

**Trajectories from addiction to reintegration**  
**Study of the social trajectories of drug addicts after the**  
**therapeutic process**

(PTDC/CS-SOC/099684/2008)

**Report III**

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## Introduction

This report deals with the results from the investigation project “*Trajectories from addiction to reintegration – a study of the social trajectories of drug addicts after the therapeutic process*”. With these results, we intend to contribute to the understanding and explanation regarding the complex reality of social reintegration of psychoactive substance addicts after going through treatment in a therapeutic community.

The development of the empirical study was based on the therapeutic community of Quinta das Lapas, of the Dianova Association in Portugal. This choice was based on recognizing treatment as a key factor in breaking the habit of abusive consumption and in the success of the reintegration of the individuals; therefore, it had an impact in the results obtained by this study. The fact that the Quinta das Lapas therapeutic program was at the time the only one in Portugal (at the beginning of this investigation) with its Quality Management System certified in accordance with the ISO 9001:2000 standard offered empirical assurance of control over quality variables associated with the treatment. It is also important to highlight that these aspects are especially relevant in this study, when putting into perspective the identification of strategic guidelines for the development of supportive measures for the reintegration of drug addicts after the therapeutic process.

The main goals of the study were to capture social regularities and singularities present in the strategies of reintegration of the individuals and associated with social, family, and individual patterns, with competences acquired during the therapeutic process, or resulting from the appropriation of institutional measures. We aimed to answer the following questions:

- what are the reinforcing factors associated with successful reintegration trajectories and what are the factors of vulnerability associated with the unsuccessful reintegration trajectories?
- what lifestyle changes could be seen after the therapeutic process – relationship with the psychoactive substances, life goals (individual, socio-professional), sociability networks, leisure activities...?
- what are the main agents of support to the reintegration process – family, friends, therapeutic team, other agents or social support structures...?

The study was composed of three distinct yet articulated phases. The first phase was dedicated to analyzing the database of users of the therapeutic community Quinta

das Lapas (Dianova Association in Portugal) with clinical discharge between 1999 and 2009. In this phase, we carried out a socioeconomic and demographic categorization, as well as a categorization related to substance consumption. The second phase was based on the application of a questionnaire by telephone. Through this first contact, we intended, under a *follow-up* logic, to identify changes in the trajectories of life of the individuals, to identify a definite stop or relapse in the consumption of psychoactive substances, to know the courses of their lives, and to identify the obstacles and facilitators of family, professional, and social reinsertion. The third phase was dedicated to in-depth interviews with a group identified as relevant for the issues studied here, due to its characteristics and reintegration trajectory.

The comparison between data obtained in each of the empirical phases enabled important elements of analysis about the trajectories of the drug addicts after their therapeutic process. In order to emphasise these elements, we structured this report starting from the presentation of a short summary of the main results of the two initial phases <sup>1</sup>. Afterwards, we presented the main results of the third phase. Lastly, we presented a systematic analysis of the social trajectories of reintegration, attempting to evidence differentiating factors in the course of their lives and social networks of support, aiming to uncover strategic areas for intervention in the development of support measures for social reinsertion after treatment of drug addicts.

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<sup>1</sup> For more detailed information regarding the analysis and results from the first two phases, see Reports I and II.

## **Social characterization of the drug addicts after the therapeutic process**

As previously mentioned, in the first phase of the investigation project Trajectories, from addiction to reintegration, we traced a sociodemographic profile of the users in the therapeutic community of Quinta das Lapas, based on the clinical processes of users who concluded their therapeutic process (that is, who were clinically discharged) between 1999 and 2009. This analysis allowed us to trace a profile of 178 users as they entered treatment.

Most of the users in the therapeutic community are men, aged between 21 and 35 years old, have completed the second or third cycle of education and come from the district of Lisbon. Regarding their position in the job market, many were "factory workers, artisans and similar workers" and "service providers and salesmen"; however, when entering treatment, most of them were unemployed. The main substances consumed by these individuals were heroin, followed by alcohol and cocaine. On average, the consumption of these substances started shortly before 20 years of age. The consumption patterns of these users were characterized by polyconsumption, which can be understood as the "concomitant or consecutive consumption of different licit and illicit drugs" (OEDT, 2009b:1), and users reported having consumed around three substances frequently.

In theory, we would expect to find several polyconsumption patterns associated with certain lifestyles or social positions, such as cocaine use associated with the consumption of cannabinoids and alcohol by night club goers (OEDT, 2009a: 69) or ecstasy and hallucinogen consumption associated with the rave movement (Chaves and Vasconcelos, 2008). However, given the homogeneity in the profiles of the users in this study, it was not possible to verify different polyconsumption patterns, as a large part of our study universe was composed of individuals who consumed heroine in conjunction with other substances.

This initial portrayal of the individuals studied indicated that we were facing a specific population, who sought the services of therapeutic communities and is distinct from other populations who show different consumption patterns (Henriques, 2003; Carvalho, 2007). Apparently, for this group, there seems to be no answers that meet their emerging needs.

### ***Follow-up of drug addicts after the therapeutic process***

In the second phase of the project, we aimed to learn about the current social situation of the users who have been clinically discharged at least one year ago. For that purpose, we applied a questionnaire by telephone to 63 users. From the results we obtained, it was possible to elaborate a social reintegration index of drug addicts after the therapeutic process.

This index is composed of the sum of 7 variables encompassing 4 dimensions (work, family, abstention, and social), which are presented below:

1. Regarding the work component, we considered two variables, a more generic and a more specific one, which allow for some distinction in the type of job integration: not being unemployed or having been admitted for treatment; being a self-employed worker or having an unlimited contract.
2. Regarding the family component, we intended to consider the autonomy from the family of origin in particular, taking into account that a large part of these users lived with their families of origin before being admitted for treatment. Therefore, we considered not currently living with one's parents to be an indicator of integration.
3. The abstention component included two factors: the user is not currently using drugs; the user has not relapsed since the end of treatment.
4. The social component also included two indicators of social capital, a more generic and a more specific one: having made new friends after having finished treatment, and belonging to some type of association or group, which, according to Putman (2000) consists of a crucial dimension of social capital.

Each of the criteria corresponds to one point, with the reinsertion index of the drug addicts corresponding to the sum of these points. The index goes from 0 to 7, with 0 meaning no reintegration and 7 meaning maximum reintegration according to the selected criteria ( $M = 3.76$ ;  $D.P = 1.42$ ).

It is even more important to learn about factors related to the reintegration indicator than to create the indicator itself; therefore, we tested some of the factors considered relevant, mostly based on existing literature on the topic. The factors were groups in the following five categories:

sociodemographic, legal, geographic, treatment-related, and substance-related.

#### *Sociodemographic factors*

Gender: Jainchill et al. (2005) compared results between the male and female genders in a group of teenagers, with male teenagers presenting higher prevalence of marijuana consumption and legal problems of various natures. Messina et al. (2000) verified differences in the results between men and women regarding employability and imprisonment, with men having a higher incidence of both. That is, if men show both higher imprisonment and higher employability, this does not seem to be a relevant criteria for reintegration; therefore it was introduced as a control variable.

Age: Johnson et al. (2008) found a significant relationship between age and drug use; the older the users, the lower the incidence of drug consumption. Therefore, it is expected that former users who are older will show better results.

Education: it is expected that former users with higher educational levels have higher chances of reinsertion, since higher educational levels are associated with higher rates of employability, and other studies applied to the general population (Lin, 2001:120) have demonstrated a relationship between educational level, social capital, and income level.

#### *Legal factors*

Having pending legal issues before admission to treatment: Messina et al. (2000) found a positive relationship between pre-treatment criminal status and imprisonment in the *follow-up* period, as well as a negative relationship with employability. Therefore, the lack of legal problems must be associated with better reintegration.

#### *Geographical factors*

Having changed residence after ending treatment: although this factor was not used in the literature we consulted, we assume that a change in residence has a positive impact on the reinsertion of former users, since drug consumption and trafficking, especially of heroin, are territorially localized (Chaves, 1999; Fernandes, 1998). Therefore, a geographic change in residence implies, a priori, for those who resided in zones near contexts of trafficking and consumption, a smaller chance of contact with these contexts. On the other hand, this can also be an indicator of *empowerment* and autonomy regarding the family of origin, since a relevant proportion of users lived with their families when they started treatment.

### *Treatment-related factors*

Years passed since the end of treatment: in Perngparn et al. (2011), time passed since the end of treatment was associated with alcohol consumption, with higher alcohol abstinence in the first years of *follow-up*, tending to decline later; in turn, drug use relapses had higher incident in the first years of *follow-up*. Also in Simpson et al. (2002), the number of years after treatment was shown to be significant in factors such as consumption of cocaine, heroin, alcohol, illegal activities, and imprisonment, in the sense that values decrease in the first year after treatment when compared to the pre-admission, but increase in the 5th year after treatment when values are compared with the 1st year. As such, it is expected that a relationship exists, but that it isn't completely linear.

Length of treatment: in Moos et al. (1999) the length of treatment was verified to be directly related with abstinence and employability and inversely proportional to imprisonment. Additionally, in Johnson et al. (2009), length of treatment was verified as being significant in relation to a decline in the use of drugs. As such, it is expected that the longer the duration of treatment, the better the results.

Evaluation of treatment: in Fernández-Montalvo et al. (2008), evaluation of treatment was shown to be related to the lack of relapses, as the group of ex-users that positively evaluated the treatment displayed lower percentages of relapses. As such, it is expected that users that positively evaluate the treatment will display better results.

### *Factors related to substances used*

Although significant relationships were not reported in the bibliographic research, it is expected that the main substance and the length of its use have an effect on reintegration of individuals. It is expected that former users that have used heroin and cocaine as main substances display worse results due to the severity of addiction. Similarly, it is expected that longer periods of use of the main substance will result in increased difficulty of reintegration, since it implies a longer period of separation from mainstream society.



The descriptive measures of the factors presented above can be referenced in table 1; for the categorical variables, the frequency and percentage are displayed, and for quantitative variables or those treated as such, the average and standard deviation are displayed.

**Table 1: Descriptive measure of independent variables, n=63**

Variables	n	%	M	SD	Variables	n	%	M	SD
<i>Sociodemographic</i>					<i>Therapeutic process</i>				
Male	54	85.7			Years since release from therapy			5.8	3.1
Age			39.4	6.4	Length of treatment (months)			14.9	3.9
Education Level					Assessment of treatment <sup>2</sup>			3.8	0.9
1st Cycle	8	12.7			<i>Substances</i>				
2nd Cycle	9	14.3			Alcohol	10	15.9		
3rd Cycle	28	44.4			Cannabinoids	3	4.8		
Secondary + Vocational Higher Education Degree	15	23.8			Cocaine	9	14.3		
University	3	4.8			Heroin	36	57.1		
					Years of main substance use			14.7	7.2
<i>Geographic</i>					<i>Legal</i>				
Moved	35	55.6			Began treatment without criminal record	25	39.7		

The factors described above were later cross-referenced with the social reintegration index for drug addicts, and the results are described in table 2. The averages of this index were calculated for the categorical variables, and a correlation coefficient for the quantitative variables was calculated (*Pearson's R*).

When comparing men and women, the latter display higher figures in the index, but with a negligible difference of 4 decimals. In terms of age, the relationship is positive in the sense that with more age, the values are higher in the index, despite the correlation being very low. In terms of education level, there isn't a linear relationship between years of schooling and the values in the reintegration indicator, noting that, in contrast to what was expected, higher values were observed in subjects in the 1st cycle and lower values in subjects that are university graduates. It should be noted, however, that the frequencies are very low in some categories. In geographic terms, subjects that have moved display values

<sup>2</sup>The variable evaluation of treatment results in an index composed of the averages of responses to a group of five questions: staff performance, adequacy of treatment, results of treatment, general functioning of the institution, and reintegration support following departure from the community. Responses were given on a *Likert* scale from 1 to 5 (1 very dissatisfied, 2 dissatisfied, 3 indifferent, 4 satisfied, 5 very satisfied). This index presents an internal consistency of  $\alpha=.81$  that would not improve with removal of any of the variables. Through an analysis of the main components (AMC) (Marôco, 2010) a one-dimensionality with 57% of the explained variance is also confirmed.

that are roughly higher. In the three factors related to the therapeutic process the relationship is always positive: the more years passed since release from the clinic, the longer the treatment duration, and the better the evaluation of the treatment, the higher the values of the IRST. The correlation with the length of treatment was the lowest. As such, the years that elapsed since the end of treatment and the subjective evaluation of treatment appear to be the most relevant, although in this case there should not be a simple cause-effect relationship, but rather a circular effect. This means that if subjects find themselves to be better integrated, the evaluation of treatment should be better. In terms of the main substances used, former consumers of alcohol are those that displayed the highest values, and former users of cannabinoids as main substances are those that displayed the lowest values. The first phenomenon can be attributed to the fact that it is a legal substance, and as such there isn't as much social discrimination faced by its former consumers. As for cannabinoids, such low values were not expected, which can be attributed to a number of problems that surround the use of this substance. However, it should be noted that this is a very rarely addressed category, and as such the values of this average should be interpreted with caution. In contrast to what was expected, more years of use of the main substance meant higher values in the index created. Finally, in relation to the legal factor, the difference between having and not having any criminal background only alters one decimal in the index's average values.

**Table 2: Averages and correlation coefficients of IRST in independent variables.**

Variables	M	R	Variables	M	R
<i>Sociodemographic</i>			<i>Therapeutic process</i>		
Male	3.4		Years since release from therapy		0.11
Female	3.8		Length of treatment (months)		0.06
Age		0.08	Evaluation of treatment		0.11
<i>Education Level</i>			<i>Substances</i>		
1st Cycle	4.1		Alcohol	4.2	
2nd Cycle	3.6		Cannabinoids	2.7	
3rd Cycle	3.6		Cocaine	4.0	
Secondary + Vocational Higher Education Degree	4.0		Heroin	3.7	
University	3.3		Years of main substance use		0.13
<i>Geographic</i>			<i>Legal</i>		
Moved	3.9		Began treatment without criminal record	3.8	
Did not move	3.6		Began treatment without criminal record	3.9	

Overall, in general, large differences aren't observed, for which the following caveats should be noted. The first has to do with the basis of empirical work that in addition to being reduced in scope, does not adhere to criteria of statistical representativeness. The second refers to the need to replicate the proposed indicator in subsequent studies to validate its robustness. It is also valuable to consider that a successful reintegration could not depend so heavily on *a priori* characteristics of subjects (sex, age, education level, etc.) but more on post-treatment characteristics (hardly explored in this model). Finally, the success of reintegration could not be wholly measured through quantitative methodologies or by classification of subjects in large macro-sociological categories, as the reintegration experience of each subject should be analyzed in a micro-sociological perspective.

The questionnaire applied even considered the scope of evaluation of treatment, through service provided by the therapeutic community. The evaluation provided by those surveyed was generally positive, with emphasis on the 'results of treatment' and the 'staff performance'. These results corroborate the initial idea that treatment is a fundamental aspect in the process of social reintegration. Even more when it is regarded as effective by the users themselves.

## **Discussions and images of the trajectories of drug addicts following the therapeutic process**

Finally, in the third phase of the project, in-depth interviews were conducted with some subjects that were surveyed over the phone (17). Partial life stories focused on the biographical journey following treatment were collected (Bertaux, 1997). These partial life stories were collected with the assistance of a *life grid*, or grid of life events (Parry, 1999). Through the life grid, we aim to identify information relating to important, interconnected dimensions: residential trajectories, family trajectories, employment trajectories; educational trajectories; and consumption trajectories. We also seek to understand the main challenges and ease experienced during the process of social reintegration.

The in-depth interviews were complemented by a record of ethnographic notes and with a photographic expression of reintegration of each interviewee. While interviews were conducted, an instant camera was given to the interviewee, and they were asked to take a photo of an image that expressed their journey towards social reintegration. This image was then explained by the interviewee, allowing them to clarify its meaning.

As aforementioned, the use of visual data in this context aims to serve as a complement to the information collected in interviews, as it allows for capturing aspects that go beyond those that are verbalized, thereby deepening them. This strategy of complementarity between qualitative and visual methods reinforces the meaning of the words in the description of behaviors, contexts, or other symbolic aspects of character (Rhodes and Fitzgerald, 2006).

In general, works that appeal to visual methods adhere to several specific characteristics and seek to fulfill various goals. For Pain (2011:305), there are photos that are good for "improving the quality and depth of the data collected or subsequently presented" and those "that pertained to the relationship between participant and researcher". In this study, the use of photos was aimed at responding to both purposes, that is, while allowing for a deepening of the information collected in interviews, it facilitated and deepened the relationship with the researcher.

Suchar (1997) divides the use between *photo-elicitation* and *shooting scripts*. *Shooting scripts* "offered particular ways in which photography could embody the interrogatory

principle". While *photo-elicitation* "is a method of using photographs to guide interviews and ask questions about social cultural, and behavioral realities". That is, while *shooting scripts* are material *per se*, *photo-elicitation* are a means of obtaining materials. According to the author, "shooting scripts involve the creation of a series of categories of photographic evidence to be collected and questions to be explored" (Suchar, 1997:36).

Among the cases of *shooting scripts* (in Suchar's terms), a division can be made between what can be classified as *documentary* and *documentation*. The first refers to records that serve as illustrations of a given reality, while the second is more positivist, and the images serve as data themselves, as "visual transcriptions" of a given reality (Henley in Parkin and Coomber, 2009:22-23). In relation to concrete studies with visual methods on drug users, Bourgois' (2003) study can be highlighted as an example, in which an appeal was lodged to photos to illustrate the context in which the field work was carried out.

Visual methods can be used as means of *visual documentation* (snapshots), as a type of visual ethnography, as visual journals, or even as a way to demonstrate processes or as a means of visualization to display information through images that is otherwise difficult to express in words (which is the case of this study) (Rhodes and Fitzgerald, 2006). In this context, the appeal to auto-photography is an important visual method that complements the information gathered from biographic interviews. "The auto-photographic studies (...) are thus indicative of a move away from a reliance on 'perfect' images composed and recorded by researchers, toward approaches that place 'the researched' behind the camera" (Johnsen et al., 2008:195). In this study, we appeal to auto-photography, understood as "photography conducted by research participants themselves" (Ziller in Johnsen et al., 2008:194).

Noting the distinctions displayed above, the types of *visual methods* can be diagrammed in figure 1.

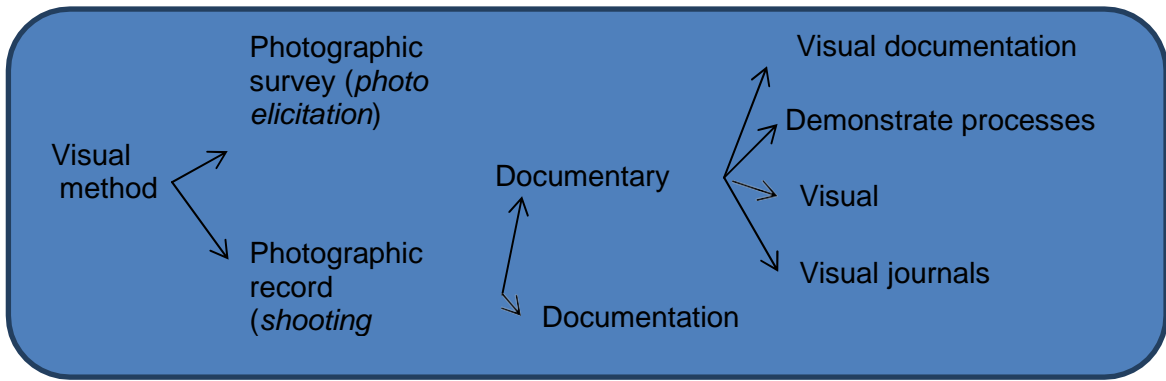


Figure 3: Visual methods

In summary, it is important to reinforce that the use of visual methods (self-photography) in conjunction with the information collected through interviews aims to promote reflection by interviewees (Pain, 2012) about the facilitating factors and obstacles of their social reintegration process following treatment. As a somewhat abstract concept and with a population with low levels of education, the complementarity between different strategies was shown to be very important and impactful on the level of oral expression.

Table 4: Characteristics of interviewees

Name <sup>3</sup>	Age	Years since a departure from treatment	Education Level	Occupation
Marlene	34	12	High School	Office attendant
Vergílio	43	8	3rd Cycle	Small business owner
Joaquim	48	11	3rd Cycle	Animal caretaker
Eurico	41	7	High School	Unemployed
Paulo	33	5	Bachelor's Degree	Unemployed
Guilherme	35	7	3rd Cycle	Factory employee
Arlindo	49	5	1st Cycle	Maintenance employee
Aldina	39	6	High School	Education assistant
João	41	6	3rd Cycle	Operational assistant, landscaping
Anabela	46	13	3rd Cycle	Unemployed
Raúl	36	7	Bachelor's Degree	Sick Leave
Bernardo	36	6	3rd Cycle	Driver assistant
Rodrigo	38	6	3rd Cycle	Unemployed
Leonardo	28	5	3rd Cycle	In pre-trial detention
Jaime	52	12	2nd Cycle	Head waiter

<sup>3</sup> To preserve the anonymity of interviewees, all names are fictitious

Presented here are the first results that give voice to the subjects being analyzed, allowing for interpretation of their lived experiences of reintegration. In this sense, on one hand, featured here are the factors indicated by the speakers as having allowed for satisfactory social reintegration and, on the other, factors that made the process of reintegration difficult. These factors (facilitators and obstacles) are analyzed in relation to three main aspects: residential, familial, employment.

### *Enabling factors*

According to interviewees, successful social reintegration is possible with family support. Both when related to original family (especially parents and siblings), and families formed after treatment (marriage or *de facto union*). In fact, this is the source of support most frequently cited, whether in financial or moral/psychological terms, or even as a source of trust or for dissuasion of psychoactive substance use.

*But in the end I think I ended up being able to deal well, but I also had psychological help from my family and in this sense the way they helped me in relation to food was so important, because I vented a lot to my father, I vented about everything, anything worth talking about I vented to him, and now I get along really well with him, if I need to vent or if I need some advice I always have him or my sisters on hand. (Aldina Varela)*

However, the same family that commonly acts as a large source of support can also be identified as a hindering factor to full reintegration. This attribution emerges in situations in which the stigma of 'drug addiction' continues to be present, since in situations of conflict it is quickly and repeatedly triggered.

*The individual can change, but the family doesn't change, or changes very little and is always uncertain, and often all have to face it head on.*

*"That was fifteen years ago, I already paid the price for that!" This is not how you're going to help me keep my head up and move forward. (Joaquim Crespo)*

No instance of complete breakdown of original family was identified. However, there are some instances in which the family is geographically distant. João Almada and Arlindo Mesquita are both from towns in the north of Portugal, and both preferred to not return to their former areas of residence, having begun a new life project in a distant region without family support. While Arlindo Mesquita emphasizes the support of the company where he works, João underscores his own self-help abilities throughout his dialogue.

*I am my own therapist...and I've been out here without drugs and alcohol since*

*two thousand and seven [...] Me here alone, so without my parents, without my brother [...] I had moments of being at home on the computer, playing a game, and I wanted a beer, so I picked myself up and had to go to the café, so I'd go to the café, I'd grab a bottle of water, I'd drink a coffee, and I'd leave. (João Almada)*

There are even those who found strength more residually alongside third parties "one or two good friends" (Joaquim Crespo), in pets "I'm a person who really loves dogs, and who is really connected to dogs, and it really helps me" (Vergílio Esteves).

### *Limiting factors*

When asked about the biggest obstacle to full reintegration, returning to the former place of residence is the most frequently identified. Two types of reasons are cited. On one hand, there's the problem of getting back in contact with old circles of use, which could influence relapses "[my reintegration was] *really good because I was really far from Lisbon... It was not going to back to before, not going back to the same places, the same people*" (Marlene Bernardo). On the other hand, there's the issue of living in a small community, where there's higher social control by some members and where the stigma of drug addiction is very present.

*When I came here they were like "when is she going to relapse?" (...) It was like this, be it with drugs, alcohol, or someone that had an affair...which is also mentioned. (Anabela Prista)*

*A guy walks into a café and hears: "huh!..." And a guy acts like he doesn't hear. (Joaquim Crespo)*

However, it appears that the problem neither results as much from living in a small community nor from living in a community in which the past of the substance addicted individual is known. But, rather if they return to a small community where its members have had contact with the individual while addicted to substances. Both Anabela Prista and João Almada live/lived in small areas where their status as former substance addicted individuals was known without being regarded as an impediment to their return following treatment.

*[Did you think that if I hadn't come back here it would've been easier?] It would have been, because I had six months in the Alpiarça hangar, and I was the one that had to go the pharmacy (...) and people knew perfectly well that I belonged to Dianova and they always treated me well...they always treated me with respect. If I had gone back to a place that wasn't mine it would've been easier,*



*both for me and for most people that reintegrate themselves and go back to their homes (Anabela Prista)*

Aldina Varela's situation is uncommon in that although she returned to her former place of residence, she received support from part of the local community. Specifically, in instances of economic difficulty, she received material support from several people she knows. For Aldina, the greatest difficulty experienced was the shock of returning to her old surroundings after treatment.

Another factor mentioned by some interviewees is the fact of having left treatment without feeling prepared to do so. For Aldina Varela, the residence environment seemed strange to her, in that she experienced difficulty in returning to socializing in her residential settings, and in resuming everyday routines.

*I fell out of a clear blue sky, and I had the feeling that my house was strange to me, I was there for nearly a year because they let me stay a little longer due to fear, but there was a point in which they told me You had to go, You have to go. And so that's when I arrived here. I was lost because it seemed like I didn't know where my things were. It seemed like the house wasn't mine anymore, and then we see things so differently, that everything is strange, and it seems like we've fallen. [...] And then it's getting into the routine, and now I get my kids ready to go to school, I make lunch and all of those things that we'd forgotten about there [...] Schedules, seeing what time I have to wake up, to give them their lunch, the routine and finding a job and those things. (Aldina Varela)*

Another challenge identified by interviewees is economic difficulties. Initial difficulties during the period following treatment, but also challenges associated with unemployment. In this same sense, references to the current situation of the economic recession are highlighted. These references arise from individuals that were unemployed at the time of the interview, but also from individuals that, although employed, indicate fear of losing their job and ending up in a situation of greater vulnerability. In some cases, such as that of Eurico Osvaldo, prolonged lack of employment becomes a demotivating factor for abandoning current use and for trying to actively seek employment. The uncertainty and risk associated with perspectives of the future tend to manifest feelings of "existential desperation" accepted as inevitable (Costa, 2012).

*At the time I was unemployed, it was a little difficult and I had to be able to manage it...rent, water, electricity, all of that, that's why I worked on the side, because what I got from the employment center wasn't enough for anything (...)*

*but that's where I was able to move past another phase. (João Almada)*

*So much time has passed that I have little will ... unemployment keeps rising and nothing happens. (Eurico Osvaldo)*

The results presented display factors that favor and limit full social reintegration from the perspective of respondents. There are some factors that stand out. Family tends to be a source of support, but it is also possible that families maintain the stigma of the 'drug addict' present and trigger it in situations of conflict. Beyond family, support can also be received alongside coworkers, friends, or even pets.

As for factors that hinder successful social reintegration, the most salient is returning to the old place of residence following treatment, both due to proximity to contexts of use and due to the higher social control exercised in smaller communities, with characteristics closer to the ideal community of Tönnies (2004).

As aforementioned, this data was complemented by self-photographs. Although only one photo was requested, some individuals suggested more than one. The self-photos that make up the *corpus* of this study were grouped into the categories presented in the following table. In some cases, the photos were classified in more than one category simultaneously.

Table 5 – Categories of self-photographs

	People/animals	Locations/landscapes	Images idealized	Events important
Marlene	X	X		
Vergílio	X	X		
Joaquim	X			
Eurico				
Paulo			X	
Guilherme	X			X
Arlindo	X			
Aldina	X	X		
João	X			
Anabela	X			
Raul	X			X
Bernardo			X	
Rodrigo	X			
Leonardo	X			
Jaime				
Nando		X		
Pedro			X	

### 1. People and animals

The most frequent photos were of people or animals. These were then divided into sub-categories, people (8) and animals (3).

Although there were three photographs of animals, the reasons indicated were different. For Vergílio, a possible photo of his dogs would be because "*I am a person that really loves animals*". Joaquim photographed one of his horses because "*horses have a therapeutic effect*". While the third photo related to animals depicts a cat, symbolizing "*freedom*", according to the interviewee.

Both Marlene and João took self-portraits due to their perseverance and autonomy.

*I chose to take a photo of myself because of the struggle that I've faced until now, because it's like this: I dealt with everything alone, and nothing, nothing from my parents, my parents helped me and want not to pay to the institution...this is why I'm saying it, this is why I took a photo of myself...because since 2007...I moved from my hometown Aveiro and came to the institution to treat me because I'd had enough of drugs (João)*

Due to the importance attributed to family as a source of support (Martins, Henriques, and Candeias, 2013) many interviewees take photos with family members or suggest photos

of relatives. Marlene suggests a photo with her partner, however, the photo never materialized because she didn't allow its public disclosure. Guilherme takes a photo of his wedding, given the importance he recognizes in his wife. Raul (separated and living alone) suggests photos of his son. Anabela submits a photo of her mother and son, explaining:

*It's not that the father of my son isn't important, but my son's father isn't anything to me at the blood level, let's see if you understand, my son's father is important, since it was with him that I chose to be a mother, with my son's father, but who is my blood? It's my son and my mother. And thank God they are always by my side, in good times and in bad times, and so that's the photo that's here. (Anabela)*

And if sometimes work is a second family, it's not uncommon that coworkers be photographed. Arlindo submits a photo of himself with a coworker "*for having done so much for me, for having believed in me*". That is, for the support that they've provided. Raul also shows the interviewer a photo at a work party, but in this case more so for the feeling of fulfillment and recognition that he gets from work "*and here is the guy that was addicted to drugs and became a collaborator to give off a type of energy that was really positive*". The feeling of accomplishment and satisfaction with work is also a reason that leads Aldina to photograph her place of work and coworkers.

*Despite all of this, all of the jobs that I've had...I think that it's this part here...this view here of the school and the garden...and if I could remain here for the rest of my life I would...it's tiring and there are times when it's tiring even for my head, but I like it, I like it, I've always liked children and there are times when it is more...but we end up...when a boy comes with us and gives us a hug or he says that he really likes us it's excellent (Aldina)*

## 2. Locations / landscapes

The photos are classified in the category of locations and landscapes, two taken and one suggested. Aldina photographs the school where she works due to the feeling of accomplishment that she gets from her job. Virgílio photographs the sky, symbolizing freedom. Nando photographed a place that he goes to daily. And finally, Marlene, suggested a photo of a village where she lived at the end of her treatment.

*A 20-year-old girl from Lisbon reintegrating herself in a town where there's nothing, no job opportunities, barely anything, no transportation, the level of education of the population is practically zero, but despite this, this was the area where I succeeded (Marlene)*

### 3. Idealized images

In some situations, interviewees suggest images that metaphorically symbolize their reintegration or meaningful moments of it. Paulo proposes an image of a sweaty and tired snail ascending an inclined surface to symbolize the idea that his reintegration is a very slow and tiring process. In this case, it symbolizes reintegration in general. Pedro submitted a photo of his *kickboxing* gloves for being considered by his peers as a fighter. Bernardo suggest an image of a train line, symbolizing an important phase in his reintegration.

*Because every day I left here, you see, I took the train to go to Santa Apolónia to the methadone, and come back. And this is what made me remember the train line, it was two and a half years. (Bernardo)*

### 4. Important events

Two images can still be classified as important events, Guilherme refers to his wedding as important to his reintegration in a positive sense.

*Because, because it was the help that I've gotten from my wife, because she is a person that doesn't have a lot of experience with truly drug addicted people, but, she's always encouraging me to not do it...and I think this is the best choice that we could make, even in relation to work, she's always...encouraging me to get another job and always has a very positive conversation and that's very important (Guilherme)*

The photo submitted by Raul symbolizes another event, a study visit to the NATO headquarters, which for him has a strong symbolic and emotional importance.

*Why this photograph? Because I never imagined myself...that this is synonym of calm and serenity, peaceful assembly, which I'd never had until entering into Dianova I was always a "warrior" and for me this means peace, not any old thug can get into the headquarters of the European Commission, nor the Parliament, nor NATO headquarters, and for me this...this is what makes me the person I am today (Raul)*

## Trajectories from addiction to reintegration

In summary, the data presented allows for the identification and featuring of four social trajectories: residential; civil status; employment; qualification (related to school or education); and consumption. The first three are those that tend to be considered the most relevant in studies of the life cycle and social trajectories (for example, Torres et al. 2008), but the results at which we arrived reveals that individuals interviewed tend to attribute little importance to civil status . Although there were changes in civil status and family reorganization (dissolution of *de facto union*, marriage), these aren't considered as determining or influencing factors for social reintegration of interviewees.

Residential trajectories emerge as being one of the most relevant discussions of interviewees. Moving is a strategy for distancing oneself from contexts of consumption or for losing contact with networks of consumption and/or sale of psychoactive substances. Of least importance is the existence of a local (material) support network that would be lost with geographic mobility. A negative factor associated with geographic permanence when in small areas is the drug addict's past being known to part of the community. In situations of residential mobility, it is possible to appeal to the strategy of omitting or allowing others to know, in a controlled manner, the past situations relating to psychoactive substance use.

In all of these scenarios, the residential context is shown to be essential to the activities and lifestyles adopted after the conclusion of the therapeutic process. In this context, subjects tend to reintegrate themselves in family networks, return to existing networks from before the period of drug use, or build new interaction and sociability networks. While housing emerges as one of the factors of vulnerability identified by authors such as Ranci, Fiore, and Pavolini (2010; Ranci, 2010), our results point to a broader concept ('residence') that goes beyond housing, integrating local networks into which individuals insert themselves and the environment in which they take up their projects.

The trajectory of qualification (in school and education) is, for many, a path marked by many events. However, these events tend to be considered irrelevant. The existence of several sporadic and short term educational activities is common in the lives of interviewees. This education or training, frequently facilitated by the Center for Employment or by their employer, are understood as an obligation, and their interpretation as an asset in professional and/or personal terms is less common. Higher level academic education is, in some situations, a long term project or a failed attempt.

Qualification is a resource that is unevenly distributed. In contemporary society, this type of inequality "...has wide-reaching effects on unequal distributions of other resources" (Costa, 2012:60). Specifically, it has impacts on the growing difficulties of

access to the job market.

In regards to employment trajectories, we can identify a variety of observed modalities. Nearly all interviewees described situations of long periods of unemployment. To some extent, the instability of the labor market appears to be associated with relapses. However, the employment trajectory is not found to be linked to the other social trajectories based on discussions with subjects (for example, there aren't references to geographic moves to get work, or a job in particular).

As aforementioned, professional integration and qualification are deeply interconnected, as far as "...the broadening of qualifications has [an important impact] on economic performance, cultural creativity, and the social well-being of [individuals and of] countries in the context of a globalized knowledge society" (Costa, 2012:66). Several studies have demonstrated that the higher the level of education, the greater the access to professional occupation (see, for example, EMCDDA, 2011). This trend tends to be particularly emphasized in contexts of economic downturns, as can be seen after 2008 in Europe, with direct impacts on Portugal.

When social trajectories related to psychoactive substance abuse are analyzed, the existence of a cycle of consumption-treatment-consumption becomes clear. In order to achieve abstinence, it is necessary to seek more than treatment in therapeutic community. A frequent justification is "not having taken the previous treatment seriously". In this way, relapses and resorting to a new treatment are common, in some situations in the same therapeutic community (Quinta das Lapas). Treatments in therapeutic community are frequently paired with other strategies, such as the substitution method of opioid replacement with methadone, narcotics anonymous meetings, or other more informal means such as frequent contact with technical staff in the therapeutic community.

Besides these references, the positive way in which the therapeutic process and the staff of the Quinta das Lapas therapeutic community is evaluated should also be highlighted. Additionally, this last aspect (the support given by professionals in the therapeutic community) appears to be referenced not only in relation to treatment, but also in relation to the process of reintegration, even following the end of treatment. Other studies also point to the importance of social and familial support following treatment as a protective factor against relapses in drug use (Garmendia et al., 2008; Rhoads, 1983; Luengo et al., s/d).

Additionally, the effects of the current economic crisis lead to the feeling that by adopting measures of rationalization and containment of public spending, there are results in the reduction of human and financial resources affected by the area of drug

addiction. In 2011, in the context of the economic crisis and increase in situations of social exclusion and poverty, there were cuts in financing for social intervention, which led to a strengthening of the agreements and protocols previously signed, reinforcing partnerships and orientations capable of providing more directed and integrated answers to the population at risk.

In this context, heroin remains the main substance of the sub-population which seeks to join the several treatment structures (EMCDDA, 2012) – public, private or IPSS (Private Institutions of Social Solidarity, which is the case of the therapeutic community Quinta da Lapas at Associação Dianova Portugal). This trend of predominance reveals two types of implications. On one hand, the need to develop and improve knowledge about all the relevant characteristics of this population and of the several treatments available. This knowledge may lead to a systematic and correct evaluation, as well as to a foundation for follow-up studies that enable the identification of ways to optimize treatments – with implications for the reinsertion process. On the other hand, the reinforcement of a previously mentioned implication, which relates to the need to develop another type of answer for the specific needs of different users of other substances.

The discourses of the individuals (interviews and self-photographs) about their trajectories of reinsertion include references to several different factors. Objective factors, related to structural variables. Conjunctural factors, related to their trajectories (personal life, family, school, etc.) and to their opportunities (lost and seized). And also subjective factors, related to how they perceive and value the course of their lives. The information that was gathered and analyzed allowed the identification of some of the most important aspects of the social reintegration trajectories of these individuals, in a social context marked by an unfavorable economic environment with social implications not yet fully determined.



Therefore, we identified that the main factor of reinforcement associated with successful trajectories of reinsertion is social support. This support comes mostly from the families, but also from the "residential" networks in a broader sense. At the same time, the most vulnerable factors associated with unsuccessful trajectories of reintegration are related to social vulnerability indicators (Ranci, 2010), such as low qualifications, difficulty of access to the job market and precarious work conditions. These vulnerabilities take on specific outlines in the current scenario of financial and economic crisis (as we have been mentioning). After the therapeutic process, the main changes verified in the lifestyle of the individuals were related to severing bonds with the contexts of substance consumption or, in the other end of the spectrum, to relapse, resuming abusive consumption. References to changes regarding higher involvement with associative movements or resuming an academic or educational life are rare.

The main supporting agents of the reintegration process mentioned by these individuals are family, friends, and the therapeutic team. The lack of references to the social support structures can be considered strange. Some such structures we highlight are the existing protocol between the Institute of Drugs and Drug Addiction (IDT, I.P.), the Social Security Institute and the Holy House of Mercy (Santa Casa da Misericórdia de Lisboa), which sets up an integrated response that includes provision of care, counseling, referral and resource distribution. In 2011, this measure allowed the referral of 1031 drug users (EMCDDA, 2012:9). Regarding employability, the Work Life Program (Programa Vida Emprego - PVE) aimed to support the integration into the social labour market or regular labour market of drug users who are undergoing treatment in therapeutic communities or clinics, as well as prisons. In 2011, this program involved 1243 people in the process of reintegration (EMCDDA, 2012:9).

Although the individuals we studied do not compose a sample with representative characteristics, we consider it necessary to develop an attentive look upon these support measures for the social reintegration of drug addicts. This must result in a systematic evaluation of its implications and impacts.

Considering the results shown and discussed, we consider training to be essential to the whole process of supporting the social reintegration of drug addicts following the therapeutic process. In terms of social categories that are especially vulnerable to social exclusion, it is key to provide "the right to access, freedom and social mobility, recognition of identities, and reward for merit" (Costa, 2012:103). It is important to avoid the "elitist tropism" (quoting Dubet, 2010) composed of positive discrimination policies which lead to the reinforcement of stereotypes by assuming that the individuals take on a given social category.

The *capabilities* are understood here under a *freedom-based capability approach*, as effective opportunities to make choices and realize actions aiming to achieve certain goals. In this conception of capacities, preconditions are combined with elements of achievement and effective opportunities, that is, with structural and situational freedoms of choice and action. "Therefore, it is not only the resource distributions that count, neither only the outputs themselves. What also counts are the effective opportunities of, under certain circumstances, being able to choose to do something" (Costa, 2012:100). Similarly, according to Sen (2009:296-297) "... capabilities are no more, in fact, than a perspective in terms of which the advantages and disadvantages of a person can be reasonably evaluated."

As this theory of capabilities arises mainly from a situational rather than an institutional perspective, its operationalization becomes more flexible, ranging from the broadest level of public policies, to the intermediate level of institutions that work directly with treatment and reinsertion, up to the specific level of individual actions.

## Output Synthesis

The presentation of the main results of the project “*Trajectories from addiction to reintegration*” allows the production of knowledge in this area with particular focus on two main domains, as expected. On one hand, the development of research projects with similar characteristics. On the other hand, unveiling areas of strategic intervention for the promotion, development, and implementation of measures to support the social reintegration of drug addicts. These measures will enable institutions involved in this area to strengthen their network cooperation.

The dissemination of results includes the dissemination of the main findings, not only the final ones but also of the partial ones. The following are some of the products resulting from this.

### Articles in scientific journals

- *Follow-up study «Trajectories, from addiction to reintegration» Dianova’s Exit Magazine®*, Year 8 (2011), No. 26, January-June, pp.38-40. Article published based on interspersed results.

- *Exploring the Profile of Drug Addicts - Contributions to Understanding Related Healthcare Management Issues*, article submitted to the *Journal of Management & Marketing in Healthcare* (submitted, under review).

In this article, we trace a profile of the users with the therapeutic community Quinta das Lapas – Dianova Portugal who received clinical discharge. We give special emphasis to the psychoactive substances consumed. The results are articulated with some issues related to the management, communication, and marketing of health services.

- *Socio-Demographic Characteristics and Consumption Patterns of Drug Users – Synthesis of Outcome Research at a CT for a 10 Year Range* (submitted to the *Therapeutic Communities Journal*, awaiting approval).

A theoretical framework was developed to interpret the consumption of psychoactive substances and its treatments in therapeutic communities based on sociological theories. A sociodemographic profile and patterns of consumption was drawn based on the data collected. The nationalities and ages of the individuals under study were considered the main predictor. This analysis enabled us to learn about the

characteristics of the study universe, as well as some of the main differentiating factors within this group.

- *Before and Now: The Labour Situation of Patients in a Therapeutic Community* (submitted to the *Therapeutic Communities Journal*, awaiting approval).

Based on the assumption that labor insertion is essential for effective social reintegration, this article is an in-depth exploration of changes in the labor market position of former drug users from the therapeutic community under study. These changes were compared at three different moments in time.

- *Factors that Explain the Social Reintegration of Former Drug Addicts* (in preparation, to be submitted).

Considering social reintegration as a multidimensional phenomenon, this article proposes, at a first stage, an index of social reintegration of former drug addicts. After that, we tested several predictors for this indicator of social reinsertion. We found that the best predictors for the proposed indicator are: age, years passed since the end of treatment, and consumption of certain psychoactive substances before treatment.

- *Predictors of the Response Rate in Follow-up Studies of Drug Users: A Meta-Analysis* (in preparation, to be submitted).

A methodological and bibliometric article seeking factors that influenced response rates in *follow-up* studies of consumers or former consumers of psychoactive substances. A meta-analysis was performed based on a sample of 220 articles. At first, the general characteristics of these articles were analyzed; afterwards, we tested predictors of the *follow-up rate*. We found that, in order to obtain high response rates, it is important that several vacancies are present throughout the studies, but even more importantly, these vacancies should occur at short time intervals.

#### Presentations in scientific events

- *The Life Grid: Strengths, Limitations and Applications to the Study of (Former) Drug Users*, 24th conference ESSD, Stockholm, September, 2013.

Methodological paper dedicated to the use of the event grid as a technique for the inquiry of populations that are consumers or former consumers of psychoactive substances. The event grid is commonly used in quantitative studies in areas such as Demography. Adaptations to this technique

are proposed in order to enable its use in qualitative studies about drug consumers. We also highlight the potential and limitations of this technique.

- *Trajectories, from addiction to reintegration – a ten-year follow-up study*, 14<sup>th</sup> EFTC (EFTC) European Conference, Prague, Czech Republic, September, 2013

This presentation showed the global results of the project.

- *Public Policies on Drugs*, final speech at the 6th edition of the Summer Course “Latin America Today”, Casa da América Latina / CIES-IUL, Lisbon, September, 2013

Based on the findings of the study, some complementary perspectives about the theme were presented.

- *Social Careers of Ex-Drug Abusers After the Turning Point of the Therapeutic Process*, ESA (European Sociology Association) Congress, Turin, August, 2013.

Based on in-depth interviews with former users from the therapeutic community under study, we intended to present, in a general and comprehensive manner, some of the social careers (housing, family, work, school and consumption) led by the individuals after the end of their therapeutic treatment.

- *Self-Portraits of Reintegration - The Use of Visual Methods in Drug Consumer Research*, I International Meeting of the Sociology of Consumption Section of the Portuguese Association of Sociology (Associação Portuguesa de Sociologia - APS), College of Letters of the University of Porto, June, 2013.

This presentation showed a synthesis of the different types of visual methods used in the Social Sciences. This synthesis served as a framework to analyze the photographs taken by the interviewees during the course of the field work. For the individuals interviewed, these photographs symbolize their social reintegration. Therefore, they were used to complement the biographical interviews. Some of the limitations and potential of this technique were also presented.

- *Treatment & Social Reintegration: 3 Steps in the Social Reintegration Analysis of Former Drug Addicts after the Therapeutic Process*, First International Congress on Drugs & Addiction: Recovering is Possible, Higher Institute of Educational Sciences, Odivelas, March, 2013.

General presentation of study in three moments: i) general characterization of users when beginning treatment, ii) presentation of results relative to the

index of social reintegration of former drug users; iii) based on results of in-depth interviews, presenting on the perspective of subjects, and what the enabling factors and limiting factors of their own social integration are.

- Visual methods in drug research – impact of foto-voice, 23rd ESSD Conference, Athens, Greece, October, 2012

Methodological communication, in which the importance of visual methods in drug research was discussed.

- *The difference between us in a therapeutic community: comparing Portuguese and foreign users' social characteristics and patterns of consumption*, 22nd ESSD Conference, Aarhus, Denmark, September, 2011

It was aimed at understanding the internal population differences of users of the therapeutic community being studied. For this, based on a consultation of clinical processes, a comparison was made between Portuguese users and other users. Seeking to understand by which factors Portuguese users were differentiated from their foreign peers.

- *Pathways to Social Reintegration: A 1-10 Years Follow Up Outcome Study in a Portuguese Therapeutic Community*, 10th Conference of the ESA (European Sociology Association), University of Geneva, Switzerland, September, 2012.

Based on a consultation of clinical records of users in the therapeutic community being studied and a subsequent *follow-up* telephone interview, the communication presented fulfilled two objectives: a) present characteristics of these users in relation to their patterns of consumption, social networks, and motivations at the time of treatment; b) evaluate the efficacy of treatment over the long term, at the level of social reintegration, tracing the path of these former users in relation to their residential, employment, educational, and family situations, social networks, difficulties, and situation in relation to current use.

- *Consumo de Drogas, Tratamento e Reinserção*, 10th Portuguese Sociology Conference: Society, Crisis, and Reconfigurations, APS (Portuguese Sociology Association), of the College of Letters of the University of Porto, June, 2012.

With the objective of understanding the effects of therapeutic treatment on the subjects being studied, their social situation and its relation to use of psychoactive substances was compared at two points in time (before admission and now). Secondly, some key agents in the reintegration process as identified by subjects were presented.

- *Estudos Científicos Como Contributo para Políticas Mais Eficientes e Eficazes – Horizonte 2014 - O Trabalho em Rede*, New Momentum Congress - Therapeutic Communities: Essential Response to the Success of Addiction Treatment, Faculty of Pharmacy of the University of Lisbon, December, 2011.

To understand the impact of treatment on subjects being studied. Their condition before treatment (based on an analysis of clinical processes) was compared to their condition after therapeutic treatment (based on a phone survey).

#### Master's dissertations

*(In)Tolerância Social na Europa: Minorias Étnicas, Grupos Estigmatizados e Toxicodependentes*, Master's dissertation in Sociology by Pedro Candeias, ISCTE-IUL 2012, 86 pages.

Master's dissertation in which predictors for indicators of social intolerance in the face of a plurality of minority groups were tested. The results of the project were used to better understand some characteristics of groups of drug addicted individuals, the group facing the most intolerance in Europe. More specifically, patterns of *polydrug use* were presented. Characteristics of users studied in regards to their view on social class structure were also presented.

#### Reports

##### - Report I

Investigatory statistical analysis of information gathered from clinical processes relating to users of the Quinta das Lapas Therapeutic Community, Dianova Portugal given clinical release between 1999 and 2009. With some of the data crossed based on criteria of nationality, age, and main substance consumed.

This Report has been translated into English (with the support of the Dianova Association, Portugal).

##### - Report II

Description of the methodology applied in the second phase of the project. Statistical analysis of the results of the survey by questionnaire. In some situations, data between the first and second phases of the project were compared.

This Report has been translated into English (with the support of the Dianova Association, Portugal).

#### Articles in minutes of scientific conferences

- *Consumo de Drogas, Tratamento e Reinserção*, published in the minutes of the VII Portuguese Sociology Conference: Society, Crisis, and Reconfigurations – Communication support article number 5.

#### Book chapters

- *Tratamento & Reintegração Social: 3 Etapas na Análise de Reinserção Social de Ex-Toxicodependentes após Processo Terapêutico*, in the support book for the First International Congress on Drugs & Dependencies: Recovery is Possible, (communication number 4) (in press).

Dissemination of results is still not concluded. A book that presents the conclusions of the project and proposals of measures is being prepared, to be published by the published *Mundos Sociais* with support of FCT. [PS: the book has been published in 2017].

With the support of the Dianova Portugal Association, a public presentation of the results is being prepared, involving various representatives in the scientific community (researchers), politicians, institutional leaders and specialists/technicians in the area of social reintegration, students, and civil society. This presentation/dissemination of results will also involve the media, as journalists tend to show an interest in recent data. Its importance is based on the fact that they represent one of the privileged forms of reaching the public outside of academia.

With all of this effort in disseminating the results, we reinforce the initial expectation that the field of social reintegration of drug addicts could benefit from the results achieved.



## Bibliography:

- Bertaux, D. (1997). *Les Récits de Vie*. Paris: Nathan.
- Bourgois, P. (2003). *In search of respect : selling crack in El Barrio*. Cambridge: Cambridge University Press.
- Carvalho, Maria Carmo (2007). *Culturas juvenis e novos usos de drogas em meio festivo*. Porto: Campo das Letras.
- Chaves, Miguel; Luís de Almeida Vasconcelos (2008). "Rave – análise de um contexto festivo sobre a égide da mobilidade", in Anália Cardoso Torres e Ana Marques Lito, *Consumos de Drogas: Dor, Prazer e Dependências*. Lisboa: Fim de século, pp.145-157.
- Chaves, M. (1999). *Casal Ventoso: da Gandaia ao Narcotráfico. Marginalidade Económica e Dominação Simbólica em Lisboa*. Lisboa: ICS.
- Costa, A. F. (2012). *Desigualdades sociais contemporâneas*. Lisboa. Mundos Sociais.
- Dubet, F. (2010). *Les Palaces et les Chances. Repenser la Justice Sociale*. Paris, La Republique des Idées / Seuil.
- Fernandes, L. (1998). *O sítio das drogas: etnografia das drogas numa periferia urbana, 2ª ed.* Lisboa: Editorial Notícias.
- Fernández-Montalvo, J.; Lopez-Goñi, J. J.; Illescas, C.; Landa, N.; Lorea, I. (2008). Evaluation of a Therapeutic Community Treatment Program: A Long-Term Follow-up Study in Spain. *Substance Use & Misuse*, 43(10), 1362-1377.
- Garmendia, María Luisa; Alvarado, María Elena; Montenegro, Mariano; Pino, Paulina (2008). Importancia del apoyo social en la permanencia de la abstinencia del consumo de drogas. *Revista médica de Chile*, 136(2), 169-178, em [http://www.scielo.cl/scielo.php?script=sci\\_arttext&pid=S0034-98872008000200005&lng=es&tlng=es](http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0034-98872008000200005&lng=es&tlng=es). 10.4067/S0034-98872008000200005 (accessed 16 August 2013).
- Jainchill, N.; Hawke, J.; Messina, M. (2005). Post-Treatment Outcomes Among Adjudicated Adolescent Males and Females in Modified Therapeutic Community Treatment. *Substance Use & Misuse*, 40(7), 975-996
- Henriques, Susana (2003). *O Universo do Ecstasy*. Azeitão: Autonomia 27.
- Johnsen, S., May, J.; Cloke, P. (2008). Imag(in)ing 'homeless places': using auto-photography to (re)examine the geographies of homelessness. *Area*, 40(2), 194-207.

- Lin, N. (2001). *Social Capital - A theory of social structure and action*. Cambridge: Cambridge University Press.
- Luengo M.; Villar P. (s/d). Evaluación de la eficacia de los programas de tratamiento de drogodependencias: un análisis desde los predictores de recaídas. Available from: <http://www.drogascadiz.es/AdminMancLaJanda/UserImages/3df3ba78-fda9-4590-ae20-5f9e18bfdbd7.pdf> (accessed 12 October 2006).
- Marôco, J. (2010). *Análise estatística com o PASW Statistics (ex-SPSS)*. Pêro Pinheiro: ReportNumber
- Martins, R., Henriques, S.; Candeias, P. (2013). Tratamento & Reintegração Social: 3 Etapas na Análise de Reinserção Social de Ex-Toxicodependentes após Processo Terapêutico. *Primeiro Congresso Internacional sobre Drogas & Dependências: Recuperar é Possível* (in print).
- Messina, N., Wish, E., & Nemes, S. (2000). Predictors of Treatment Outcomes in Men and Women Admitted to a Therapeutic Community. *The American Journal of Drug and Alcohol Abuse*, 26(2), 207-227.
- Moos, R. H., Moos, B. S., & Andrassy, J. M. (1999). Outcomes of Four Treatment Approaches in Community Residential Programs for Patients With Substance Use Disorders. *Psychiatric Service*, 50(12), 1577-1583.
- OCDE (Organização para a Cooperação e Desenvolvimento Económico) (2011). *Education at a Glance 2011*. Paris, OECD.
- OEDT (Observatório Europeu da Droga e da Toxicodependência) (2009a). Relatório anual 2009: a evolução do fenómeno da droga na Europa. Luxemburgo: Serviço das Publicações da União Europeia.
- OEDT (Observatório Europeu da Droga e da Toxicodependência) (2009b). "Resumo – Tema Específico: Policonsumo de droga: padrões e respostas", *Relatório Anual 2009 sobre a evolução do fenómeno da droga na Europa*, em [http://www.emcdda.europa.eu/attachements.cfm/att\\_93227\\_PT\\_Summary\\_Polydrug%20SI\\_PT.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_93227_PT_Summary_Polydrug%20SI_PT.pdf) (accessed 21 August 2013).
- OEDT (Observatório Europeu da Droga e da Toxicodependência) (2012). "Portugal! New developments, trends and in-depth information on selected issues. National Report (2011 data) to the EMCDDA. Lisboa: Reitox, National Focal Point.
- Pain, H. (2012). A Literature Review to Evaluate the Choice and Use of Visual Methods. *International Journal of Qualitative Methods*, 11(4), 303-319.

- Parkin, S., & Coomber, R. (2009). Value in the Visual: On Public Injecting, Visual Methods and their Potential for Informing Policy (and Change). *Methodological Innovations Online*, 4(2), 21-36.
- Parry, O.; Thomson, C.; Fowkes, G. (1999). Life Course Data Collection: Qualitative Interviewing using the Life Grid. *Sociological Research Online*, 4(2).
- Perngarn, U.; Limanonda, B.; Aramrattana, A.; Pilley, C.; Areesantichai, C.; Taneepanichskul, S. (2011). Methamphetamine Dependence Treatment Rehabilitation in Thailand: A Model Assessment. *Journal of The Medical Association of Thailand*, 94(1), 110-117.
- Putnam, R. D. (2000). *Bowling Alone: the collapse and revival of American community*. New York: Touchstone.
- Ranci, C. (Ed.) (2010). Social Vulnerability in Europe. The new configurations of social risks. Great Britain, Palgrave Macmillan.
- Ranci, C.; Fiore, B.; Pavolini, E. (2010). Explaining Social Vulnerability In Ranci, C. (Ed.) Social Vulnerability in Europe. The new configurations of social risks. Great Britain, Palgrave Macmillan, pp250-278.
- Rhoads DL. (1983). A longitudinal study of life stress and social support among drug abusers, *J Addict*, 18, 195-222.
- Rhodes, T.; Fitzgerald, J. (2006). Visual data in addictions research: Seeing comes before words? *Addiction Research and Theory*, 14(4), 349-363.
- Sen, A. (2009). The idea of justice. Londres: Allen-lane / Penguin.
- Simpson, D. D., Joe, G. W., & Broome, K. M. (2002). A National 5-Year Follow-up of Treatment Outcomes for Cocaine Dependence. *Archives of General Psychiatry*, 59(6), 538-544.
- Suchar, C. S. (1997). Grounding Visual Sociology Research In Shooting Scripts. *Qualitative Sociology*, 20(1), 33-55.
- Tönnies, F. (2004). Comunidade e sociedade. In M. B. d. Cruz (Ed.), *Teorias Sociológicas - Os fundadores e os clássicos (antologia de textos) I Volume* (4th edition ed., pp. 511-517). Lisboa: Fundação Calouste Gulbenkian.
- Torres, Anália Cardoso; Lito, Ana Marques (2008). Consumos de Drogas: Dor, Prazer e Dependências. Lisboa: Fim de século.