

Service units for intoxicant treatment

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An A-clinic is an outpatient care unit where you can find help for problems with intoxicants and for intoxicant-related social and mental problems. Youth centres specialize in providing treatment for young people and their families, applying largely the same strategies and methods of treatment as the A-Clinics. Special emphasis is given to recreational activities and other forms of voluntary therapy. You can find the address of your local youth centre in the phone book.

The treatment of detoxification centres aims at breaking the circle of intoxicant use and at creating opportunities for physical and social rehabilitation. This can be achieved either as outpatient treatment or as inpatient treatment at the centre, where the treatment period lasts for approximately a week. A detoxification centre may function as a part of a rehabilitation centre. For more information, contact your local A-Clinic, social services centre or health centre.

Living-in services are for people with intoxicant problems who need support and assistance on a day-to-day basis, either temporarily or permanently. Halfway houses aim at rehabilitating clients so that they can live independently and possibly even go back to work. The halfway houses can operate as separate units or be a part of a rehabilitation unit. In addition to halfway houses there are also homes for a longer term and even for permanent residence. Shelters are temporary dwellings that refer clients to other rehabilitation units. These shelters also offer overnight accommodation to intoxicated persons. In many places there are also support homes that provide temporary residence. Day centres function independently or in conjunction with other services, and provide for example group work, meals and washing facilities. Other outpatient care facilities are sobering-up centres, information and on emergency care centres. For more information, contact your local A-Clinic, social services centre or health centre.

The various rehabilitation centres provide longer-term care, typically 2–4 weeks of intensive continuation care. The Järvenpää Addiction Hospital is headed by a physician, while the other rehabilitation centres have a social worker in charge. Among their most important methods are individual and group counselling, health promoting activities and planning for post-institutional care. Family members are included where necessary. Institutionalisation of a person with an alcohol problem often means a period of respite for the problem drinker's family. For more information, contact your local A-Clinic, social services centre or health centre.

A-Guilds have as their members A-Clinic clients, their relatives and people interested in voluntary work. Their activities include groups and recreation, education and information work. AA-groups are fellowships for people with an alcohol problem which operate on an anonymity basis. The most important activity is the group meeting where recovery is supported by means of a 12-step programme. Al-Anon groups are intended for problem drinkers' families.

All health problems and their possible connection to alcohol consumption should be checked at a health centre, occupational health service or by a private doctor. These institutions will also provide treatment for a bad hangover. Illnesses and injuries are usually treated at a health centre that will refer patients to a hospital or to more thorough examinations when necessary. Hospitalisation is needed in the treatment for serious illnesses such as alcohol poisoning, pancreatitis, hepatitis, hepatic cirrhosis and serious disorders of the heart and the circulatory system. A state of delirium tremens requires inpatient treatment, usually in a psychiatric hospital.

A mental health clinic may provide the best care in a situation where alcohol is used to overcome a crisis, anxiety or depression or if a person is contemplating suicide.

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