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Contextual factors surrounding psychosocial care access among adolescents using cannabis in the city of Goma

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Abstract

The extent of psychosocial care provided to adolescents affected by cannabis exposures and the results of the current level of care provided are limited, scarce and less adequate to inform actions to be taken to improve overall health and well-being to the adolescents affected by the effects of substance abuse in the country. Effects such as continuous exaggerated insomnia, perpetual aggressiveness, spontaneous forgetfulness, digressively, perennial anxiety, loss of social and parental friendship, perennial isolation, absence of definitive cure, regular depression, and excessive consumption of narcotics are common.

Methodology: This study is a systematic analysis of available evidence to describe the current state of psychosocial care for adolescents dependent on cannabis in the city of Goma.

Results: the following services have implemented in Goma mainly: Medical, Psychoeducation, Group Therapy, Motivational Psychotherapy, Occupational Therapy and Therapeutic Workshop. Moreover, for a large number of addicts, the persistent effects such as continuous exaggerated insomnia, perpetual aggressiveness, spontaneous forgetfulness, depression, lasting anxiety, loss of social and parental friendships, lasting isolation, absence of definitive cure, regular depression, excessive consumption of narcotics.

Conclusion: The literature available to us suggests that the psychosocial care of drug addicts should be holistic, that is to say facilitate the rehabilitation of the drug addict by relying on the care services according to the WHO standard, especially in taking into account the involvement of everyone, for example the individual drug addict, his family, the community, the State, etc.

Introduction

Psychoactive Substance Dependence (PSA) is considered a public health problem with consequences for the individual and for society in general, due to its increasing harmful effects in terms of health, social, economic, environmental, governance, and peace (WHO, 2001). The psychosocial care of cannabis addicts must allow the person in difficulty to acquire his autonomy and to become an actor in his life, to decide for himself in complete independence of others (IASC, 2010).

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According to this, it must take into account the complexity of the patient while integrating the environmental, social and medical dimension (Paolo Antonelli, 2005) and it is thus an essential factor for the improvement of their state of health (Haddad, 2008). Given the complexity and scope of care, several entities, including the State, must get involved and an adequate funding mechanism must be put in place.

On the ground in the Democratic Republic of Congo, listening associations are multiplying with the mission of promoting access for people in difficulty to psychological help through services such as: Medical, Psychoeducation, Group Therapy, Motivational Psychotherapy and Workshop. therapeutic. These services are administered by priests, pastors, counselors and psychologists. The Government is involved in the training of nursing staff in existing private hospitals, to improve the quality of care. It should be noted that the government has put in place legal texts to insert the care of drug addiction in the primary health care package unfortunately the communities think that it is a disease of shame which is always evident (Adrian, 2013). Previous studies by (Isabelle, 2011), (Anne Dentan), (Pierre, 2014) point out that the care and supervision provided by the Centers and associations do not meet WHO standards.

Overall, information on the extent of psychosocial care provided to adolescents affected by the contents of cannabis and the results of the current level of care provided is limited, scarce and less adequate to inform actions to be taken to Overall improve the health and well-being of adolescents affected by the effects of substance abuse in the country.

Methods

During the literature search, the study considered 50 articles related to the current study and rejected 150 articles that were not on the Cannabis addicted adolescents and psychosocial care. We used search application on https://www.camb.channel life: Drugs, effects, symptoms and consequences, (2021), from www.canalvie.com , drugs-effects-symptoms-198191, 10 articles were about care of drug addicts in city medicine, 10 articles were done on addictions, dependencies and drugs: study of the implementation of a lower-risk consumption classroom in the World and in France since 2016, 10 articles on addictive behavior in adolescents uses, prevention and support and 10 articles on risk factors for the misuse of psychoactive substances among people aged 14 to 25 in the city of bukavu in DRC 2018 and 5 articles on cannabis and canadian children and youth: committee on adolescent health 2017. The analysis of the gray literature review was to read the holistic point of view according to other scholars and inform the state about the current psychosocial services that are provided to adolescents dependent on cannabis.

Current contexts that inform about adolescents dependent on cannabis

The Global Burden of Disease study shows the highest age-standardized rates of use in Australia and North America, but a significant proportion of people who use cannabis live in South and East Asia, followed by North America. Young adults who received strong parental support during adolescence are less likely to develop drug use problems, Russell C Callaghan 2013. Perceptions of parental care play a key role in predicting cannabis use (Gerra et al., 2004).

According to Mélanie, psychosocial care providers need the mobilization of communities to face the challenge of psychosocial care because the target is difficult to manage if there is not everyone's involvement. The management is holistic, that is to say curative, preventive and rehabilitation. For the success of these 3 cures, there must be collaboration between the structures, the communities and the State which is the main actor.

ccording to the WHO, for good health governance, care must be: available, accessible, affordable, attractive, effective, equitable and adequate drug addiction treatment (Georges Borgès , 2003) and put the mechanisms of financing capable of maintaining the stability of the quality of care (World Bank, 2019).

Moreover, a study by the National Institute of Public Health of Quebec, the economic situation of young people aged 10-15 and the consumption of psychoactive substances showed that the prevalence of substance consumption is 22% higher among youth of low socio-economic status, relative to youth of higher status. The study goes on to reveal among high school students, use is more common among young people who have a job or a higher allowance. (National Institute of Public Health of Quebec, 2010), (Aganeta Enns and Heather Orpana , 2020)

The study conducted by Franck Garanet et al., on "the use of psychoactive substances among street adolescents in Ouagadougou" the adolescents who were questioned about the reasons for their consumption of psychoactive substances mentioned that it is for: "To have courage, to calm hunger, apparently to others, to be accepted in a given group, to fight against the cold for those who live on the streets and the INSPQ 2010, added by saying that accessibility to psychoactive substances is not to neglect" (Franck Garanet et al . 2016)

In 2011, France was reputed to have the highest number of young cannabis users out of 36 countries that participated in the survey by the French Observatory for Drugs and Drug Addiction (OFDT). There were many 17-year-old experimenters, rising from 0.9% to 3% between 2000 and 2011 according to the survey.

In 2018, 67 establishments in the ambulatory sector of psychosocial support for addictions took part in the actinfo evaluation , which is specialized consultation services for addiction-related problems. Establishments that do not take part in this assessment were questioned as part of a vast survey aimed at estimating the overall demand for care. The results of this survey of cannabis consumers are as follows:
Teenagers addicted to cannabis aged 14 were identified: 4.9% male, only 1.9% sought treatment; 6.2 female and only 1.3% sought care. 15-19 year olds; There were 58.7% of drug addicted men under cannabis of which 16.2% sought care and 62.4% of drug addicted women under cannabis of which 9.2% needed care. (actinfo - SAMBAD, 2018) According to Emmanuel, 2008 there is difficulty in treating because dependent subjects radiate more intervention on both sides. There is less social functioning and low demand for care because the problem is not known. (Immanuel, 2008)

The NACADA Kenya Drug Addiction Rapid Assessment (2012) found that *bhang* was more common among city dwellers, the unemployed, and men. Use has been decreasing since 2007 in the general population (6.5% use in 2007 reduced to 5.4% use in 2012) but increasing

among 10-14 year olds (from 0.3% in 2007 to 1 .1% in 2012). Although urban youth and adults are more likely to use *bhang* , rural use is increasing (NACADA, 2012). It is usually smoked in powder form or consumed as a drink.

In the DRC, children affected by poverty-related risk factors (eg, hunger, inadequate clothing, poor housing conditions), such as those whose parents with wealthy lives are also more likely to have problematic behaviors such as aggression and delinquency, participating in the street activities, and consuming psychoactive substances (CCLT, 2014)
To help people with the heavy effects of drug addiction, we must take into account the words of the authors (Ramzi Haddad 2008, Paolo Antonelli 2005, IASC 2010, Mélanie 2019) in order to pay greater attention to the complexity of social and health problems . they may face, as well as issues that need to be addressed to achieve better results.
As for the treatment and care of any other disease, according to Law No. 18/035, the Democratic Republic of Congo has integrated mental health care into the primary health care component in order to promote medical and psychosocial support for people who died of drug addiction. (Law No. 18/035, 2018).

According to the five-year plan of the National Program for the Fight against Drug Addiction 2016-2020 (2016), it is said that 3% of Congolese children aged 10 to 19 are polydrug addicts ; 75.1% want to quit drug addiction; 48.3% need medical care; 11.8% need psychosocial support; this support exists but is deficient because the situation is only getting worse.

The majority of drug addicts in the city of Goma are young people of all sexes, between the ages of 12 and 35, but a large number are boys. There is a multiplicity of street children, child soldiers. According to the CHNPG report, this center received in 2015: 594 patients, including 0.3% < at 18 years old and 99.7% > at 18 years old and 5% women. The report of the same Center informs that in 2016, 781 patients presented themselves, of which 0.9% < at 18 years old, including 14% women and 99.1% > at 18 years old, including 7% women. (CHNPG report, 2015, 2016). Most drug addicts who come from armed groups, from the street, because they have gone through difficult times, on arrival in a transition or orientation center, they present specific needs such as; specific security and protection for boys and girls, transition from life without benevolent and material support, appropriate medical and psychosocial support, and they must benefit from “specific preparation for socio-economic and community reintegration”. A comprehensive, comprehensive and integrated approach is needed to address risks and harms. The continuum of services and supports includes not only treatment, but also a much wider range, both upstream and downstream, collectively provided by multiple sectors. The best known of these Centers in the city of Goma are: CHNPG (Neuropsychiatric Hospital Center of Goma), CAJED (Reception and Training Center for Youth and Street Children), PAMI (Programme to Combat Poverty and Misery), ETN (Nyiragongo Trauma Education and Support Team), INUKA, EGEE (State Guard and Education Establishment), Center Dyna and Betsaida .

The nature of psychosocial care offered to dependent adolescents cannabis.
For UNODC and WHO, the joint drug abuse treatment and care program is an important step in implementing a holistic, integrated and health-enabled approach that can reduce the demand for substances, illicit drugs, relieves suffering and reduces the harm caused by drugs to individuals , families, communities and societies. In order to respond to the 3rd ^{objective} of

sustainable development, I quote *"Enable everyone to live in good health and promote the well-being of all at all ages"* , decision-makers must take ownership of the initiative on the need to implement place of services which aims to deal with illnesses linked to the use of drugs in a practical, scientific way and respectful of human dignity by privileging knowledge, care, healing and reintegration. (UNODC-WHO, 2010)

A survey of drug treatment revealed that treatment should be taken in its entirety (somatic, psychological and social restoration of the individual) and be based on the effective limitation of the drug market. This rehabilitation must be made effective by the contribution of individual stakeholders; family and relatives, professional workers, psychologists, physiotherapists, occupational therapists and various stakeholders such as the association of recovered drinkers . (WHO, 1957).

Cannabis is considered the most commonly used inducing drug by adolescents causing health problems, mental or behavioral complications that are usually treated in specialized psychiatric facilities. These problems can manifest themselves in different forms such as: anxiety, depression (sad or irritable mood, loss of interest in almost all activities of daily living, sleep disorders, appetite, loss of self-esteem, loss of energy, (Johanne Renaud, 2016) and disruptive behavioral disorders according to UNODC, World Drug Report 2018.
This state implies holistic care that involves different approaches according to Antonelli, 2005; Supportive Psychotherapy, Psychoeducation, Cognitive-Behavioral Therapy, Psychomotivational Therapy, Occupational Therapy and Group Therapy.

Piolot G. 2019, shows how drug addiction treatment in Quebec is the result of a complete multidisciplinary assessment and takes into account: Patient objectives, Current circumstances, Socio-economic context, Existing resources, Patient expectations, Psychopathological profile, Therapeutic history, evidence (efficacy, safety, etc.). The choice of treatment varies from person to person, over time for the same people and is the result of a solid and comprehensive assessment.

It emerges that States such as France, Geneva, etc., which have invested in the treatment of drug addiction, on their territory, do so effectively because the treatment is comprehensive, Medical and Psychosocial. (Fundamental Foundation, October 2018)

For Schwan, treatment can be determined on several levels. He identified 3 levels of addiction treatment. (1) Drug treatment**,** psychotherapy in its various forms including means of therapeutic education and psychosocial rehabilitation in the patient's environment. All these interventions must be adapted to the therapeutic objective and therefore the priority is to set the appropriate treatment for each individual with drug addiction problems, InSerm 2010.

According to Margaret Chan (2018), mental disorders related to the use of psychoactive substances are very dangerous and represent a heavy burden all over the world and the management of these is a challenge. She adds that the resources available in the field of health are insufficient, inequitably distributed and that the results of care are ineffective. The majority of people dependent on psychoactive substances do not receive care because low- and middle-income countries are unable to provide care for their populations who have fallen into addiction to psychoactive substances. Rolf Wille (1996) discovered that the two main

factors that favor the consumption of narcotics are availability and ease of access to them. This indicates that the more young people have access to drugs, the more they can abuse them.

To address the negative effects associated with substance use, interventions especially for low- and middle-income countries aimed at developing treatment services should be strictly followed (WHO, 2014). These interventions will produce effective treatments by specialized or non-specialized professionals, trained in this field, supervised and guided by self-training (Marc, 2001).

According to MILDECA, in the National Action Plan against addictions 2018-2022, several specialized services are set up in France for the treatment of drug addiction. Any drug addict can be accommodated in an addictology support and prevention care center (CSAPA) free of charge and anonymously and receive any information they and their relatives need on their rights, terms of care; on the support adapted to the needs. The Center provides drug addict patients with support in accessing care, rights: housing for 1 or 2 years depending on the prescriptions, professional integration or reintegration and the provision of infection prevention equipment such as sterile drug use equipment, condoms (MILDECA, 2019)

Several gaps in mental health have been noted and the need to expand access to care to combat mental and neurological disorders related to the use of psychoactive substances is essential (Marc, 2001) This is corroborated by the declaration of Kofi Annan (2009) who goes beyond the fact that poor mental health and poverty feed a vicious circle: poor mental health leaves people unable to produce and poverty is an ingredient of risk for developing mental disorders, using people's chances to access health services.

In the same logic, by establishing the National Program for the Fight against Drug Addiction (PNLCT), as a technical structure in this area, the DRC has assigned it a mandate for the prevention, treatment and medical and psychosocial care of drug addiction. And all other problems related to the consumption of tobacco, alcohol, drugs, through the Ministry of Health. (PNLCT/DRC Ministry of Health, 2003). Recently, to deal with the harmful effects of drug addiction, the DRC has put in place strategies to strengthen the capacities of the actors involved in the treatment of drug addiction. This is how the Counselor Psychologists and the Government are involved in the training of nursing staff in existing private hospitals, to improve the quality of psychosocial care.

In order to allow easy access to psychosocial care, some organizations plead with the government to include psychosocial care for drug addiction in primary health care because there is a mental illness care program. These mental health policies enshrined in the framework law of the DRC, which unfortunately do not seem to have been applied since its creation. (Law n°18/035, 2018) To deal with the phenomenon “ Kuluna ” which means drug addiction or adult street child, the Congolese government has chosen to transport them to rural areas for forced labor without therapeutic assistance.

It should be noted that drug addiction is fueled by several atrocities of all kinds in the DRC causing unemployment, parents have neither work nor salary, young people have finished their studies but are unemployed, untimely strikes in primary and secondary because teachers

are attracted to the State on the subject of free schooling, adolescents and young adults see themselves without a job and find refuge in the streets under the influence of the consumption of substances of all kinds and other go mad and others die.

Awareness of the Government about adolescents dependent on cannabis

In collaboration with the Government, the Support Centers have developed the strategy of organizing various awareness training sessions on the harmful effects of cannabis for the benefit of local officials, school representatives, drug-addicted couples, etc. in order to pass on the achievements of this training to their workplace. Psychosocial care at the international level is based on 7 approaches according to the WHO, added Paolo Antonelli, namely: Psychoeducation, Group therapy, Occupational therapy, Medical, Psychotherapy, Cognitive-behavioral and Motivational psychotherapy. However, it emerges from the above that the psychosocial care services offered in the DRC which are similar to those of the WHO are: Psychoeducation, Group therapy, Occupational therapy, Medical and motivational psychotherapy. It turns out that these services are not visible throughout the country. It should be noted that the WHO has proposed a psychosocial care model and left each country the power to adapt according to the context. (WHO, 2018).

According to a report by the Neuropsychiatric Center of Goma, the attendance rate has only increased from 15% between 2017-2018 to 26% in 2019, cases of people suffering from drug use disorders according to their assessment (CHNPG, 2020) Studies by Gates et al. (2016) state that in the management of cannabis dependence, psychosocial management is more effective when supported by cognitive-behavioral therapy. Several social actions are in place for the management of addiction to psychoactive substances, given that to date no standard protocol for all WHO member countries has been established. (BLAKE, 2014). Raphaëlle de Tappie specifies that for a good management of a drug addiction having developed a schizophrenia, the care must take into account the origins of the addiction. While Brigitte, she maintains that it is the family which must be the centerpiece of the treatment of the disease. (Doctissimo, 2018).

The nurse's role is complex when faced with such care situations. The nurse is aware that the quality of care he provides to drug-addicted patients does not meet the standards of the WHO, which considers the psychosocial care of drug addiction as multidimensional. These factors delay the healing of the somatic problem in these patients and thus make management difficult (presentation New paradigms in drug addiction: complexity and emerging phenomena in the foreground; Didier Jutras-Azawad, Stéphane Potvin , 2014). Such circumstances of care can contribute to a decrease in the quality of care provided to these patients. St- Germain, Blais and Cara (2008) revealed that the quality of care has an impact on the decrease in the rate of readmission of patients, and therefore a significant economic impact (p. 64). Especially since Storer (2003) showed that people suffering from drug addiction have higher health costs which can be reduced thanks to specific interventions which increase the quality of care. (Christian Brokatzky ; 2013).

Quebec has implemented a “global” prevention system, including all psychoactive substances and addictions, including pathological gambling. After creating specialized services to take care of young people with the most critical consumption, he developed a tool for detecting

problematic consumption, commonly used in the country. Although screening and treatment have been put in place for these young people, much remains to be done for those at risk of consumption. (Joel Tremblay, 2008).The mission of the WHO is to bring the people of the Member States to the highest attainable standard of health. Its Constitution defined health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*. By playing its role, it must intervene in an operational manner to alert in the event of an emergency, to propose the control measures to be applied and to achieve the health responses of the Member States, in particular by providing for partnerships for joint actions. She is responsible for leading global health action, setting health research agendas, setting standards and benchmarks, presenting evidence-based policy options, providing technical support to countries, to monitor and assess public health trends. (DUBOCHE, May 2013).

Factors that hinder psychosocial care and effects

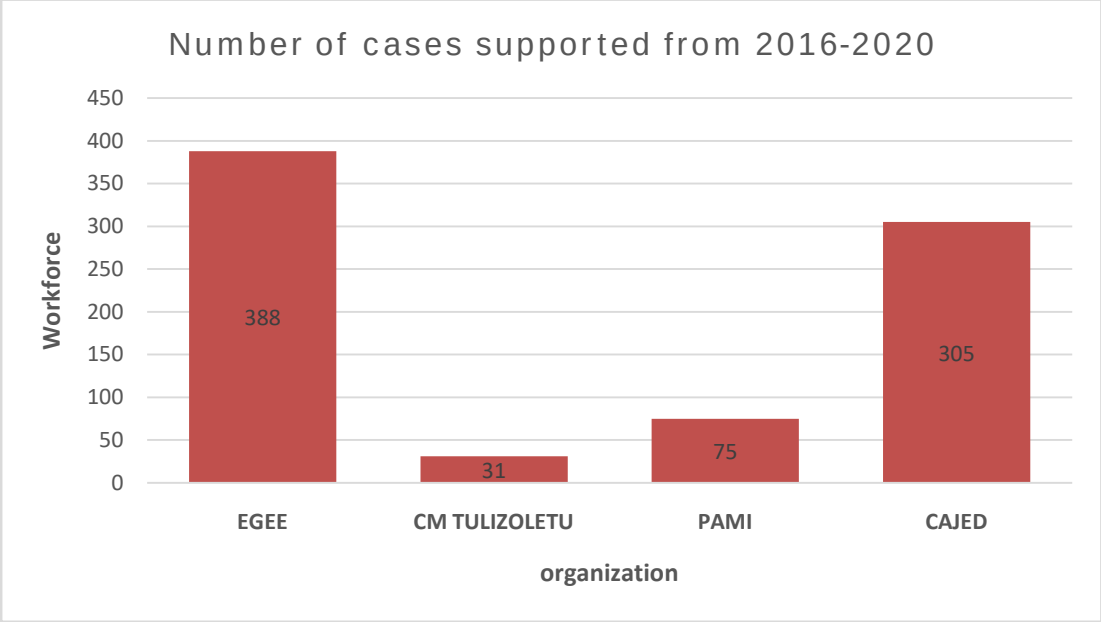
The care manager coordinates the patient's care at all stages. (WHO, 2020). Regarding the employment contract between the State and the psychosocial care provider, in Goma there is no commitment between the two parties because the State does not intervene actively in the finances of existing associations and psychosocial care centers. It turned out that there is a shortage of qualified personnel for psychological follow-up. Access to specialist psychological care appears to be extremely limited. (Adrian, 2013). The government barely organizes its health services, and has started with the gradual training of nurses.

To complete psychosocial care, social integration should be considered. The social integration of drug addicts is a major difficulty because, despite all that there is as a consequence of this addiction, these people feel marginalized by the fact that they live in precariousness. To do this, a training opportunity is offered to them for those whose school career has been seriously disrupted by the onset of drug addiction. (Anne Dentan , 2018)

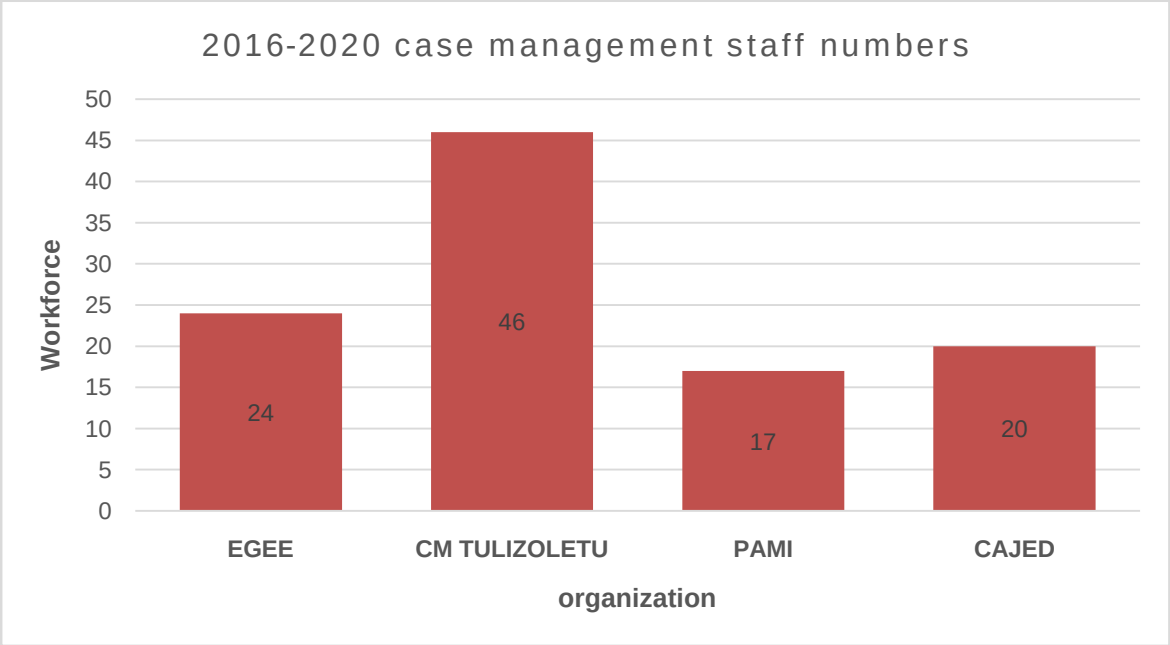
Religious commitment is associated with minimal cannabis use and higher abstinence rates among adolescents in most countries (Schulenberg et al., 2005). The same study (Schulenberg et al., 2005) also found that high academic performance was associated with higher rates of cannabis abstinence.

Nevertheless, it emerges from the above that to date, in the DRC, there is a precariousness of preventive psychosocial measures to reduce the abuse of the consumption of psychoactive substances, of a standard approach to the care of people who have become dependent, even if this is provided for in several WHO and DRC legal texts. (Law No. 18/035, 2018).
This being the case, it will be necessary to know whether there are psychosocial services offered to cannabis addicts in the city of Goma. What about its nature and quality. What is the part of each, the community, the family being the centerpiece in the care of adolescents (Benoît Gauthier et al., 2011) , by religious communities or by non-governmental organizations (NGOs) and by the State. The inventory reveals the current situation of the city of Goma as follows

Current situation of the care of adolescents dependent on cannabis in relation to psychosocial staff in the city of Goma



The graph shows that EGEE had more cases, 388 dependents, CAJED, 305 cases, while CM Tulizoletu had only 31 cases. To cope with the effects of drug addiction, the populations are mobilizing by providing psychosocial support centers and associations. Efforts can be observed in the DRC when it can invest in training, monitoring, evaluation and support for certain activities initiated by associations involved in the psychosocial care of drug addiction.



The graph shows that organizations with many dependents have fewer care staff. But also in analysis the only organization which has a lot of staff, but fewer dependents in care while according to our observation, the CM Tulizoletu receives the patients and the necessities for a complete recovery according to our analysis because its workforce decreases compared to the others.

For good governance, in other countries, psychosocial care providers sign contracts to pledge to do their best to save the lives of their patients. In return, the Government signs the contract to improve the healthcare provider's living conditions. On both sides, the contract constitutes the servant dashboard of appreciation of reciprocal commitment. (Najjuma , 2016) Supported by WHO Journal, 2020 which says that caring is the approach focused, community-based and proactive that involves case-finding, assessment, planning and care coordination to integrate services according to the needs of people at high risk and requiring complex care (often delivered by multiple providers or in several places), vulnerable people or people with social needs and health complexes.

Discussion:

From these results above, it appears that the staff numbers compared to those of the patients of the CM TULIZOLETU occupies the 1st place with a staff of 46 agents for 31 patients and according to their report it is a private structure therefore the services are fee and the state subsidy is not significant. These results testify to the words of Adrien, 2013 who says that access to psychological care by a specialist seems extremely limited in the city of Goma/DRC because the cost seems flesh. CAJED and PAMI are local NGOs that work with funds from large organizations such as UNDP, UNICEF, MONUSCO and their support is limited to their agreement, which is to facilitate the unification of the families of child soldiers or street children. Thus the CAJED with its staff of 20 supervises and facilitates the unification of 305 children while the PAM with 17 agents facilitates the unification of 75 adolescents. As for EGEE, a state organization for the re-education of children is a structure that occupies adolescents out of the law for a possible family reintegration. Occupying the first place in the client workforce with a reduced staff of 24 for the supervision of 388 teenagers. According to the information received, the care services for adolescents dependent on psychoactive substances in certain structures or NGOs, clinical psychologists have been placed in certain general hospitals either as trainees or staff but linked to the project rather than to the health structures and who once the project has ended, they withdraw. Consequence: the majority of people who have mental health problems do not receive care adapted to their situations, a vicious circle phenomenon.

According to Gates PJ et al. (2016), several studies have compared seven different types of interventions to assess the effectiveness of psychosocial care such as; cognitive-behavioral and motivational intervention, the combination of these first 2, contingent management, social support, mindfulness meditation and addiction education and counselling. Compared to treatment controls, psychosocial interventions have been shown to impart frequency of use and severity of addiction in a relatively durable manner in the short to medium term. According to the authors, among the types of interventions retained for the treatment of cannabis dependence, the results were mainly favorable to an intensive intervention administered by cognitive-behavioral therapy associated with incentives for abstinence. (Gates, 2016). This Psychosocial care can be summarised mainly:

1) Medical therapy, which is chemotherapy. This care consists of pharmacological treatment (methadone and buprenorphine/naloxone - Suboxone®) combined with counseling sessions, systematic screening for communicable and non-communicable diseases and control of drug levels in the body.
2) Psychoeducation: It is a progressive process through learning leading to changes in behavior and attitude or disease in order to better cope with the difficulties related to

the disease to promote compliance and adherence to care. That is to say, follow the standards, unearth the early signs of the disease: do's and don'ts. It is also channeled towards aftercare education etc. (Awareness to adopt worthy attitudes and behaviors).

3) Group therapy, bring the drug addict to speak freely about the experiences lived around drug addiction to heal each other from the experiences. That is to say, to strengthen their capacities for resilience, there are also discussion groups, the groups meet once or twice a week, often for an hour and a half around a theme chosen by the therapist or proposed by the patients themselves. These therapies favor the sharing of experiences, the identification with models, the expression of feelings, and insist on mutual support.
4) Motivational psychotherapy, directive patient-centered therapy aimed at increasing motivation through exploration and resolution of ambivalence, i.e.: awareness of the problem, exploration of ambivalence, removal of obstacles , decision to change, choice of means to achieve it. For William R. Miller, the responsibility to change is left to the patient. The strategies employed are based more on support than on argument. The therapist's attitudes play a large role in the strategies used to reduce ambivalence and guide the patient toward change. In fact, he uses the directive approach while being centered on the patient, drawing inspiration from the three fundamental attitudes proposed by Joël Tremblay; acceptance, empathy and the spirit of motivational interviewing. Acceptance is defined as a positive attitude and respect towards the client. Empathy seen as the effort to understand the client's perspective, perceptions, feelings (this includes active listening with reflection/reframing according to psychologist Roseberg). The empathic practitioner "follows" complex narratives with actively to understand and reformulates his understanding by highlighting the constants, oppositions, values and sources of motivation. The paragraphrase (reformulation) always begins with: You said that...If I understand … I understand that...I learned that …The spirit of motivational interviewing is based on three elements; that is, collaboration, evocation and support of autonomy. The attitude of collaboration means that the therapist interacts in a style of partnership, avoiding an imposing or expert position, taking the time to negotiate with the client. As for the evocation, the client has the ability to express himself the reasons for the change, and sets the plan to follow for success. However, the therapist supports autonomy by emphasizing the patient's choices and variables of change. (© Drugs, health and society, 2010), PIERRE-JANET, 2014.To help users increase their motivation to change, Miller and his collaborators have proposed a review of the literature on rapid interventions that achieve this objective. The analysis of the content of the interventions led to six common points which were grouped under the acronym I quote “FRAMES” (Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy) (Miller, 1995). This “FRAMES” allowed Miller et al. to create a care model based on motivational interviewing, which includes the principles and strategies of intervention.
5) Occupational therapy, or Therapeutic workshop, Bring the patient to carry out some creative and occupational activities to avoid boredom for a possible social integration. Introduce patients to several activities and hobbies such as sports, occupational therapy (gardening, painting), reading sessions, and activities of daily living to first of all allow the patient to be occupied, to get them out of their passivity, and to break his isolation. (MOUFFOK, 2008).

6) Supportive psychotherapy, getting patients to normalize their symptoms, get out of guilt, remorse and understand their drug-related situation.
Cognitive-behavioral therapy, bringing patients to neutralize the misconceptions of ideas to modify behaviors, by restructuring their thoughts vis-à-vis drugs.

In short, whether it is social, psychological or psychosocial, the support must allow the person in difficulty to acquire this autonomy and to become an actor in his life, to decide for himself in independence from others. . (LE DOUGLAS, août 2015).

Conclusion

The psychosocial care of drug addiction must be holistic, i.e. facilitate the rehabilitation (health, psychological, integration or reintegration) of the drug addict, (IASC, 2010) by relying on the services; Medical, Psychoeducation, Group Therapy, Motivational Psychotherapy, Occupational Therapy and Therapeutic Workshop. Moreover, for a large number of addicts, the persistent effects such as continuous exaggerated insomnia, perpetual aggressiveness, spontaneous forgetfulness, depression, lasting anxiety, loss of social and parental friendships, lasting isolation, absence of definitive cure, regular depression, excessive consumption of narcotics, for rehabilitation, the involvement of everyone is necessary; the individual drug user, his or her family, community, services, providers, policy makers and other government officials. These observations underline the need to establish the gaps according to the existing psychosocial care system and what should be in the Democratic Republic of Congo in general and in the city of Goma in particular.

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