

## LETTER TO THE EDITOR

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## How Can Treatment for Alcohol and Drug Addiction Be More Effective?

Alkol ve Uyuşturucu Bağımlılığının Tedavisi Nasıl Daha Etkili Olabilir?

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Dear Editor,

The aim of this letter is to highlight the low success rate in alcohol and substance addiction treatment in psychiatric clinics and to initiate a brief discussion about whether there are other treatment options. Addiction is a significant public health concern due to the harm it causes. Addictive substances not only affect the user, but they also destroy family and society harmony, with a variety of effects. When we look at our country's crime figures, we can see that alcohol and drugs account for 60–75% of them. It is critical to be open to many types of argumentation and rehabilitative models in treatment. In studies conducted in Turkey, it was reported that 81.2% of alcohol and substance addicts discharged from AMATEM clinics experienced relapse within 1 year (1). In another study conducted on inpatients in AMATEM clinics, 72.4% of the addicts believed that it was inconvenient for them to be together and that this situation led to getting to know different substances and making new friends (2). Both the low success rate and the risk of making new friends for substance use clearly show that there is a need for alternative treatment and rehabilitation programs in AMATEM clinics. On the other hand, some associations working independently from AMATEM clinics are reported to have a very high success rate. Psychiatric clinics in the Western world have been working in coordination with associations for years (3). Many studies have shown that individuals who participate in the Alcoholics Anonymous (AA) program, which is based on the foundations of the Christian religion, have high rates of staying clean and that AA has a positive impact on drug treatment (4). While hundreds of studies emphasize the importance of spiritual and religious support for the treatment of substance addiction (5), this situation is still ignored in psychiatric clinics in our country. In our country, the rehabilitation practices of spirituality-based associations are not recognized by psychiatric clinics. Although these associations work independently of psychiatric clinics, their success rates are quite high. For example, it has been reported that the success rate of the Liman Sober Living Association, which operates in our country as a voluntary organization, is around 65% with rehabilitation practices based on spirituality in the light of scientific data (6). It has been reported that spiritual support can be an integral part of coping with substance abuse in relation to both prevention and recovery (7). Philosophy and the religious sciences have presented a spirituality-based approach for the rehabilitation of alcohol and substance addiction, which psychiatric clinics are unaware of (8). Working in collaboration with spirituality-centered and volunteer groups that are approved by the Turkish Psychiatric Association and the Ministry of Health, overseen by the Presidency of Religious Affairs, is essential to improving patients' rehabilitation following medical treatment and lowering the incidence of relapse.

In conclusion, in order to increase the success rate in the treatment of alcohol and substance addiction and to reduce the frequency of relapse, it would be an appropriate approach for psychiatric clinics to work in coordination with associations by leaving all prejudices aside. Best regards.

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