even tips to motivate cessation. However, almost all students were able to reduce cigarette consumption by at least half. After four months, 76 students were drug weaned (Table 2), 43 among them have also stopped smoking and 33 stopped using only drugs and tried to stop smoking gradually. A week later, eight students have relapsed after maintenance withdrawal which ranged from 3 to 8 weeks, which resulted in progressive and relapse group. At the end of the year, there are 15 students who have maintained weaning: 9 cases of cannabis withdrawal (3 of them have also stopped smoking), 1/10 cases of withdrawal of eating MAJOUNE, 3/7 cases withdrawal using CALA and 2/7 cases of alcohol withdrawal.

PAS	% (n=100)
Cannabis	92
Maajoune	10
Cala	7
Alcohol	7
nefha	3

**Table 1:** percentage of drug used

	% of weaned
After 4 months	76
At the end of the school year	15

**Table 2:** percentage of weaned

## DISCUSSION:

In the absence of psychologist and social worker, our listening approach found much interest from students who have never had during their studies in school and perhaps even within the family, a close person who could listen to them. Our experience and results of the last year have pushed students to see us as healers, and it was they who come to us for help with withdrawal. Which joined the idea of other researchers (Ahami and al, 1989;Bennani, 1981;Touhami and al, 1982): the patient goes to the healer with a firm belief that the healer in question performs well and is more specialist of his illness. The benefits that patients derive in this case are numerous.45%and 48 % is a very high frequency (table II),even neglecting those of girls, if we learn that, the UNODC, 2013, reported that the prevalence of cannabis users in the world is 180.6 million or 3.9 per cent of the population aged 15-64. According to others surveys in Morocco, these results are also very far from those found by Manoudiet al. (2010), which show a cannabis prevalence of 9.8%, with 75.6% of dependent and 51.2% of regular consumers (survey conducted in the university of Marrakech in 2005). But The MEDSPAD Survey, conducted on 2005 in the population of students aged 15-17 in the region of Rabat-Salé, showed that the prevalence was 21%for alcohol use,14% for cannabis, 20% for Psychotropic and8.7% for other drugs (Elhamraoui, 2008).It's also very high according to the prevalence of cannabis use (5.7%) founded by Medspad Morocco, in 2013 (Elomari et al., 2014).So, our results are similar to those found in a recent research among undergraduate students of private universities in Bangladesh which showed that 38.75% respondents were addicted (Mahboub, 2010).

These results relate only boys, while only two girls were successful weaning of their addictions in silence during the first year. The girls believe that addiction is a taboo. They are ashamed to admit it, and even if they do, they do not dare attend with the boys to listening therapy sessions. On the other hand, some girls do not like being smokers, they believe better by consuming an average of two to three times per week of the hookah (shisha) in cafes. Thus, the shisha has emerged as a frequent user of tobacco use among young people expressing non-smokers (Cheron-Launay, 2011).We note that the most commonly abused illicit drug is cannabis as in many countries of the world (WHO, 2011) and mostly among young students(Smart et al.,

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2000, ESPAD, 2011). However, the main illicit drug trafficked in and from Morocco is cannabis (UNODC, 2014).

The results of this listening psychotherapy were satisfactory, thanks to the confidence and the belief that students have in our method. Students need a person who talk and listen to them as psychotherapist which is treating by the spirit and not treats the mind, of course! But must still take into account the fact that there are two spirits in question: that of the patient and that of therapist (Berge, 1968).

Addiction involves a combination of mechanisms in which environmental factors and internal states and traits interact to generate conscious and non-conscious motivations based on seeking pleasure or satisfaction or avoiding discomfort (EMCDDA, 2014). We must find the method and the appropriate time for each smoker or drug addicted. As report Errard-Lalande(2005), we should take the whole issue of tobacco while focusing on the specific problems of each smoker. However, psychotherapy remains the model of addiction help the most accepted and most effective (Berge, 1968). But we have to believe also that, there may exist an 'addictive personality', i.e. a type of person who is readily addicted to certain types of behavior which are reinforcing, and will continue to indulge in these behaviors even after the circumstances giving rise to them have changed (Eysenck, 1997). This shows the need to treat thoughts and behavior before treating physical dependence to help prevent relapse as does the cognitive-behavioral therapy, in presence of accumulating evidence that cannabis use may have a causal association with onset of psychosis (boyce, 2008).

Relapse is part of the treatment and it is a step towards the ultimate success. The period known as withdrawal has passed, follow-up and continued for at least six months are needed to try to prevent and to treat relapses with multiple causes. We must know that it's an integral part of the evolution of dependence; its occurrence should not be regarded as a failure but as a learning and development towards the ultimate success (Lagrue, 2004). All former smokers or drug addicts go through one or more episodes of withdrawal - relapse especially in difficult or even impossible to change his environment and his friends, as shown in the literature about it and to mention that an example of young drug user aged 15 years , Christiane told : the idea of becoming addicted to heroin again horrifies me. But when Detlev (her friend) is smashed and I do not, no current passes between us, we are like strangers. This is why, when Detlev gives me new cam, I take it. Syringe in hand, we promise never to fall into addiction. We are persuaded that it's not yet the case, we are perfectly capable to stop overnight, and then we have already begun to anxiously ensure our supply of the drug following morning (Marcou, 1982).

With the increasing number of drugged addicts or not, neither the authorities nor the private centers can absorb and handle all cases. Berndt Georg Thamm, Director of the Information Centre and Help psychological and social Caritas, Berlin and Horst Brömer, psychologist, counselor to the "drug" service of the same association said that they had (in 1978) for a population of about 50,000 drug addicted, only about 180 seats therapy in the public sector and 1100 in the private sector (clinics, communities, etc.). They state that former drug addicted live in community and are

subject to a rigorous program. And they do not have reliable figures on the success rate of these therapies. They estimate for more than 80% the proportion of relapses, especially because after their detox these people find themselves in the same situation as starting point: precisely which led them to take drugs (Marcou, 1982). And even for those who incorporate these rehabilitation centers, they are either vulnerable to relapse, or early leak of these places which deprive them of their liberty. With junkies, we arrive at a unique pathology. They do not want the psychiatric hell. We need to organize new forms of home, based on volunteering, anonymity and free health care. Young people do not have money; they are not registered at the social security and are not in a position to meet the conventional formalities. We cannot fix an addict in one place and at a specific time, such as an institution or a trivial analytic treatment, it is necessary to implement much more flexible design of places and times (Olivenstein, 1977).

In Morocco, pharmacological therapy outweighs psychotherapy. However, According to a practitioner in the National Center for Prevention and Addiction Research of Sale, the real problem in these centers is the lack of psychotherapists. The drug (pharmacological treatment) treats only the symptoms of withdrawal, while the real cause of addiction is abandoned (Elhamraoui M., 2008). More, there are currently no available pharmacological treatment interventions for cannabis dependence (Dervaux, 2012). So, Psychosocial and pharmacological services are provided as part of a structured therapeutic process that begins with the withdrawal/ detoxification process and extends to aftercare planning following a residential treatment episode (EMCDDA, 2014).

#### **CONCLUSION:**

This study concluded, first, that the number of pupils' soft drug users is very high with frequency over than 25 %; and almost half of boys. The withdrawal of this addiction can be managed through the will of the consumer, the engagement of the therapist and especially the psychological support for these young people who feel marginalized and desperate. Monitoring is required on the part of the therapist, teachers, and administrative body and especially on the part of the family (if it actually exists). Listening therapy is very successful and requested the withdrawal.

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