

# Learning from the experts

**In the last issue of DDN, Allan Johnstone, the NTA's new user and carer programme manager, emphasised the importance of listening to the views of service users. The research being conducted by Professor David Clark's team on the experiences and views of service users, involving a number of treatment programmes, is informing practice. He describes the findings from one of their early studies with clients on an abstinence-based, structured day care (community rehabilitation) programme in the Burton Addiction Centre (BAC).**

**T**he participants in our study had many unsuccessful attempts to change their substance use before joining the structured day care programme. During our interviews, they reported that various treatment experiences in the BAC produced a range of positive effects in terms of their drug and/or alcohol use, physical health, confidence levels, isolation, and coping methods, as well as an altering of the person in terms of their lifestyle, perspective, identity, and awareness of their substance use problem.

Various positive factors were reported to be essential or beneficial for successful treatment. One of the clearest positive factors was that of common experience, both in terms of being around other addicts in treatment and the fact that many of the counsellors had some kind of personal experience with addiction. Common experience was reported to be beneficial in providing a more empathic and understanding environment, where clients (and counsellors) could positively relate to each other and provide more useful support and advice as they could all draw from their own

experiences. Common experience was also important since participants were less able to 'blag' treatment or conceal what was going on, as well as serving to reduce isolation.

Many participants described the benefits of being surrounded by people at different stages of their addiction, with new and relapsing addicts serving as a reminder of the negatives effects of using, and successful recovering addicts (eg people in aftercare) providing hope and serving as potential role models or goals to which one could aspire.

Another crucial component of treatment was having a welcoming, friendly and safe environment. Considering that one of the difficulties of treatment highlighted in our study was that participants often felt nervous, scared, lost and unsure of what to expect at the start of treatment, the presence of a welcoming and supportive environment is especially important in helping to ease some of the apprehension experienced.

Education also emerged as a crucial component of treatment, both in terms of the various aspects of addiction, and regarding the availability of treatment

services. Some participants felt that earlier education may have been beneficial in engaging them or others earlier in the development of their substance use problem.

Participants also described how treatment provided them with the benefits of talking about problems and getting feedback and advice in both one-to-one counselling sessions and group therapy. Much of the emphasis was placed on the positives of group therapy. The group environment seemed to provide a situation in which participants could get intimately involved, through the two-way process of feedback. Participants strongly advocated the process of both receiving and giving advice and opinions. Often this setting seemed to enhance confidence and self-esteem, as well as reduce feelings of isolation, eg through bonding with peers. Participants highlighted the value of being able to talk to others about the stresses and strains involved in trying to recover from their substance use problems.

Many participants reported having previously received substitute prescribing without any other form of help. They emphasised the need for some kind of therapy (one-to-one or group) alongside substitute prescriptions, along with education, advice on how to deal with the addiction in the long-term, and to manage potential cravings.

A further factor reported to be influential in producing positive effects was the adoption of an holistic approach, whereby the 'whole package' of the person was addressed in treatment, and not simply the substance use problem. The range of targets included behaviours, coping methods, physical and psychological/emotional problems, practical problems, social and relationship difficulties, and self-awareness.

The use of alternative therapies in treatment, such as acupuncture or relaxation, or alternative activities such as exercise or fun days out was also supported. Participants reported that such therapies and activities were beneficial in numerous ways, such as increasing self-awareness, distracting the participant from their substance misuse problem, and providing valued time away from therapy to prevent overload.

An additional component that was considered integral to successful treatment, was good support networks. Practical support, in particular, was beneficial to some participants, which is perhaps unsurprising considering the amount of practical consequences that occurred for participants as a result of their substance use problem (eg housing, child care).

The particular structure of treatment was also crucial to some participants, who emphasised the benefits of an abstinence-based, structured day care programme over a relatively long period of time. Some participants described the need for specialist treatment rather than general help, eg medical assistance to detox, and others referred to the need for both an individualistic and realistic style of treatment, which should be easily accessible when required.

A further element that was considered necessary for successful treatment related to personal factors, such as effort, hard work and commitment. This is fundamental, since without the effort and commitment of the individual, treatment cannot be effective no matter how good it may be.

Participants reported a range of expectations when they started treatment, although one feeling experienced by most was that of being unsure of what to expect. Another less common, but seemingly important



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expectation, was some kind of false belief in a 'miracle cure'.

Our analysis revealed a number of potential barriers to accessing treatment, the most common being a lack of services or lack of awareness of existing services. Other common barriers included long waiting lists, which potentially deterred people from accessing treatment, or personal circumstances or feelings (shame, pride, fear), which stood in the way of asking for help.

The interviews also revealed numerous difficulties that participants experienced through their experiences in treatment. The clearest difficulty was the need to accept complete abstinence. Many participants described experiencing continued desire to use some sort of substance, most commonly cannabis, while attempting to give up their substance of choice. Generally, however, participants did concede that the acceptance of complete abstinence was an important requirement for recovery.

Another difficulty experienced in

treatment was related to various contradictions participants had with treatment services – for example, when receiving advice about controlled use despite wanting abstinence-based treatment, engaging in a service that would only treat a client's drug problem and not the alcohol problem, or having contradictory feelings with an agency regarding how the detoxification should be managed.

Our participants emphasised the need to change their behaviour for themselves, rather than others. A range of other factors also seemed to be influential in motivating participants in their recovery, including the fear of death from resuming their use, the potential guilt or shame associated with a relapse, as well as the support of significant others, and the positive effects of their change on others, eg family, children.

The interviews also revealed various factors which had helped, or were helping, participants to achieve or sustain their abstinence beyond the main treatment programme. One of

the factors considered to be of most value was the continued use of post-treatment aftercare and counselling, and the importance/security of having a safe environment to return to if required. Interviewees valued the ability to drop in to the Centre without prior arrangement, since challenges to their recovery could occur at any time.

Another highly important factor assisting recovery was the learning and use of a range of strategies to combat the numerous factors or reasons for use. These strategies were either learned through treatment, or over time by experience, and included strategies such as reducing high availability of drugs and alcohol by avoiding users; changing social circles from users to non-users to reduce temptation, and using distraction to avoid boredom, which may trigger use.

Interviews revealed that a particularly important strategy was the acceptance and expectancy of cravings and other problems associated with addiction. This

preparation helped participants to avoid panicking when they experienced them, and they could arm themselves with effective ways to cope with them.

Finally, our study found that many participants experienced, or were experiencing, numerous changes in their recovery. In the same way that using seemed to produce changes in the user as a person, the process of recovery seemed to begin to restore these changes, altering the person, in terms of their lifestyle, identity and perspective. Many participants referred to the actual rebuilding of a new kind of person and lifestyle, whilst others (presumably at earlier stages in recovery) expressed the desire to rebuild their lifestyle. These desires or actual changes generally involved a happier life without various substances, and with a college/work place, a new house, and/or new or improving relationships with others.

*This research was conducted by Gemma Salter, with the assistance of Sarah Davies.*

**The research involved semi-structured interviews – covering initial use of substances through to current situation in treatment or aftercare – with 15 clients of the Burton Addiction Centre. Interviews were analysed using a qualitative analysis known as Grounded Theory. Seven major themes emerged from the analysis: the nature of addiction and its development; the reasons/factors for use; the negative effects of use; the process of realisation; behaviour change; treatment; and recovery. The results were integrated to form a model, which aims to provide a picture of the processes involved in developing a substance use problem, the processes involved in**

**behaviour change, the role of treatment, as well as the potential path to recovery. Of course, these findings reflect the experiences and views of a population of clients undergoing one specific treatment programme. We are working in various other treatment settings, in order to enhance our understanding of the role of treatment processes in facilitating behavioural change and recovery.**

**A more detailed report on the research, and more information about the Burton Addiction Centre can be found on [www.wiredinitiative.com](http://www.wiredinitiative.com) in the Research and Agency Profile sections, respectively.**