

# The influence of institutional response on recovery from drug misuse



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## Introduction: DURESS

- Opioids - major contribution to health and social costs;
- Recovery factors limited to individual, clinical and pharmacological focus;
- Prevalence of quantitative research;
- DURESS (Drug Use Recovery, Environment, Social Subjectivity)
  - Qualitative approach;
  - *Emic*;



## Introduction: Present study

- Formal care plays a significant role on recovery from substance misuse;
- Perceptions to be considered: treatment should be relevant and adjusted to specific needs;
- Literature review points out mainly to the importance of relationships, social climate within institutions and skills learned during intervention.
- Relevant to illuminate the intervention “black box” rather than focusing only on outcomes.

Aim: through the participants' perceptions on formal care, explore which factors associated with formal care are significant in the recovery process and what are the underlying mechanisms.





## Method: **Participants**

- **Selection:**
  - Collaboration with 4 local institutions;
  - Eligibility criteria: opioid substitution therapy; overage; portuguese fluency; ability to consent.
- **22 participants:**
  - District of Porto;
  - 29 – 65 years (M=44);
  - 17 males, 5 females;
  - M = 18 years of substance use;
  - Opioid substitution therapy: 5 months – 20 years.



## Method: Data Collection

- Individual qualitative health diaries;
- Kept during ~7 months;
- 7 diaries with one entry;
- Degree of involvement of research team according to participant's preferences;
- Unstructured interview format.



## Method: Data Analysis

- Four research team elements;
- QSR NVivo 12 software;
- Content analysis;
- Inductive categorization;
- Internal and external validity;



## Findings: Approach

### Positive perception [N=5]

“What is nice about him is that he sees each patient **as a distinct individual**. (...) He tries to **understand** our reasons, our worlds.”

“the **facts as they are** early on” //  
“**relapses** are a part of it”

“[the clinical staff] would be **a crutch**”

“[The doctor] doesn't treat us like **children nor criminals**.”

**Understanding // listening // flexibility // availability.**

### Negative perception [N=6]

“It seems that there is a **standard idea** and they **apply this to everyone**. They do not pay attention to each person's differences or to the proper value of each person's work.” (BD75);

“It's like “I want to help you, **but I am here and you're there**” (BD75)

“they **don't listen** to us” (LT52)

“they do not seek to understand” (BD75)

“we are **in their hands**, we cannot have our own ideas” (IO99) // “**no room for manoeuvre**” (BD75)

“they **don't** understand that **flexibility** is important” (KT65)



## Findings: Professionals' effectiveness

### Positive perception [N=8]

“My psychologist would have been with his patient **24 hours**”

“There are some social workers who **handle everything**, no need to talk or ask, they do what is **best for us right away.**” (IO99)

“a **greater technical knowledge** these days.” (BD75)

### Negative perception [N=5]

“they **don't do anything**” (IO99)

“**spoil** rather than help” (BD75)

“assign projects that **don't fit**” (BD75)

“It seems that they like some people more than others. (...) Everyone complains, why **give everything to some and give nothing to others?**” (TQ30)

“she wants to **push me on drugs** and turn me into a robot.” (JD52)

“but I think the biggest problem is the **aftercare** (...) it's halfway to relapse” (LT52)



## Findings: Psychological Support

### Positive perception [N=8]

“it makes all the **difference**” (BD75)

“**exposing problems**” (JD52)

“letting off steam” (JD35)

“they **cannot tell anyone**” (MT11)

“[my therapist] helps me to **think differently.**” (KT65)

“crucial (...) because this messes with anyone’s head” (KT65)

### Negative perception [N=2]

“**none** of them have suggested me psychological support” (KN56)

“**ten years** since I have seen a therapist for the last time.” (KN56)



## Findings: Opioid substitution therapy

### Positive perception [N=7]

“From the day they gave me methadone, I **never touched anything**, it's been 12 years.” (JD52)

“if I was without it, it would be harder to stop, because when I take [methadone], I **don't have a hangover**” (JD35)

“[it] **relieves the pain**. I come here and then I feel well all day.” (BO11)

“**regulate** my intake” (JD35)

“no **longer need to steal**” (JD52)

### Negative perception [N=8]

“And I call myself “drug addict ” instead of “ former drug addict ”because we continue to be **substance dependent** (in my case methadone).” (BD75)

“a chronic disease in which you take this every day until you die” (FU62)

“many people use methadone and **still use** [drugs]” (TQ30)

“they make it **too easy**, because they get right into methadone for **whatever happens**“ (JD35)



## Findings: Control

### Positive perception [N=5]

"those who don't use illicit substances are **permitted to take** [methadone] doses for the whole week" (JD52),

"depending on the stage we're in, **flexibility** is great" (IO99)

"a way of **punishment**" (FU62)

"as **therapy**" (MT11).

### Negative perception [N=2]

"affects the **relationship** with people" (BD75)

"a **nuisance**" (JD52)

"That control conducted through urine, blood, etc. tests is really **pointless** because anyone can cheat them. There are a million ways to do it." (BD75)

"They know they are not punished and do what they want" (TQ30)



## Findings: Resources

### Positive perception [N=3]

"There's **more alternatives now**, there's all of this. People don't lack possibilities, they only need to understand how to take benefit."  
(IO99)

### Negative perception [N=10]

"I think the problem is not in treatment but in **social reintegration.**" (JD35)

"the money they give us to live is **not enough** for our needs" (JD52) // "my living standard is **survival**" (JD35)

"the support I lack now is a guaranteed **home**" (FU62)

"[In the shelters] there are a lot of rules too and then there are **twenty people all sleeping in one space**, there's no way" (FU62)

"they should have sent me to a neighborhood where there was no drug dealing because a **drug addict living in**



## Findings: Logistics

### Positive perception [N=4]

“right on the spot” (BO11)

"And it also worked because they got it all so **quickly**, because if it took too long, I would forget it. I was going to give up.” (BD75)

### Negative perception [N=6]

“took a **long time** to make an appointment, I gave up” (KN56)



## Findings: Harm Reduction

### Positive perception [N=2]

“(...) go to the **locations of trafficking and consumption** in vans to **speak** to individuals, **educate** them, provide **assistance** and specify **options**, speak about **therapy facilities**... I was approached by these professionals and in one of those circumstances I went to the treatment center for the first time.” (KN56)

### Negative perception [N=2]

“**No one** waits for the van to use. They either **reuse a syringe or purchase one**” (JD35)

“Outreach teams spend **very little time** in the neighborhood and have no time to explain a few things” (JD35)



## Findings

### Information [N=8]

"there was **no talk** about hangover, about drug harm" (JD52)

"there are very **poorly informed families**" (IO99)

"The only thing that was asked was to sign a responsibility, but there **was no concern in preparing her for this**, in explaining to her what was going on, a **concern in opening one's eyes to drugs**. Because I feel they do not understand situation." (BD75)

### Legislation [N=4]

"Fighting to promote drug law changes because it is **no longer a crime to use**, but it is **also illegal to be in possession of drugs**." (BD75)

"The only way to win the war on drugs is **legalization**." (JD35)

"people are **out there in humiliating situations** and **they don't have to** if it's okay to use [drugs]" (KT65)

"I believe that it's **not by punishing, forbidding, cutting support that people stop using**, but it's with the **support** of doctors, professionals and family that it's easier to do it."



## Discussion

- Negative aspects (n=156) > positive aspects (n=81)
- **Conflicting** views:
  - Uneven responses;
  - Diverging views on recovery → control regarding access to methadone;
  - **Asymmetry** - moment of **entry** in treatment vs **follow-up**.



## Discussion

- Significance of addressing **singularities** → Struggle with **stigma** → identify and design intervention according to **specific** needs;
- **Rapport** with practitioner → empathy, acceptance, trust, dialogue, affection, respect and appreciation as a person → favourable therapeutic relationship associated with **better outcomes**;
- Importance of active role in recovery → Counter usurpation of **decision-making's** right → Sense of management ability.



## Discussion

- **Realistic** expectations → Relapse as learning opportunity.
- **Harm reduction** measures - effective responses:
  - Pragmatism, humanism, natural contexts, and horizontal work;
  - Opiate substitution therapy advantages.
- Social (re)integration → satisfaction of **needs** + co-construction of **longterm life project** → **autonomy, control** over own life's course.



## Conclusion

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**Fostering  
mechanisms  
of social  
(re)integration**

**Preservation  
of power of  
choice/autonomy**

**Holistic,  
integrated,  
specific  
responses**

**Harm  
reduction  
scale-up**

**Recognition  
of rights and  
value as  
persons**

**Focus on  
support vs  
punishment**



# Thank you!

*Any questions ?*

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