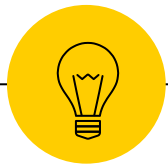


# The influence of institutional response on recovery from drug misuse



Carolina Cunha

Faculty of Psychology and Educational Sciences of University of Porto

Lisbon Addictions, 2019

This research was funded by the  
General Directorate for Intervention on  
Addictive Behaviours and  
Dependencies (SICAD).





## 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

---

**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 ?*

You can find me at

- [carolinalemosc96@gmail.com](mailto:carolinalemosc96@gmail.com)



## References

- Conners, N., & Franklin, K. (2000). Using focus groups to evaluate client satisfaction in an alcohol and drug treatment program. *Journal Of Substance Abuse Treatment, 18*(4), 313-320. doi: 10.1016/s0740-5472(99)00083-5
- Fomiatti, R., Moore, D., & Fraser, S. (2017). Interpellating recovery: The politics of 'identity' in recovery-focused treatment. *International Journal Of Drug Policy, 44*, 174182. doi:10.1016/j.drugpo.2017.04.001
- European Monitoring Centre for Drugs and Drug Addiction. (2019). *European Drug Report 2019: Trends and Developments*. Luxembourg: Publications Office of the European Union.
- Fernandes, J. (2009). O que a droga faz à norma. *Toxicodependências. 15* (1), 3-18.
- Fernandes, J., Pinto, M., & Oliveira, M. (2006). Caracterização e análise crítica das práticas de redução de riscos na área das drogas em Portugal. *Toxicodependências. 12* (2), 71-82.
- Jones, S. S., Power, R. & Bsc, A. (1994). The Patient's Charter: Drug User's Views on the "Ideal" Methadone Programme. *Addiction Research, 1*(4), 323-334. doi: 10.3109/16066359409005200
- Lovejoy, M., Rosenblum, A., Magura, S., Foote, J., Handelsman, L., & Stimmel, B. (1995). Patients' perspective on the process of change in substance abuse treatment. *Journal Of Substance Abuse Treatment, 12*(4), 269-282. doi: 10.1016/0740-5472(95)00027-3



## References

- Marlatt, A., & Donovan, D. (1993). *Prevenção da Recaída. Estratégia e Manutenção no Tratamento de Comportamentos Adictivos* (pp. 64-113). Porto Alegre: Artmed.
- McKay, J. (2009). Continuing care research: What we have learned and where we are going. *Journal Of Substance Abuse Treatment*, 36(2), 131-145. doi: 10.1016/j.jsat.2008.10.004
- Prendergast, M., Podus, D., Chang, E., & Urada, D. (2002). The effectiveness of drug abuse treatment: a meta-analysis of comparison group studies. *Drug And Alcohol Dependence*, 67(1), 53-72. doi: 10.1016/s0376-8716(02)00014-5
- Ramos, J. (2018). *The Role of Social Environment in Pathways to Recovery: a Scoping Review*. Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto.
- Silber, T. (1989). Justified paternalism in adolescent health care. *Journal Of Adolescent Health Care*, 10(6), 49-453. doi: 10.1016/0197-0070(89)90005-3
- Sousa, A. (2002). O que a droga faz à norma. *Toxicodependências*. 8 (1), 25-30.
- Willis, J. (2007). *Foundations of qualitative research*. Thousand Oaks: SAGE.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215-228. doi: 10.1080/08870440008400302