

Professional practices in the field of drug addiction

**Lessons from a French study carried out in harm reduction
and drug treatment services**

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Background

— Little research exists on professional practices in the field of treatment and harm reduction.

➤ Mostly on testimonies and guidelines

— Research postulate: Gaps between the tasks* and the activity carried out on a daily basis

* institutional mandate and good practices

— Purpose of the OFDT's study

- Expanding our knowledge of the routine activities
- Providing a better understanding of...

the perception of their work / relationships with colleagues / way they make individual and collective choices...

Methods

— Sociological study - qualitative methods

- **Field observation (100 hours)**
- **42 individual interviews (psychiatrists, psychologists, social workers, nurses, general practitioners)**
- **1 Focus group per site (with the whole team)**

— 4 treatment and/or harm reduction facilities of diversified profile

- **Size of the team (ranging between 6 and 20 full-time equivalent)**
- **Large urban area vs. small city**
- **Hospital status vs. Associative status**

Results: the relationship with drug users at the heart of care

— Welcoming drug users: body language and way of speaking

— Drug users at the heart of the support / treatment / care:

- Care objectives are defined with the users and readjusted during treatment
- Consumption is not central in the support / treatment / care
- Trying things and being able to deviate from the protocols

Results: the relationship with drug users at the heart of care

— The blurring of professional boundaries:

- All mobilised around a support activity
- Knowledge and skills that circulates between professionals independently of professional identities
- Professionals may replace one another during treatment

Results: adaptive responses

— The services more or less open and staff are more or less flexible in their support.

Openness and flexibility :

- do not depend on the mandates of the professional teams (treatment/harm reduction)
- are not related to a professional identity (psychiatrist more than social worker?)

— The level of flexibility depends on:

- Management of emotions produced by certain work situations (Fear of Violence / feeling unsafe with psychiatric patient)
- Ethical and moral differences

— Regular discussions / division on:

- What does it mean to offer an unconditional help? Can we accept everyone?
- Are we able to accompany this difficult to treat user? Difficult to treat patient would be better supported elsewhere?
- ...

Conclusion

- **Need to readjust functioning models
=> to concrete situations and to the people encountered**
- **Professional practices are transdisciplinary and tailor-made**
- **Rather than a change of the drug consumption, each professional works
towards the well-being and overall health of the individual**
- **The difficulty of dealing with certain user profiles, lack of human resources or
partnership raise questions about the limits of the role of addiction treatment services
and the professional practices of those involved**

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