



# Drug User Recovery, Environment & Social Subjectivity (DURESS)

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# CONTEXT

- Research on addictions and addiction care is dominated by a biomedical approach
- And yet social and psychosocial factors play major roles
- A key issue: developing care strategies that take into account these social factors in a scientific way

# DURESS



- Financed by the European Commission: the *European Research Area Network on Illicit Drugs* (ERANID) (in France: MILDECA)
- Three partners in three countries
  - Psychiatry Department, Milan-Bicocca University, Milano, Italy
  - Psychology and Educational Science Department, Porto University, Portugal
  - Research Laboratory, University Hospital Group Psychiatry & Neuroscience (formerly Maison Blanche Hospital) in Paris, France

# DURESS : Objectives

Describe the role of the social environment (family, friends, work, social rights, legal rights, neighbourhood...) in recovery pathways for users of illegal drugs in three European cities. Identify facilitators and obstacles.

# A multi-method approach

Looking at the same question (a) in three different countries (b) from four different angles:

1. Review of scientific literature
2. Individual Interviews with key stakeholders
3. Health Diaries
4. Focus Groups

# Literature Review

Lead by the Portuguese partner:  
the Psychology and Educational Science  
Department, Porto University

# Overview of literature review results

- The *Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews* (PRISMA-ScR) used to present results
- 3620 publications reviewed; 3379 excluded after analyzing abstracts
- Finally: 241 eligible articles.
- Principal results:
  - Pathway facilitators: importance of family and peer support.
  - Main obstacles:
    - victimization/stigmatization
    - homelessness, living on the street
    - unemployment

# Individual interviews with key stakeholders

Three categories of people were interviewed

- Users or former users with significant roles in the addiction world
- Health professionals working in the addiction area
- Other stakeholders working in the addiction area



# DURESS in Paris: Individual interviews

	M/F	Date interview
<b>Users or former users with significant roles in the addiction world in France</b>		
University lecturer, Narcotics Anonymous	M	11/04/2018
Manager of a website for supporting drug users	M	11/06/2018
Chairman of user organisation	M	11/06/2018
Peer health worker	M	12/06/2018
Peer health worker	F	06/08/2018
<b>Health professionals working in addiction area</b>		
Doctor, addiction specialist, National Family Organisation (UNAFAM)	F	28/05/2018
Psychiatrist, addictions psychiatry centre	M	28/05/2018
Psychologist, low threshold day centre	F	19/06/2018
Social worker, addictions hospital service	F	04/07/2018
Psychologist, addictions residential care centre	F	03/07/2018
<b>Other stakeholders working in addiction area</b>		
CJ MMPCR: judicial/municipal	F	19/07/2018
Un chez soi d'abord (Housing First): housing	M	24/07/2018
Mother of user: family	F	29/07/2018
CSAPA/TAPAJ: employment insertion	M	06/09/2018
SIS: employment insertion	F	12/09/2018

# Key themes coming from interviews

- Facilitators in recovery pathways: family relationships, peer workers (frequently mentioned by users but rarely by other stakeholders), economic issues, accessing employment, changing your social network, identifying priorities in life
- Obstacles in recovery pathways: unemployment, stigmatisation, criminalisation, peer network, importance of young people in poorer areas using drugs as a way of making money and frequenting certain social circles
- Need to define recovery. Is it “using drugs well” or is it “stopping using drugs”? What it seems to mean for all people interviewed: *“drug use is no longer a problem, either because you have learned how to manage it or because you have stopped taking drugs”*.
- Don’t forget to take into account initial causes of drug problems: i.e. recovery is not just getting over your drug use problem, but also what caused it (issue brought up mainly by “other stakeholders”)
- Factors that initiate recovery pathways: what gets the ball rolling?

# Health diaries

- Used in many different medical fields (diabetes, mental health, general health...)
- Written accounts of “what I did today with regard to my health issue”
- The patient begins to get a perspective on his/her situation
- The professional gets a perspective on how the patient is handling their situation
- Both begin to see other outside factors that might be playing a role and that might need to be taken into account in the person’s care pathway.

# Recruitment for health diaries: Marmottan Hospital



**m** Hôpital  
**Marmottan**

Centre de Soins et d'Accompagnement  
des Pratiques Addictives

- Accueil
- Soins
- Orientations
- Informations

**Pour toute personne concernée  
par des problèmes de produits licites ou illicites  
ou d'addictions sans drogue**

Volontariat, anonymat, gratuité des soins  
Conformément à la loi du 31 décembre 1970

17/19 rue d'Armaillé - 75017 Paris  
tel : 01 56 68 70 30 - fax : 01 56 68 70 38  
M° Charles de Gaulle-Etoile (sortie av. Carnot)

# An impressive building...



# Some history ...

- 1960s-1970s: public opinion increasingly shocked by massive death rates of young people by overdose
- 1970: new French law gives new rights to drug users: care no longer obligatory, care free of charge and anonymous.
- The Centre Marmottan created one year after the 1970 law, in July 1971

# The goal of the center: not abstinence but *health democracy*

- Freedom of choice: care not obligatory, the patient chooses...
- Make sure that *drug addiction* does not become *institution addiction*
- Emergency accommodation
- Post-cure center
- Host families
- Reception by former drug users
- More than 40 000 users have used the centre since 1991
- In 2018, 800 people receiving care.

# Health Diaries in Paris

25 diaries have reached the six month mark and been handed back to the researcher. A median of two entries per month.

Three people who initially gave their informed consent then disappeared. In July 2018, the DURESS Scientific Committee made the decision to recruit replacement people after five months of “disappearance”, considering that the consent given was not real consent. The three new participants recruited to replace them completed their diaries by February 2019.

Four people handed in their health diaries well over the six month mark (around 8 months).



# Number of years in addiction care influences quality of health diaries

The people who had been in care for more than three years were older, made their first entry in their diaries more quickly, and maintained their diaries for a longer period.

Those in the intermediary phase (1 to 3 years) played the game less well: 39 days before the first entry and a median of only 77 days of diary.

- 8 people in care for less than 1 year: 5 men and 3 women. Median age 26. One other man signed the consent form but was never seen again
  - Median of 22 days before the first entry then median 131 days until final entry.
- 8 in care for 1 to 3 years: 6 men and 2 women. Median age 34. Two other men signed the consent form but were never seen again
  - Median of 39 days before the first entry then median 77 days until final entry.
- 9 in care for more than 3 years: 7 men and 2 women. Median age 45.
  - Median of 15 days before the first entry then median 170 days until final entry.

# Initial results

- IRAMUTEQ analysis included the following variables: gender, age, number of years in health system
- Initial IRAMUTEQ analysis shows three major themes:
  1. **Receiving care and getting through the day:** *doctor, appointment, week, Subutex, treatment, name of care centre, to eat, to go, mg, day, euro, ...*
  2. **Family, home:** *brother, mother, white, guitar, program, telephone, answer, hair, ...*
  3. **Drug use, staying alive, working:** *life, to feel, heroin, work, drug, drug-use, health,...*
- Certain participants describe how filling in their diary has helped them (but this is also an inclusion bias in the study)

# Focus Groups in Paris

- FG users
  - 30th October 2018: 9 participants : users from Fédération Addictions services + Maison Blanche network
  - 14th November 2018: only 4 turned up (4 others sent messages saying not available or apologising: 2 ill, one asleep, 1 did not want to continue...)
- FG other stakeholders
  - April 2019 : meeting in Lyon with 14 professionals working in different areas of the addiction world (health, social...) in France; presence also of several Swiss colleagues

# User Focus Group: themes (1/2)

- **Involve users' families**
  - Families of people with addictions need to be better informed about addictions. Explain what a recovery pathway involves, keep them up-to-date with how things are going.
- **Teach addiction prevention at school**
  - Teach children at school about substance use and prevention
- **Fight stigmatisation**
  - Make substance users feel more welcome in the health system in general
  - Guarantee continuity in ongoing support. Support by health care professionals and social workers should not be interrupted if a person starts using drugs again. We need to be able to count on them even in the difficult moments.
  - Create centres where people who use drugs feel welcome. Even when using drugs.
  - Opening hours that are adapted to people's needs.

# User Focus Group themes (2/2)

- **Supportive care**
  - We need support from people who believe in us.
- **Building your own personal project**
  - Each individual needs to be able to build his own personal project. Then they need support from other people to make that project work.
- **You have to believe that change is possible**
  - Accept the effort you need to make to escape from the « victim » role
- **Coming out of solitude**
  - Group work
- **Experiential expertise**
  - Being able to rely on other users, the importance of shared experiences, peer support.
  - Learning how to give to others like those who gave to us.
- **Residential care**
  - Being able to have a rest, a pause
- **Artistic creation**
  - Propose art activities in the care pathway

# User Focus Group : 2<sup>nd</sup> meeting

At the end of the meeting, each participant was asked to list 3 obstacles and 3 facilitators

	Facilitators	Obstacles
<b>Participant 1</b>	Finding love	Solitude
	Believing in yourself	Lack of confidence
	Professional support	Lack of professional support
<b>Participant 2</b>	Finding the right substitution treatment	Solitude
	Courage	Illness (HIV, hepatitis)
	Someone to talk to	Justice system
<b>Participant 3</b>	Being ambitious	Lack of hope
	Ongoing support	Prisons
	Social benefits	Professionals who don't listen to you
<b>Participant 4</b>	Ongoing support	Support that gets interrupted
	Supporting my project	Decisions about me, without me
	Having a project; self-esteem	Not having a referent care professional

# Professionals' focus group

The professionals focus group met once on 26<sup>th</sup> April. Analysis not yet completed. Themes that seem to be coming out:

- Importance of having a roof over one's head (but bias because of presence of housing specialists)
- Users have two networks: the drug use network and the professional support and/or charity network. Difficult to get yourself free from these networks and go out and get a job
- Being involved in a drug network, how do you create trustworthy social relationships? how do you maintain them? Many get stuck in a world in which relationships and addictions have become confused. They find themselves chronically socially isolated. You stop drugs, you know no one anymore.
- Peer support is important; supporting your peers is important. You get help helping others
- Institutions that are out of step with each other: police, hospital care, addictology care

# What now?

- Complete the data analysis
- Three international publications
  - Scoping review
  - Health diaries
  - Fractures influencing recovery pathways in three European cities
- Local publications at each site
- Deadline end of September 2019



Thank you!