

## PREDICTIVE TRAITS FOR SUCCESS IN SOCIAL REHABILITATION OF DRUG ADDICTS

### CARACTERÍSTICAS PREDICTORAS DE ÉXITO EN LA REINSERCIÓN SOCIAL DE PERSONAS DROGODEPENDIENTES<sup>1</sup>

### CARACTERÍSTICAS PREDITORAS DE ÉXITO NA REINSERÇÃO DE PESSOAS TOXICODEPENDENTES

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**ABSTRACT:** This research analyzed the profile of the participants in a program of social rehabilitation of drug addicts deprived of liberty in order to identify every personal trait required to achieve therapeutic discharge, in other words, success in the program, and, consequently, social rehabilitation and the overcoming of the addiction. This article begins describing the state of the matter in question regarding drug dependency, incarceration and the existing types of programs in Spain for reintegration of these groups, in order to identify the particular traits of the program offering the context for the study. Moreover, the targets of the evaluative research and the methodology used are also detailed in the text. The outcome obtained and its discussion allow us to affirm that the entry profiles of the target population correspond to other studies on the same population, and to value the diverse factors predicting success in the rehabilitation. Thus, the results proved that the degree of progress in the process of personal and social decline caused by the addiction, as well as the resilience factors experienced and the emotional bonds projected into the future are relevant elements to successfully tackle programs to overcome addictions. They also confirm the opportunity of programs combining the third sector with prisons which assume the re-educative role conferred by Spanish Constitution.

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<p><b>PALABRAS CLAVE:</b> drogadicción intervención abuso de sustancias rehabilitación de drogas educación ante las drogas</p>	<p><b>RESUMEN:</b> Esta investigación analizó el perfil de las personas participantes en un programa de reinserción social de personas privadas de libertad drogodependientes a fin de identificar qué características personales se asociaban con la consecución del alta terapéutica, esto es, el éxito en el programa y, consiguientemente, con su reinserción social y abandono de la dependencia. En este artículo se comienza describiendo el estado de la cuestión en cuanto a drogodependencia, privación de libertad y a los tipos programas existentes en el Estado Español para la reinserción de estos colectivos, a fin de situar las características particulares del programa que ofrece el contexto al estudio. Asimismo se detallan los objetivos de la investigación evaluativa en la que se inserta esta investigación y la metodología utilizada. Los resultados y la discusión de los mismos nos permite afirmar que los perfiles de entrada de la población estudiada se corresponden con los de otros estudios sobre la misma población, y valorar los diversos factores predictores de éxito en la recuperación. Así, los datos muestran que el grado de avance en el proceso de deterioro personal y social que supone la adicción, así como los factores de resiliencia vividos en la historia personal y los lazos afectivos que se proyectan hacia el futuro constituyen elementos relevantes para abordar con éxito un programa de superación de la adicción; al tiempo que confirman la oportunidad de programas combinados entre el tercer sector y una prisión que asuma la función reeducadora que le otorga la Constitución Española.</p>
<p><b>PALAVRAS-CHAVE:</b> Toxicodependencia Intervenção Abuso de substâncias Reabilitação das drogas Educação preventiva às drogas</p>	<p><b>RESUMO:</b> Esta investigação analisou o perfil das pessoas participantes de um programa de reinserção social de pessoas privadas de liberdade, toxicodependentes com a finalidade de identificar quais características pessoais se associavam com a consequência da alta terapêutica, isto é, o êxito, do programa e, conseqüentemente, com a sua reinserção social e o abandono da dependência. Neste artigo se começa descrevendo o estado da questão à toxicodependência, privação da liberdade e os tipos de programas existentes no Estado Espanhol para a reinserção desses grupos, a fim de situar as características particulares do programa que oferece o contexto do estudo. Dessa forma se detalham os objetivos da investigação avaliativa que insira esta investigação e a metodologia utilizada. Os resultados e a discussão dos mesmos nos permite afirmar que os perfis de entrada dos indivíduos estudados se correspondem a dos outros estudos sobre os mesmos indivíduos, e avaliar os diversos fatores previstos do êxito em sua recuperação. Assim, os dados mostram que o grau de avanço no processo de deterioração pessoal e social que supõe a dependência, assim como os fatores da resiliência vividos na história pessoal e os laços afetivos que se projetam ao futuro constituem elementos relevantes para abordar um programa de superação da dependência; ao mesmo tempo que se confirma a oportunidade de programas combinados entre o terceiro setor e uma prisão que assuma a função reeducadora que outorga a Constituição Espanhola.</p>

## 1. Introduction

The data presented in this article belong to the framework of an evaluative research with a wide scope whose target was the Program of Social Rehabilitation of Drug Addicts Imprisoned (Programa de Inserción Social de Personas Privadas de Libertad Drogodependientes (PPL) conducted by Fundación Adsis in Asturias (Spain) since 2002. This evaluative research was aimed at the improvement of program and organization in the first place, and knowledge development in the field of social intervention referred to drug dependence, following the design of objectives of the evaluation proposed by Mark, Henri and Julnes (2000).

One of the first questions of the research inquired about the degree of effectiveness of the program, measured in terms of percentage of therapeutic discharges. Therapeutic discharge is considered the successful completion of the plan, a rate offered by the treatment team when they assess that the patient has overcome the addiction, being capable of using proper tools for

normalized social rehabilitation. After therapeutic discharge, the patient puts an end to the process.

PPL Adsis Asturias is a program specialized in people incarceration. Participants with criminal problems by the time of joining the program reached 90,7% of the total sample. Almost 80% of this group agreed to a grade 3 open prison regime when they entered the program. Expulsion or dropout of the program automatically implied re-entry into prison. The remaining 20% of the participants were awaiting trial.

The question about the efficiency of the program implied the question guiding this article: were there any personal traits affecting positively or negatively the achievement of success in the program? In other words, could we identify specific factors which enabled the prediction of likelihood of a certain individual receiving therapeutic discharge? Considering that all individuals in the target population went through the same process, the study of their personal traits regarding success or failure in the therapeutic program could enable a satisfactory identification of the mentioned factors, resulting in an indispensable step

forward the subsequent and proper assessment of the therapeutic educational and more effective elements within the evaluation of the program.

## 2. Justification

### *Drug addiction and incarceration*

There is an unmistakable connection among drug consumption, drug addiction, commission of crimes and subsequent incarceration. World Health Organization (WHO) defines drug as “every chemical substance which modifies physiological and biochemical processes of tissues of living organisms” (WHO, 2008: 33). For its part, drug or alcohol addiction is defined as “repeated consumption of one or several psychoactive substances” (WHO, 2008: 13).

Drug dependency causes negative consequences in health, personal relationships and social inclusion of people. Compulsion to consume, joined to high prices and illegality of drugs, turns addiction into a booster of crimes whose target is to obtain these substances, to an extent that between 70% and 80% of incarcerated population in Spain is in prison due to offenses involving drug consumption (UNAD, 2013).

Considering that Spain held 59.970 prisoners in 2016, we estimate that around 45.000 of them were imprisoned due to their addiction, which, if it is not overcome, enables recurrence of the crime.

Valverde Molina (2002) identifies drug consumption as one of the cross-cutting factors causing failure in the educational aim of prisons, reason why they were created according to Article 25.2 of Spanish Constitution. On the other hand, drug consumption in prison is one of the main ways to become stronger within the limits of prison, it is a *distinguishing mark*. This type of intake is, moreover, determined by substances that are accessed at any time, which promotes poly-consumption. Drugs are another element in socialization in the stratified society of prison, an element of identification with the social role of prisoner.

Some people are capable of overcoming drugs without any professional help, finding support in their social networks and in their own capacity of resiliency. However, many individuals cannot stop using drugs until death, usually premature, which is a consequence of the consumption of substances or the lifestyle associated with obtainment of drugs. The majority of drug addicts, once they have entered this spiral, need strong supports to help them to get out of it; nonetheless, when that time comes, the behavior associated with addiction has destroyed a significant part of the free

and healthy social bonds that they could have had. This is why therapeutic educational programs are required, plans that can offer specialized and professional service to support them while trying to stop using drugs, to identify the change of lifestyle and thought which sank them into drug addiction, to find a way to re-build personal identity and capacity development and to create a new and positive social network.

### *Social rehabilitation programs of drug addicts*

Treatment of addictions started with institutionalized or ambulatory psychiatric treatment. Alcoholics Anonymous was among the first organizations set up in 1935 to develop a collaborative and social response to alcoholism. In the sixties new programs emerged to address specifically this addiction from the same psychiatric approach. The decade of the eighties brought to Spain the growth and spread of drug dependency, which mushroomed therapeutic programs, which were no longer developed in psychiatric institutions for the most part, and included elements of cooperation among addicts in rehabilitation combining personal and community approaches and incorporating therapeutic and educational elements as well. In other words, the new programs were aimed not only to heal, but also to encourage change through the incorporation of personal tools and skills and the acquisition of new schemes of values and understanding of reality; a change enabling them not only to overcome addiction but also to subsequently maintain a healthy and social lifestyle.

Ministry of Health, Social Policy and Equality (2016), identifies the following types of assistance programs for addicts in Spain:

- *Outpatient centers.*
- *Therapeutic communities.*
- *Day centres.*
- *Hospital detoxification units.*
- *Hospital units for psychiatric care.*
- *Treatment support apartments.*
- *Treatment program using substitute opiates.*
- *Harm reduction programs.*

In the past few years an increasing growth of assistance in outpatient centers has happened; day centers that were not included in 2014 reports were created and therapeutic communities slightly decreased. Day centers are not residential units; their therapeutic educational process happens in open environments. In the 2016 report, 93 day centers were listed, assisting 7.792 users.

The program developed by Fundación Adsis in Asturias is a day center considered innovative,

since it has been operational since 2002. During these years, it settled a close connection with the Therapeutic Educational Unit (Unidad Terapéutica y Educativa (UTE) in the prison in Villabona (Asturias), that since 1992 developed an exclusive working methodology in prison aimed at re-education and social reinsertion of inmates, becoming an alternative model of prison oriented to a re-educational function attributed by Spanish Constitution.

#### *Personal traits and situations and success in rehabilitation*

Despite the significance in numerical terms of drug dependency, as well as the economic investment in programs for prevention, reintegration and treatment, detailed and in-depth studies analyzing their outcomes are scarce.

This is probably due to many factors. Drug dependency is a hard reality and difficult to resolve, so the results of the programs can be insufficient or discouraging at first sight; this way, it would be preferable that these results remain unpublished. However, if research is not available, we will hardly progress in understanding the problem and finding the most useful therapeutic and educational tools.

As a preliminary step, it is appropriate to identify the profile of people attending these programs, given that it is foreseeable to find factors for success relying mainly in the program, but there might be others which refer to resilience of people as well; personal traits which make social inclusion and personal integration easier and other which make them more difficult, requiring exceptional or additional means. Diverse researches found factors related to success in treatment processes:

- Social support (Garmendia et al. 2008; Valverde 2002, Rodríguez Kuri & Fernández Cáceres 2014), considered an essential requirement to join the program.
- Labour integration, considered a relevant factor by Soyez and Broekaert (2003), López and Pérez (2005), Gallizo (2007) and Ramos and Carcedo (2010).
- The absence of family conflicts, by Mavrou (2012), Catalano et al. (2007) and Valero-Aguayo et al. (2013).
- Lack of addiction by the parents, by Mavrou (2012).
- Medium-high educational level, by Ramos and Carcedo (2010) and Mavrou (2012).
- Not to have been a heroin consumer is related to success in researches by García Valencia and Méndez Villanueva (2014).
- Not to consume alcohol or cannabis, by Valero-Aguayo et al. (2013).

- The absence of mental health problems is valued as an enabling factor of success in studies by García Valencia and Méndez Villanueva (2014).
- Motivation for reclaiming custody of their children is an enabling factor of success in women, according to Rodríguez Kuri and Fernández Cáceres (2014); Meneses Falcón (2006), Cuskey et al. (1982), Hunter (1998), Henderson (1998) and Hedrich (2000).
- The absence of previous treatments, by García Valencia and Méndez Villanueva (2014).
- Less correctional records, regarding length of the sentence, number of previous prison admissions, age at the first entry and other indicators, according to Ramos Barbero and Carcedo González (2012).

Given that these studies were conducted under natural conditions and with specific targets which are often linked to the assessment of programs, the variables studied do not always wholly coincide. We should also consider that these factors or personal traits, despite being our focus of attention in the current paper, always interact with the specific variables of every program; this is why differences and similarities in the outcome should consider these contextual variables and the high probability of a situation where certain interventions affect more positively some risk factors than others.

Furthermore, gender is a relevant and differential variable. Research literature assert that female drug addicts imprisoned are doubly stigmatized in society, given that they are not only breaking the law, but also their gender obligations. Women experience more aggressions: the percentage of female inmates suffering abuse reaches the 90% (Alameda, 2003; Fontanil et al. 2013; Meneses Falcon 2002, Miranda 2002, Wright 2002, Redondo et al. 2010, Mapelli et al. 2013; Pérez del Río et al. 2010, Pérez del Río & Mestre Guardiola 2013). Likewise, prevalence of sexual exploitation and abuse during childhood is higher in women too. Moreover, stigmatization of women drug addicts and / or imprisoned make them less supported than men in the same situation. Consequently, this perspective must be considered in data analysis.

### 3. Objectives and methodology

The objectives of the research were:

- To know the traits of the profile of drug addicts who participated in PPL Adsis Asturias between 2002 and 2014.
- To identify the existing relationship between personal and social traits of drug addicts who

participated in PPL Adsis Asturias between 2002 and 2014 and personal success in the process, measured in terms of achievement - or lack of achievement - of therapeutic discharge.

The method consisted on the analysis of the existing data of 211 cases in the program, which constituted the total sample of users between 2002 and 2014. This information was collected in two types of documents:

- Information of users per year collected in a database performed by the director of the program during the initial interview and the tracking of the case in the therapeutic team meetings (DB).
- Case histories of the users collected by the educator / therapist who monitored each participant (MR).

This information needed to be systematized, reduced and categorized. To accomplish that, the following tasks were carried out:

1. Codification of the existing nominal data in the DB, gathering the information in a single Excel worksheet.
2. Reading of the case histories.
3. Establishment of the variables that are present in the case histories.
4. Adjustment of the case histories to the studied variables.

5. Interview with the director to complete and compare the information obtained.
6. Identification of the values of each variable under study.

As a result of this process, 55 variables were identified: 40 of them corresponded to the personal traits or situations of people participating in the program, and 15 referred to characteristics of the process that they had carried out within the program. Among the variables related to personal traits, basic data were included, variables related to the family of origin; with personal and social relationships; referred to the addiction, criminal situation, social and labor situation, health situation and personal history.

These variables were coded from the categorization of the situations observed in the responses of the users, and they were transferred to a data matrix in the SPSS v20 program, the tool that carried out the statistical analysis, by using frequencies, measures of central tendency, contingency tables, comparison of averages and chi-square analyses of significant relationships and other nonparametric tests. Table 1 identifies the variables used for this study, the source of information and the number of people with valid data for each of them.

<b>Table 1. Variables</b>			
Variable	Value	Source	N
Gender	Male Female	BD	211
Nationality	Spanish Foreign	BD	188
Age at the beginning of the program	21 values between 21 and 67 years old	BD	211
Raised by	Father and mother Mother Father Other relatives Mother and partner Father and partner Institutions	HC	141
Addiction of the father	Addict No addict	HC	103
Addiction of the mother	Addict No addict	HC	101

Support from the family of origin at the beginning of the program	Support No support	HC	131
Marital status	Single Married Divorced Widow/widower	BD	180
Partner at the beginning of the program	Partner No partner	HC	138
Children	Children No children	HC	135
Support from the partner at the beginning of the program	Support No support	HC	124
Support from the social network at the beginning of the program	Support No support	HC	125
Age when consumption began	24 values between 7 and 33 years old	HC	164
Addiction at the beginning of the program	Consumer Abstinent No addiction	HC	187
Substance consumed	Hashish or cannabis Heroin Cocaine Alcohol Pills Poly-consumption Other	HC	177
Trigger of consumption	Breakups or sentimental conflicts Nightlife of festive context Family conflicts Friendships and partner Failure, frustration Loneliness and anxiety Context of addiction Evasion Boredom Other	HC	113
Consequences of consumption	Crimes Drug dealing Violence Loss of relationships and loneliness Prison Deterioration of the health Mood changes Other	HC	107
Motivation to begin the program	Avoiding prison Regaining family Changing lifestyle Personal development Obtaining emotional support Desire for stability and personal projection Obtaining assistance	HC	121
Previous participation in other treatments	Yes No	HC	140
Criminal problem at the beginning of the program	Yes No	BD	205

Penal situation at the beginning of the program	No records Under no judicial procedure or free Pending trial Suspended sentence Probation Conversion of the sentence Second degree charges Other	BD	166
Initial level of education	No schooling Primary education Secondary education Vocational training 1 or Middle-level training program Vocational training 2 or Higher-level training program Baccalaureate University	HC	186
Initial employment situation	Currently working Unemployment Pension Retirement Student	BD	193
Home municipality	21 Asturian municipalities	BD	202
Labor integration during the treatment	Work contract Without work contract	BD	162
HIV	Seropositive No seropositive	BD	153
Disability	Yes No	BD	116
Hepatitis	Yes No	BD	157
Mental health problems	Diagnosed Undiagnosed	BD	147
Receiving treatment due to mental health problems	Medication No medication	BD	116
Attempted suicides	Yes No	HC	139
Mistreatment	Yes No	HC	117
Sexual abuse	Yes No	HC	116
Prostitution	Involved in prostitution Not involved in prostitution	HC	139
Mistreated other people	Yes No	HC	120
Completion of the program	Therapeutic discharge Expulsion Dropout Voluntary discharge Decease Reimprisonment Remains at the program	BD	199
Success of the program	Therapeutic discharge Other results after ending the program	BD	170

## 4. Results

In this section, we will firstly explain in a general way the profile of the people participating in the program in order to explore subsequently the relationship between their characteristics and the success of the program.

### *Profile of people participating in the program*

The largest part of the people participating in the program are men (89,1 %), Spanish (91 %), living in urban areas of Asturias (79,2%). They are mostly single (66,1%), and with no partner at the beginning of the program (59,1 %). More than half (54,8%) have sons or daughters and have an average age slightly above 35 years, with the majority in the age range between 27 and 43 at the beginning of the program.

Their educational level is low: 73,3% have only completed compulsory schooling if any. On the other hand, 76,7% were unemployed at the beginning of the program. The majority (71,7 %) were in a situation of drug abstinence at the beginning of the program, as a result of the Therapeutic Educational Unit in the prison located in Villabona. Cocaine is the most commonly consumed substance (73,4% of users), but there is a high percentage of polydrug users (42,7%). The average age of first consumption is 15 and a half years.

Over half the people enter the program when they already have serious health problems: HIV in 22,9% of cases, hepatitis C in 42 % of cases; mental health problems in 50,3% of cases and recognized disability in 31% of cases. Around 8,6 % have attempted to commit suicide on some occasion, and 90,7% have a particular problem in criminal law. Over half of the participants join the program while in probation, a little more than a quarter joined while they were under a grade 2 regime; the rest displayed other prison system conditions. Moreover, 43,6% of the participants had previously followed other reintegration programs.

Around 55,9% of the participants come from families whose parents were living together during their childhood; 40,8% reported an addiction from their father and 13,9 % from their mother. Additionally, 19,7% suffered abuse, and 6,9% suffered sexual abuse.

The most important motivations to join the program are the possibility of achieving stability and personal projection in 44,8% of cases, followed by personal development (39,2 %), a change in their lifestyle (35,2%), reestablishing relationships with their families or some of their relatives (32,8%), obtaining help to keep away from drugs (20,8%) and getting out of prison / not entering

prison (12%). Only the remaining 5,6 % of the participants referred to the specific need to receive emotional support.

A large majority (83,2%) finds support in their family of origin, while 40,8% have friends who support them and 26,6% finds support in a partner.

The profile of the minority group of women is significantly different. The percentage of not married women is lower; 77,8% are single, 63,2% of them have children, they present a higher level of precarious jobs than men (and unemployment in 86,4% of cases), lower cocaine consumption (57,9%), the rate of seropositive status is lower (5,6%), but they present more cases of mental health problems (72,2%) and attempted suicides (29,4%). Nearly half (41,2%) of the female participants was prostituted and they had suffered sexual abuse and mistreatment to a greater extent (61,5% and 38,7%, respectively). Regarding the motivations to enter the program, they also differ significantly from men: women are more motivated to regain their family (in 64,3 % of cases), stability and personal projection are more present (71,4 %) and they also seek to receive emotional support (14,3%). To a lesser extent, they express desire for personal development (21,4%) and help (14,3 %).

Some of this profile information was compared to the population profile of users of other programs, specifically Proyecto Hombre in Asturias (PHA, national Proyecto Hombre (PH) and Fundación Spiral (FS), according to the data included in their annual reports from 2014. Without going into details, we could emphasize the following contrasts:

- PDL population from Fundación Adsis presented a much greater proportion of substance consumption than the population from the abovementioned institutions.
- The health damage, according to HIV and hepatitis indicators, is also higher in PPL population; 20 and 31 points regarding PHA population and 15 and 29 points regarding FS.
- Percentage of people who have committed offences in PPL population is more than three-fold compared to the sample from PH and FS.
- Percentage of participants who had previously failed in other programs is 34 percentage points above PH.
- Percentage of employed people was 15 points under PH and 7 under FS.
- The age of first consumption is 4 years below in PPL population regarding PH.
- Percentage of women is 8 points lower in PPL sample regarding PH, and 24 points regarding FS.



- Percentage of people with completed studies of compulsory education or less is 20 points higher in PPL and PH than in FS.

This comparison allows us to identify that the profile of drug addicts participating in the PPL is characterized, regarding the participants in other programs, by a high consumption of substances, higher rate of unemployment, higher criminal problems, high deterioration of health and failures in other programs. In other words, it is a group that has already suffered a considerable deterioration in the addiction process, which should be taken into account when analyzing the relationship between personal traits and success in the program.

### ***Relation between personal traits and therapeutic discharge***

In order to measure the effectiveness of the program in the short term, we must turn to the indicator of the number of people who obtained therapeutic discharge, which represents the success of the process.

The percentage of therapeutic discharge obtained by the people participating in the PPL over these years is 52,9%, a high percentage that denotes the high efficiency achieved by the program. The percentage of therapeutic discharges reported in the literature -almost all regarding to PH -is over 17,7% (Asociación Proyecto Hombre, 2014:29)- although PH annual report published in 2014 offers data about Asturias that place the percentage of PHA in 37,2% - el 22,9 % (Valero-Aguayo et al., 2013:42) and 40% referred to a sample of women from CT Alborada (Bastón Martínez, 2009:208, cited in Mavru, 2012: 166).

Only Fundación Instituto Spiral (2014:14) displays a higher percentage of therapeutic discharges (61%), but we should take into account the difference found in profiles of users from one program and another.

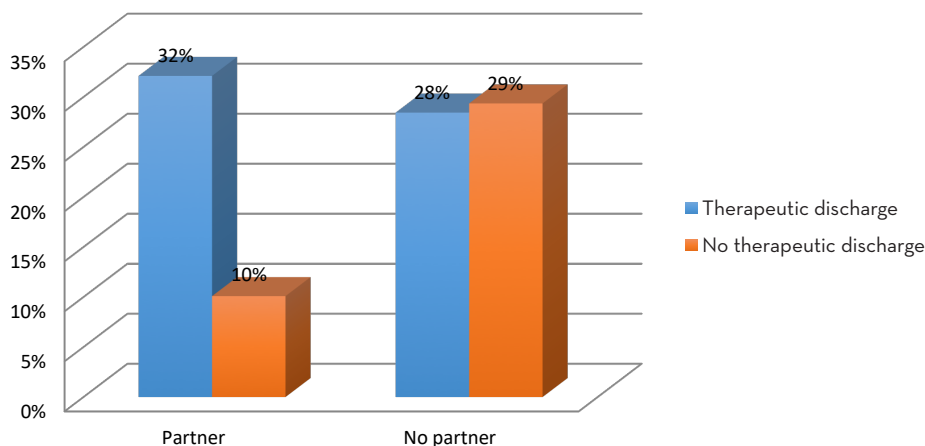
Regarding the predictive characteristics of the therapeutic discharge, the analyses indicated that many of the personal traits examined did not show any significant relationship with the results of the program. Thus, the percentage of therapeutic discharges does not present statistically significant differences according to gender, nationality, marital status, place of residence or educational level. Nor has family structure during childhood or the existence of addictions in the father revealed significant results in relation to the outcome of the treatment.

It should be noted, however, that although gender is not a significant variable for success in the program, it sure is in several of the variables. The characteristics studied are ordered differently in men and women.

The variables that are significantly related to success of the program are the following (Table 2 details the significance in the chi-square analysis for the appropriate variables):

### ***The partner***

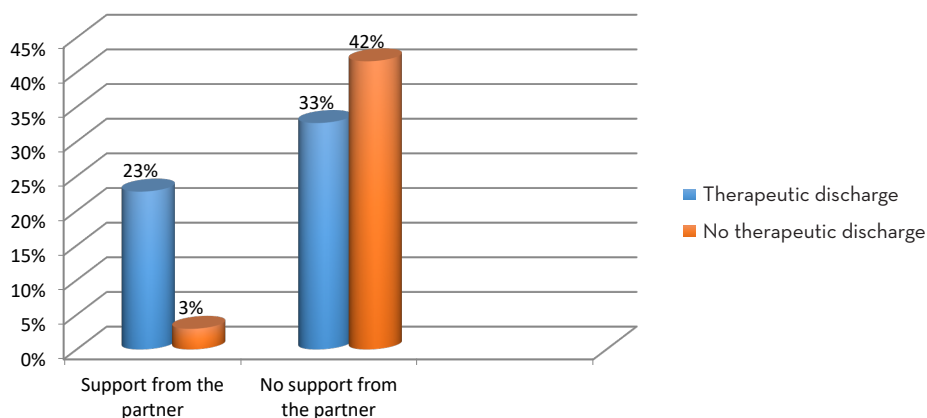
It seems that people who have a partner who supports them are more likely to obtain therapeutic discharge (53% versus 47% who do not have a partner), since 88,5 % of participants who claimed to feel supported by their partner successfully concluded their treatment, compared with 44% of participants who did not mention whether they feel supported (even when they also have a partner).



**Chart 1. Partner and success in the program**

Women have a partner at the beginning of the program in a much lower percentage than men, reaching 22,2 % while men reach 43,3 %.

Consequently, only 20% of women, compared to 28% of men, claim to feel supported by their partner in the recovery process.

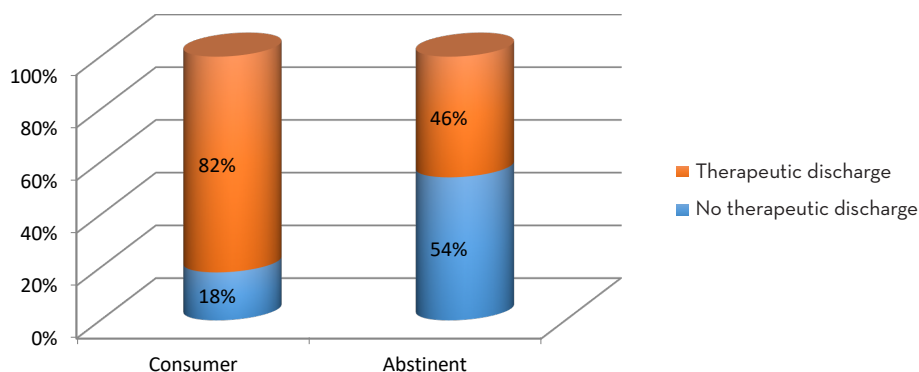


**Chart 2. Support from a partner and success in the program**

### Abstinent when joining the program

People who enter the program being abstinent, in other words, people who have not consumed drugs in the past three months, are more likely

to achieve therapeutic discharge. Thus, 54,2 % of these participants successfully completed the treatment, while only 18,2 % of participants who entered the program being active consumers actually achieve it.



**Chart 3. Abstinence while entering the program and success in the program**

There are more women who are not addicted to drugs at the beginning of the process, even if they have been drug addicts before: 35 % of women compared to 6% of men.

### Type of substance

On the other hand, people who are not or have not been heroin users or polydrug users have a better chance of obtaining therapeutic discharge.

Thus, 65,2 % of participants who did not consume heroin successfully completed their treatment (47,1 % of heroin consumers) and 66,2 % of participants who have not been poly-addicts (34,5 % of poly-addicts). In an overall picture of the data, people who only consumed soft drugs (alcohol or hashish) presented a better prognosis; however, the relation is only statistically significant regarding poly-consumption and heroin consumption.

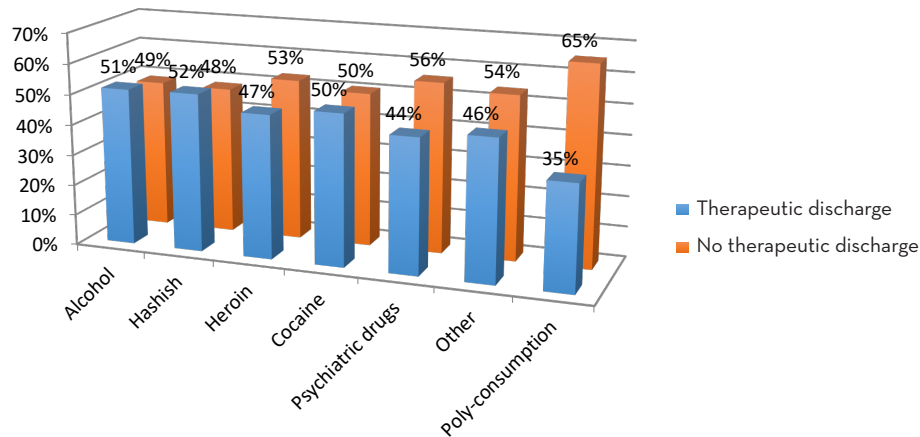


Chart 4. Consumed substances and success in the program

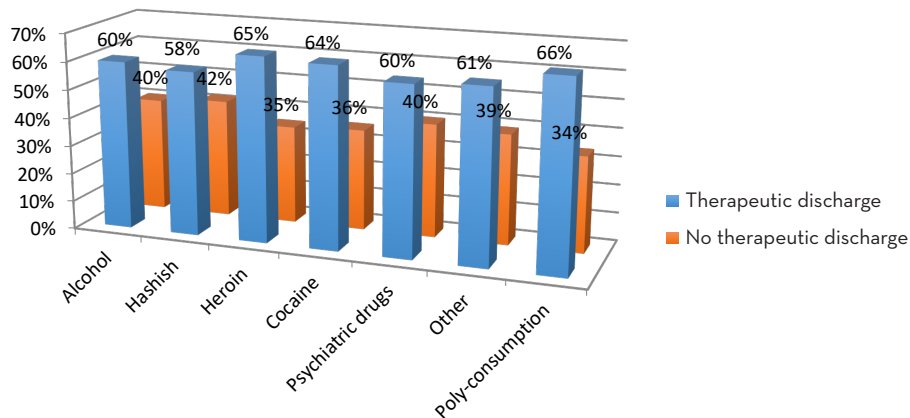


Chart 5. Substances NOT consumed and success in the program

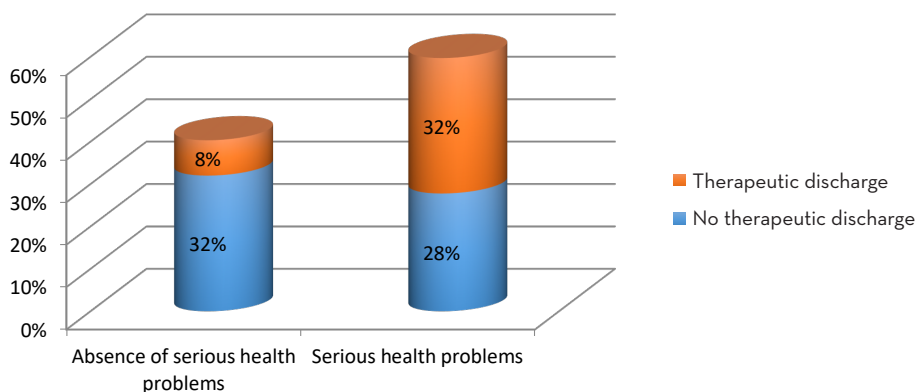
Regarding previous studies, these data confirm the difficulty of heroin and polydrug users in achieving a successful reintegration, unlike the difficulties found by Valero-Aguayo et al. (2013) regarding alcohol and cannabis consumption.

The percentage of women who have consumed hashish or cannabis (35%) is significantly lower than the percentage of men (69,3%), as well as the percentage of women who have consumed cocaine, which reached 57,9% in contrast to 75.3% of men.

### Health

In general terms, people who suffered less deterioration in health tended to achieve success in the treatment to a greater extent. Specifically, 74 % of participants who did not present mental health problems, in contrast to the remaining 35,3 % who did, and 64,6 % of participants who do not take medication for mental health issues, in contrast to 40,8 % of participants who actually took medication, achieved therapeutic discharge.

These data confirm the difficulties encountered by García-Valencia and Méndez Villanueva (2014) in order to achieve reintegration of people with dual, psychiatric and addiction pathologies.

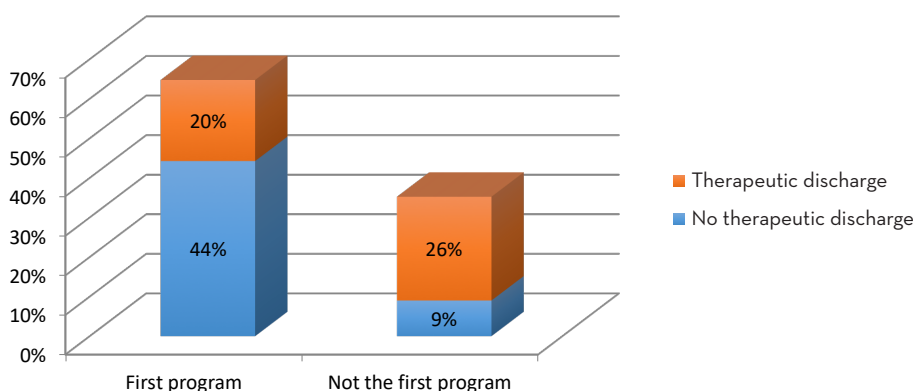


**Chart 6. Health condition and success in the program**

There are fewer HIV-positive women (5,6%) than men (25,2%), which can be associated to the connection of risk behaviors and men, while women are diagnosed with mental health issues to a greater extent, reaching 72,2% in contrast to 47,5% of men.

**First attempt**

Success in the treatment is more likely to be achieved by people whose first treatment was PPL. This information is consistent with the outcome obtained by García Valencia and Méndez Villanueva (2014).

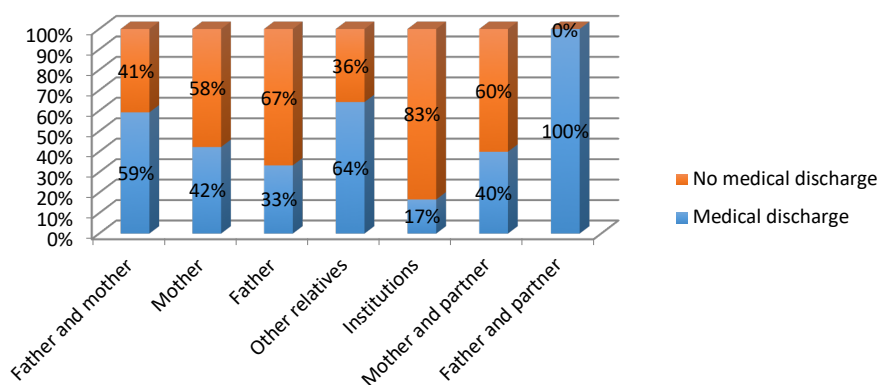


**Chart 7. Attempts and success in the program**

**Reference persons in the family**

Successful completion of the program is also more frequent among users who have grown up with other relatives, with their father and another

partner or with their father and mother, and less frequent among participants who were raised by institutions, only by his father or by his mother and another couple.



**Chart 8. Therapeutic discharge according to who raised them**

Addiction and mental health issues of the mother are also variables which complicate the achievement of success. Only 14,5 % of participants mentioned to have mothers with addiction problems, and only 25 % of these particular percentage achieved success in the program. Moreover, only 3,5 % claim to have mothers with mental health issues, and only 16,7 % of them were able to achieve therapeutic discharge. These percentages indicate that we cannot consider problems in the mother to be a failure factor, but we can affirm that, given that a mother is the figure who brings support when everyone else has gone, having a mother with serious problems on her own increases difficulties to overcome and addiction.

These findings can be related to studies that link the absence of family conflicts with success in the program, as well as with the relation established by Mavrou between addiction of the parents and risk of relapse, although in our case the relation with the addiction of the father has not been confirmed.

### **Extreme situations**

People who attempted suicide achieved therapeutic discharge to a lesser extent (18,2 %) than people who did not (57,3 %). Additionally, people who suffered sexual abuse seem to find success more difficult to accomplish (only 14,3 % of them finished the program).

These situations are more frequent in women than in men: 29,4% of women tried to commit suicide in contrast to 5,7% of men, 38,5% of women were sexually abused (2,9% of men), 61,7% of women were physically abused (14,4% of men) and 41,2% of women were prostituted (14,4% of men). The difference of profiles according to gender is fully consistent with the information gathered in literature about drug dependence.

### **Criminal problem and previous processes**

Therapeutic discharge are also very frequent among people with criminal problems, probably because they are forced to remain in the program until its completion, as well as among participants who belong to the Therapeutic Educational Unit (Unidad Terapéutica y Educativa (UTE), who reach 59,1 % of discharges. These data do not confirm the outcome by Ramos Barbero and Carcedo González; we should probably consider in this case the significant difference regarding UTE treatment and its correlation with PPL.

### **Labor integration**

Furthermore, the achievement of labor integration seems to be correlated with therapeutic discharge, given that 70 % of participants who accomplish labor integration also achieve therapeutic discharge, in contrast to 33,9 % who do not, confirming the results of the abovementioned researches. There is also a difference in labor reintegration regarding gender that tends to favor men: 58,7% of men signed a job contract within a year from the beginning of the program, compared to only 47,4% of women.

### **Personal motivation**

Qualitative variables, considered as multiple response variables (personality of father and mother, triggers and consequences of consumption, motivations to join the program, own personality), do not obtain significant results in a statistical treatment. However, certain information stands out clearly after observing the results of the variable "motivations to join the program" and its relation to success in the program. Thus, the reason that more often relates to achieving therapeutic discharge is to recover relationships with the family, which in most cases means to recover the relationship with their kids, but also with the family of origin.

Other important reasons are obtaining a job contract, stability and personal projection, personal development or a change in their lifestyles, but any of these reasons is as important as family for the completion of the program.

### **Chart 9. Motivations and success in the program**

In this aspect, we find another significant difference regarding gender. The main motivations for women in order to complete the program are to recover their family (64,3% of women in contrast to 28,8% of men), to find personal projection (71,4% and 41,4% respectively) and to feel emotionally supported (14,3% and 4,5% respectively). In contrast, men chose personal development (41,4% in contrast to 21,4% of women) and obtaining help (21,6%) as more important motivations.

The linkage between the concern for the family in women and its relation with the improvement of the chances for success confirms the outcomes of other studies. It allows us to hypothesize that this motivation is the factor that counteracts the presence of other risk factors in women (mental health problems, abuse, difficulties for labor insertion) and enables the softening of differences between genders in the success in the program, becoming in conclusion barely significant.

**Table 2. Relationships between personal traits and success in the program.**

Variable	Valid n	Pearson's Chi-square	Gl	Significance
Partner	115	6,907	1	,009
Support from the partner	107	11,500	1	,001
Addiction	165	10,797	2	,005
Heroin consumption	145	5,747	1	,017
Poly-consumption	131	12,516	1	,000
HIV	126	3,000	1	,083
Hepatitis	131	5,584	1	,018
Mental health	124	17,644	1	,000
Disability	93	1,928	1	,165
First program	126	21,264	5	,001
Coexistence during childhood	116	9,657	6	,140
Addiction of the mother	86	3,171	1	,075
Mental health issues of the mother	179	3,411	1	,065
Sexual abuse	107	3,922	1	,048
Mistreatment	107	,038	1	,845
Suicide attempts	125	6,684	1	,010
Criminal problem	170	8,402	2	,015
Labour reintegration	144	17,846	1	,000

## 5. Discussion and conclusions

There are some personal and social factors that can be associated with success in social rehabilitation of drug addicts participating in PPL Adsis Asturias. The general impressions of these traits allow us to classify them regarding the process of deterioration and recovery caused by addiction and overcoming of addiction.

A set of traits refer to the *degree of decline* that the addict has reached. The best chances to successfully overcome the recovery process start when the personal deterioration is lower. In this sense, it is important to know the type of drug consumed, since heroin for example, which causes a rapid deterioration in health and physical and

psychological dependence, makes recovery more difficult. Moreover, poly drug addicts are characterized by a high level of dependency and find recovery phase very difficult.

Deterioration is also associated with health problems caused by addiction or with other that, even though they were suffered previously, led to a multiplication of the effects of addiction. Particular mention should be made of mental health problems, previous or resulting from the addiction, and attempted suicides, which are indicators of despair.

This group of traits notes the importance of an **early intervention in addiction processes**, given that the further the addiction goes, the harder it is to recover. The difficulty is obvious, but it

is important to be aware of the high risks of the message that is often given, even in professional spheres, which says that it is necessary to wait for the addict to hit rock bottom. One can never know how deep the bottom is for every person, and every step further in a deterioration process reduces the chances for a successful recovery. This way, it is easier to overcome dependency in the first try with professional help. A first failure does not imply the loss of options, but it leads to a loss of confidence, hope and expectations, reinforcing the sense of personal failure and the belief that no way out is possible.

Other traits could be grouped according the *degree of resilience* achieved in personal history, in other words, in the positive experiences lived which aid to deal with difficulties. In this resilience, special mention must be made of the importance of the mother figure, who is often the sustainer of the family, that is especially revealed in the despair produced when she finds herself immerse in difficulty. Anyway, it is also interesting to note that the resilience obtained in the family environment is based on the bonds of support rather than in the parents living together.

Noteworthy is the fact that success in people who have been raised by other relatives different from their parents is greater in percentage terms than people raised by a single parent, by a parent and the partner and even by both parents living together. These percentages indicate that the most important thing is to have a safe affective environment, even more when we have observed that people who have been raised by special institutions find bigger difficulties in overcoming addictions.

Likewise, we must highlight the harm caused by sexual abuse and the difficulty that this involves in order to achieve recovery, due to the negative effects and the family relationship and social context that prompted -or allowed- this kind of abuse.

These traits point to the need for the **increase of protection of childhood at risk** in order to foresee and avoid addiction and to provide tools to overcome it in the case that it finally happens.

Other traits refer to the achievement of *elements of normalization* in life: relationship and work. Labor integration and a positive relationship with a loving partner who can offer support in the recovery process are enabling factors of success. It is obvious that it is easier when personal decline is not very serious and when the addict has personal references and tools to help overcoming the difficulty. We highlight the importance of personal motivation for regaining their own family as an enabler of success as well.

This is hardly surprising, given that relationships, family and work are the elements of life that give meaning and motivation to people in general, regardless of being addicts. Overcoming an addiction requires to find motivation and personal achievements that can cover the needs for affection, survival and identity, that can be possible and rewarding and also considered as support points to hold on to in case of desire to escape from reality through drug consumption.

This information highlights the importance of providing **resources to normalize life** before the deterioration process moves forward.

A relevant aspect results from the analysis of data from a gender approach. As we pointed out, the percentage of therapeutic discharges is similar between men and women. However, a closer look at data indicates that women join the program with a higher level of deterioration in the majority of factors analyzed: worse health status, usual absence of support from a partner, and more traumatic experiences as attempted suicides or sexual and domestic abuse. This means that women have shown greater resilience, and we can hypothesize that their capacity for resilience can be linked to two of the mentioned factors: a lower level of consumption of toxic substances and a higher motivation associated with the restoration of family relationships, in other words, with the concern about other people and the establishment and maintenance of bonds. Thus, **women find greater difficulties for rehabilitation, but they have more motivation to achieve it.**

Lastly, we should mention the importance, in this case, of joint efforts between prisons assuming a re-educational function and third sector organizations. Despite what it might appear, the fact of being condemned can actually turn into an opportunity for a change of direction that can stop the spiral of decline, in the case that prison is considered to have an educational function rather than punitive and to perform a propaedeutic work for the participation in therapeutic educational programs seeking for social reintegration, indispensable to the transfer of acquired skills.

Regarding the limitations found in our research, we should mention the specific limitations of every context in the first place. Our investigation takes place in the assessment of a specific program, so the population under study displays defined traits that can be similar to the rest of people, but can also differ significantly. Additionally, this is an *ex post facto* study, which restricts the access to information, given that the data used was the data that had already been obtained, obviously introducing certain bias. Nonetheless, we consider our outcome to enlarge possibilities for

future researches specifically designed to assess personal factors contributing to success or failure in programs, as well as interaction with the methodology used in each program.

An interesting example of subsequent investigations could be a study to identify specifically these traits with a sample of users from many programs, even in a wider territorial area. These traits should be compared with methodological indicators which allow at the same time the identification of which forms of intervention contribute to a greater extent in the overcoming of personal risk

factors. This could offer an important guide for the assignment of people to the different resources.

In any case, this analysis also enables us to prove that even in the worst personal and social conditions there are chances and ways to lead to rehabilitation and personal recovery. Further research is still needed in order to identify with increasing levels of accuracy and efficiency which tools can bring new expectations for people and to design new strategies, resources and therapeutic educational programs

## Notes

1. Fundación Adsis de Asturias

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