GÖTEBORGS UNIVERSITET

Department of Social Work

International Master of Social Work and Human Rights

"It's hard not to like people when they are kind and loving and taking care of one another and people are like that in Vägen ut!"

Support, Empowerment, and The Process of Role Exit; an Overview of the Vägen ut! Treatment and Aftercare Program for Substance Abuse

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Abstract

Just like in other countries in the world substance abuse treatment is delivered in various settings in Sweden. It can range from an outpatient program, as in governmentally funded, public services with admitted participants that only come in to take their methadone daily, without going to therapy or it could be an inpatient program that involves treatment through therapeutic interventions and employment training as in a residential type of rehabilitation program. Such programs are designed to integrate the participants back into society. The current study has an aim to trace the process of empowerment and make an overall assessment of the support given while one is attending the rehabilitation program for substance abuse of the social enterprise Vägen ut! To gain a deeper understanding of the processes involved in the particular treatment I performed a series of interviews with both participants and professionals. I have concluded that the different types of ongoing therapy and support, creation of training and future employment placements are all major factors in the recovery process of an individual suffering from substance abuse. The conclusions state that because of Vägen ut's provision of a supportive family environment in a nonconventional setting the overall accomplishment of both professionals and participants is empowerment through supportive strategies.

Keywords: Social support, social networks, empowerment, substance abuse, coping, exit process

Chapter 1

Introduction

1) A Historical Perspective

The present system for control of illegal substances can be traced back to accomplishments from more than one hundred years ago as a way to solve the greatest drug issue in the world: the Chinese opium epidemic. In the beginning of the twentieth century, millions Chinese people had an opium addiction, which was not illegal in that period and was sold without restrictions. China could not manage to solve the problem and for a resolution they turned towards other nations. The International Opium Commission took place in Shanghai in 1909 and created the first worldwide legal document for psychoactive substances, the Hague Opium Convention of 1912. (UNODC, 2009)

Drug use has been present for a long time throughout the world. Petersen & McBride (2002) illustrate that from a historical perspective cannabis has been used for thousands of years as a medicine or as a recreational drug. Another type of depressants also classified as part of the opioids, as stated by Petersen & McBride (2002) are derived from *Papaver somniferum* (the Asian opium poppy). These include opium, codeine and morphine. The most popular Semi-Synthetic Opium Derivative, with a subdivision as a morphine derivative is heroin. There is also a group known as Synthetic Opium Substitutes, which methadone is a part of. This drug is used as a substitute of heroin in the treatment of addiction as a way of avoiding acute withdrawal symptoms and as a means of performing ongoing maintaining of addicts.

Boekhout van Solinge (1997) reveals that drug abuse was not so generally spread and embedded in the habits of Swedes before 1965. At that time this was hardly acknowledged as a social problem, with a lack of research on the topic. 1965 marked the creation of *The Committee of Treatment for Drug Abuse.* As Boekhout van Solinge (1997) further explains around the same year the drugs of choice were cannabis amphetamines, LSD and opiates. Throughout the 60s and 70s, as heroin was becoming a problematic drug in other countries its use was quite rare in Sweden. Amphetamine use was on the rise during that period. This caused it to become the most used hard drug in the country, being introduced and promoted by the pharmaceutical industry as

a way to lose weight. The increased use of stimulant drugs led to their inclusion in the National Narcotic Drug Act. And this is why Boekhout van Solinge (1997) reminds us that if we are to summarize the developments we can observe the central stimulant transformation from a socially accepted medical substance to an illegal drug. Starting from 1982, the LVM is the law that began regulation of the compulsory treatment of individuals with an ongoing abuse of alcohol, drugs or volatile solvents (Kinnunen, 1994, as cited by Ekendahl, 2007). The LVM states that an individual abusing drugs who is endangering his or her own health or that of others or risks to damage his or her life, and does not decide to initiate treatment on their own shall be court ordered to do so and receive treatment for up to six months. So, as explained by Boekhout van Solinge (1997) we can separate the drug treatment programs into voluntary and compulsory ways of treatment. The Voluntary treatment consists of inpatient and outpatient care and foster or family care. The coercive care treatment is either LVM for adults or LVU for the youth. The LVM is (Care of Alcohol and Drug Abusers Special Provisions Act) and LVU (Care of Young Persons Special Provisions Act). Both acts apply not only to the abuse of drugs but to alcohol abuse as well.

2) Privately Run Rehabilitation Programs

Boekhout van Solinge (1997) states that the prevalent percentage (65%) of all institutional care in Sweden is run privately. This suggests that the privately run establishments have to answer to the demand for treatment by selling their services to the government institutions. This can be done at the national level through The Board of Health and Welfare, or locally, through the social services. This means that this is a competitive business with a strive to provide the best services, as is the case with Vägen Ut!

2.1) Vägen ut's Rehabilitation Program

 I have chosen to work with Vägen ut! as part of my research because I have been involved with them previously in a group field study that was a part of a course of the master program I am enrolled in at Gothenburg University. At that time my colleagues and I performed visits to most of the enterprises, including the female and male villas providing the treatment programs for substance abuse and saw how they function. At the end we submitted a written report of the structure of Vägen ut! This field work provided me with a structural outline of the organization

and provoked my interest of exploring the treatment program in-depth. This is how I decided to work with Vägen ut! on my final degree report.

Vägen ut's beginning was not put forward by professionals, but individuals that were part of the target group that Vägen ut! provides services for, the goal to meet the needs of the service users brought out the demand for the employees to become a mixture of professionals and nonprofessionals with similar experiences to those of the participants of the different social enterprises.

The activities of Vägen ut! consist of the involvement of fifteen social enterprises, of which a greater part are in Gothenburg. The goal of helping to integrate individuals with former criminal activities or substance abuse related problems has broadened and has led to the expanding of the target group to people with different mental or other disabilities that have been out of the labor market for a long period of time. This integration process helps them gain back their confidence, acquire understanding of their emotional state and identify with others with similar previous experiences. The clients attend trainings in one or several of the social enterprises as part of their rehabilitation and integration program. To achieve best resultsVägen ut! works closely with different government agencies, such as Försäkringskassan (health insurance), Kriminalvården (Prison and Probation service), Arbetsförmedlingen (employment office), Coompanion (Cooperative Development Agency). Depending on the unique case of each service user an individual plan is created in cooperation with one of the state institutions.Vägen ut! is rewarded for the services and training they provide by the particular institution connected to each individual case. Vägen ut's mission is to provide the best services to meet the needs of its service users. In this sense they have developed professional trainings that are available and obligatory for all employees of the enterprises and members of the boards of each enterprise and of the main board. One of the trainings is focused on providing knowledge connected to The Situational Leadership Model and an annual environmental training is provided as well. Improvements of each training or rehabilitation program are also performed. For instance, The Twelve Step and motivational programs were added to the daily activities of the villas, as part of the substance abuse rehabilitation. The employees realized that the clients would benefit a great deal more if they did not just identify with individuals with similar backgrounds but had a therapy program to go along with the process of betterment, in an attempt to try and explain the

emotional and psychological trauma and transformation of clients and to assist then with pursuing their new way of life.

In this way the service provided is set aside from the public services and has a more individual approach. It is focused on individual empowerment which eventually leads to reshaping individual strengths in service users and assists them into becoming a part of the labor market once more hence including them to the labor force.

3) Aim and Research Questions

My aim is to investigate the following themes:

- ➢ The transition from drug addiction to a new life
- ➢ Support gained by the clients involved in treatment programs of Vägen ut!
- ➢ The empowerment process of clients in the treatment programs of Vägen ut!
- ➢ Differences in coping between men and women

The main aim of the study is to gain an understanding of the way the rehabilitation and integration processes are conducted in Vägen ut! How from a way out comes a way forward. I would like to trace how the participants' empowerment and integration takes place. What the structure of the treatment program is as well as what practices are used? In my work I would like to research the process of empowerment and integration of the clients and to identify how the participants leave a life of drug addiction through support methods and the sense of community formulation within the villas and residential homes and the building of trust followed by a construction of a new life. I would like to see how the preparation for this is accomplished and how people are provided with care through a structured and supportive surrounding. The differences between men and women in the program and how they cope with their situations on an individual level can also affect the integration process. This is why the series of actions would also be of interest to me and would be a phenomenon worth researching.

As part of my methodology I would like to perform a qualitative research through the use of interviews. This will help me analyse the performance of tasks and achieved outcomes, gain an in-depth view of the processes that take place and collect different opinions on this from the staff as well as the participants of the treatment programs provided.

Chapter 2

Previous Research

The following section reviews the research done in this area. The information will be related to the research area and topic of the research questions.

Hunt , Milhet & Bergeron (2011) state that twenty years ago statistics about substance abuse models and tendencies in the countries of Europe used to be quite scarce. Research on a regional level, were usually the single accessible instrument to examine likeness and dissimilarities in relation to drug abuse and drug-connected issues in the area (Hartnoll, 1986 as cited by Hunt , Milhet & Bergeron 2011). With the establishment of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in the middle of the nineties, and the developing of the Reitox network, the setting has made a progress towards alteration. At present, thirty countries with a populace of over five hundred million individuals contribute a growing number of systemized information on five main epidemiological indicants (substance use in the general public, problematic substance abuse, infectious disease that are connected to drug use, drug-associated deaths, and need for treatment), along with information about the procedures (legislation, plans of action, financial plans, and public spending) "and interventions (prevention, treatment, harm reduction, social rehabilitation)." (Hunt , Milhet & Bergeron, 2011, pp. 196)

The Therapeutic Community

As the guide of NIDA(2009) suggests residential treatment is divided into long and short term treatment. Long-term residential treatment offers a twenty four hour day care in settings different from hospital ones. One of the most known models for residential treatment is the therapeutic community (TC). The stays there are from six to twelve months. This model focuses on resocialization of the clients by making them more functional individuals through the use of the community in the program, which involves fellow residents and employee professionals as active parts of treatment. The view on addiction in the model is connected to the perception of a person having psychological and social deficiencies. The treatment focuses on developing personal responsibility and productive existences from a social perspective. It is well organized, assisting

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the clients to make sense of and analyze self destructive beliefs and behavioral patterns, helping to construct new, more functional approaches to connect to other individuals. A lot of TCs offer services, as in training for employment as well as additional support services. The research done in this area displays that TCs can be adjusted to work with clients with special needs at hand, including teenagers, homeless addicts, individuals with severe mental disorders, women and persons in the criminal justice system. We can see that this is the case with Vägen ut! as well.

"The notion of a 'therapeutic community' emerged in the 1950s from a series of experiments made in a handful of British military psychiatric services during World War II and expressed the contemporary desire to democratize the relationships between physicians and patients and thus to enhance the therapeutic potential of psychiatric institutions." Fussinger (2011, pp. 146)

If we take a look back into the historical perspective of this Gossop (2000) points out that The Therapeutic Community (TC) first came to be in British psychiatry following World War II, mainly as a result of the work of Maxwell Jones. At first the TCs were in psychiatric settings but later ones for substance abuse treatment evolved. TCs have been a significant part of drug rehabilitation services in a lot of countries for the last thirty years.

The guide of NIDA(2009) goes on to describe the short-term residential programs. They describe them as programs with duration of a three to six week part that is hospital-based and a subsequent part that is an extended outpatient therapy. The treatment is brief but rests upon the methods of The Twelve Step Approach. The guide of NIDA (2009) states that these programs originated for the purpose of treatment of alcohol abuse but began to treat other kinds of substance abuse problems after the beginning of the cocaine epidemic in the mid 1980s. They provide intensive but short treatment based on The Twelve Step Model. There is an outpatient program that follows, as in AA. The guide of NIDA (2009) goes on to state further that it is essential for clients to remain involved in aftercare and/ or outpatient treatment programs because they assist in the reduction of risk of relapse after the individual departs from the residential setting.

Research from United States

In the following part I will present an overview of a research performed in the United States, based on the study of outcomes in the Drug Abuse Treatment Outcome Study (DATOS). (Hubbard et al., 1997) (DATOS) collected outcomes for 2,966 clients based on a 1-year follow-

up study. The individuals were long-term residential (LTR), outpatient methadone (OMT), short-term inpatient (STI) and outpatient drug-free (ODF) programs in 1991-1993. STI, LTR, and ODF clients had a report of 50% less cocaine use per day or per week in the year to follow than in the year prior to admission. Clients who entered treatment for 3 months or more had shown greater reductions. The clients that were still in the OMT program reported a reduced daily or weekly use of heroin than those who are no longer in OMT. Multivariate analysis confirmed that the reductions were linked to the 6 months or more in ODF and LTR and engagement in OMT. The study further shows that there were reductions in illegal activity by 50% and growth in full-time employment by 10% for LTR clients which was related to treatment of a period of 6 months or more.

Hubbard, et al. (1997) illustrate that the findings of DATOS have showed that, all in all the most recent generation of clients treated in standard programs in an urban environment report positive changes in drug use patterns and behavioral manners. Hubbard, et al. (1997) go on to systematically identifying and reviewing the main factors that have an effect on the accessing, implementation, and effectiveness of the treatment. In this sense DATOS has concluded that there should be betterment in clinical practice and a public policy to improve the overall condition of those troubled with problems with substance abuse.

In regards to social support I will use a qualitative study done on this and will try to identify some key factors in this research that relate to my topic and questions I am focusing on. The goal of the study as illustrated by (Tracy, Munson, Peterson, & Floersch 2010) was to gain an understanding on the description of the network members' behaviors (supportive or unsupportive in relation to recovery of the women enrolled in substance abuse treatment. For the gathering of results 86 interviews were performed with women from residential and outpatient programs for substance abuse treatment. The results showed signs of traditional social support concepts as in tangible, emotional and informational support.

Tracy, Munson, Peterson, & Floersch (2010) claim that there have been gender differences that have been identified by previous research in the patterns and development of substance abuse disorders. (Becker & Gatz, 2005; DiNitto, Webb, & Rubin, 2002; Timko, Finney & Moos, 2005 as cited by Tracy, Munson, Peterson, & Floersch, 2010) This includes the finding that women with such problems have suffered from previous physical or sexual abuse (Kang, Magura,

Laudet, & Whitney, 1999; Najavits, Weiss, & Shaw, 1997; Newmann & Sallmann, 2004 as cited by Tracy, Munson, Peterson, & Floersch, 2010) and are still victims of violence (Velez et al., 2006 as cited by Tracy, Munson, Peterson, & Floersch, 2010).

Women, drug use and support

It is identified by (Tracy et al., 2010) that women who abuse drugs have a limited support network, which in many cases gives them insufficient support to assist in staying sober. They also state that a great amount of the male partners of these women do not provide consistent support throughout the recovery process. Findings show that women in treatment receive little support from parents and partners in their fight with drug abusive behavior. The findings of (Tracy et al., 2010) were separated into two parts. The first is the positive support that helps in the recovery process. The research identifies different types of support gained. They are emotional support which includes encouragement, caring and concern, being there, making sure, praise and recognition of success for hard work, positivity, tangible help, as in keeping in touch throughout treatment, bringing personal items, doing for and doing with (in regards to participants), helps me get into services. Another support that is identified is tangible help, includes a place to live, and child support and care assistance and funding. Yet another type of tangible support is the bringing of personal items. These are items that women had brought to them while in treatment, as in clothes, food, etc. Keeping in touch is another form of tangible support important for women in treatment. Doing for and doing with was connected to things done with other participants. Helps me get into services was found to be a support provided by staff members in connection to the help they provide to clients regarding services. Informational support was identified as well. Information about the disease was given, the teaching of coping skills, sobriety support, advice and education were also provided.

The discoveries in the research of (Tracy et al., 2010) also points out that the women have gathered negative support as well. This type of support is harmful to recovery. They have identified that one type of this support is excessive worry about others; this is in connection to women and their worry about their children, even though they play a significant part in their recovery. Another type of negative support identified throughout the study is unsupportive messages and information. This is performed by network members that express criticism. Unsupportive relationships may also provide negative support. This can be, for example network

members, as in male partners that try to persuade the women in treatment to use. The last identified negative support type is community of use. This is related to the network of the women for whom members of their family and old acquaintances were still using.

In general Tracy et al., (2010) have found that the actions of network members can carry out multiple functions and provide different support for the women undergoing treatment and that a range of network behaviors are important for the assessment and evaluation. The study showed that women that have received higher emotional support levels from acquaintances had a better chance of completing the treatment. The study has also revealed that women that abuse substances are frequently involved in networks that assist their recovery and are harmful as well.

Another work on the role of social support when giving up addiction in relation to women users has collected results from two qualitative studies. In their research Trulsson & Hedin (2004) investigated the lives of women who were a part of treatment or work-training programs and were currently breaking from substance abuse. The study has provided information on various kinds of social support from the social network of the women as well as a discourse on the role of social support provided by professionals during the exit process from substance abuse. Some of the discoveries were connected to the identification of women's exiting process and the different phases they were in in regards to the process at hand. Some, as Trulsson & Hedin, (2004) state, were in the 'pre-stages'. These stages showed that the women still had a linkage to drug abuse. Others had come to the so-called 'turning point' that is connected to the decision to lead a drug-free life. Those that have been drug-free for several years can be linked to the perception of 'exit process.'

The women were placed in work-training or educational programs and were in the companionship of other women in situations very much like their own. Three conceptions were used. They were drug abuse, social support gained from close bonds with individuals in the social network and exit process. One of the studies was conducted with a group of twelve women who lived separate from their children because of their drug addiction problems. The other study examined another twelve women who were involved in work-training programs. In order to find these women the researchers contacted various residential treatment centers, with a selective, rather than a random selection of the women participants in the study.

In the group where the women lived away from their children a third lived in their own place, the rest of the women lived with drug abusing male partners or lived in residential homes. Most of them were on welfare benefits, one was in a work-placement program and some were studying. In the second study the women were interviewed twice, with a follow up interview in a year. The aim was to see how the social network of the women has changed and the alterations that may have occurred during the work-training program. Only seven women attended the second interview about a year or so later. The women that had not attended the follow up interview had experienced separations or relapses. The ones that attended had all gone through positive alterations in their existence connected to less social problems and longer periods of abstinence from substances. A bigger part of the women experienced problems finding housing, work and financial support. Half of them were homeless and resided in sheltered housing facilities.

Most of the women in the group of 'drug-abusing mothers' stressed on how important it is for their children to provide meaning to their lives. The women that had succeeded in giving up drugs had formed new relations. They had acquired new acquaintances through rehabilitation centers, aftercare and employment training programs. They had also built supportive relationships with staff members of the treatment programs. Three types of social support were mentioned in relation to this. The first is emotional support, instrumental support, as in help with housing, education, work, welfare benefits, etc. was another form of support that was identified, and cognitive support as in advice and guidance.

In the conclusion of the study the two groups of women mentioned that they needed stability in order to discontinue using drugs. In the most vital parts of the exit process a lot of the women had felt alone and did not have so many types of social support. The roles of close family members as in mothers, grandmothers and sisters were also very important for the women as part of their social support. While involved in drug use women are left with greater feelings of guilt and shame than men are and have a very low self esteem. Women have a tendency to see themselves through others and that is why they need more support and assistance during the early stages of parting with drugs (Ranvndal, 1999 as cited by Trulsson & Hedin, 2004).

The study has identified three major stability factors that initiate new opportunities: 1) creation of a new role in the employment and educational sector; 2) a new perception for the women of

themselves by means of increasing self-esteem and a formation of self-identity; and 3) the restoration of former relationships and the formation of a brand-new, reliable social network.

Chapter 3

Methodology

In this part I will clarify the choice of method used in the research, as well as explain why I have decided to use it. I will discuss the way the data was collected, the validity and reliability, ethical matters, and generalization.

Research Method

One of the aims of the research is to gain knowledge about the support given to and received by participants of the rehabilitation programs of the two villas at Vägen ut! Another is to understand how and in what way the empowerment of these participants occurs, the difference of coping between men and women and the way out into the recovery process connected to drug addiction. The method of choice for the interpretation of the data collected is qualitative analysis of content. A definition that can be used to clarify the meaning of the method at hand is provided by Zhang Y. & Wildemuth B. (2012) "*a research method for the subjective interpretation of the content of text data through systematic classification process of coding and identifying themes or patterns*" (Hsieh & Shannon, 2005, pp.1278 as cited by Y. & Wildemuth B., 2012, p.1). As described by Zhang Y. & Wildemuth B. (2012), qualitative content analysis reveals patterns, themes, and categories that are of great significance and does not generate statistical information through the summing up of numbers. The use of quotations in order to give support to the conclusions made in this type of analysis is quite common. "*When presenting qualitative content analysis results, you should strive for a balance between description and interpretation. Description gives your readers background and context and thus needs to be rich and thick*" (Denzin, 1989 as cited by Y. & Wildemuth B., 2012, p. 5). Qualitative research is interpretive by itself and by using

interpretations you will present your individual and theoretical comprehension of the data collected within your research.

Qualitative research methods simplify the thorough study of subjects. They generate a great amount of abundant information about a considerably smaller quantity of individuals when compared to the quantitative methods but the extent to which the cases and localities are understood is higher and therefore decreases generalizability (Patton, 2002).

Patton (2002) explains that direct quotations are a main source of unprocessed data information in a qualitative study that reveals the emotional deepness of the interviewees, the organization of their reality, their presumptions about the things going on around them, what they have experienced in the past, and their main views. The job of the researcher, he says is to supply the individuals being interviewed with a frame within which they can give responses in such a fashion that symbolizes their perceptions about the world, or the piece they are describing precisely.

This is why I have chosen this type of way to analyze my data. Since I want to know about different individuals, from the ones that have taken part of the rehabilitation program and have gone through all the processes and are now in aftercare, living in the residential homes and working and the ones that have participated in its creation, using interviews was a good way to get opinions and explore the respondents' emotional realms in connection to the entire experience that is connected to the different types of support they received and still do, the way they were empowered and still are, and the emotions linked to those experiences. I feel that in no way could I have received this bouquet of reactions and intensity of the responses if I had simply used questionnaires. The open-ended questions have provided me with in-depth answers that can be interpreted in an extensive manner. It is my opinion that ways of empowering, support, differences in coping with drug addiction between men and women and further transitions are best measured when freedom is given to the respondents. These are themes that are so connected to emotional realms and cannot be narrowed down just to the answering of a few yes or no questions. The participants in these programs have to be allowed to share their experiences freely. Now that they have learned to express their emotions through the participation in the Vägen ut! program they want to share. This is also a great way for the

research community to understand and get inside the world of these people and use the information for evaluation and betterment of programs, such as this one in the best way possible.

Collecting Data

In my study I involved the participants into what I wanted to explore by performing semi-structured interviews. In this way the respondents had the opportunity to freedom when providing their answers and at the same time had a frame within which we moved. I could also ask follow up questions to further explain certain areas that needed clarifying. The semi-structured interview has a few benefits when compared to the structured and unstructured layouts. It permits the researcher to ask questions on a particular topic area and doing so in an open-ended way, which is not common for structured interviews. In general, semi-structured interviews are very suitable for comparison of information amongst and between individuals and simultaneously you wish to comprehend the experience of each respondent to a deeper extent (Tutti, Rothery & Grinell 1996)

The individuals that participated in the study were both professionals and participant and the thing they had in common is that all have gone through the struggles of substance abuse besides one. Seven people were interviewed. Of these seven two are participants, two are founders of the villas, two leaders of the programs, and one is a social work professional. The interviews were conducted in the premises of the Vägen ut! enterprises, besides one that was conducted at Gothenburg University. The duration of the interviews was between an hour and an hour and a half.

Validation

"*Validity refers in ordinary language to the truth, the correctness, and the strength of a statement",* (Kvale, 2009, pp. 246). Kvale further states that validation is dependent on constant checking, inquiring and theoretical interpretation of the discoveries of the study. Validation deals with how well one has managed to explore the desired themes within the study without shifting away from the topic. Are all the questions relevant to the main idea of the research performed? While creating the questions I tried to be as clear as possible, ask questions that will provide me with sufficient information about my topic and at the same time try and maintain neutral when entering a personal field as not to make the respondents feel uncomfortable when sharing

information about their experiences. If something was not understood I paraphrased it so that the respondent would fully comprehend what is meant by the question at hand. The interviews were recorded through audio recording and later transcribed. They took place in quiet settings. When planning the analysis I coded them so that I could identify the main themes which I could interpret and follow throughout the analysis process.

Ethical Matters

In regard to the ethical matters it had been explained to the interviewees in the beginning of each interview what the procedure is in connection to them and what the results of these interviews will be used for. They received an informed consent as well. Confidentiality is assured and anonymity of each of the respondents will be protected. The participants in this research were informed that if they wanted to decline usage of the information provided by them in this study they could do so at any time by contacting me or my supervisor.

Generalization

In this research I would like to gather information about how a social enterprise, such as Vägen ut! has managed to implement a rehabilitation program. It is a small qualitative study done through the use of a small sample. In my opinion I cannot make a generalization that all substance abuse treatment programs with a setting and structure similar to Vägen ut!'s will be successful but the atmosphere that I sensed while speaking to the respondents of this study and through performed visits was that there is a lot of positivity involved. We can see that better results can be reached in a smaller setting. In this way people are given more individual support, their needs are met better, in groups they are able to receive this as well and a reformation process of the structure of their lives takes place. This is not always the case in a more traditional institutional setting of treatment, where there are a great number of people and the professionals are more like superiors than equal to the clients.

Theories used for analysis

In the analysis that follows will use three theories to explain and analyze the research topics that I have chosen. The theories are The Social Support Theory, The Empowerment Theory, and The Role Exit Process Theory. It is my opinion that they are very suitable for this exploring and

studying the course of events throughout the recovery from substance abuse. Social support and social networks are important for all people in all parts of their lives. This is why it is extremely important for individuals that are in a recovery, as in this particular one of substance abuse to receive as much support as possible. Along with support comes empowerment. But an individual cannot be empowered without receiving support first. This is why I have chosen to use this theory in my analysis as well. To gain power to make a change an individual must fist understand what has happened in their lives up till that point and to receive support through which they will later gain control and self awareness and be able to make the alterations necessary to reorganize things and prioritize some main goals that they want to achieve. Along with these two processes comes the role exit. A person exiting a role has to comprehend that they are exiting an old role that is associated with a certain network of friends and they must make the necessary alteration to be able to acquire a new network and in that way have a new purpose and aim in life.

Chapter 4

Findings and Analytical Reasoning

In this chapter I will describe the findings of my study and analyze them. I will start by giving background information about the starting of the program, connected to the opening of the two villas, the aftercare, and background about the past of the two interviewed participants of the program. Next I will describe the structure of the therapy part of the program, as in the twelve step, motivational program, and aftercare program. I will go on to mention the support that is provided during and after the treatment process and give an explanation through the social support theory and point out the importance of social networks to recovery. Further on I will describe the empowerment process in the treatment program and the role exit process and link them to theories. Finally I will mention the coping, how it is different in connection to men and women and stigmatization.

1) Background Information

a) Starting of The Male Villa

In the beginning the The Male Villa did not have any agreements with the Social Services and Prison and Probation Services and without them you cannot work with clients. It was just a halfway house. There was no treatment. This villa was one of the first cooperatives of Vägen ut! At the start the founder of the villa and the heads of the other first enterprises of Vägen ut! used the office of KRIS to conduct their meetings. They started looking for a house for this project and found one. Through negotiations with the city of Gothenburg they managed to get funding and that is when they could start. An agreement was signed with these government institutions for provision of clients to Vägen ut! The treatment for the individuals would be paid for by the same institutions. The respondent of The Villa For Men shared the following in regard to the beginning of the treatment program *"In the beginning we didn't have any money, we worked a lot. We got 50 000 kr for furniture by the city of Gothenburg somehow because we had decided that it should be a place with nice furniture and a nice place to come. I have a background with drug problems and criminality and it was important for me that this would be a place that is really nice and tidy. That was my dream. And there should of course be no drugs, no alcohol and the people there shouldn't have bad attitudes."*

The Male Villa was established in 2003. Arrangements of agreements, issuing of permits, remodeling, and furnishing of the place was during the first eight months of the year. Hedin, Herlitz, &Kuosmanen (2006) state that a cooperator interviewed in their study describes that the participants in the program that come through The Prison and Probation Board go through a selection process. This might not necessarily happen fully beforehand as it is described *"When we meet them in the prison they are   willing, seem good and interested. But fairly quickly they reveal their true selves" "And as soon as he reveals his true personality and doesn't follow the rules we have set up, he has to leave."* This quote illustrates that the villa has standards and they should be followed. Urine samples are taken and people should be above the age of thirty five upon entry because the staff considers the younger ones unfit to deal fully with the recovery process. In the beginning when the villa was just a halfway house the clients they had were sent to them directly from correctional institutions or detention facilities located in the west of

Sweden. This is based on Section thirty four of The Swedish Act on Correctional Treatment in Institutions. Former inmates above the age of thirty have an advantage to start the program as they have gotten tired of a drug and crime related existence and are more willing to do the work to a new drug-free lifestyle. And this is one of the mostly prioritized rules of the villa. One of the main goals is for the participants to learn to be responsible, as this is connected to having a routine in life. Another cooperator that was interviewed during this study stressed on the significance of the work done by residents of the villa on their attitudes and trying to keep away from prison mentality and mindsets of substance abusers.

- ***Uniqueness of the treatment program***

When I asked about what makes the treatment program at The Male Villa special I was provided with an answer that the respondent's own experience is that while fighting with drug addiction and being enrolled in a treatment program in the past there were no strict rules to follow. When the staff left at night the clients could involve themselves in whatever they wanted *"so no one really cared and that wasn't a good way to do a treatment because it didn't work. So I wanted something else."*It was described by the respondent that he had taken part of The Twelve Step Program and wanted to implement it at the villa as part of the treatment. Before the implementation of this program the stay at the villa included two NA meetings per week and attendance of work-related or educational programs. The NA meetings were and still are obligatory, as Vägen ut! know that this is a very important part of the treatment and of the life of every former addict. This is why he stated that at present there is a full-time treatment. "*The other thing was that we were really serious about being a drug free treatment place because other places weren't that strict.*"

He explains how now after the treatment part stated, a year and a half ago, the participants have more meaningful things to do than before. They are either engaged in working, studying or treatment. Even if you are working you attend the NA meetings in the evenings and do the work for your recovery because Vägen ut! consider this to be very important. There are two variations at present based on the two agreements the villa has with The Prison and Probation Services. One is that they are a halfway house, where the clients live there and go out to work. The other is

that they attend treatment during their stay. This is based on an individual evaluation of the Prison and Probation Services regarding what program the client should attend.

b) Starting of The Female Villa

The Female Villa opened its doors a few years after the male one, in March of 2005. Before that, in 2003they only had a work training program for women. That is when the founders of the villa realized that there was a great need for a treatment place for women. In the beginning it was the same as The Male Villa, no treatment, only a halfway house. There was only attendance to NA meetings. Participants were and still are responsible for the chores within the villa as in cleaning and cooking, which they achieve by following a weekly schedule. This so in the male villa as well. In both villas there is the same procedure regarding each client. Every person that is admitted to stay in the villas has a contact person that keeps a record of their progress and reports once a month to either The Prison and Probation Services or The Social Services, depending on which one of the two institutions has send the individual for treatment in the program of Vägen ut!

As in The Male Villa in the beginning The Female Villa was more focused on NA meeting attendance and work training but now there is more rehabilitation. *"There has been more and more focus on The Twelve- step Method Treatment every day, much more than before and a staff that is competent in the The Twelve Steps and they are going to school to learn more about The Twelve Step Method so they will be skillful to work with the clients."* The respondent explains that at present the women have three months after admission in the program to work with themselves and to identify the problem and after this period they can go out to work trainings as the ones provided by Vägen ut!

2) Treatment Program Structure

a) The Twelve-Step Inspired Program

The treatment in Vägen ut! was created upon the principles of The Twelve Step Program. The sessions at The Male Villa are four times a week. It is once a day on Monday and Tuesday and twice on Wednesday and Friday. It is performed by the initiator of the program and a second leader. Most often the session takes place with a certain theme pertaining to the past of the

participants. It could be connected to their family or to their drug use. You are given a piece of paper and are asked to describe this. After that it is presented and discussed within the group. At the interview the respondent, who is the one that implements this program, is asked if it is a spiritual program, like the original and the answer provided is that *"Yeah, I don't know about that. For me it's sad stories. Because they say you have to talk about a higher power. They have to talk about God as you understand him but I would say for me the main thing is to acknowledge your feelings. It's what it's about. If you can strengthen your feelings out and put them where they should be then it's going to be ok. Because that's what's not ok when you are doing drugs."*

b) The Motivational Program

It is two times a week in The Female Villa. It is similar to The Twelve Step Program. The participants get exercises to do and then they meet in a group and they talk about those things and have a group discussion. There are twenty themes. Another part of it is called "The Bowl of Feelings." Everyone would write a note depending on what they want to talk about. These notes are then put in a bowl and then everyone has to pick one and that would be the discussion for that meeting. *"We take a round and everybody can say how they feel about the question and so it doesn't get personal. Then you can start to try out different ways of acting. It gives you courage since it's a small group and the women think oh, this really applies to me. I know the feeling. They help each other."* This is what my respondent, who is one of the founders of the program, mentioned as an example. The motivational program in The Male Villa is structured in a similar but more adjusted for the male participants setting.

c) The Aftercare Program

While talking to this respondent I was informed that the idea about the starting of the aftercare in Vägen ut! arouse after the residential home for women was opened. It began a little bit more than a year ago. After the men and women leave the treatment programs and move on to living in the residential homes they start attending aftercare. They could also attend if they live outside the residential homes and have completed the Vägen ut! program. This is the first time that both sexes interact and participate in the integration process together. The structure of the aftercare program is based on the structure of these types of programs in Sweden but when asked what

makes it different the respondent shared that *"The difference between our aftercare and others I think that we work with different themes…It's about loneliness and it's about relationships and it can be about identity and fear. We have certain themes."* The attendance is once a week the first six months followed by every other week for the next six months with a duration of two hours. The first hour consists of talk about the theme given and the second part is talk about the attendants' lives and how they are coping with the transformations they are experiencing.

As I mentioned earlier the aftercare program is based on the Swedish aftercare model plus the themes that Vägen ut! came up with. This makes it special because the participants do not stop the sharing process they have been a part of since the beginning of their treatment, as in The Twelve Step and Motivational Programs. My respondent regarding The Aftercare Program explained that yes, it is similar to The Motivational Program but still different *"it's different anyways because people that come here they have come so far in their recovery so they are not so sick anymore. They talk about different things if they have gone so far into the process. We can include the themes when they share. You sit and you share your feelings and thoughts and we include themes in their sharing."*

3) Social Support

a) Background and definition

In this part about social support I will describe the theory and link it to findings and its effect on recovery and relapse of substance abuse individuals. I will also discuss the importance of social relationships and networks in connection to rehabilitating individuals. Supportive relationships throughout our lives are very important. As Albrecht et al. (1987) have illustrated, *Social support refers to verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one's life experience.* (Albrecht et al., 1987, pp. 19). In other words if we have positive social support and good communication between individuals, confusion and anxiety is reduced and in that way self-control is increased.

Regarding discoveries about social support and the values from it, supportive relationships can help protect against clinical depression or deviant behavior, have a positive effect on stressors of

physiological or psychological nature in connection to work tension, lower suicide risk, have a good effect in adapting to change, etc. (Hamburg & Killilea, 1979, Hammer, 1983; Slater & Depue, 1981 as cited by Albrecht &Adelman 1987). The authors go on to illustrate that support is a mutual process that involves contributing and obtaining, which occurs in socially established networks of both secure bonds with family and friends and not so strong ones with acquaintances, friends of friends, colleagues, and others amongst the community. Being a part of supportive communication is a quest for human interaction and for the explanation of one's own existence. For support to occur findings that decrease uncertainty have to take place, that is on an individual level as well as on a relationship basis. When uncertainty is decreased there is an achieved control of self and critical stressors, which leads to closer ties being built among those involved in the interaction.

Social support is essentially a process of intercommunication. Helping is vital to human bonds. The understanding of social support from a communicational view shapes it as a transferable process of interchangeable influence that takes place among two or more persons that modifies their states of emotion, cognition or behavior (Albrecht &Adelman 1987).

In regard to this when I talked to one of the respondents in this research I inquired about support: Interviewer*: "How did you feel in terms of the support there? In the beginning you said everything had to change, the structure. Did the staff make it easier by giving support or? How did you feel?"*

Respondent: *"The staff never said ok you can go to other meetings you don't have to go to these two where we go. You have to go to these two and if you want to attend ten more you can do it but these two are the most important ones. This has helped me because now I know that if the world starts to shake and I don't feel well and I want to go back to my old friends I know that if I stick to my routines and I will fix it. I will get back eventually but it's essential to have the routine and to know that if I go to the NA meetings I will meet my friends and they will pick me up."*

The last part of the statement of the respondent is particularly strong: *"I will meet my friends and they will pick me up."* These are the new friends from the NA meetings and the support given there, through positive display of emotional charging, makes the participants feel safe in that

environment. When an individual communicates a message of support to someone else, this way of behaving can influence the feelings and perception of both individuals, the condition of the relationship and the way messages are transferred (Albrecht &Adelman, 1987). The support provided by structures like NA meetings, aftercare, and previous treatment programs that are part of the rehabilitation process of former substance abuse addicts is very important. This is crucial to a reconstruction of former ways of life and assists in the construction of new effective patterns of existence, formation of new habits and acquiring of positive attitudes and a gain of self worth and assurance. Positive social networks work in that way. They are very important throughout the recovery process, a part of the exit process, and a means to a new life. I will go on to explain this effect in the following parts of the social support fragment of my analysis. I will explore the ways they are linked to substance abusing individuals in particular. I will also illustrate the significance for the recovery of female addicts, as there are some gender-specific issues to be addressed in connection to this process.

b) Social Support and female substance abusers

- ***Drug abusing women and violence***

As I have stated in the previous research part of my study, there seem to be gender sensitive characteristics among substance abusers. In particular this is the probability that females with such problems have been victims of sexual or physical abuse (Kang, Magura, Laudet & Whitney, 1999; Najavits, Weiss, & Shaw 1997; Newmann & Sallmann, 2004 as cited by Tracy, Munson, Peterson, & Floersch 2010) and violence is still a part of their lives (Velez et al., 2006 as cited by Tracy, Munson, Peterson, & Floersch 2010). In relation to this I will display a particular example from one of my interviews:

Interviewer: *"When did you start working with Vägen ut! and what is your current role there?"*

Respondent: *"I started January, three years ago and my role is to be a project leader for a project with women who have been affected by domestic violence and have a drug problem."*

Interviewer: *"They have had to have been involved in a situation with domestic violence?"*

Respondent: *"No, we know that most women that come to us with their drug issues have also had been treated badly by men. They don't see the problem when they come. They think that this is the ordinary situation when you have been in the drug and alcohol surroundings. They think that*

this is natural. But when they are in treatment after a while they start to realize that these situations aren't ok. And when they talk about this in the villa they realize how these situations have affected them and then it's possible for them to work with this and also start to think about the situation in a new way."

Bhatt , R.V. (1998) provides a definition in his writings of violence against women. He states that even though there is no universal definition, the one that has been accepted by the UN Geneal Assembly in 1993 gives a practical foundation for the study at hand. The definition provided by the UN declaration is *''Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of 'liberty', whether occurring in public or private life''* The author goes on to portray information from findings on the personalities of males who exercise domestic violence. These studies show that these individuals are possessive personas that cannot handle their partners being autonomous, have harsh expectations of matrimony and sexual behavior, make unreal commands and have low stress tolerability. They are aggressive and domineering and frequently have resorted to violence to solve problems during their lives.

According to NCADV [1] a lot of service providers identify the relationship between domestic violence and substance abuse, but only some programs for domestic violence are able to provide counseling or assistance in connection to health services for substance abusers. When these programs were questioned about why they did not administer treatment for substance abuse 75% of them stated that this is due to the lack of finances, 71% to the lack of professionals, and 60% stated that there was a lack in practice with the handling of problems of substance abuse. Here we can see that in a broader range programs for domestic violence victims do not always know how to react with substance abusing women that have been victims of abuse. The same goes for programs that are intended for drug use rehabilitation and linking that to women being victims of physical or sexual abuse. This goes to show that with the example provided from the interview, my respondent informs us that Vägen ut's program for women is addressing both issues and trying to improve the treatment they provide as they go along.

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[1] National Coalition Against Domestic Violence - a grassroots non-profit membership organization founded in 1978 in Washington, D.C. http://www.ncadv.org/

In her book based on her Ph.D. thesis about Women Drug Users, Taylor (1993) displays situations in which women are describing and sharing similar experiences regarding domestic violence and unpleasant situations with their substance abusing abusive partners. The author describes how from the female respondents of her study she has concluded that women did not question if their partners had the right to tell them how to behave or the way in which they revealed such desires through the use of violence. *"Many of the women were subject to domestic violence, often so severe as to be life-threatening, but, like women in other walks of life, saw themselves as in some way to blame and therefore deserving of such behaviour"* (Dobash & Dobash, 1980 as cited by Taylor, 1993 pp.89). Information from another work can be given as support of drug abuse and violence. In her article Easton states that violence between intimate partners is a typical problem. The use of substances is a part of 40% to 60% of partner violence incidents. That is proof that points out that when substance use and domestic violence occur at the same time, substance use may assist in the occurrence of the violence. Yet in another publication, NCADV provide information in connection to substance abuse and batterers, that according to findings of The U.S. Department of Justice 61% of domestic violence perpetrators have substance abuse issues as well and 87% of leaders of domestic violence programs state that there is a greater risk of intimate partner violence when both individuals are substance abusers. The findings of The National Center on Addiction and Substance Abuse provide information that 69% of women that are in substance abuse treatment have stated that they have been victims of sexual abuse during their childhood.

Kang et al., (1999) illustrate that physical and sexual abuse during childhood is connected to negative effects when the individual is an adult, which includes a higher risk of drug abuse and psychological discomfort. It has been found in research that it is typical for female substance abusers to have had experienced sexual/ physical abuse during their childhood and to have gone through neglect while growing up. (Browne & Finkelhor, 1986; Downs, Miller, & Gondoli, 1987; Ladwig & Andersen, 1989; Paone et al., 1992; Reed, 1985; Rohsenow, Corbett, & Devine, 1988 as cited by Kang et al., 1999). The study also states that previous research shows that on average two out of three women entering treatment for drug abuse have been abused sexually or physically (Dunn, Ryan & Dunn, 1994; Miller et al., 1993; Paone et al., 1992; Resnick, Kilpatrick, Dansky, Sanders, & Best, 1993 as cited by Kang et al., 1999).

- *Drug abusing women and relapse*

Ellis et al. (2004) have provided information in their study that social support can have an effect on the way addiction progresses and on relapse following treatment of substance abusers. Based on research about residential rehabilitation programs for women it was discovered that living in social settings that were free of drugs following treatment (Gregoire & Snively, 2001 as cited by Ellis et al. 2004) was connected to higher rates of abstinence. (Dodge & Potocky, 2000, Salmon, Joseph, Saylor, & Mann, 2000 as cited by Ellis et al. 2004) express that recognized social support may influence the results of substance abuse by increasing the way people feel psychologically, which may act upon as a shield against relapse. (Johnsen & Herringer, 1993 as cited by Ellis et al. 2004), discovered that family involvement, together with regular Alcoholics Anonymous (AA) meetings and aftercare programs lead to higher abstinence. The author reveals that alterations to one's social network, cutting apart from substance users and preserving or recreating family bonds, calls for greater success of treatment. Attending support programs after treatment can give genuine social support and assist in relapse prevention.

The social support offered by regularity of attendance of AA meetings, aftercare programs and involvement in other support groups has been connected to a higher abstinence level. (Hser, Grella, Hsich, Anglin, & Brown, 1999; Jonsen & Herringer, 1993; Richardson, 1999 as cited by Ellis et al. 2004). One of my respondents that has gone through the entire treatment program provided by Vägen ut!, including ongoing attendance to the aftercare and living at the residential home, therefore having participated in all provided by the program and having gone through the entire process, has provided me with information in support of the findings stated above.

"I get reminded every day that I don't want back myself. The longer you stay sober the harder it gets to stay sober and because you get so used to the normal life that you don't see the dangers. So if you still work with it every day you'll be reminded every day. I am addicted for the rest of my life and it takes five seconds to get back to where I was. If there is a glass of wine, there I am. You must remind yourself every week, every day. I give myself a promise every morning. On this day I will stay away from alcohol and drugs. Then I take another tomorrow morning and another the day after, that for the rest of my life, because drugs is such a strong addiction. You never get treated. I still have dreams that I take drugs. It never goes away. You have to work with it for the

*rest of your life….I work with the steps in NA very hard; I go to a psychologist every week so I work so hard with myself."*We can see how much support the respondent receives from the aftercare and NA. This is an ongoing support that goes on for the rest of one's life. If the person does not receive the comfort and self assurance provided by these structures and the emotional support gained from the members they will have a hard time recovering. These programs help gain stability and new life patterns, reassurance that you can make it and provide a wide network of former addicts that are no longer using and can give assistance and support to new members. Ellis et al. (2004) constitute that for female substance abusers the support given by spouses or partners can have different effects but some have beliefs that a supportive partner may help them in staying clean and not having a relapse. But this is, of course hard to come across, as substance abusing women usually have a partner, as the findings go on to explain, with similar problems of their own. They claim that women with substance abuse issues may have limited support from spouses because they have the same problems as them or have insufficient resources to cope properly.

c) Social Support through aftercare programs and social networks

- *Emotional support during childhood*

Before I go on to give concrete examples of the support given in an aftercare setting or in NA meetings through staff and fellow participants I would like to give an explanatory introduction of the emotional worlds of men and women and point out some differences. In order for one to have a successful recovery process from substance abuse one has to work out unprocessed emotions within him/ herself. Men and women do this in a different way and in the treatment program of Vägen ut! participants of the two genders actually work together for the first time in the aftercare program. I will start off by giving an overview of childhood and what influence supportive behavior has on it.

Pierce, Sarason,& Sarason (1996) illustrate that emotional support is important. The authors state that this is one of the more valuable behavioral patterns, in which companions commit to and this has a strong effect on the quality of life for both the givers and receivers of the support. Throughout childhood the constant giving of emotional support by parent figures to their children promotes stable attachment (Kestenbaum, Farber, & Sroufe, 1989 as cited by Pierce,

Sarason & Sarason, 1996). Parental affection and care improve the way the child adjusts socially (East, 1991 as cited by Pierce, Sarason & Sarason, 1996). It also encourages mental and emotional well-being at the time of childhood and later on (Mallinckrodt, 1992 as cited by Pierce, Sarason & Sarason, 1996). Hence, it is probable for individuals that have had a positive attachment connection to be more trusting towards others and accept their assistance as well as they themselves deserving help and to be looked after. In connection to this one of my respondents that has gone through the entire program has stated his opinion in terms of the support given by the staff and others in the program and how that made him feel" *I had to change everything. I didn't trust people. It takes some time, a long time."*

As well as positive ways for parents to enhance their offspring's supportive behaviors there are pathologies of social support connected to abuse. According to Pierce, Sarason,& Sarason (1996), children's supportive senses are impaired by their parents' abusive behavior. The consequences of abuse are not just in the outcome of children's deficient support skills, but results in pathologies of emotional support in which the abused children portray brutality towards peers that might be suffering from emotional discomfort. Children that have suffered from abuse have unstable attachment to their caregivers and acquire malfunctional working models while interacting and forming bonds with other individuals.

- ### *Differences between men and women in provision of emotional support, coping and networking*

Something that is worth pointing out when talking about the emotional and supportive behaviors is gender. Emotional support is very much connected to gender in our culture Wood, 1994 as cited by Pierce, Sarason & Sarason, 1996). There are distinct ways in which empathy are displayed (Eisenberg & Lennon, 1983; Lennon & Eisenberg, 1987 as cited by Pierce, Sarason & Sarason, 1996) as well as in different approaches of helping (Eagly, 1987 as cited by Pierce, Sarason & Sarason, 1996).

Social relationships could have greater significance to women's recovery than to men's (Gregoire & Snively, 2001; Knight et al., 2001 as cited by Ellis et al., 2004) and that is because women have a different understanding of social relationships and their roles in them in a different way than men do (Finkelstein, 1996 as cited by Ellis et al., 2004). The authors mention

that women suffering from substance abuse might be more helpless when it comes to dysfunctions in the family, depression, and emotions connected to guilt and shame as part of the feelings that arise from addiction, which I will discuss in more detail towards the end of my research.

- ***Aftercare, provision of support, and networking***

Previous research and literature on the matter of aftercare as well as this study have shown that this is a very important part of the recovery process in the treatment of substance abuse.

"The aftercare is very important because you have learned much in the treatment. You have to stop doing drugs, you have to stop doing other bad things but you don't know how to live. So in the aftercare you get the possibility to take steps and if you fall someone is there to take you up. Every week you go to a group and you have a contact person and you have your people in NA." We can tell from this statement made by one of my respondents that is a fulltime participant in the treatment program and is currently attending aftercare that this adds a lot, it is something a rehabilitation program needs; a part that follows the treatment so that the individual is fully integrated in the way out process.

When inquired about the flexibility of the aftercare program at Vägen Ut! the respondent, who is one of the leaders of the aftercare replied in the following manner:

"Yes, it's very flexible. We can't close the door on anybody that wants our help."

When asked of the types of support given at the aftercare program the respondent replied in this way:

"Yes it's emotional, how you cope in everyday life and deal with your work, how you cope with everything. How it is to live where you live and how it is to work." So in these meetings the participants get in touch with their feelings as a part of what has to be done now after the treatment has ended and how it feels to be in this new and unfamiliar situation. Questions and puzzling situations are processed at these meetings through explanations, which leaves you at ease with a sense of security and safety, as one of the participants mentioned: *"It's safe. You feel*

*safe. And you can take these steps a little bit at a time. "*and yet another participant comments like this: *"Yeah but when you get to the aftercare you want to go. You feel the love and the support….Something happens and maybe this sharing business is very important. Because it often is that if you share feelings with other people you notice that we are really not that different from each other."*

When talking about support, one of my respondents described a project she initiated as part of the motivational program for women and how it relates to support:

"It's the second year of that project and it's for women who have had abuse problems but have also been abused in different ways and we want to see how best we can support them back into the normal life and that's why we dig deeper into that situation. And to see what kind of support they really need; to come to work or to get normal relations with children and other relations. Sometimes they need someone to hold their hand just to be able to go to the grocery store. So it's really a long way."

Getting into the theme of creation of new social networks I discussed the following with one of the respondents, who is a co-founder of The Female Villa. *"Yes, that's one of the ideas. They really get to be friends, the women at the villas and the residential homes. And the loneliness is one of the biggest problems. When you go out to the society you are lonely and don't have friends. One of the goals is to create new social networks and then you go out and work or study and then you get new friends and when you feel more confident you're not that afraid of talking to new people. So it works quite well."* We can see that the implementation and improvement of the treatment programs at Vägen Ut! has really had a good effect for the clients. We can see that substance abuse treatment is not simply taking out the symptoms but working with emotions, empathizing, encouraging and creating new patterns in one's life, which takes time and patience all at the same time. The fact that the staff is now both a mixture of professional and former substance abusers is one of the reasons why this is working so well. You can only fully provide empathy if you have gone through a similar experience as well.

We have discussed social relationships and they are not present apart from other bonds in the lives of individuals (Parks, Stan, & Eggert, 1983; Salinger, 1982, as cited by Albrecht et. al, 1987).*" Indeed, networks of relational patterns have been viewed as the "infrastructure" of*

social support" (Badure & Waltz, 1982, p.5 as cited by Albrecht et al., 1987, pp. 40). In relation to networks we will examine the relationships on a macro level. Social networks are the result of forming behaviors on a micro-level. As part of a network the family and its members communicate in a way in which they give mutual support to each other. Albrecht et al. (1987) point out that the important thing about families is that the individuals within this structure have involuntary bonds throughout their entire lives and collective responsibility towards one another. In relation to this Taylor (1993), points out that the formation of bonds between drug-abusing women did not lead to ultimate distancing from 'straight' society. These women staid in contact with citizens from the locality and with members of their families, more specifically parents. In this particular study this is so mainly because of the social construction of the society. The place where they lived was made up of families of multiple generations who resided in the same area for a very long time. Many of the women involved in the study had relatives living in closeness. The study provides information that parents reacted in various ways. Some rejected their drug abusing daughters and yet others supported them. In support of this is Skårner (2001) that illustrates in hers study the significance of family relations as *socially ascribed networks* which the author describes as the individual's nuclear and extended family, there are two types of patterns that can be observed. There is a design or model of *accumulated disintegration* that is provoked by a passing, conflict, separation as well as other types of break-ups in the network that usually go on for several generations. There is also another design, which is one of *close-knit clusters* which s made up of very stable ties. The mother is very often the most important figure in these clusters. The study results that if bonds were strong and continuous throughout ones live they survive the struggles brought on by substance abuse. But if ties are already fragile they can become even weaker.

Outside of the family Skårner (2001) points out *the chosen social network.* This network consists of social relations outside of the family. She points out that the falling into and falling out of substance abuse can be linked to the friends you are surrounded by. The drug abusers in the study seem to be a part of two separate existences. On the one hand they are a part of the *drug world* and on the other hand a part of *ordinary life.* Taylor (1993) specifies that the substance abusing women in her study incorporated feelings of group devotion, which acted in uniting them with their substance abusing friends and separated them even more from orderly society.

Even though there are significant distinctions in conduct that is present amongst users, still, the more the women abused drugs the more they joined together and the less they felt they shared with their straight acquaintances.

"the social welfare can see that this is a person that we have invested quite a lot of money in the treatment and to succeed they have to have more support during a period and if they really say yes to that maybe when they get the apartment, maybe an year from now it will be alright and they can have time to get a job and fix things with their network, with their own relatives and hopefully be good."

One of the significant conclusions from the research of Skårner (2001) is that a *differentiated social network* can enhance modification, evolvement and progress. This type of network is made up of stable and fragile attachments. *"Strong bonds generate support and a deeper sense of belonging whereas weak bonds create windows to society."* Skårner (2001, pp.351) *Both* of these ties are significant in the course of freeing oneself from drug use. It is very important to have a social network apart from close friends and relatives. *"Friends are important, both to renew the network and to provide adequate personal support; however, not just any friends, but relationships that are close and intimate – and drug-free!"* Skårner (2001, pp.351) The findings also display the significance of being a part of a working environment that can help in the healing process after dependency. One of the respondents I spoke to who has participated in the entire treatment program is currently employed with one of the enterprises of Vägen Ut! *"I started working and had the opportunity to take one step after another, small steps and that has helped me to feel confident that I am going to make it. It's taken me more than two years to really realize my own capacity and that I am going to make it this time. So I feel quite confident. Vägen Ut! is the best that has happened to me."*

We can conclude from all of this that social relations and networks are extremely important to the recovery of former drug users. Every person has the need to feel a part of a group and these groups grow in size and change from childhood to adolescents and adulthood. Depending on the way you live your life you become a member of different groups and engage in relationships with different individuals. You should strive to build strong and lasting relationships so you can receive support in time of need but it is clearly not that simple. Sometimes the circumstances are different depending on where you were born, raised, depending on the family bonds and so on.

So, as mentioned above by Skårner (2001) we will end up with both weak and strong bonds, which in certain cases is inevitable.

4) Empowerment

a) Definition and background

I would like to start with a definition and explanation of how the term empowerment was first coined historically. As stated by Dalrymple & Burke (2008) in Solomon's work *Black Empowerment* the author introduces the term *" as a process whereby persons who belong to a stigmatized social category throughout their lives can be assisted to develop and increase skills in the exercise of interpersonal influence and the performance of valued social roles."* (Solomon 1976, pp. 12 as cited by Dalrymple & Burke, 2008, pp. 106). Empowerment is also seen as a structure that connects people's personal assets, natural systems for assistance, and active manners of behavior to social policy and change (Rappaport, 1981, 1984, as cited by Perkins & Zimmerman 1995). The theory of empowerment, studies, and intervening connect personal contentment with the larger political and social surroundings.

Actually if we want to trace things back in history McMillan (1999) states that the conception of empowerment goes back to the 1930s. Saul Alinsky was the first to group neighborhoods and to form societal congregations (Keiffer, 1984 as cited by McMillan, 1999). Empowerment became well-known and acquired support throughout the social movements that took place in the sixties and seventies. This part of American history caught the attention of professionals in the research field and this caused them to finally pay more attention to the study of empowerment (Keiffer, 1984, Rappaport; 1977, 1984, 1987; Zimmerman, 1990a, 1995 as cited by McMillan, 1999). The evolvement of empowerment theory came about in the 1980s as health administrators, psychologist and other experts encouraged the professional spheres which they represented to endorse empowerment as a model to theory, method and research (Bernstein et al., 1994; Cowen, 1991; Labonte, 1994; Levine, 1988, Rappaport, 1981; Rappaport, 1987, Robertson & Minkler, 1994; Scinn, 1987; Swift & Levin, 1987; Wallerstein, 1992 as cited by McMillan, 1999).

A lot of attention is still given to empowerment during the ninetees and ongoing promotion was given to it as one of the greatest ways for the improvement of life quality of a community, to assist racial and impoverished communities for the development of a systemized power structure, to organize business enterprises, to assist in the repairing of educational institutions in U.S.A., and to provide people with a sense of expertise and awareness of being in control (Cowen, 1991; Kieffer, 1984; Rappaport, 1981, Rosenfield, 1992; Schinn, 1987; Swift & Levin, 1987, Wallerstein, 1992; Zimmerman, 1995; Zimmerman & Rappaport, 1988as cited by McMillan, 1999).

Rappaport has linked the popularity of empowerment to the fact that empowerment is a theoretical method and a way to achieve social objectives. In practice empowerment *"...suggests goals, aims, and strategies for implementing change"* (Zimmerman, 1995, p. 582 as cited by McMillan, 1999, p. 5).

Empowerment can be looked upon as a process connected to change. For individuals to acquire authority it is necessary for them to learn about themselves and their surroundings and have the desire to recognize change and cooperate with others for it to occur (McClelland, 1975 as cited by Lord & Hutchison, 1993). On a micro stage, empowerment is defined as the growth of an individual perception of a gain in authority or control beyond the alteration of structure. On a macro stage it is viewed as a mechanism of a rising collective political predominance. A sufficient method of empowerment is connected to the comprehension of the course of alteration that allows us not to sense a loss in power. Persons, who can make a relation between their personal state and the society that they inhabit, start to make alterations inside themselves, their families and the public and broader social frameworks. Individuals who become conscious of the link between their own circumstances and the community which they inhabit are able to judge where they are situated in a critical way. By means of this mechanism of finding of the inner self we are enabled to define our suffering, and at the same time start addressing the causes for it (Dalrymple & Burke, 2008).

b) Empowerment as a process

Although personal and community empowerment has been a part of community procedure since the time of Saul Alinsky, as a research approach it was not explored in a systematic way before

the end of the seventies and the beginning of the eighties (Keiffer, 1984; Rappaport, 1977, 1981, 1984; Zimmerman, 1990a as cited by McMillan, 1999). Keiffer discovered that not enough attention is paid to individual empowerment and he became one of the first who began to research and analyze the essence of personal empowerment in a systematic way. He perceived empowerment as a *developmental process* – an alteration from being powerless to gaining the competency to participate. He separated the process of empowerment into four parts of development. The phases in the beginning pertained characteristics linked to a feeling of community awareness and a raised attentiveness of community issues and inequality. The building of skills and organizational traits evolve as the person becomes involved with groups that have common visions of the surrounding world. As the person becomes more mature, he or she has a raised awareness of organizational aims and is able to assess the possible limitations in the surrounding world. At this phase the person has more self-confidence and experience, and possesses a great deal of participatory power. In the last phase of personal empowerment, the person is more adaptable to the changing surroundings and possesses a greater amount of political efficiency. The person has a raised awareness of the empowerment within them and the organizational accomplishments. According to Kieffer the main elements of the empowerment process are participation, community awareness, and having experience, which includes developmental aims, political efficiency and organizational knowledge. Rappaport went on to further develop the study of empowerment. He argued that definitions of empowerment can vary, relying upon the framework in which it is being studied (McMillan, 1999).

Tengland (2008) is another author that takes a look at empowerment as a process and states that this process is an essential way that includes the persons or groups of persons that shall be empowered. The main theme is that this method should lessen the influence of the professionals so that the person or group of persons that need support can become responsible for the process of change. The author also talks about the increase of consciousness in connection to empowerment. This is connected to becoming conscious of the place where one is at and what has an effect on this. The raising of consciousness about the situation is usually sufficient enough for empowerment, since this is required for the practice of being in charge of the situation. If consciousness about the situation reduces we would have no authority over it.

Tengland (2008) goes on to illustrate that freedom is not given so much recognition in connection to empowerment. But actually, it seems that empowerment as an aim extends over freedom. Freedom in this sense means to have control upon the outside environment that has an influence on the actions of an individual and the choices they have performed in their existence.

Perkins & Zimmerman (1995) go on to explain how research done on empowerment directs its attention to the distinguishing ability and competence as opposed to analyzing risks and examining influences of surroundings of social issues instead of accusing victims. Interventions based on empowerment theoretical practices promote well-being and at the same time strive to relieve problems, give chances for individual participants to acquire experience and qualifications and involve professionals as partners instead of authority figures. Empowerment is more than, for example being self efficient, having self esteem, being competent and having control. It is a process through which individuals acquire control over their existence, involve themselves democratically in community life (Rappaport, 1987 as cited by Perkins & Zimmerman 1995), and obtain an analytical view of their surroundings (Zimmerman et al., 1992 as cited by Perkins & Zimmerman 1995).

I will present a fragment of an interview with a respondent that is a professional and works with the creation and implementation of the motivational program.

Interviewer: *"What would you say is most important when empowering former addicts?"*

Respondent: *"The most important issue is how you meet them. The individual approach towards every person. The individual approach and the approach in the business, in the whole setting. It's the way you treat the people you work with and people around and the goals and what you do and my main issue is that everyone in this room can be a partner in the business. Everyone has the power to be there if I let them and we can find their abilities. And you also need to have the structure. I can't say you came here today. You can be the boss tomorrow. That's not possible."* We can see that this is an example of a process, one that is connected to identification of strengths, weaknesses and goals to be achieved, gaining a structure, and working on an individual level, which can later lead to acquiring of power and making of changes on a group level within a certain situation. But as the respondent pointed out: *"I can't say you came here today. You can be the boss tomorrow. That's not possible."* This is not possible because this is a

process that takes time. One must make changes in the self before one can have an effect to make a difference on a group or societal level and only once one does that will he/ she feel empowered. Here you can be in charge. You are given the plan, by which to proceed and help by the professional in doing so but you are the one that has to do most of the work. Only in that way will you understand your own self-transformation fully.

Empowerment theories contain processes as well as outcomes, proposing that *"actions, activities, or structures may be empowering and that the outcome of such processes result in a level of being empowered"* (Swift & Levin, 1987; Zimmerman, in press as cited by Perkins & Zimmerman 1995, pp. 570). The results of individual empowerment could consist of gained control in a particular situation and gained skills. In connection to this I will present a part of my respondent's comments on the subject. He is the leader of the twelve step program in The Male Villa: *"Yeah, because they, these people that use drugs a long time they don't want to dig in themselves and they want everything to be ok and then they come out and then it's not ok and they start all over again."… "When they start to think and dig in themselves they will find something that hurts, but they will even find something that is very nice and very good and then we tell them that this, that hurts, look at it, accept it and let it go. But this is nice, these things that are nice in you. That you are a good man and you have done good things. Make more of this. Like yourself because you're a good man. Yeah, that's what this is about. To recognize what is good and what is bad and lose the bad and empower the good. It's as simple as that."* We can see here that this is a clear example of wanting to make the person not feel like a victim but to make them recognize their strengths and work on them, instead of the weaknesses. Even if it hurts, once you process that emotion you begin to understand it and you have gained something by learning about yourself in that particular situation and taking the control to change things. What happens is as I have explained earlier - you have become aware and now you are ready for a change.

Social work that has an empowerment aimed approach acts as an opposition to the predominant paternalistic view, which fabricates oppressiveness and control in relationships amongst individuals, between the professional *"(who has the skills and knowledge)"* and the patient *"(who does not)"* (Hedin, Herlitz, &Kuosmanen ,2006, pp. 25). From this view

the client is "pathologised" and the attention is aimed towards the parts of the person's life that are not functioning well. Using the framework of the empowerment model the service user is the most important and is given the ability to describe the issued which are disturbing him or her. All persons are seen as possessing distinct abilities, but due to external factors on various societal levels they do not get to use all these abilities. The difficulties can be internal, having to do with the way the individual looks upon themselves or the way one identifies oneself. But they are also present when it comes to other individuals, in a group and lastly on a community level (Dominelli, 2002 as cited by Hedin, Herlitz, &Kuosmanen 2006). When discussing the residential homes and aftercare and their relation to empowerment the same respondent mentioned above commented like this: "*I think this is nearly necessary that we have this aftercare. I think it's nearly necessary because they need to come and talk "now I'm afraid of this, I don't like to go shopping, I don't like to bla, bla, bla." So then we ask ok what are you afraid of? Talk about this. And we empower them to manage this.*"

Interviewer: *"So for you as a professional, help through empowerment, the empowerment would mostly be about people connecting with their feelings?"*

Respondent: *"Yeah, and then when you, while you're doing that you've had time to manage the relations with other people and the feelings is the relation to themselves. And then you could relate to other people. And then you can relate to the society."…" But I start to talk to them about relation to themselves and then we talk about feelings and even how you think about yourself. If you think that you are a shithead how could you manage to do anything? Of course you have to change that too. But this thought is driven by a feeling."*

5) The Process of Role Exit

a) Definition and stages of role exit

Ebaugh (1988) illustrates in the beginning of her book that the bigger part of people in the world are exes in different ways. The author states that we have made an exit from a profession, a marriage, a religious congregation, an organization, and institutional existence, or even a role that carries a stigma, such as alcoholic or substance abuser. The one collective characteristic that

exes have is that they could in the past identify with a social role, which does not pertain to them anymore. I will now provide a definition of the process of role exit:

"The process of disengagement from a role that is central to one's self-identity and the reestablishment of an identity in a new role that takes into account one's ex-role constitutes the process I call role exit." (Ebaugh, 1988, p. 1)

Ebaugh (1988) states that most people involved in role exit do not have a clue what they will become involved in following a main role exit. Instead, they are completely focused on exiting a current role that is very much unsatisfactory. The dynamics of disconnection are very distinct from those of being socialized into a new role. Leaving old roles is a complicated process that is connected to the alteration in reference groups, networks of friends, bonds with previous group members, and primarily, changes in an individual's own feeling of identity with themselves. In this process there is shared disconnection in the sense that the person distances themselves from the group and at the same time the previous group detaches itself from the person because of presumptions and social responsibility. This makes the exiter's feeling of commitment towards the group lower and provokes the person exiting a role to create new bonds and a new self image. Here I can give an example from a respondent that is a full participant of the program as a confirmation of the stated above: *"Yes as an addict and before I was afraid to go back there but now I feel secure. Every time I meet an old friend who's still an addict I take a pamphlet from NA meetings and say do you want to come with me to a meeting? And they also get in a hurry to go somewhere else."*

This is why role-exit theory *"emphasizes the impact of previous role identification on current concepts of self."* (Ebaugh, 1988, pp. 182) Another thing that is exclusive for the process of role exit is the consequences of social responses to a person that are derived from the former role. A great difficulty to the person in exit is having to acquire knowledge about how to manage with the way other people respond to *"who one used to be."* (Ebaugh , 1988, pp. 182) *"To go to the tram was difficult because I didn't have any self confidence. I didn't know where I was. I was addicted and I didn't know anything else. I thought that everybody was staring at me. You must learn everything. Most of all you must understand that you are good enough."*This is one of my respondents that is a full participant in the program and has gone through the entire role-exit

process. Her comment displays the phase of confusion and doubt in self identity. Having to find yourself once more is a hard process that not everyone is ready for and it takes a great deal of work, support from others, etc. Another example is that of the overall experience in a store after collecting memories of all the years out of necessity the respondent had to involve herself in shoplifting. *"You must change the way you think and do things, everything. You are totally new. You don't know. When I came to The Female Villa I didn't know how to go to shop for my own clothes. I was frightened. I didn't know how to get to the store because every time I was in a store I stole things for many years so I was afraid of the stores."*The respondent is explaining how she had to learn how to do something that seems simple to someone living another way of life all over again just because she was connecting the experience of shopping to her previous way of life, which brings back feelings of fear and insecurity to the present experience. Once this is overcome one can be able to proceed. But self identity and acquiring a new sense of identity is in the core of this life altering process.

Stage one of the role exit process is when first doubts occur regarding the exiter's current status in connection to role that they are in at the moment, or as Ebaugh (1988) names it *"First Doubts."* These doubts may become present as a consequence of different events. They may be main events like alterations of an organization the exiter was a part of, burnout in one's career, alterations relationship wise and particular occurrence. No matter why and in what way they occur, these first doubts result in what the author identifies as *cuing behavior*. In psychology this means stimuli that is perceived either consciously or unconsciously brings out a certain kind of behavior. In our case this is on a subconscious level in the beginning but a signal is given that there is dissatisfaction in connection to the social role in the present. These messages are recognized by others, who are close to the person involved in the exit process and act as the first signs to show that the exiter is not happy with or is questioning role obligation. In some cases the exiters look for individuals who will intensify their doubts. They will start to see how unbearable the current role is and how vital it is to look for another option.

It is in the second stage – *seeking alternatives* of the exit process that people start to look for alternatives. The cuing behavior that has occurred in the first stage is now conscious and acts as a reinforcement of the doubts that were present in the beginning, giving them a good reason for the

seeking of alternatives, and signaling to other individuals how truly unsatisfied they are in the present role. In this stage many exiters also go through a great deal of emotional alleviation, realizing that there is an alternative and that they are not by all means stuck in their current roles. The exiters look through their alternatives and start to focus their attention towards one or a few of these alternatives, they start to change their orientation towards the reference group and to become involved in fictitious and actual role preparation that makes them ready for making a final decision.

The third stage of the exit process is called *the turning point.* It is a stage in which awareness is activated and directed on the actuality that the current role is not wanted any longer, in a combination with the individual in role exit realizes that they have a chance to live a different type of life. The turning point is connected to three main purposes for people involved in the exit process: reducing cognitive dissonance, which is a sense of discomfort that occurs as a consequence of two conflicting beliefs, the chance to tell others about what you have decided to do and the gathering of resources that are necessary for the exit. In relation to the turning point, a "vacuum experience" is present. It takes place before the decision is made or in some instances a short while after the exit. This experience is connected to taking an ultimate look at the past and a feeling of distress and a sense that one has their feet in two separate worlds, in the past and in the future. They feel like they are in the middle. They are not a part of the past any longer and future events are unclear.

The fourth and final stage of the process of role exit is called *creating an ex-role.* There are six characteristics that we can notice in connection to this. (1) Exiters are uncertain of how to show to others that something has changed. (2) Even though signs are given to signal the modification people start to treat the exiters as ex-members of the former role and as members of the present one at the same time. (3) Learning to handle personal relationships, as in friendships or sexual bonds, is a main demand. (4) In most cases individuals involved in role exit go through alterations of friendship networks. (5) Exes had a mutual identity with other individuals who might still be part of the former role. To add to that there is an accumulation of other exiters who are no longer a part of the previous group. (6) Exes keep on being identified to the previous role, in the sense that they go through identification with the previous role even after exiting from it.

Favorable exits depend on the extent to which the individuals involved in the process were able to come to efficacious solutions to the challenges listed above. If they were able to achieve this an untroubled transformation is guaranteed (Ebaugh, 1988).

b) Transitioning, coping and stigmatizing

Ebaugh (1988) discusses the change in friendship networks. She suggests that the alterations connected to role exit are connected to alterations in the person's friendship groups. *" The most dramatic instance is probably the ex-alcoholics who tended to shift from other drinking alcoholics as friends to nondrinking alcoholics, often other members of Alcoholics Anonymous or some other self-support group. "*(Ebaugh, 1988, pp. 168)

Interviewer: *"So how would you say attending those meetings help the clients with their fight with addiction? Would you say that that is part of aftercare as well, the NA?"*

Respondent: *"Yes, NA is a way of life. We believe that in the recovery process you need to stay in the program for the rest of your life."....They meet other people with the same problems, they socialize and you need to do that because alone you cannot cope with your addiction…You have new friends. And you almost force them to go there."*

Interviewer: *"Do you introduce clients to former substance abusers or do they meet them at the NA meetings?"*

Respondent: *"Yes"*

Interviewer: *"It's at the NA meetings that they meet? And how would you say that affects their lives? I suppose it's a big plus to meet people that have gone through the process and have succeeded in maintaining a new life and it gives them additional support apart from the professional support they get in the program?"*

Respondent: *"Yes, you create another life, you meet new people and you have other criteria, other priorities. You don't want to hang out with your friends. You get other priorities and you get yourself respect and you get new values."*

This respondent is one of the leaders of aftercare and of the NA meetings that the clients of Vägen Ut! attend as well. She clearly portrays with her answers that NA is one of the links to a different way of life. It is a structure that gives ongoing support throughout the exit process and helps with identification of self and transformational issues, meeting new acquaintances, and being accepted in your new role. All this gives you courage and lets you go on in your search of new self discovery.

In support of the information discussed above and in regard to the reconstruction of social networks that are supportive I will present some findings from a study involved in social relationships and networks among substance abusers I mentioned earlier in my analysis. Skårner (2001) claims that the process of coming out of substance abuse is very frequently an extended and complex process. The role that the social network plays in this process of alteration might vary depending on what part it is in the process. The social network has an effect on the *motivation* for making a change. In order for one to break from substance abuse for good another way of life must be possible to be started, alternatively falling back into one's old ways might occur. The social network might motivate change by portraying other new ways of behaving and living your life. New ways may be achieved by the formation of newly formed drug-free bonds. The social network also has a major role in the maintenance of change throughout time, more precisely this means to reinforce and advance the new place you are in your life. To have a normal free of drugs life, the individual's daily existence as well as their self-identity have to be altered. For a stable life that is free of drugs to occur admission to and a feeling of belonging to traditional social networks must be present. This new life has to gain a new significance and a meaning that is more than just being a life free of drugs.

Tracy, et al (2010) state that in the giving of social support to women that are in a treatment for substance abuse coping skills can be acquired. "*Women in this study perceived that network members also thought them how to cope with the emotions, thoughts, and behaviors that surround recovering from addiction.*" (Tracy, et al, 2010, pp. 269) Findings of their study suggest that members of social networks assisted women to identify with, cope with, and communicate emotions. Receiving assistance with the identification of behaviors in connection

to these burdensome thoughts and feelings was also crucial: *"sort things out, help me calm down when I'm stressed," and help me avoid triggers."* (Tracy, et al, 2010, pp. 269)

Petersen & McBride (2002) point out the effect of family and peers on initial drug use. The authors suggest that in the instance that the relationship with parental figures is dysfunctional and substance abuse has initiated, the effect of peers on the individual, who has commenced the abuse, is more powerful. (Kandel, 1980 as cited in Petersen & McBride, 2002) points out that youngsters choose friends that they feel are similar to them, at the same time socializing into friendship cliques leads to people accepting one another's perceptions, standpoints, and ways of behaving.

In her study about men and women suffering from heroin abuse and gender differences between socialization and family dynamics Binion (1982) suggests that current conflicts in the family convey significant sex differences in past observations. Initial and ongoing substance abuse for women who are addicted to heroin are more prone to look for and addict peer group due to low self-esteem and as a response to troubled family circumstances. Men went through the most hardships in their initial years in relation to school, poorness, and peers. The activities of the peer group were more significant on the addicted males' first drug use. Men reported more use of alcohol and illicit drugs so that they could feel accepted than women did.

Pierce, Sarason,& Sarason (1996) discuss how men and women deal with conflicts. They state that men's behavior in conflict related issues is affected by their low tolerability for negative influence. As a consequence men become involved in more *"reconciling behaviors at low levels of conflict, but withdraw at higher levels of conflict, becoming either avoidant or actively antisocial. "*(Pierce, Sarason,& Sarason, 1996, pp. 428) This inclination is very problematical because of women's readiness to communicate negative emotions. Women might even discover that their bonds with other women are improved by transfers in which negative emotions are communicated and recognized. In their bonding with men, this manner of behavior may be addressed with passive resistance, resulting in the decrease of intimacy.

In the framework of empowerment and coping connected to it Dalrymple & Burke (2008) introduce the so-called *nurturing* system. It provides the person with positive representations, role models and support. The development inside this family and community surroundings gives

room for people to promote *coping strategies.* The person is then capable of developing a self identification and has the means to prevent the *'negative valuations'* (Solomon, 1976; Small, 1986; Ahmad, 1990 as cited by Dalrymple & Burke, 2008) put on her or him by the domineering culture.

Here is a part of an interview in support of this. It is from the leader of The Twelve Steps.

Interviewer: *"What's the difference between, are men usually angrier when they deal with their emotions connected to starting to live a normal life? To deal with their feelings connected to drug addiction?"*

Respondent: *"I think that women are generally more ashamed and men are generally more used to using aggressive behavior as a defense for their feelings. When they don't want to feel sad they get aggressive and women often get a little bit quieter because they don't want to talk because they are also ashamed. And I have been told that this often has to do with the children. They have left their children behind, let the children down and there's more shame involved when its women, mothers. Mothers who leave the children are worse than fathers who leave their children behind. But that's not true of course. You understand what I mean?"*

Stigmatizing towards substance abusers is very common in society. Because of the way of life they lead that is connected to being involved in criminality so one can survive there is a great amount of labeling by the general public. Patton (2002) displays in his book on heroin users that as an individual's life starts to revolve around this way of life different types of theft usually become inevitable. The most frequent types of thieving are burglary and shoplifting. To be more precise there are two actions that are very important: being able to get a supply of drugs and finding out a way to achieve this. *"The drug user's day becomes a typical round of using, 'grafting 'for money, 'scoring' drugs, and using:*

Wake up, have a hit, go away shoplifting, come back, sell all my stuff round the doors, buy all my kit, have a hit, maybe watch the telly and go to bed and the exact same the next day." (Helen) (Taylor, 1993, pp.51) Here, based on her study of drug abusing women in Glasgow the author portrays something that is not so different from the reality of female drug users in Sweden, as we can see from one of my respondent's comments:

Interviewer: *"How would you relate crime and drug abuse to women? What types of crimes would you say they are involved in and are most of the women who come for treatment involved in drugs?"*

Respondent: *"Most of them. When we talk about that they say when you're an addict you're also a criminal."*

Interviewer: *"So they accept that as something normal? "*

Respondent: *"Well drugs are prohibited in Sweden so if you do drugs you are doing criminal things but if you are a drug addict you often do many other crimes. Theft and fraud is very common among women."*

Interviewer: *Which type of fraud?"*

Respondent: *"Like stealing debit cards and taking out money that isn't yours. Stealing books and taking people's money. Deceiving people in different ways in shops to get money or things. Going to people's homes and someone else gets into the apartment and steals things."*

Taylor (1993) claims that substance abusers are thought of as individuals that lead disorganized lives. But in reality they are far from disorganized, and have to be planned and organized very well if they want to achieve their aims. As an example the author states that shoplifting was usually planned with care, as a methodology and in regards to the selection of things that they can resell with ease.

(Burne, 1997 as cited by Gray, 2010) claims that being aware of stigmatization results in the sensation of shame and creates a difference amongst individuals and a feeling that they may "stick out."This feeling of shame may be caused by past events that the individual has been through that have to do with doubting our self awareness, through the viewpoint of an observer. (Scheff, 1998 as cited by Gray, 2010) affirms that when a person is labeled the reactions of the

other people and the individual's self awareness are forever altered. *"If the individual accepts he label, they begin to internalize the attributes (stigma) associated with it."* (Gray, 2010, pp. 688) Furthermore (Dijker and Koomen, 1999 as cited by Gray, 2010) explain stigmatization as a type of social control that has a strives to eliminate the individual from society, and which does not make a difference between the individual and the way they are behaving or the transient state that they are in. The participants in the study were asked to interpret shame. They gave many definitions which were connected to the previous research. These include relating shame to guilt, shame that was connected to family-of-origin affairs, and shame that was provoked by ways of behaving while under the influence of drugs or throughout their "addiction," as in dysfunctional bonding patterns or criminality.

A point of view given by the founder of The Female Villa:

"Guilt and shame are really present for these women and the society put a rather high amount of guilt and shame upon the women. The men can go away and leave their children and mostly because there is a woman who takes care of the children and no one blames the men that they went away but if a woman does that it's much harder. That's also why the women blame themselves much more than the men do."

One given by a professional involved in the twelve step program at The Male Villa and the aftercare:

"The men often, these men that we have it's often burglary, they break in and steal and so or they are dealing with drugs …And these people are often emotional in a bad condition because they have not so much shame but they have guilt, a lot of guilt in them."

And yet another opinion of the founder of The Male Villa that confirms this:

"I can see that for women the shame and guilt complex is much deeper and much harder to get past. They have to work a lot with that. Men, they sort of glide through. In society we look at women in a different way than we look at men. It's more shameful to be a women and an addict

neglecting your children but for the men it's not such a big deal because people think it's the woman's responsibility. And it's much easier for the men to get a job, for example. And get out in society and start working. The women's road to work and a socially acceptable life is much longer. "

Hunt , Milhet & Bergeron (2011) state that 'pathologizing theories' have arisen that foster development of severe criticism of morality, marginalizing and stigmatizing, as has occurred with homosexuality and abortion. The quasi-scientific discussion of a large number of substance abuse professionals astonishes the complicated social existence. The ideas at use are very persuasive. They are utilized to convey and outline major groups or an individual in a single word: *"drug user, junkie, dependent, addict problematic"* (Biernacki, 1986 as cited by Hunt, Milhet & Bergeron 2011, pp. 37). Briefly, the professional makes an attempt to understand what it signifies to abuse a substance, rather than trying to comprehend an entire way of life.

Chapter 5

Conclusion

In the analysis I have described three different theories: the social support theory, the empowerment theory and the role exit theory. I have chosen them because social support and empowerment are very important in the processes connected to recovery, transformation and exit from substance abuse. A person in treatment for drug use needs to receive as much support as possible and needs to be empowered so that they can reorganize their lives and continue their existence with a fresh start. To acquire a better understanding of the process of transformation we need to look into the different processes of the role transformation and formation of a new identity. This is clearly portrayed in the role exit process theory. It is my opinion that these three theories fully explain the most important processes throughout the road to recovery from substance abuse.

The study performed illustrates with clarity that Vägen ut! are one of the pioneers of new ways of working with substance abuse in a smaller setting but with more care in Sweden. The final goal of integrating the individual back into society is achieved. Aftercare and NA, along with work training, employment placement, and residential housing facilities give the rehabilitation

program of Vägen ut! substantial value. Vägen ut! have also proven how a business orientated foundation can act as a means to achieving social goals. They have showed that combining business strategies with a humane aim is a great thing! Another achievement of the social enterprise in connection to the substance abuse treatment program is that they have managed to integrate a public institutional platform to work with a private one by having signed agreements with the municipality to receive participants in the rehabilitation program through them and in this way have a system of offering a service and as an outcome to have a constant flow of people being placed for treatment. They have given a perfect example that the public and private sector can work hand in hand in the provision of services for a greater good in our society.

In the last part of my conclusion I would like to point out some recommendations for the treatment program of Vägen ut! It is my belief that if there is a therapist in the premises of the female and male villas it would be good for the participants. This will help improve the treatment program and have an individual and a group approach at the same time. The clients will be able to continue attending The Twelve Step and Motivational Programs as well as have individual therapy sessions with a professional that is working there. In this way all clients can have access to therapy and will not have to go through social services for approval and the professional will be working with substance abuse approaches, rather than getting a random therapist that is not specialized in this.

Another recommendation is about the housing availability in the residential homes. There should be more housing support. Availability should be universal for all participants in the rehabilitation program. This is an important part of the recovery process and the road to stability on the way out of addiction. In this way all participants will be entitled to housing support in their transition period and throughout the aftercare. It would not be based so much on if the participant has a place to stay after completing the program, it would not depend on necessity because the necessity here is more connected to provision of security and emotional support, not just of the actual apartment.

In my opinion I have managed to provide a sufficient answer to all of my research questions through the conduction of the interviews with a mixture between professionals and participants. In this way I have received information from both sides and could observe how the answers have

been so similar, due to the structure of the treatment program of Vägen ut! in the sense that participants and staff are more or less on the same level. I have managed to confirm that the mission in mind has been accomplished through a thorough analysis of the information provided by the respondents. It is structures like this with a more personal approach that are needed in social work settings. We need to give a rise to empowerment even more. Only in this way can we have better and longer lasting results with our clients. And lastly, in terms of substance abuse treatment this program is unique because it does not just take away symptoms, but teaches a new way of life through the reconstruction of everyday patterns of behaving and gives significance to one's existence.

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Appendix
Proffessionals

1) Background

- Name

- Role in the organization

- Duration the respondent has been involved with Vägen ut!

- Effect of the respondent's involvement in Vägen ut!

- Can you tell me when and how The Male/ Female Villa was established and how did you come up with the idea to create such a place?

2) Treatment programs used

a) Could you please describe The Twelve Step Program?

b) Could you please describe The Motivational Program?

c) Can you tell me something about the aftercare program?

d) Does this program play a big part in the empowerment process of the participants involved and in what way would you say?

e) Is it hard to identify when aftercare should end or does it keep going depending on the person and the way they are dealing with their recovery, how does that work?

3) Support given

a) What forms of support are given at the aftercare program of Vägen ut!? Is emotional and informational support given?

b) Do you introduce clients to former substance abusers or do they meet them at the NA meetings?

c) You only have two res homes. Who ends up going there in the end from the Villas? How does that happen?

d) Is this how this idea came to be about the residential homes? The staff at Vägen ut! involved with the villas decided that at one point there should be more continuous support after the treatment?

4) Empowerment

a) Would you say that people feel better and more secure and empowered with programs such as the aftercare one than not having a program at all?

b) What would you say is most important when empowering former addicts?

c) How has the aftercare program had an effect on the integration process?

5) The coping process, stigmatization

a) When the clients come and they are fighting with addiction what would you say is the hardest to overcome in the process?

b) What in your opinion is most important when experiencing the transition from drug addiction to a new life for a person that has had problems with substance abuse?

c) Would you say there is a difference in the way women deal with addiction and men do or is it more on a personality basis?

d) In what way has the use of the residential homes made the whole program better? How has that helped?

e) How would you relate crime and drug abuse to women? What types of crimes would you say they are involved in?

Appendix
Participants

1) Background

    a) Could you tell me when and how you started the treatment program in Vägen ut! and what institution connected you to them? How did you find out about the program?

2) Support given through the use of treatment and aftercare

    a) How did you feel in terms of the support there? Did the staff make it easier by giving support or? How did you feel?

    b) And what about the Twelve step approach and the motivational program? What do you think about it being a part of the rehab process? Do you think it's a good method?

    c) How would you say the aftercare and the entire treatment helped you cope with the drug addiction and reorganize your life?

    d) Have you become friends with any of the women, men during the treatment and aftercare programs?

3) The coping process, stigmatization

    a) When fighting with addiction what would you say is the hardest thing to overcome?

    b) So as a woman do you think that there is more pressure and judgment put on you, not just you personally, but a woman in that situation, regarding drug abuse, by the society. Do you feel that it is more difficult for a woman?

    c) You mentioned you will be moving out soon. Are you looking forward to it? Do you feel ready to move out of the apartment?