

# **Social, family and individual trajectories' of drug users.**

**Proposing a model to analyse drug addiction at macro, meso and micro level.**

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EUROPEAN SUMMER SCHOOL 2012  
Illicit drugs in Europe: supply, demand and public policies  
CIES-IUL  
Lisbon, 05–07- 2012

# **I Drug addiction research**

**European global trends;**

**A Model for analysing drug addiction at macro, meso and micro level; identifying different levels of intervention;**

**Are our societies producing “addicts”? What are the characteristics of late modernity that can help to explain these trends?**

## **II Research results: trajectories of drug addicts and drugs in prisons;**

## **III Questions for further research and debate;**

# Research Background

- Research on trajectories of drug addicts (2003-2005):
  - An analysis of a dataset from a CAT Centre in Lisbon (886 cases); a picture of the development of drug use over the last 20 years and a comparison with the population of Lisbon;
  - a *follow-up* study of CAT's 118 patients;
  - a comparison of siblings with drug addicts and no drug addiction
- Drugs in prisons national surveys (2001 and 2007) to evaluate living conditions and drug consumption in prison.
- Research on family, family and work (Portugal and Europe, FP 6 and FP 7 from EC), marriage, divorce, gender issues, poverty, youth; comparative research in Europe (European Social Survey national team) ([www.analiatorres.net](http://www.analiatorres.net))

## Some general trends

- Change in drug users consumption in Europe. Cannabis consumption grows, more cocaine consumption than heroine, more amphetamines, more ecstasy.
- The change in the drug culture consumption: effects of the bad image of heroine addicts (injection...). The effects of the 80s: cocaine appearing, less expensive and more clean...
- Are we facing here the relevance of “image” in our societies? Clean look, clean image no external signs; being “shiny” and bright, prepared to give the maximum in the enterprise?
- Proposing an analytical model

# Model

## Levels of analysis

**Global Market economic and political interdependency; Globalization**

### Values

- **Individualization, agency;** Pressure on the “self”; uncertainty/risk; (Sennet, Beck)
- **Hedonism, consumption:** “now is everything (or now or never); same cultural “environment” with different ways out.

### Social Conditions

- **Transversal phenomena but affecting groups differently** (different paths for different drug addicts)
- **Specific social groups** (reference groups; gender; youth cultures; inequalities)

### Families and individuals

- **Family patterns** and interactions **different effects of different substances; emptiness**, filling the inner space; escaping internal conflict and emotional pain



## Levels of intervention

**International policies and strategies**

### Self reflexivity

- **Policies of social inclusion and strengthening of social and emotional skills**
- **Valuing and diversifying emotional projects** (Diversification of investments, pleasures and senses)

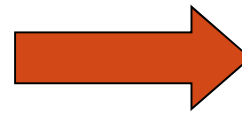
### Policies of prevention and community intervention

(vocational training, prevention of drug use, spending leisure time; no magic solutions)

### Policies for risk reduction

**Therapeutic intervention to help families and individuals**

Legality or illegality

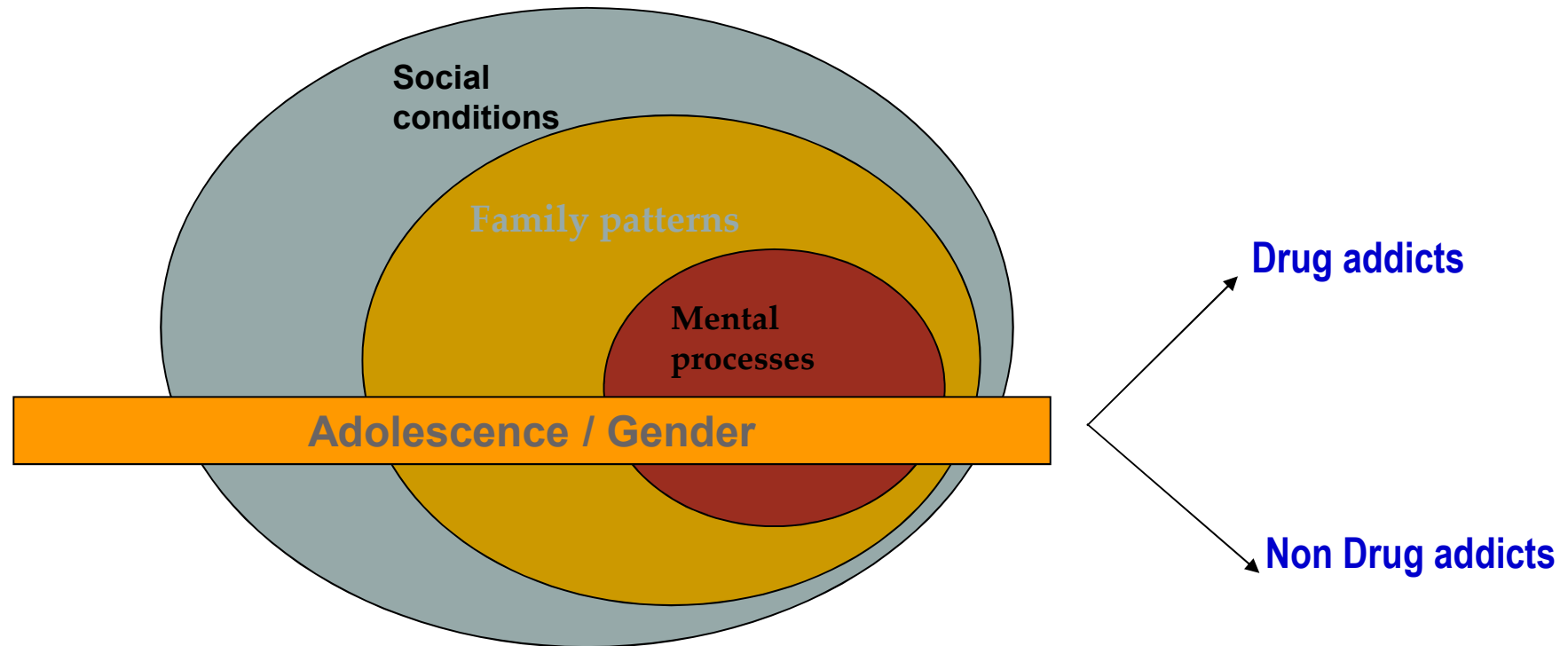


# I Drug addicts trajectories: a comparative analysis of problematic ties, gender and siblings

## Research objectives, questions and research design

- Understanding and explaining the social processes, the family patterns and the individual psychological features that contribute to drug addiction.
- Trying to answer some questions:
  - Why so many experiment drugs and only few become addicts?
  - Why in the same family context siblings have different attitudes and behaviours towards drugs?
  - Why are there so much more male than female addicts?  
How does gender construction play a role?

## II. Analytical Framework



- Adolescence and gender are two important dimensions which cross those processes.
- Several authors from different backgrounds (sociology, psychology, family and gender studies) contributed to the theoretical framework.

### III. Methodological procedures

**This study had three essential moments:**

- **From a data set of Restelo's CAT/IDT patients – the first drug treatment centre in Portugal working since the 1980 - we selected a sample of 886 cases with enough information to analyse extensively.** Therefore, we have a picture of the development of drug use over the last 20 years (CAT users since 1990 until 2003).
- **Follow-up study** of CAT's 118 patients (from a selection of 300).
- **A comparative analysis of the individual histories, socio-psychological profiles and family patterns of drug addicts and the life-histories of their brothers, sisters (or peers) who were not dependent on drugs, thru intensive interviews of 70 individuals.**

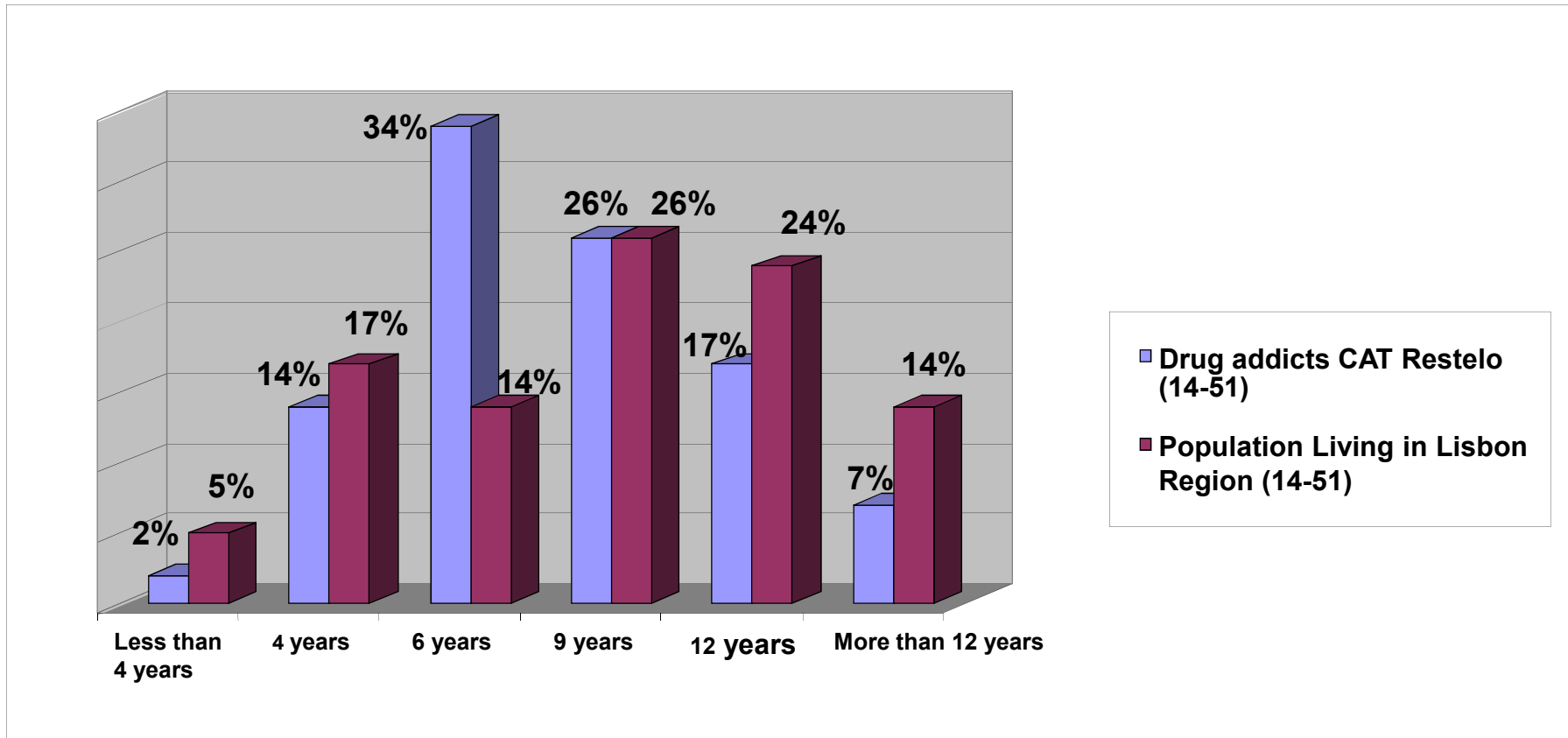


# Findings comparing drug addict population from CAT Restelo (2003) with the population living in Lisbon Region

## 1. Most addicts are men in young age

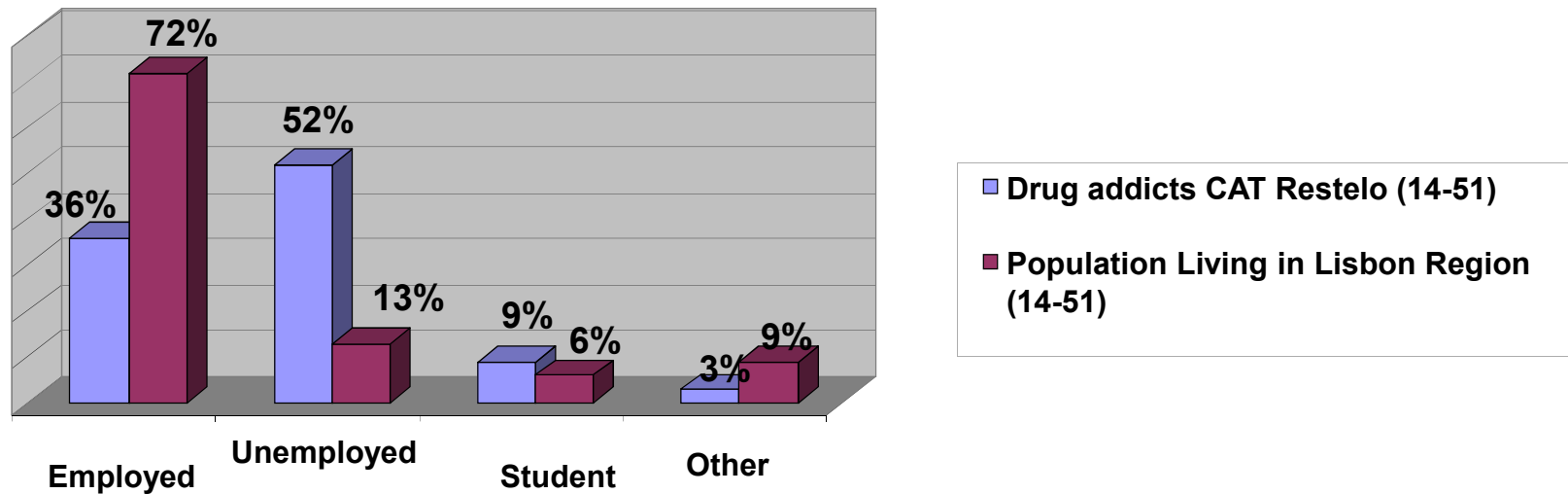
- Men (83%) Women (17%) – but there is a growing number of cases of women drug addicts;
- Aged between 14 and 51 years (average 27) – age increase in when entering treatment in the last years (30 years);
- Mainly heroin consumers; age average of initiating intake: 20 years.
- The majority was single (73%);

## 2. Drug addicts have less years of schooling than the population living in Lisbon in the same group age



- The majority of the drug addicts did not went further than 9 years of schooling (minimum compulsory years).

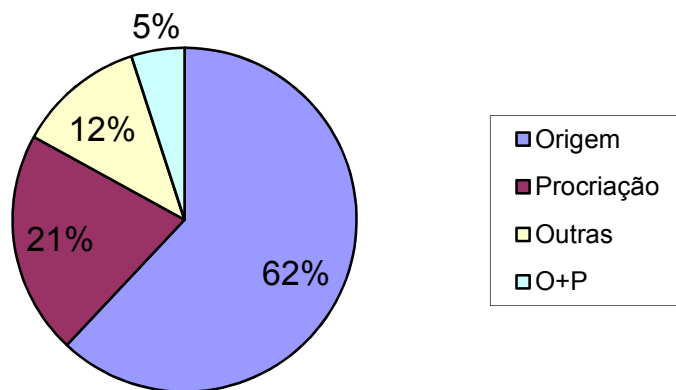
### 3. Employment status: more unemployed among drug addicts than among the population living in Lisbon of the same age group



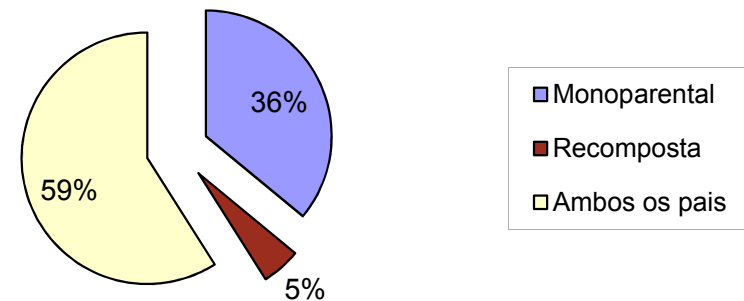
- The majority of the drug addicts was unemployed. But being unemployed means they had a job before. Trajectory effects: leaving school, consumptions, leaving employment. Still an expressive number employed (probably hidden consumption);
- Proportionally, more manual workers than qualified or administrative workers. But drug addiction is transversal to all social classes and to all types of professions.

#### 4. The majority of the drug addicts or CAT users live with their family of origin .

**Type of household**

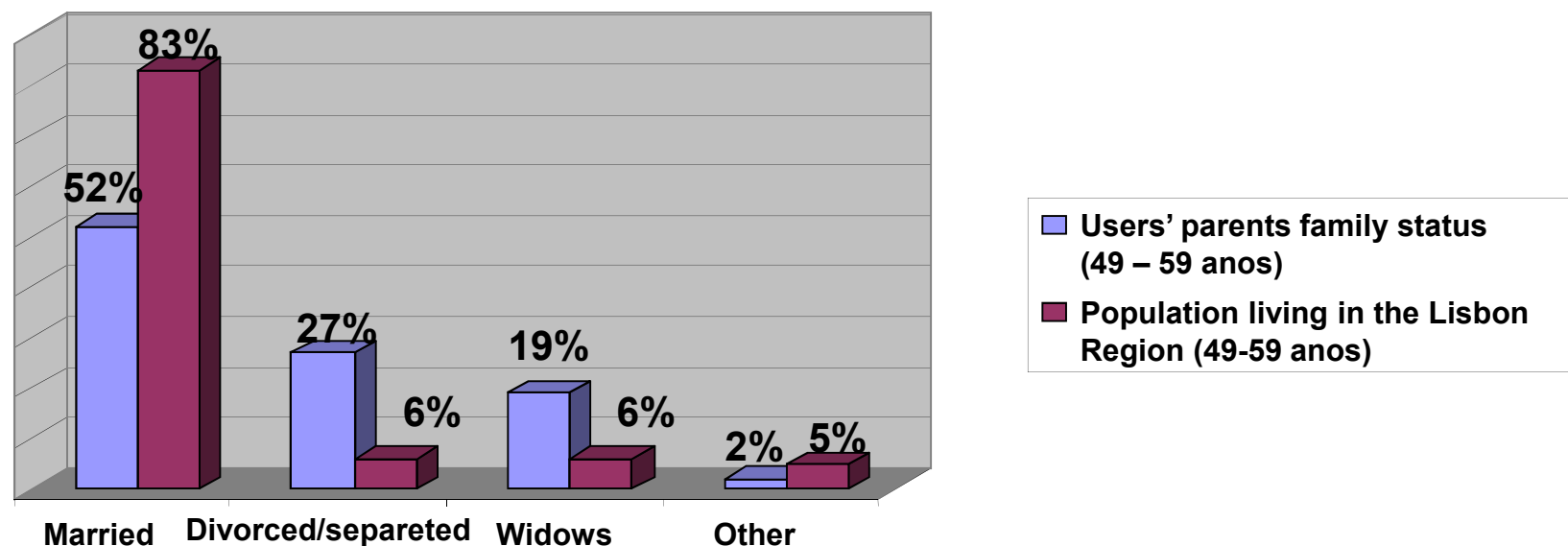


**Household family type of origin**



- The majority still lives with their family of origin (62%); 21% live with their own family, 12% lived alone and 5% with one parent, grand parents or siblings .
- The type of household of the family of origin is still, for most of the cases, biparental (59%); single parent follows (36%) and 5% are stepfamilies.

## 5. The great majority of drug addicts have their parents still married.



- The great majority of drug addicts have their parents still married. However, there are more CAT users with separated, divorced or widow parents than the population living in Lisbon region in the same age group.

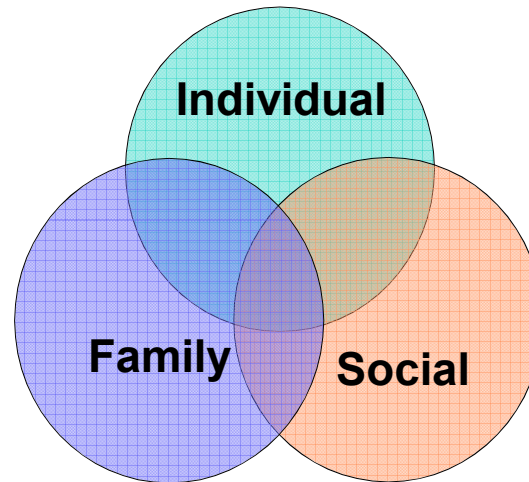
## **II Follow-up study of CAT's 118 patients (from a selection of 300): some results**

- **58% of the users contacted declared having stopped problematic consumptions; 17% were in treatment; 15% continue to consume; 10% did not answer/or did not know.**
- **Average time of problematic intake : cocaine (9 years) heroin (10 years);**
- **Average time of rehab: 4/5 years ;**
- **Considerable improvement in years of schooling and employment conditions. More stable family status.**
- **But we do not know what happened to more than the half that were not captured by the follow-up...**

## **III Qualitative interviews: some results**

# III. Problematic ties

Individual/Family; Individual/Social; Social/Family



- In the drug addicts individual, family and social trajectories we can identify specific socio-psychological profiles, which helps to underline certain problematics.
- That is, for example, in some life histories the main factors that could explain drug addiction were more related to social context and family patterns like poverty and dysfunctional family (**social/family problematic knots**) while in others the major vulnerabilities were based mainly in the psychological and individual processes and on specific internal family relations (**individual/family problematic knots**). Social and individual problems like difficulties in peer group relations can also lead to another problematic knot (**individual/social problematic knots**). In others, yet, all three dimensions (social, family and individual) appear melted.



- **Social/Family**

This case shows the relevance of social context and family patterns. Nuno was from a very poor and excluded social setting. His mother was a prostitute and he was adopted by a poor family with 9 children (some of them also drug addicts).

*“ I never had luck in my life, since I was a kid, since I was abandoned by my mother when I had only 15 days.” (Relationship with adoptive father) “He was bad, bad and violent , he never looked at me as his son. I always felt very bad, rejected... he drank a lot, and he tied me up at the table so I couldn’t go away”*

- **Family/Individual**

This one illustrates the significance of individual and family issues. Susana was a girl with some difficulties in social relations and was involved in a conflicting family environment with a depressed father and a inflexible mother.

*“ I was very shy... my father was a very depressed person e I always felt his depression (...) my father was everything to me. My mother, even today, says that my father was ill, but she doesn’t understand what’s a depression.”*

- **Individual/Social**

Daniel with 13 years old was already dealing with cannabis and feeling he was the “greatest one”:

“having and selling cannabis gave me power, because I felt I was the centre of attraction; what I could not be by myself I was achieving thru the use of drugs”.

- **Social/Family/Individual**

Carlota lives alone at her apartment since she was 13 years old.

“*I feel that I haven't had any support, I hated to be alone and I stabbed knives on the walls, drank a lot. Everything was bad, everything. (...) My body lived outside myself (...) My mother was a dead chair(...) I must trust but i couldn't (...) I don't trust anybody (...) It's a social problem, I can't socialize without being changed, I've tried but it's very boring...*”

## IV. Gender

### *Male*

- Young men tend to grow up “naturally” on the “street” with peers with tendency to risk behaviours. Or, in alternative, are timid and isolate themselves, looking for substances to be able to interact with peer group. And to have a better idea of themselves.
- *Fathers are frequently perceived as authoritarian and rigid, sometimes violent and/or alcoholic. So they lack a positive male identity role model.*
- *Perverse effects of **traditional family gender roles model** father delegating education on women and not rewarding them. Marital conflicts are frequent and also blended mother-son relations.*

## *Female*

- Young women tend to escape parental control and rigidity looking for relationships that appear related with substances.
- *Frequently their mothers were depressed and they felt abandoned by them. Conflictive relationships with this kind of feminine model also sometimes intensified by absent or violent fathers.*
- *Problems with self image, overlapping sometimes with sexual abuse and sexuality related problems.*

## V. Addicts and Siblings Men

### Addict

- Accomplice and over protective mothers;
- Absent, rigid, violent and/or alcoholic fathers.
- Absence of marital conflict by passive and submissive wives but otherwise the feeling of a contained tension.

### Brother or sister

- Early marriage as a way out of family problems;
- Different evaluation of one or both parents;
- The achievement of strategies outside the family, like peers, school and/or work, to deal with their difficulties;
- And sometimes generational differences.

# V. Addicts and Siblings

## Women

### Addict

- Weak mother's investment on them;
- Absent, rigid or violent fathers;
- And very frequently parents with marital conflict and disruption.

### Sister or brother

- They were better emotionally invested by one or both parents;
- Or they tried to get rid of the family pressure and problems by getting married as soon as possible;
- And, in other cases, they have also other types of dependency.

## VII. Final Remarks

- **Experimenting drugs does not imply necessarily a path of dependence or addiction.**
- **When trying to explain social processes that can contribute to drug addicts trajectories we concluded that social, family and individual dimensions combine themselves in different ways and constitute, for each individual, a distinct problematic ties.**
- **For men and for women drugs accomplish different types of functions. For men they tend to be used as an instrument for better social achievements and performance. For women it tends to be more the fulfilment of a personal gap caused by negative self-image as women. Gender roles perception play here a central part.**

- **Trying to answer the question why in the same family brothers and sisters have different patterns of behaviours towards drug abuse we found out that:**
  - **In spite of sharing some of the same family context and problems they tend to perceive parents in a different way.**
  - **Siblings were able to develop different strategies of coping with problems.**
  - **They also tend to look for resources outside the family circle.**





# Drugs and Prisons in Portugal, 2001-2007: some conclusions

## 1. The type of crimes since 2001:

- The general picture has not changed much. Direct and indirect crimes related with drugs are still the majority of the crimes committed (65%/70%)

## 2. Drug abuse slightly changed since 2001:

- Decreasing consumption of heroin in lifetime declarations of drug use; but in 2007 cocaine has now overcome heroin;
- Increasing consumption of ecstasy declarations and of pharmaceuticals and other substances inside prison;
- Drug users diminish their consumptions within prison but the ones that continue tend to change the mode use. They inject less and increase smoke use.