

P01-55

THE MANAGEMENT OF RELAPSE IN AN OUTPATIENT PROGRAM FOR HEROIN USER
BY ADMINISTRATION OF NALTREXONE

L. Iliopoulou, V. Koutras, K. Komninou, E. Fidi, S. Gonta, V. Basogianni

Counseling Center for Combating Drug Abuse (S.S.K.N.N.I.), Ioannina, Greece

Introduction: The Counseling Center for Combating Drug Abuse offers an outpatient drug psychotherapeutic program, on an individual basis. Naltrexone is prescribed to selected heroin addicted users as part of this program.

Objectives: Relapse is one of the most challenging problems.

Aims: Detection of factors which engage in the therapeutic process and hinder successful therapy leads to a better design of the therapeutic plan.

Methods: Administration of naltrexone aims at retention in therapy and avoidance of relapse.

The program's design focuses on the right selection of users, and the therapist's suitability.

Family or people in the user's environment engage actively in the observation of ingestion.

Naltrexone administration continues for several months after stabilization and at least until

user changes his attitude towards drug use. Relapse is considered as a stage of the

withdrawal procedure. Manipulation focuses on user's rehabilitation in therapy. Therapist,

user and family concentrate on factors which fostered relapse (parallel drug use, association

with active users, co-morbidity, personal and family difficulties), and set new goals.

Results: Development of a therapeutic alliance between therapist and addicted patient is one

of the stronger predictors of treatment retention and success. Effective manipulation of the

factors which foster relapse may lead to successful therapy.

Conclusions: Relapse must be seen not as a failure, but as a demanding stage of the

procedure. Goal readjustment, and focusing on previously unresolved problems, may lead to

an ultimate successful therapeutic outcome, and develop trust in naltrexone programs which

are considered as particularly effective in open withdrawal programs.