

In a glimpse

JULY 2022

Results of a qualitative research on professional practices in the field of addiction treatment

Working within harm reduction and drug treatment services: adapting missions to drug users and to field realities

The French Monitoring Centre for Drugs and Drug Addiction (OFDT) has published [Tendances no. 150](#) on the analysis of the practices of addiction treatment workers: what does it mean to work in specialised drug treatment centres (CSAPA) and in harm reduction facilities (CAARUD)?

The qualitative research was based on ethnographic observation and individual and group interviews carried out between 2019 and 2021¹ in two CSAPAs and two CAARUDs. It showed the transdisciplinarity and flexibility of services and professionals. While drug consumption is not always addressed, the relational and emotional problems of the person is systematically invested. *Tendances no. 150* therefore describes intervention practices in CSAPAs and CAARUDs and the views of professionals on their practices for receiving and supporting drug users.

Shared practices between professionals to place the user at the heart of the support

Regardless of their previous experience and profession, the professionals support the user as closely as possible, defining and adjusting objectives with them. The practice is based on the sensitivity and singularity of situations rather than on a fixed framework of intervention.

Julie, a CSAPA psychiatrist, testified: *“I have a funny example of a patient with whom the first objective was to change the laces on his shoes. (...) This had already created a game with him (...). But there was also this idea that in fact any small change, no matter where the change was made (...) allowed possibilities to be reopened.”*

Alessandro, a CSAPA nurse, explained: *“(...) If the person, I don't know, is being beaten by her husband and she is on the street, we are not going to ask her to stop using heroin (...). So everything around it should already be sorted out (...).”*

In order to adapt to the needs of the user, professionals mobilise independently of their original profession, train according to the needs emerging from the field and apply different tools depending on the situation.

¹ Outside of the lockdown periods during the Covid-19 health crisis.

Insights into the limits of support

Nevertheless, the services are more or less open and staff are more or less flexible in their support. The differences between “high threshold” and “low threshold” requirements are not related to the mandates of the professional teams. They seem to be intertwined with the difficult emotions produced by certain work situations. They also reflect ethical and moral differences on the way of offering an unconditional welcome. Client’s profiles, such as those with psychiatric comorbidities, give rise to numerous debates among staff: Can they be accepted? Should they continue to monitor them? Would they be better supported elsewhere?

Milena, a social worker at a CAARUD, testified: *“He had a somewhat psychiatric pathology... Several times, we referred him to the hospital and they gave us an overwhelming answer, saying “this person doesn’t belong in a psychiatric unit, this guy is a psychopath and his place is in prison (...). The team discussed it and (...) well, we don’t have a psychiatrist, we have a psychologist, but, well, we can’t allow ourselves, in view of the other clients, to bring in this user, he doesn’t come under our system. There were long discussions in meetings about where to direct him, what to do. Afterwards, he was refused access.”*

Systematically responding to clients’ requests is sometimes considered to be contrary to the therapeutic relationship. Limiting the services offered or suspending support are perceived by the professionals, in some cases, as more beneficial to the user or necessary to preserve the emotional balance of the staff member.

Tendances no. 150 highlights the gaps between the task (institutional mandate and good practice recommendations) and the activity carried out on a daily basis. It shows an adaptation to concrete situations and to the people encountered. Professional practices are transdisciplinary and tailor-made to work towards the well-being and overall health of the individual. The difficulty of dealing with certain user profiles and the resources available raise questions about the limits of the role of addiction treatment services and the professional practices of those involved.

Further reading (in French)

Tendances n°150, [Les pratiques professionnelles dans le champ de l’addictologie](#), 8 p.