

## **LEARNING FROM THE EXPERTS AT BAC O'CONNOR**

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In 2004, we undertook various projects at Burton Addiction Centre (BAC; now known as BAC O'Connor) at the request of Chief Executive Noreen Oliver. BAC O'Connor provided rehabilitation to people with a drug and/or alcohol misuse problem in their own community via an abstinence-based, structured day care programme, which involved a central role of supported housing for clients.

One of our projects involved interviews with people who had accessed BAC O'Connor in order to receive help in overcoming their substance use problem. The project was conducted by Gemma Salter, who had just graduated with a First Class Honours Degree in our Psychology Department, and won the prize for the best project of the year for an earlier piece of research she conducted on the impact of a loved one's substance use problems on family members.

The research involved semi-structured interviews with 15 participants, seven of whom were female, and eight male. All were adults, although for most, their addiction had first developed during their teenage years. The duration of their addiction varied, although it had generally lasted for a period of at least several years.

Seven of the participants described themselves as having an alcohol problem, and seven described themselves as having a drug problem, three of whom had a problem with heroin and four of whom had a poly-drug problem. The other participant had a problem with both alcohol and heroin.

The participants were at various stages of their recovery journey. Most were currently on the Day Care rehabilitation programme—several had come back onto the programme after relapsing during their treatment episode—whilst others were using the Aftercare programme. Study participants had many unsuccessful attempts to overcome their substance use problem before joining the structured day care programme at BAC Connor.

The interviews covered initial use of substances through to the participants' current situation in treatment or aftercare. Gemma analysed the interview transcripts using Grounded Theory. The results were integrated to form a model, which aimed to provide a picture of the processes involved in developing a substance use problem, the processes involved in behaviour change, the role of treatment, as well as the potential path to recovery.

In this article, I focus on client experiences and views of the treatment process. The research provided insights into the positive effects of the structured day care treatment programme at BAC O'Connor, as well as the factors that contributed to these beneficial effects.

## **1. Positive Effects of Treatment**

Participants reported numerous positive effects of treatment over and above the reduction in their use of drugs and alcohol. One of the clearest improvements related to the participants' understanding of themselves, their behaviour, and their addiction.

'What it's done is to enlighten me on addiction. It's given me more confidence. I'm learning about my addiction and myself and other people... it's amazing how things can change so much.'

Treatment helped participants to achieve a clearer perspective of the nature of their substance use problem, and the negative effects of it. After a period in treatment, participants were able to see what life without their substance use problem could be like. Physical health improved. Treatment was thought to enhance confidence (as alluded to in the above quote), reduce feelings of guilt, shame and isolation, and lead to the use of better coping strategies.

'It's made me realise I'm not alone... when you're in active addiction it seems like everyone around you have not got a clue what you are going through.'

'Learning to deal with your emotions and feelings, that is the main thing, because as addicts you can play on your feelings to the extent that you will go out and use just to suppress them.'

Treatment produced clear changes in participants' lifestyle, perspective and identity. During treatment, participants gained a new optimism for life and a desire to rebuild their life with better/new relationships, and college and job placements.

'It gives you a chance to start again. You've got a new chance at life now to start again from scratch...I'm going back to college, getting my own place, get a job.'

Other less commonly reported improvements related to relationships, self-care, maturity, and anger management.

## **2. Factors Facilitating the Positive Effects of Treatment**

One of the clearest factors contributing to the positive effects of treatment was common experience, both in terms of being around other problematic users in treatment and the fact that many of the BAC O'Connor staff had themselves experienced a substance use problem.

This common experience was beneficial in that it helped provide a more empathic and understanding environment, where clients and staff could more easily relate to each other, and draw upon their own experiences to provide practical advice and useful support. Common experience helped reduce participants'

feelings of isolation, which had been so prominent prior to BAC O'Connor treatment, and meant that they were less able to 'blag' treatment or conceal what was going on.

'It's good to be with like-minded people because unless you've experienced it, it's very, very difficult to understand where we're coming from.'

'There's no way you can blag 'cos they've been there themselves... If you are struggling at any point, there's always somebody that's weeks ahead of you and they can offer you the advice and support.'

Many participants described the benefits of being surrounded by people at different stages of their addiction and recovery, with new and relapsing addicts serving as a reminder of the negative effects of using, and successful recovering addicts (e.g. people in aftercare) providing hope and serving as potential role models and/or revealing goals to which one could aspire.

Another crucial component of treatment was having a welcoming, friendly, and safe environment. Considering that one of the difficulties of treatment highlighted in our study was that participants often felt nervous, scared, lost and unsure of what to expect at the start of treatment, the presence of a welcoming and supportive environment was especially important in helping to ease some of the apprehension experienced.

Most study participants described the positive experience of talking about problems, and getting feedback and advice in both one-to-one counselling sessions and group therapy.

Much emphasis was placed on the positives of group therapy. The group environment seemed to provide a situation in which participants could get intimately involved, through the two-way process of feedback. Participants strongly advocated the process of both receiving and giving.

Often, this group setting seemed to enhance confidence and self-esteem, as well as reduce feelings of isolation, e.g. through bonding with peers. Participants highlighted the value of being able to talk to others about the stresses and strains involved in trying to recover from their substance use and related problems.

'I love feedback... it helps me to look at myself... I need that for me to be able to recover... and I think, "Yeah, that's ok and that needs looking at." I feedback to other people as well, and your confidence grows.'

Education about various aspects of addiction was widely considered to be a key component of successful treatment. Many participants referred to the importance of learning about the disease model of addiction, how to deal with cravings, and to the fact that excessive drug use could have induced their psychotic and paranoid experiences.

‘... if you can educate people earlier in their lives, before they get to the middle and chronic stages of their addiction, it seems they’d have a far better chance...’

A further factor reported to be influential in producing positive effects was the adoption of a holistic approach, whereby the ‘whole package’ of the person was addressed in treatment, and not simply the substance use problem. The range of targets included behaviours, coping methods, physical and psychological emotional problems, practical problems, social and relationship difficulties, and self-awareness.

‘The whole programme is just brilliant, basically. It’s taken a complete look at your addictions, but it’s things you never even knew about.’

‘It’s not just the alcohol and drugs, it’s about your own self-awareness and wellbeing.’

The use of alternative therapies in treatment, such as acupuncture or relaxation, or alternative activities such as exercise or fun days out, were also enthusiastically supported. Participants reported that such therapies and activities were beneficial in numerous ways, such as increasing self-awareness, distracting the participant from their substance use problem, and providing valuable time away from therapy to prevent overload.

‘Obviously alcohol and drugs are the main priority, but when you’ve not got those what can you do? How can you look after yourself? How can you relax, take time out, not get too stressed out? So instead of getting stressed out and looking at the bottle, you’ve got alternatives to use to take your mind away from it... I’ve found it really, really enlightening.’

An additional component that was considered integral to successful treatment, was good support networks. Practical support was also considered beneficial, which is unsurprising considering the number of negative practical consequences that had occurred for participants as a result of their substance use problem (e.g. housing, childcare).

A further element that was considered necessary for treatment to be successful related to personal factors, such as effort, hard work, and commitment. This is fundamental, since without the effort and commitment of the individual, treatment cannot be effective no matter how good it may be. Study participants emphasised the need to change their behaviour for themselves, rather than for others.

The interviews also revealed various factors which had helped, or were helping, participants to achieve or sustain their abstinence beyond the main treatment programme. One of the factors considered to be of most value was the continued use of post-treatment aftercare and counselling, and the importance/security of having a safe environment to return to if required. Interviewees valued the ability to drop into the Centre without prior arrangement, since challenges to their recovery could occur at any time.

‘There’s no way I can go through rehab and expect to be clean or away from drugs if I just leave [treatment] and don’t do anything else. Support groups are vital, and I try to impress that to everybody.’

Another highly important factor assisting recovery was the learning and use of a range of strategies to combat the various factors or reasons for use. These strategies were either learned through treatment, or over time by experience, and included strategies such as reducing high availability of drugs and alcohol by avoiding users; changing social circles from users to non-users to reduce temptation, and using distraction to avoid boredom, which may trigger use.

Other factors motivating participants in their recovery included the fear of death from resuming use, the potential guilt or shame associated with a relapse, the support of significant others, and seeing the positive effects of their change on others, in particular family members.

Interviews revealed that a particularly important strategy was learning how to deal with cravings for drugs and/or alcohol. This learning process helped participants to avoid panicking when they experienced such cravings, and they could utilise effective coping strategies.

‘You’ve got to realise that you are gonna every now and then fancy something, be it drugs or alcohol. I know I have, but I’ve let it pass. Doing something, instead of sitting and thinking on it, really helps. And getting plenty of support.’

The BAC O’Connor treatment approach was considered crucial by participants, who emphasised the benefits of an abstinence-based, structured day care programme over a relatively long period of time.

### **3. Other Reflections on Treatment**

Our analysis revealed a number of potential barriers to accessing treatment, the most common being lack of services or lack of awareness of existing services. Other common barriers included long waiting lists, which potentially deterred people from accessing treatment, or personal circumstances or feelings (shame, pride, fear), which stood in the way of asking for help.

‘... there’s people out there who have been waiting months and months [for treatment] and have got to the point where they have given up on the agencies... I have three mates who have killed themselves through overdosing while they’ve been waiting to get into treatment.’

Many participants reported having previously received substitute prescribing without any other form of other help. They emphasised the need for some kind of therapy (one-to-one and/or group) and education alongside substitute prescriptions.

The interviews revealed other difficulties that participants experienced in treatment, either at BAC or at other agencies they had accessed previously. The clearest difficulty was the need to accept complete abstinence. Many participants described experiencing continued desire to use some sort of substance, most commonly cannabis, while attempting to give up their substance of choice. Generally, however, participants did concede that the acceptance of complete abstinence was an important requirement of recovery.

A difficulty participants experienced prior to coming to BAC O'Connor was related to various contradictions in treatment services—for example, when receiving advice about controlled use despite wanting abstinence-based treatment, engaging with a service that would only treat a person's drug problem and not their alcohol problem, or having a disagreement with an agency regarding how the detoxification should be managed.

#### **4. A Final Comment**

Our research revealed that many participants experienced, or were experiencing, numerous changes in their emotions, thoughts, and behaviours during their recovery journey. The process of recovery was changing the person, in terms of their lifestyle, identity and perspectives.

'Well, everything's changed for me. When I first came into the centre, I didn't have nothing, my kids were going up for adoption. But now I've got everything back, my kids are coming home in a few weeks, I've got a house, I've got a new boyfriend, I'm having another baby. I'm happy, whereas before I was unhappy.'

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