

Social Support: The Main Factor for Retention of Addiction Treatment

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Abstract

Aim: Substance abuse is a substantial threat and problem to public health. The goal of drug abuse treatment is to return people to a productive normal situation in the family, workplace, and community. Treatment dropout is one of the major problems, encountered by the treatment programs. The maintenance of treatment is associated with retention in treatment, and many factors are associated with retention. The main purpose of this study is to examine the factors that play important role in retention of addiction treatment.

Methods: This is a qualitative research with conventional content analysis method. Purposive sampling was applied and continued until data saturation was achieved. The participants were 22 volunteers, including outpatients, physicians and psychotherapists. The method of data collection was semi-structured face to face interview (30- 40 minutes). All interviews were recorded and transcribed verbatim.

Findings: By content analysis, two categories were obtained, including emotional and informational support. The main common theme of categories was social support, which was the major requirement to retain the treatment among drug abuse outpatients.

Conclusion: The findings of this study showed that social support is one of the essential services to stop or reduce substance abuse. Recognizing this factor could improve interaction between the family, clinical staff and patients in addiction treatment retention.

Keywords: Addiction treatment retention, Social support, Qualitative study

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Introduction

Drug addiction is an illness that can affect anyone including rich or poor, male or female, employed or unemployed, young or old, and any race or ethnicity [1]. The United Nations (UN) World Drug Report (2012) claims that 230 million people are using illegal drugs at least once a year and 27 million people are addicted. Nowadays, 11.8 million people suffer a moderate to severe disability attributable to illegal drug use, and more than 0.2 million people die from drug use annually [2]. The prevalence of drug use disorders is estimated to be 3500 per 100 000 [3].

Illicit drugs are a substantial threat and problem to public health; they can cause crime, disorder, family breakdown, and community decay [4] with high costs for both drug-addicted individuals and their society [5].

The programs to prevent and fight against drug abuse have become major programs in two recent decades in most parts of the world [6].

In Iran, to fight such a problem, the drug request has decreased considerably in recent years; such a procedure includes three main steps as follows: prevention, treatment and loss reduction. In the field of treatment, outpatient clinics are providing necessary services to stop drug abuse by the addicts [7].

The goal of drug abuse treatment is to return people to productive functioning in the family, workplace, and community [8].

Previous studies have indicated that interactions between three factors including (a) program characteristics (methadone dose, take-home privileges, staff attitude, and treatment service accessibility), (b) client characteristics (age, poly substance use, treatment motivation, and client's psychological function), and (c) social characteristics (family support, community support, and peer support) were also significant in predicting treatment success [9].

Unfortunately, treatment dropout is one of the major problems encountered in treatment programs [8]. Multiple studies have shown that less than 20% of patients continued treatment for 6 months [10].

Relapse after treatment is a common problem among drug addicts in addiction control and prevention programs. About 80% of the addicts relapse into drug abuse within 6 months after treatment [11]. It has been found that 20 to 90% of under-treatment addicted individuals might experience relapse situation [12, 13]. Reduction in opioid use and crime is related to duration in treatment, and usually longer treatment involvement is associated with continued crime reduction [14].

Success in outcomes often depends on a person's staying in treatment long enough to achieve its full benefits [8]. Many factors are associated with retention including higher methadone dose, free treatment, and more effective contacts with the clinic and counselor

[15]. Many studies and systematic reviews have shown that the maintenance of treatment is associated with retention in treatment, reduction in illicit opiate use, decreased craving, and improved social function [10].

Simpson' studies revealed that longer program participation was associated with better therapeutic relationships, and both of these factors promoted positive changes in treatment, which are related to longer retention [16]. Therefore, strategies for keeping people in treatment are critical [8] and retention of treatment is a significant predictor of treatment outcomes [17]. Hence, it is necessity to know and understand the retention factors in addiction treatment. The main purpose of this study is to examine the factors in retention of addiction treatment.

Materials and Methods

This qualitative research was done using conventional content analysis method. Purposive sampling was applied and continued until data saturation was achieved. The study setting was real places; most of which took place in a private room at the clinics. The method of data collection was semi-structured interview and taking note was used.

The participants were 22 volunteers, including outpatients (clients who referred to Addiction Treatment Clinics in Bojnord), physicians, and psychotherapists (who had working experience

in addiction treatment clinics). At the beginning of each interview, the researcher introduced himself, and then started asking specific questions. The main question was "What are the reasons of treatment retention among clients in addiction clinics". Other questions were asked according to the participant's answer to this question. The interviews lasted for 30-40 minutes. All interviews were recorded and transcribed verbatim; of course, the verbal permission had already been taken for recording and transcription. Briefly, the following steps were taken for conventional content analysis:

1. Writing and implementation of the interview
2. Reading the text for understanding
3. Determining the meaning of primary codes
4. Classification of the same primary codes in categories
5. Determining the content within the data

In this study the consistency of ideas and experiences was examined within the transcripts. Then a detailed list of meaning units was created from each interview transcript. They were coded into the various sub-categories. The categories were formed based on the similarities and differences between each sub-category.

In addition, the meaning units and sub-categories were reviewed and approved by some of the participants and experts in the

field of qualitative research and addiction treatment.

Results

Twenty-two participants were chosen amongst the addiction treatment clinics, including:

- a. Eight patients: four males and four females with the age range of 25-52 years, and addiction duration of 2-15 years.
- b. Six physicians: five males and one female, three psychiatrists, and three general physicians, who were working for 2-12 years (in the addiction treatment clinics).

c. Eight psychotherapists: three males and five females who were working for 1-10 years (in the addiction treatment clinics).

The literacy level of the participants was from primary to university level.

The primary codes were classified into two categories: “Emotional support (supports of family and friends)” and “Informational support”. The main common theme of categories was social support, which was the main requirement of treatment retention amongst the outpatients. The results of data analysis are shown in Table 1.

Table 1: Result of data analyzing

Sub category	Categories	Main theme
Help by family and friends	Emotional support	Social support
Assistance of spouse		
Family’s caring and accompany		
Need to knowledge and information	Informational support	
Need to counseling		

Support of family and friends (emotional support)

Most of the participants said that one of the common things in treatment retention is their family and friends support. For example, one of the female patients, with about three years of drug use history and seven months of treatment retention, answered to main question as following: “My husband should help me”, and a psychiatrist with long experience in addiction treatment (twelve years) answered: “Family is very important in retention of

treatment” and “My experiences show that the families of most of people (90%), who have been successful in treatment retention, accompanied them in the treatment process”. A 52-year-old patient, who used opium and heroin for about fifteen years, and just cleaned for eighteen months, said: “Without my wife and my friends, I couldn't make it”.

Informational support

The second category was knowledge and information about treatment. Unanimously, all

of the participants said that treatment retention needs information about the treatment phases and conditions. A 28 years old young man, using crystal for two years and just cleaned for eight months, said: "I didn't know about the changes that could be happened for me during the treatment, and because of that, when I felt physical weakness, I backed to use drugs again but now I know that this weakness is natural and temporary."

One of the psychiatrists said: "They have to know treatment phases clearly in order to interact in treatment". One of the psychotherapists said "Consultation is very important for patients' awareness in treatment situations". A 35 years old patient said: "Awareness is so important because if we knew more about treatment, we wouldn't concern about it". He used opium and was under treatment for 5 months. A female physician, with work experience in addiction treatment for about 3 years, mentioned: "I have realized that they need to know treatment phases clearly". Unanimously, all of the participants said that patients have to consult effectively.

Conclusion

According to the achieved results, social support is a main factor in retention of addiction treatment. According to House, social support is classified into four types:

emotional, informational, instrumental and appraisal [18, 19].

Other study showed that social support consists of a variety of types of helping behaviors, and has typically been categorized into three primary types of support: informational (advice and guidance), emotional (including encouragement), and concrete (tangible help and assistance) [19].

This study showed that emotional support and informational support are very important in retention of addiction treatment. We know that, for succeeding in health and each project, social support is of crucial importance [20]. Social supports may operate through influence on health promoting behaviors such as abstaining from cigarette smoking, moderating alcohol consumption, and improving diet, exercise, and sleep quality [21]. That is even said one of the main barriers to health care is a lack of social supports [22].

Most of the empirical studies, relating social support to addiction and treatment seeking, maintain a quantitative approach [23]. Farrell's study showed that patients treatment in opiate dependence with good social support are more likely to benefit [24].

In addition to rehabilitation, family support is a positive factor [25]. Social support is one of the essential services to stop or reduce substance abuse [26]. Some researchers recommended that treatment should not only

focus on reducing substance use, but also instigate change in other variables. For example, familial support and social support are two mechanisms of changes in treatment [27]. A review article showed that addiction treatment factors concern with the constructs of health education models, and also perceived social support were conformed [28]. Finally, recognizing this factor, in addiction treatment retention, could improve interaction between the family, clinical staff and patients.

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