

# ADDICTIVE BEHAVIOURS AND DEPENDENCIES: A LOOK AT THE "WAIT" TIME OF INSTITUTIONAL RESPONSES

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## Aims

Generic Objective: Navigate over the constraints that are on the basis of a lengthy, silent and painful stays of individuals with addictive behaviours and dependencies.

Specific Objectives: (i) Develop an "equation" to identify the institutional responses, taking into account the needs as expressed by individuals; ii) highlight the obstacles and difficulties that clash with a more humane and effective reintegration/rehabilitation process.

**Keywords:** inclusion, rehabilitation, social responses, skills, "be a person"

## Introduction

Social, cognitive, emotional and spiritual skills, seem to structure each individual's profile "BEING a PERSON". They anchor and reflect the leverage that each one has to render his/her daily life sustainable. When there arise contingencies that constrain the healthy development of this route, as in the case of "people unveiling addictive dependencies and behaviors", it is important to observe and analyze them. To observe and to analyze both the constraints and the road built from the time when the individual requests support to overcome contingencies and conflicts, on the path of a healthy life.

## Methodology and database

Case analysis at the Center for Integrated Responses (CRI) of Viana do Castelo/Portugal. The database resorts to the use of all the registrations in the multidisciplinary information system and covers for the period between January and September 2018 with 954 users with active processes. The work resorts to the use of descriptive statistics.

## Results and discussion

- (1) Citizens seeking after these social responses have a high degree of morbidity. They exhibit capacity deficits. The period under treatment aggravates such deficits and weakens their drive for healing. Their social and relational heritage.
- (2) The psychological status of the individuals is held hostage by unilateral responses and leads to lengthy treatments:

**Table 1: Years in Treatments by age group**

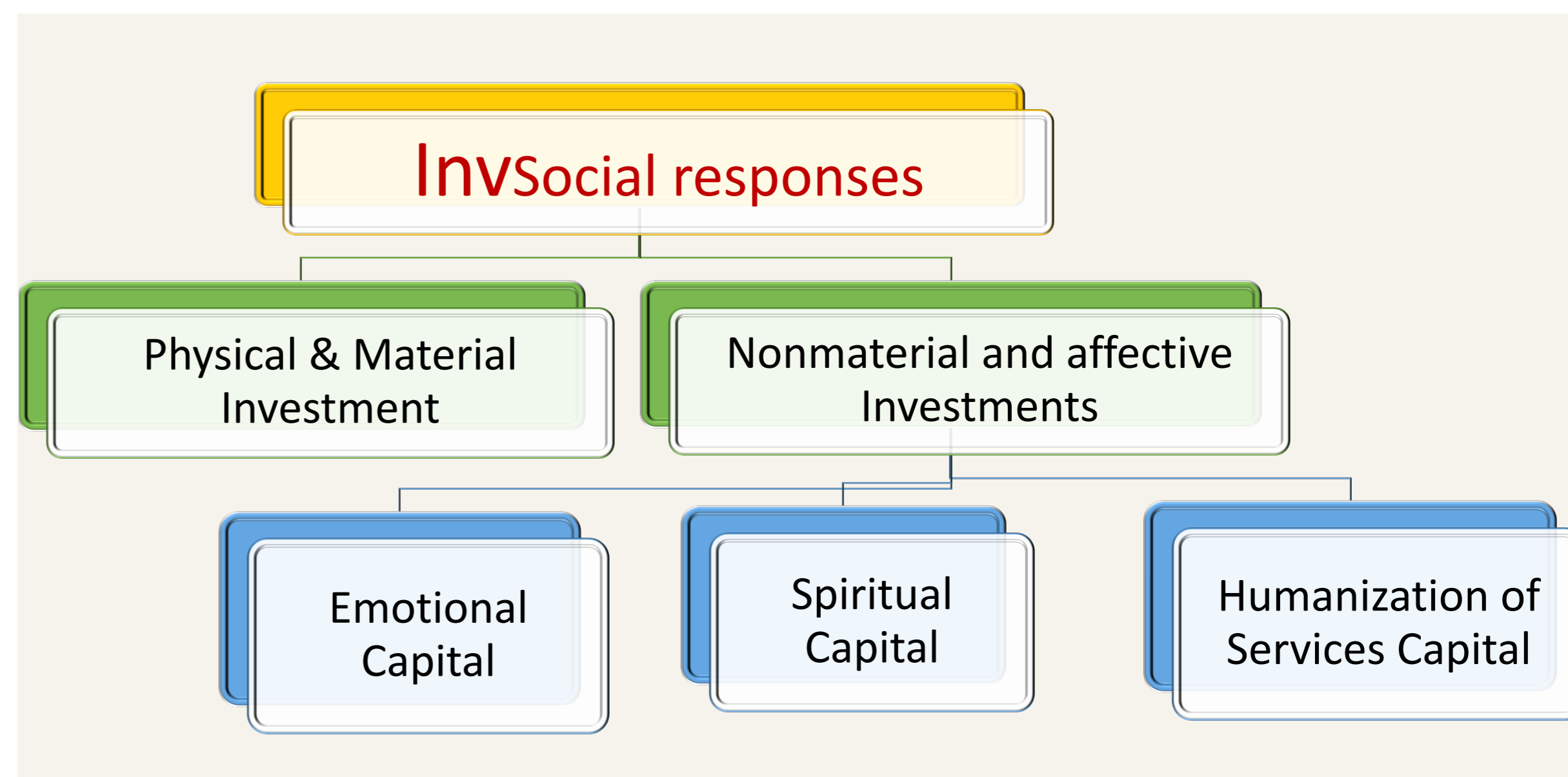
Years in treatment	Age group					Total
	≤30	[31-40]	[41- 50]	[51-60]	≥61	
≤ 3	120	79	102	88	50	439
[4-6]	16	13	48	37	19	133
[7 -9]	14	30	65	43	11	163
[10-13]	1	13	16	13	1	44
≥ 14	2	21	86	56	6	171
total	153	156	317	237	87	950

## Model Proposal

$$T_{(\text{length of stay})} = f(\text{Inv}_{\text{social responses}})$$

Where: T is the variable "length of stay" and INV Variable of "Investment in social respons

**Figure 1: Model Proposal**



## Discussion and conclusion

- (1) The current model of the services that organisations offer is not yet very sensitive to the non-material and affective strand.
- (2) Users express low dignity and self-esteem.
- (3) In the institutions, the concern for compliance with the ethical and bureaucratic rules hinders back the search for innovative, differentiating and more adjusted responses to the target population.
- (4) Fidelity to administrative rigidity renders the development of processes anonymous and impersonal.

Hence, Investing in social capital and a new humanised organisational culture is a condition of crucial importance to reduce the length-of-stay, as with the motivation of the collaborators for the behavioural, relational, emotional and spiritual domains, as a complement to their technical skills.

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