

In: Guerreiro, Rátia das Dóres, Anália Torres and
Júlia Capucha (2009). *Welfare and Everyday Life,
Portugal in the European Context*, vol III
Cies, ISCTE-IUL, Celta editora

Chapter 5

Drug addicts

Socio-psychological trajectories and problematic ties

Anália Torres, Ana Marques Lito, Isabel Sousa, and Diana Maciel

Introduction

Drug Addicts: Trajectories, Socio-Psychological Profiles, Family Patterns and Mental Processes is the general title of a study crossing sociological and psychological perspectives trying to understand and explain the complex reality of drug addictions¹. This interdisciplinary approach and a specific framework analysis defining different dimensions were drawn in order to explain the social, psychological, familial and individual vulnerability factors that may contribute towards persistent trajectories in drug addiction.

The main aim of the study was to interpret social regularities and family profiles and systematically compare the social, family and individual trajectories of drug users and non-users. This was achieved by resorting to different research techniques. We tried to understand why some people take drugs and others do not and more specifically to find answers to the following questions: Why do most young people experiment drugs without becoming dependent, whereas others move from experimenting, to abuse and addiction? Why is it that siblings in the same family background have different behaviours regarding drug use? Finally, why are there so many more men than women who are drug addicts?

An extensive analysis of the database of the CAT (Centre for Drug Addicts) in Restelo (Lisbon) was the first empirical approach to the reality under study.² This led to the identification of social and family regularities

¹ Developed within the scope of the project *Drug Addict: Trajectories, Socio-Psychological Profiles, Family Patterns and Mental Processes* financed by FCT – Foundation for Science and Technology via a public tender and international jury within the Science, Technology and Innovation Operational Programme with reference no. POCTI/SOC/45879/2002.

² 1,000 clinical processes of individuals who sought the public drug addiction support network, such as the CAT in Restelo (Lisbon), were randomly selected. These individuals

and consumption profiles that enabled us to typify the situation of drug addicts. These results were compared to the data on the Lisbon and Tagus Valley population and differences in the years of schooling, family situation, marital relationships, as well as family structure between the two populations were detected.³

The second phase of the study involved conducting a telephone questionnaire with a sample of users from the CAT database.⁴ This telephone contact was done as a follow-up to those who had been attending CAT. Our main goal was to identify changes in the life trajectories from the moment drug addicts were attending CAT until the moment of the interview, their quitting or continued use of drugs, the treatments they had had and pinpointing problems related to family, occupational and social insertion which they might have experienced. The comparison of this information with the results from the previous CAT data base provided important information about the trajectories of drug addicts.

Based on contacts made during the follow-up, a set of in depth interviews conducted with two different groups were analysed in the last phase of the research: one group of individuals with a history of drug addiction and another group including the respective siblings who had not been dependent on drugs. When siblings were not available we interviewed drug addicts' close friends or partners. This procedure enabled us to make a systematic comparison of the social conditions, family profiles and mental processes of addicts and non-addicts in an attempt to find differentiating factors in their life trajectories so as to build a typology.

In addition to the theoretical question and clarification of the analysis model of our research, the text also presents the results of the database and follow-up and goes on to outline some of the conclusions reached from the interviews with drug addicts and their non-addicted peers.

The problem issue and analytical model

Most scientific analyses now seem to agree on the need for a multi-dimensional and multi-disciplinary approach to drug addiction that tends to be

were on the CAT computer database and hence it was possible to analyse 885 cases — the only ones with relevant information for the research.

3 In order to carefully compare the data for the drug addict population with the data for the Lisbon and Tagus Valley population, we analysed the results from the 2001 Census from the Statistics Portugal for the population aged between 15 and 49 living in the Lisbon and Tagus Valley Region (Nuts II) as these were the areas of residence and ages corresponding to the population in our sample.

4 We selected randomly from the CAT's database 300 cases; we tried to contact them all but it was only possible to trace 121. From this group we obtained relevant information for 114 individuals.

reflected in Olievenstein's formula: drug addiction is an encounter between a person, a product and a socio-cultural moment. This sets aside perspectives that attribute magical properties to chemicals *per se*, or consider biological disposition or even specific personality pathologies to be decisive to explain drug addiction. It also distance itself from views that tend to isolate drug addicts from the family, social and cultural environment in which they are inevitably found and from which they emerge. As Morel *et al.* underline, a biological individual is constructed solely on and through his/her interaction with his/her exterior world (Morel, Hervé and Fontaine, 1998), and it is therefore essential to find how perspectives of this multi-factorial reality intersect.

A number of authors today also agree on the need to develop approaches that favour sociological as much as psychological dimensions (Amaral Dias, 1979), that identify psychological, family and social vulnerabilities or weaknesses (Morel, Hervé and Fontaine, 1998) or relational risks (Farate, 2001) in individuals' trajectories so as to overcome supposedly inexorable determining factors or simple dichotomies — consumption is an option or fate — when explaining the different interactions and factors at stake in drug addiction (Ribeiro, 2001).

These disciplinary cross-references were accounted for in the analytical model and the theoretical framework outlined for the research. As stated before, the aim was to identify the social processes, the family relationships, the aspects of the individual trajectory and the mental processes to explain the paths that led to drug addiction. Particular focus was given to two main processes: adolescence and gender which are themselves dimensions of analysis.

It seems undeniable, and there is in fact consensus in scientific literature, that the identity and identification transformation processes in adolescence play a central role in behaviour that may or may not lead to drug addiction (Amaral Dias, 1979; Morel, Hervé, Fontaine, 1998; Morel *et al.*, 2001).

From a theoretical and analytical standpoint, less attention has been given to another undeniable factor, namely that the great majority (nearly always about 80%) of addicts are men. Our research goes beyond simply verifying this disproportionate gender difference and has made it the central object of analysis. What is there in the male growth processes that can help explain the paths taken by addicts? We constructed our interview script with a view to testing this research hypothesis. Some theoretical approaches will be discussed showing how gender "acts" through social relationships and how it can be particularly relevant in this case. Specific problems involving the position in relation to hegemonic masculinity (Connell, 1987, 2002; Kimmel, 2000), the affirmation of young males within their peer group and the influences permanently coming and going from the peer group to the family relationships, the problems and processes both of identification and autonomy of adolescents, the role of the parental figures both of the mother and the father, among others, are subjects of in-depth analysis in this study.

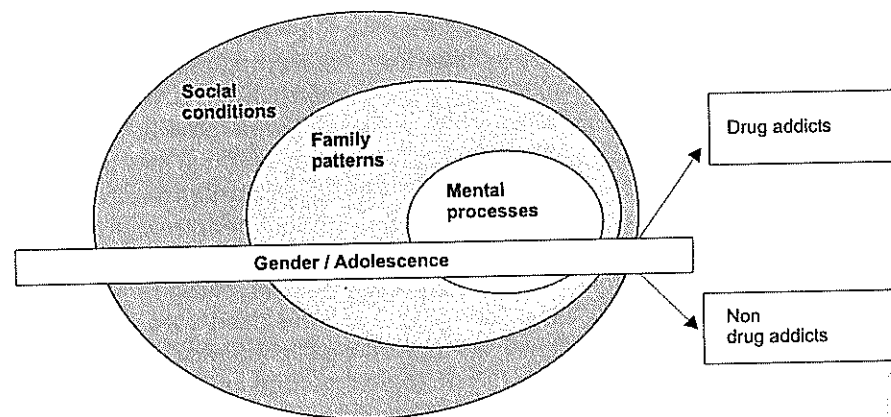


Figure 5.1 Analytical model

The analytical model shown in figure 5.1 was developed based on these assumptions.

Our different approaches and levels of analysis deserve further explanation. At a first level, we gathered information about the social origins and trajectories of drug addicts in order to shed light on their living conditions, their social relationships with their peers and family, their reference groups and their gender identity. Although we could find out that drug addiction is transversal to all social classes, we could also observe that the social context of origin leaves specific marks on the trajectories of drug addicts.

In fact, accounting for the relation between expectations and objective opportunities and focusing in particular on their educational trajectories and real opportunities to enter the labour market; we could easily conclude about the diversity of these youths' lifestyles, and the complexity of the contexts in which the substances and their life stories cross (Pais, 1993, 1999; Fernandes, 1998; Vasconcelos, 2003).

Social conditions such as poverty, for example, give certain drug consumption trajectories great visibility because meagre financial resources make addicts rapidly become involved in criminal activities in order to feed their dependency, sometimes leading to imprisonment (Torres and Gomes, 2002). On the other hand, when certain continued and persistent trajectories of addiction occur in groups with better financial resources consumers are able to maintain an apparently integrated life hiding at first glance their addiction habits (Fernandes and Carvalho, 2003).

Values that praise, in contemporary societies, immediate pleasure and consumption, and the way social actors personal experiences' adopt and reflect about them were also considered conditioning factors that might explain drug abuse (Torres, 1994). However, specific generational and group influences and effects must also be taken into account. In fact, the practices and meanings given to certain drugs are different, as are the effects of their consumption in specific generational and social contexts.

Cocaine consumption among certain elite in the 1970s and 1980s in Brazil (Velho, 1998) or in Portugal (Fernandes and Carvalho, 2003) seems to take on a different contour to that given to heroin consumption by youths in urban and suburban areas when the drug became more evident in Portugal. Drug addicts often allege that they were unaware of the drug's destructive effects at the time. The situation 20 years later has changed and there is much less ignorance on the matter today thanks to the frequent mention of drug addicts and the harmful effects of drug addiction in the media.

The appearance of new, "clean" versions of drugs that seem far removed from the degraded spectacle of the former (and also current) disreputable places and neighbourhoods where they were used, once again reinforces the need to assess the different contexts, lifestyles and products (Henriques, 2002; Fernandes and Carvalho, 2003). The fall in the price of cocaine as well as the strategies used by dealers is also known to have changed access to cocaine and even some consumption patterns (Chaves, 1999).

In other words, it is essential to take into account that there are generational effects which influence the actual public image of drugs and their effects, and that these factors interfere in the way in which different generations of youths and teenagers see risks and drugs. The database results show the prevalence in the search for treatment by heroin consumers (90% of the CAT users); however, the interviews also identified young people belonging to distinct periods and contexts that went from those who began taking drugs in the 1980s to those who started ten to fifteen years later. It is therefore possible to get a better picture of the trends ranging from the demand for certain substances to problematic addiction.⁵

The second level of analysis focused on the processes of socialisation in the family context so as to understand the relationship between models or types of family, both in terms of marital (father-mother), and parental (mother-children and father-children) relationships trying to assess the possible effects on youths' representations and practices.

The hypothesis was posed, and indeed later confirmed, of the negative effects of the traditional model that Parsons characterised as a strict (and

5 According to EMCDDA problem drug use is defined as "injected drug use or regular prolonged use of opiates, cocaine and/or amphetamines" (EMCDDA, 2003: 18).

rigid) division of the roles played by gender: on the one hand, affection — an expressive task performed by women and, on the other hand, obtaining resources — the instrumental job of the family breadwinner played by men (Torres, 2001). These negative effects reflected for example the problems arising from excessively close and binding relationships between mother and child, with the consequent difficulties of autonomy (Amaral Dias, 1979), and a relationship that is sometimes distant, peripheral or inflexible and authoritarian of the father that inhibits real and positive identification.

Although families are very important structures for socialisation, relationships and interactions, it must be stressed that there is no typical dysfunctional family that "produces" drug addiction and it is also impossible to analytically isolate the family as a closed system that is immune to outside contexts. An attempt has therefore to be made to take into account the consequences of the changes in the family context in recent decades and especially to the greater relevance given today to affective and psychological dimensions of relationships. The modern valorisation of individual rights and feelings and the greater equality among family members means also more demands on relationships and on negotiation capabilities. These changes have made the parent's job more complex and demanding and sometimes with a lack of reference models suited to the new contexts.

The different modalities and the functioning of the family were also the focus of analysis as several authors have pointed out, and was mentioned above, there is no profile or uniform family model common to all drug addicts (Ferros, 2003). However, many agree with the idea that within drug addicts families dysfunctions are frequent in relationships, with parental behaviours and patterns of family interaction swinging between periods of great strictness and others of intense agitation, erratic and tough disciplinary practices (Minuchin and Fishman, 1981) or that they are strongly opposed to change, chaotic and disorganised (Block, Block and Keyes, 1988 quoted by Ferros, 2003); or that they are poor family relationships and displaying negative affection when solving problems (Hops, Tildesley, Liahenstein, Asy and Sherman, 1990 quoted by Ferros, 2003).

Some studies also refer to a negative perception of parents' relational attitude which Farate (2001) considers one of the most important factors of "relational risk" and for regular consumption of psychoactive substances; others refer to the constant competition between the drug addict and the other family members and the eternal conflict of emotions and affections, both positive and negative, which Coimbra de Matos (2003) called "a relational game". Others, such as Flemming (1995), highlight the fact that these families find it difficult to handle the separation/individualization process of its members.

With regard to educational styles, communication and interaction patterns, there are authors who describe these families as extremely conflictive, authoritarian, critical of their offspring, lacking intimacy, emotionally isolated

and lacking pleasure in the relationship. They are also prone to depression and stress with parents joining forces against their child. There are often sexual conflicts between the parents. On the other hand, Kaufman characterises communication in these families as tending to be excessively rational, with immense difficulties in expressing intimate feelings, while Relvas considered it unclear, ambiguous, sometimes excessive and others practically non-existent (Kirschenbaum, Leonoff and Maliano, 1974; Kaufman, 1981; and Relvas, 1998 quoted by Ferros, 2003).

Much attention has also been given to the influence of siblings' drug use, whilst members of the same family, as it is a long-standing relationship. A literature review showed diverging results. According to some authors, fraternal and peer influence is more powerful in increasing the risk of a younger sibling resorting to drug use than that of parents (consumers). But Penning and Barnes uphold that the influence of peers is stronger than that of siblings (Brook, Whiteman, Gordon and Brook, 2001; Needle, McCubbin, Wilson, Reyneck, Lazar, Mederer, 1986; Penning and Barnes 1982 quoted by Ferros, 2003).

The third level of analysis is centred on the psychological approach of the individual in terms of mental processes during the period of adolescence and related to the problem of drug addiction. The individual's psycho-sociological transformations must be stressed, as must separation and individualisation, grieving for parental images, the identification and identity processes, autonomy and dependency, primary narcissism and other matters related to self-esteem and finally, the processes of mental pain and intolerance to frustration.

Several studies conducted in the last twenty years confirm, like this research, that the first experiences with drugs occur on average between the ages of 14 and 16 years and the move to narcotics (i.e. generally heroin or cocaine) comes a little later, between 16 and 20. Thus, the use of drugs begins right in the middle of adolescence, i.e. during a phase in life when the individual is particularly fragile and confused and ready to accept anything that will make him/her feel better, thus avoiding the hardest aspects of his/her path to maturity. The first experiments with legal or illegal substances tend to take place in two phases: first comes the experience of "inebriation" (whether using alcohol, cannabis, or another substance) and then the problematic consumption may begin. Most stop during the first phase (Morel, Hervé, Fontaine, 1998). However, if the discovery of drugs coincides with a series of deceptions related to difficulties and deeper problems of adolescence or traumatic experiences, young people may easily seek anaesthesia or peace via drugs (Olievenstein, 1996; Torres, Sanches, and Neto, 2004).

Adolescence is a phase in human development when fast physiological growth is accompanied by much slower maturing psychological processes required to deal with the recently lost childhood and with puberty. It is the

time when new ways of object's relation are created, when new goals are defined and it is also a period in life demanding mourning and renouncement.

There is no normal adolescence without moments of depression connected to feelings of loss and anguish of abandonment. An adolescent needs, for example, to build a sexual identity that will guide him/her when choosing the object of his/her love and to mourn the self-help that used to be the parental self: mourning for the mother-refuge, mourning for the dependency and safety that she gave him/her. This is the condition for his/her autonomy, in other words, it is a period in which the individual disinvests him/herself from the ties of narcissistic dependency which connected him/her to their parents and thus opens the possibility of being alone and of organising the individualisation/separation processes positively (Blos, 1967; Amaral Dias and Paixão, 1986; Amaral Dias, 1988, 1991; Morel, Hervé, Fontaine, 1998). Between the normal and the pathological, everything plays a part that depends on the capacity of the adolescent's self to deal with this mourning process and to overcome the depression associated to it.

Therefore, the source of security represented by the parental self must first be present and then interiorised during childhood and throughout adolescence. This interiorisation creates the limits that enable the psychic system to take the place of parental figures (Morel, Herve and Fontaine, 1998).

The interviews with drug addicts and their non-addict peers were analysed to determine whether or not this "interiorised source of security" could be found and if it was possible to distinguish adolescents who experiment drugs without getting addicted from those who become drug-dependent. As Amaral Dias suggests: "If the adolescent has a good chance of experiencing and even finding certain pleasure in his/her own fantasies, beyond the inevitable conflicts of this period, then it is likely that the immediate satisfaction produced by drugs will not modify his/her psychological system. On the other hand, if mental frustration is predominant it is likely that the new path opened by the drug use will become dominant" (Amaral Dias, 1979).

In the same way, an immature psycho-affective and mental state can be observed in drug addicts where depression is a dominant feature (Coimbra de Matos, 2003). They tend to be individuals who do not find satisfactory identification models that enable them to cope with emotional conflicts. Consequently, they reveal important narcissist failures, feelings of emptiness, self-depreciation and anguish. Thus, drugs become a false protective shield against suffering and what Freud called "destroyers of worry" (Freud, 1929, quoted by Morel, Hervé and Fontaine, 1998). Although psychotropic substances may initially be for recreational use, consumption often and quickly is maintained because of the need to escape from reality and because of the amnesic pleasure they provide; as a result, the addict is capable of evading the difficult aspects of his/her relationship with life and the drug works as a mediator in relationships with others (Morel, Hervé, Fontaine, 1998).

The way a person deals with mental suffering is also important in order to understand the situations that caused the pain. Instead of trying to change mental pain through understanding it, drug addicts tend to resort to primary defences to avoid suffering (Dubinsky, 2000) drug use functioning thus as a compensation of the emotional system in particular for feelings of anger, guilt, shame and abandonment.

It is also along this line of thought that McDougall concludes that drug addicts take drugs in an attempt to free themselves from unpleasant emotional states (McDougall, 1996, quoted by Ribeiro, 1995). In fact, every psychoactive substance holds promises of pleasure and relief from suffering, albeit temporary. Consequently, once the effect is over, the return to "earth" is melancholic, uninteresting and meaningless. It is at this meeting point between the individual's life story, life events and psychic representation that the "revelations" produced by the psychotropic experience are generated. This is the starting point of addiction: the experience and act of drug consumption overwhelms the individual and an unstable relationship with the world starts. A false inner security demands repeated consumption to prevent more and more ups and downs. Total investment in the product acts as an "anti-thought" and leads to a narrowing of the individual's capabilities as a subject. This process is simultaneously the cause and the effect of the difficulty of being (Morel, Hervé, Fontaine, 1998). As Amaral Dias says (2000), it is at this point that the addict faces once more, and more and more, the need to escape that pain thus restarting the vicious circle of drug-taking.

It was a challenge for the present study to link the different analytical levels described, as well as the sociological and psychological approaches. Despite the complexity of the task, we believed the risk would prove useful. Moreover, the exercise we tried to achieve in this research converged with the persistent need for a holistic perspective that takes into account individuals' biological and psychological dimensions and, above all, their socio-cultural environments (Romani, 1999).

In recent years, progress has been made in this field of scientific research both internationally and in Portugal. Slow but decisive progress. In fact, as has been pointed out, intervention prevailed over reflection for far too long which partly explains the lack of success in the so-called fight against drugs (Agra, 1993, 1997; Miguel, 1997; Romani, 1999; Brochu, 1997).

More recently, extensive research has contributed to a better understanding of the major trends in the evolution of the drug addiction phenomenon (EMCDDA, 2003; IDT, 2003), and at the same time, contributions from qualitative research have been more and more valued. In Portugal, pioneering work carried out under the direction of Cândido da Agra has contributed to explain Portuguese experience (Agra, 1993, 1997), in particular regarding the drug/crime relations. Ethnographic and abundant qualitative approaches were also fundamental references and sources of inspiration for this study

(Fernandes, 1998; Valentim, 1998; Chaves, 1999; Vasconcelos, 2003). Other extensive studies have also been equally useful and relevant (Balsa *et al.*, 2001; Torres and Gomes, 2002). Furthermore, the Journal *Toxicoddependências* (Drug Addictions), published since 1995, bears witness to the increase of scientific research in this area.

The following text includes global results from three methodological tools applied in this research: first, from the CAT database in Restelo (Lisbon), secondly from the follow-up, and finally, from the preliminary results' analysis of the interviews. All along the presentation of the findings, we try to answer the main research questions, raised in the beginning, and also to propose some of the concepts that emerged during the research process and questioning. This is a first approach where we explain the overall path taken by the study in its various phases. In other written texts we will have the opportunity to give a more comprehensive answer to some other questions, especially to those related to the analysis of the interviews.

The social conditions, gender and family profiles of drug addicts: a comparative analysis with the Lisbon and Tagus Valley population

An analysis of the information from the CAT database allowed the identification of social regularities, family and consumption profiles that led to a typification of the drug addicts' situation.⁶ These results were compared with the data about the Portuguese population of the region of Lisbon and differences between the populations were identified in education level, occupation, marital status and family structure.⁷

Most drug addicts are young males

The overwhelming majority of drug addicts who sought help at the CAT were men.⁸ Though several studies have noted that drug users are predominantly male (IDT, 2003; EMCDDA, 2003), not many have tried to explain this trend.

6 The information on the Restelo CAT users was obtained from a database on computer, through which we were able to select the pertinent variables for our analysis. This information was extracted in 2003, when there were 3,784 individuals on the database, 1,000 cases were randomly selected, and we managed to obtain pertinent and complete information from 885 users. The information obtained regards CAT Center's attendants from the 1980s on. However, there are more individuals on the database from the 1990s on and therefore these cases are overrepresented.

7 We checked the 2001 Census from the Instituto Nacional de Estatísticas (Statistics Portugal) for the population aged between 15 and 49 living in the Lisbon and Tagus Valley Region (NUTS II) as this was the area of residence and age corresponding to the population in our sample, in order to make a careful comparison of this data with that of the drug addict population.

8 Of the total number of individuals: 83% are male (734) and 17% are female (151).

Our first hypothesis is that the disparity in the consumption rates of the two sexes can be explained by the gender asymmetries established during socialisation, especially during adolescence as mentioned above. The analysis of our interviews will give a clearer idea of whether or not the trajectories confirm this hypothesis.

It was heroin addiction that brought the vast majority (90%) to the CAT Center.⁹ According to Balsa *et al.*, (2001) "life-long consumption" of heroin and cannabis in Portugal is above the European average. Heroin is the main illegal substance involved in problematic use in Portugal and the first drug among those in search of treatment. Nevertheless, heroin has become less visible on the national market in recent years and also in relation to the number of arrests and amounts seized, as well as in terms of the legal consequences for consumption and/or trafficking. In contrast, cannabis and cocaine have progressively gained visibility both in the legal context and on the national market, registering the highest number of arrests and amounts seized in the last few years in Portugal (IDT, 2003).

Moreover, tracking this trend, the consumption of heroin among school-age children declined while the consumption of cannabis increased. Despite being less prevalent than cannabis, there has been a discernible rise in the consumption of alcohol, cocaine, ecstasy, hallucinogens and LSD within the school environment (IDT, 2003).

As already referred, drug addiction is a bio-psychosocial process that normally begins in adolescence. Indeed, on average, the population attending the CAT in Restelo had begun using cannabis at the age of 15 and heroin at 20, although most (54%) said they had started on heroin before they were 19, as seen in figure 5.2. In this case, there are no significant differences between men and women. The average age at which these individuals turned to the CAT for help was 27. However, as the follow-up will show more clearly, the age when a drug addict normally asks for help and the length of time they take drugs depends on several conditioning factors and especially on the respective social condition, as we will see.

Although drug use is normally associated with young men, in recent years there has been a steady rise both in the average age of drug addicts and in the number of women drug users who have turned to the CAT in Restelo.

The ageing of the drug addict population first seeking treatment reflects a trend that has been noted on a national and European level (IDT, 2003; EMCDDA, 2003). Drug addicts seeking institutional help later in life may be related to the increasingly complex and diverse schemes for obtaining money which means they take drugs longer. This trend may also indicate the effect of

9 Of the total number of heroin users, 56% smoked it, 27% injected it, and 17% used both methods.

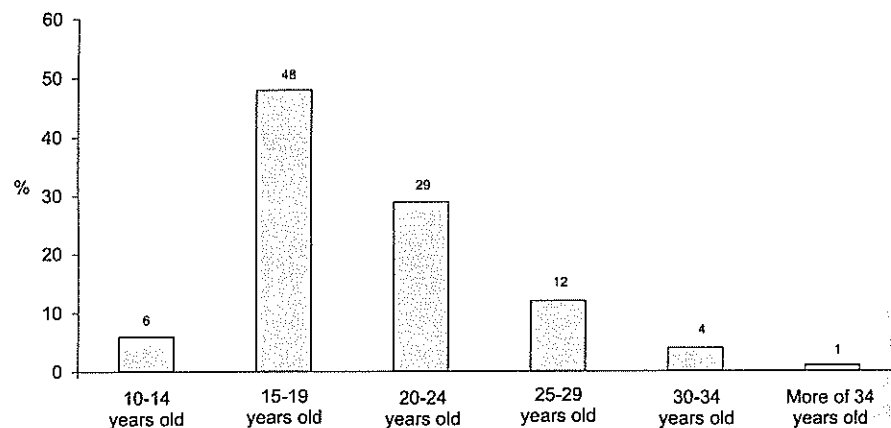


Figure 5.2 First experiences with heroin, by age group

Source: CAT Database in Restelo.

the recent increase in the number of institutions treating drug addiction suggesting that these individuals had already tried detoxification but had relapsed, as we will see in the follow-up. The rapid increase in the number of institutions for drug addiction has also contributed towards more trafficking medication on an illegal market, thus perpetuating the relationship with drugs. To finish, it would be interesting to understand whether the increase in consumption among women is related to the effects of greater gender equality both in terms of family socialisation and juvenile practices. These hypotheses on gender and adolescence will be examined by comparing the life trajectories of those interviewed.

Most drug addicts have low education and are unemployed

Most of those who sought help at the CAT had no more than the 9th year of schooling (76%) which may be indicative of the trend to drop out of school due to drug use and addiction. Indeed, 2% never went to school, 14% only studied up to the 4th year, 34% up to the 6th year, and 26% finished the 9th year. On the other hand, 17% completed the 12th year, and 7% are either in or have finished higher education.

A comparison of these figures with those for the population of the same age group living in the Lisbon and Tagus Valley Region (LVT) reveals that the drug addict population has less schooling. As we can see in figure 5.3.

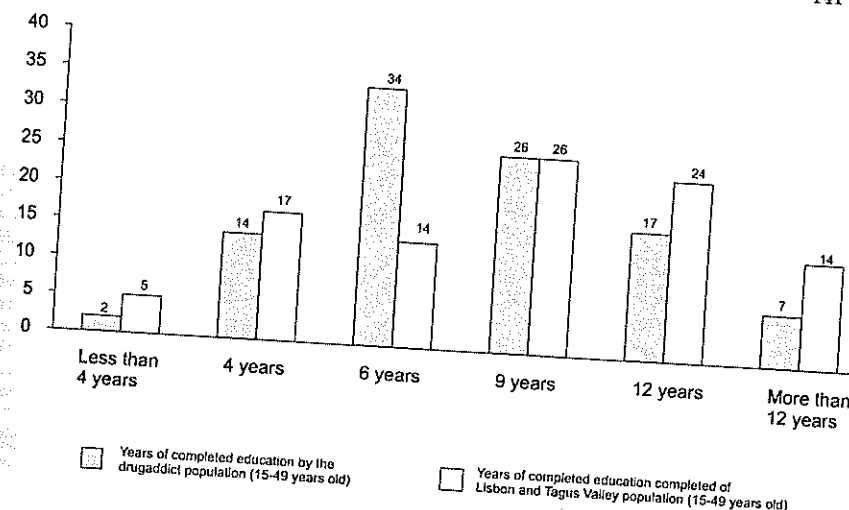


Figure 5.3 Years of education completed by the drug addict population and by Lisbon and Tagus Valley population (%)

Source: CAT Database in Restelo and National Institute of Statistics (2001), 2001 Census.

although the levels of illiteracy and the number of people who only finished primary school are not so significant, the figures for 12th year and higher education in the Lisbon and Tagus Valley population are higher. We also noted that young female drug addicts are more educated than their male counterparts in terms of secondary school and higher education; this is also the case with non-drug addicts.

In light of these results, it makes complete sense to focus attention on the relationships that can be established between the school trajectories, experiences within the school environment and relationship with peers, levels of achievement or non-achievement, premature school-leaving, expectations and frustrations, and more or less problematic drug use.

When they were attended at the CAT, most of these individuals were unemployed (52%). These figures are very different from those of the Lisbon and Tagus Valley population where the majority of the same age group are employed (figure 5.4). The fact that these people are unemployed indicates that they had previously had a job, which does away with the idea that drug use is associated with being inactive or even idleness. It is admissible however that unemployment among addicts is exactly due to the fact that they have already been through the vicious circle which begins with lack of concern with and dropping out of school, an early entry into the labour market to sustain addictions and then reaching the end of the line in which drug use is incompatible with holding down a job.

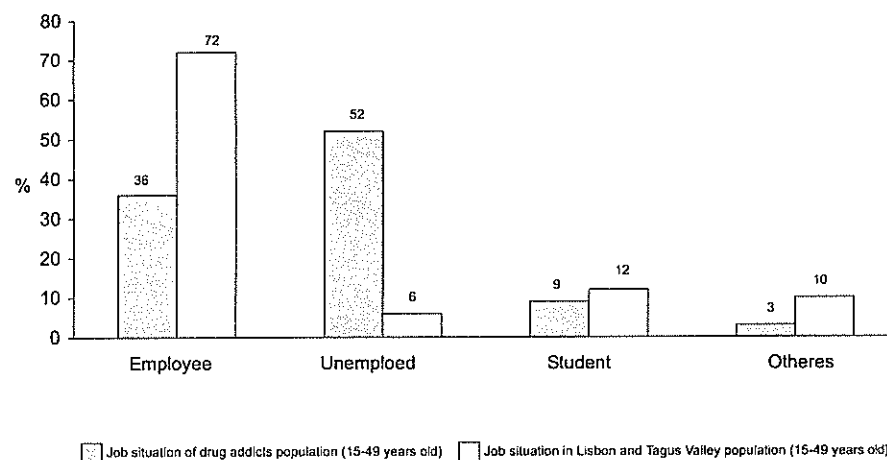


Figure 5.4 Job situation of the drug addict population and of the Lisbon and Tagus Valley population (%)
Source: CAT Database in Restelo and Statistics Portugal (2001); Census, 2001.

Table 5.1 Occupation of the drug addict population and of the Lisbon and Tagus Valley population

Job category	Drug addict population (15-49 years old) (n=842) a) %	Lisbon and Tagus Valley population (15-49 years old (n=1.472.607) %
Company managers	1	8
Intellectual jobs	3	11
Intermediate professional technicians	11	13
Administrative employees or similar	11	14
Service employees and salespeople	23	16
Laborers or similar	36	24
Unskilled workers	15	14
Total	100	100

Source: CAT Database in Restelo and Instituto Nacional de Estatísticas (Statistics Portugal) (2001); Census, 2001.

It should also be stressed that 36% of these individuals had a job when they went to the CAT Centre; this may show that for some individuals it is possible to work while having drug addictions, thus concealing drug abuse from a number of people, as some other research also reveals (Fernandes and Carvalho, 2003).

More drug addicts were working as "working class" and "service and sales workers" than in the Lisbon and Tagus Valley population; on the other hand, fewer drug addicts were in the "intellectual and scientific professions"

Table 5.2 Occupation of the drug addicts' fathers and of the men living in Lisbon and Tagus Valley

Occupation	Drug addicts' fathers (55-59 years) % (n=310)	LTV male population (55-59 years) % (n=40.872)
Legislators, directors of public or private companies and managers	4	13
Intellectual and scientific professions	7	8
Mid level technicians and professionals	9	10
Clerks, administrative and similar workers	13	10
Service workers, and shop and sales workers	18	9
Working class, drivers and similar	37	41
Unskilled workers	9	8
Armed forces	3	1
Total	100	100

Note: N = 310 individuals was the total number of cases who had completed this field in the CAT database.

Source: CAT Database in Restelo and Statistics Portugal (2001); Census, 2001.

Table 5.3 Occupation of the drug addicts' mothers and of the women living in Lisbon and Tagus Valley

Occupation	Drug addicts' mothers (55-59 years) % (n=235)	LTV female population (55-59 years)% (n=29.580)
Legislators, directors of public or private companies and managers	2	6
Intellectual and scientific professions	7	9
Mid level technicians and professionals	6	8
Clerks, administrative and similar workers	24	15
Service workers, and shop and sales workers	25	17
Working class, drivers and similar	8	8
Unskilled workers	28	36
Armed forces	0	1
Total	100	100

Note: N = 367 was the total number of cases who had completed this field in the CAT database. In addition to the information on 235 working mothers of drug addicts, there is information for more 113 mothers that declared themselves as housewives, thus adding up to 30.8% of the sample.

Source: CAT Database in Restelo and Statistics Portugal (2001); Census, 2001.

or in "directors of public or private companies and managers" categories (see table 5.1). As already referred, this low figure may be associated to their starting work early in life and consequently dropping out of school in favour of jobs that demand lower qualifications.

Finally, we can see from tables 5.2 and 5.3 that parents of drug addicts, just like their offspring, are not found in job categories that include managers and scientific or intellectual professionals so much as in the Lisbon and Tagus Valley population. However, unlike their children and compared to the

Lisbon and Tagus Valley population, parents are concentrated predominantly in the intermediate professional categories such as sales and administrative employees,¹⁰ as opposed to categories such as working class or unskilled workers. It is also worth highlighting that most mothers of drug addicts were professionally active.¹¹

These results allow us to draw three quick conclusions: although there is transversality in relation to drug addicts in all the occupational sectors, they are clearly under-represented when compared to the Lisbon and Tagus Valley population both in terms of social origin and their belonging to the categories with higher educational and economic capital.¹² Secondly, and again using the Lisbon and Tagus Valley population as a reference, drug addicts' parents, especially mothers, seem to be concentrated more in the intermediate sectors than in those with lower qualifications. Could this be because of the effect of a greater capacity to use public services by sectors that have relatively high education and better able to seek outside help than those with fewer qualifications? Or could this actually be an effect of differentiated social distribution? Only more detailed information from the database that we have been using as reference could provide more precise answers; but this reference will be kept for future research.

Thirdly, these figures show that although drug addiction is a phenomena that is found in every social sector, it does not mean that social origin does not influence or condition the trajectories and life experiences of drug users, as other aforementioned studies have shown (Torres and Gomes, 2002; Fernandes and Carvalho, 2003). This will be seen more clearly from the interviews.

Drug addicts: most have married parents

Most individuals who sought help from the CAT Centre in Restelo were single (73%), 19% were married or living with someone, and 8% divorced or separated. There were significant differences compared to the Lisbon and Tagus Valley population (figure 5.5). At the time of their first contact with the CAT,

10 In this case, we analysed the data for the population aged between 55 and 59 residing in Lisbon and Tagus Valley as this is the age group of drug addicts' parents at the time they sought the CAT. Note, however, that the data on the occupational category of drug addicts' parents must be read with some caution as this field was not extensively filled in by the Restelo CAT Centre users.

11 Nevertheless, we would like to point out that the information available on the database regarding the mothers' job situation is for less than 50% of the sample. The relationship between the mothers' working condition and drug addiction will be discussed further ahead when we analyse the follow-up results, as the information obtained at that time is more recent and accurate.

12 It must also be noted that as this database belongs to a public service CAT Centre, social sectors with a better economic situation may be under-represented here as they may resort to the private sector and even to services abroad.

62% of these individuals were still living with their family of origin.¹³ So despite their average age of 27, most CAT users were still living with their parents which may indicate problems in their autonomy and independence process as already mentioned.

Contradictory to the more simplistic reading that links drug dependency to parents' separation or divorce, we ascertained that most of these individuals' parents were married. However, we also noted that the number of separated, divorced or deceased parents of addicts is higher than those of the Lisbon and Tagus Valley population (table 5.4).

These results tend to confirm what some studies have shown (Torres, 1996). On the one hand, it is the quality of both the marital and parental relationship that protects children from problematic life experiences rather than the formal conjugal situation e.g. being in a stable marriage, in itself; this is well illustrated in our analysis of the interviews. On the other hand, it is equally no surprise that emotional vulnerability and vulnerable relationships e.g. following the death of a parent, or feelings of loss following more or less traumatic separations, represent a further risk in the growth and autonomy processes. Examples of this kind are also seen in the life stories of the addicts interviewed.

Regarding only those who are living with their family of origin and although 54% live with both parents, it is confirmed that 33% live in a "single-parent family" and 5% live in a "step-family"; the rest live only with their siblings, with uncles or aunts, or grandparents. These figures must be taken into account when compared with the Lisbon and Tagus Valley where 20% of all "families with unmarried children" are "single-parent families" and 3% are "step-families". The interpretation for this can be the same as that for the above mentioned, marital status i.e. though most drug addicts live with both parents the number of family formations more vulnerable to relational risk is still over-represented. Nevertheless, precisely because common sense perspectives tend to forget this in an attempt to simplify this complex matter, we insist on stressing the point that most drug addicts' parents are married and living together.

In short, the information provided by the 885 files of users of the Centre for Drug Addicts (Centro de Atendimento a Toxicodependentes) in Restelo enabled us to make a socio-graphic characterisation of this population and systematically compare it to the Lisbon and Tagus Valley population to find regularities and specificities.

13 The other figures are distributed as follows: 21% of the individuals live with their procreation family ("with partner and children", 51%; "with partner", 45%; only "with children", 4%); 12% live alone (on the streets, in institutions, etc.); 5% live with someone from their "family of origin" (parents, siblings, grandparents, etc.) as well as members of their "procreation family" (partner, children, in-laws, etc.).



Figure 5.5 Marital status of the drug addicts and of the Lisbon and Tagus Valley population (%)

Source: CAT Database in Restelo and Statistics Portugal (2001), 2001 Census.

Table 5.4 Marital status of the drug addicts' parents and of the Lisbon and Tagus Valley population

Marital status of the drug addicts' parents	Drug addict population (55-59 anos) % (N=683)	Resident population of Lisbon and Tagus Valley (55-59 anos) % (N= 214,265)
Married	52	83
Divorced/separated	27	6
Widowed	19	6
Others	2	5
Total	100	100

Note: this category includes cases in which parents have never lived together or cases where they are both deceased.
Source: CAT Database in Restelo and Statistics Portugal (2001), 2001 Census.

On average most individuals who attended this institution were 27-year-old males, living with their married parents, had a low education, were unemployed and belonged to socio-professional categories involving low qualifications like working class or service workers.

It is also important to underline that the social transversality of drug addiction does not mean that individuals' different living conditions do not play a role in their life trajectory. In terms of social origin, intermediate sectors were found to be more represented than those requiring very high or very low social and professional qualifications than in the Lisbon and Tagus Valley population.

On the other hand, the living conditions of the addict population tend to be less favourable than those of the reference population. During the period of problem consumption, no investment was made in their education or profession which prejudices their ability to enter and remain in the labour market. Moreover, the social context marks the individual trajectory. The more economic, social and cultural resources an individual has, the greater his/her chances are of recovering and it is less likely he/she will turn rapidly to delinquent and criminal activities. This social difference in trajectories is well illustrated in the life stories of the addicts interviewed.

Finally, it is essential to contradict the simplistic idea which suggests addiction is a result of parents' divorce, single-parenthood, or their mother's job. Most drug addicts are children of married couples living together. On the other hand, for this same main age group, database revealed that the rate of working mothers for addicts is slightly lower than that of the Lisbon and Tagus Valley population. Thus, the association so often made by common sense between drug abuse of the youngsters and the raising rate of mother's activity is completely infirmed and questioned by our results, this issue requiring a more detailed and in depth analysis.

Follow-up: some years later, some stay, others recuperate

The fundamental aim of the follow-up carried out during the second empirical phase of the research was to understand the changes in the life paths of those who had attended the CAT Centre. Special attention was given to consumption and recovery, as well as social and family recomposition.¹⁴ The information obtained via a telephone survey revealed that 65% of those contacted said they were not taking drugs, 18% were in treatment and 17% continued to be dependent on drugs.¹⁵

The data obtained at the time of the telephone survey (information from the follow-up) were compared to the data collected when these same individuals were firstly attended at the institution. It was an important

¹⁴ We randomly selected 300 cases from the database of the previous empirical phase to be contacted for the follow-up. We managed to find the whereabouts of 121 individuals, 86 of whom answered the survey, 7 refused to answer, and in 28 cases it was answered by family members of the individuals contacted as they had either emigrated (6), died (7), been hospitalised (3), imprisoned (1), or the family member did not have their contact (11). In the end, 114 questionnaires were fully completed.

¹⁵ We consider the problematic use of drugs defined by the EMCDDA as injection of drugs or regular prolonged consumption of opiates and cocaine (EMCDDA, 2003). However, it should be stressed that these figures may be slightly inflated as the recovery percentage obtained is most certainly high as it relates to the individuals we managed to locate out of the group of 300 and who, therefore, may have more stable trajectories or belong to more structured groups. It is plausible that many of the individuals we could not locate continued to take drugs, had changed address, moved country or had died.

Table 5.6 Occupation at the time of the first contact with the CAT Centre and when the telephone contact was made

Occupation	At the time of the first contact with CAT (n=85) a)	When the telephone contact was made (follow-up information) % (n=108)
Legislators, directors of public or private companies and managers	0	5
Intellectual and scientific professions	4	3
Mid level technicians and professionals	9	13
Clerks, administrative and similar workers	14	10
Service workers, shop and sales workers	27	26
Working class, drivers and similar	32	24
Unskilled workers	14	19
Total	100	100

Note: this number is less than 114 because the CAT database only had information on the professional category at the time of the initial contact for 85 cases.

Source: CAT Database in Restelo.

Table 5.7 Marital status at the time of the first contact with the CAT Centre and when the telephone contact was made

Marital status	At the time of the first contact with CAT (n=111)	When the telephone contact was made (follow-up information) (n=113)
Single	79	50
Married/Living with someone	15	37
Divorced/Separated	6	13
Total	100	100

Source: CAT Database in Restelo.

Table 5.8 Parents' marital status at the time of the first contact with the CAT Centre and when the telephone contact was made

Parents' marital status	At the time of the first contact with (n=113)	When the telephone contact was made (follow-up information) (n=111)
Married/living with someone	67	58
Divorced/separated	12	13
Widowed	19	26
Never lived together	2	3

Source: CAT Database in Restelo.

emotional stability, thus facilitating these relationships. Note, however, that the percentage of single persons is still significant.

Most parents of those interviewed are still married (58%). Nevertheless, if we compare the current marital status of these parents with when their son/daughter first came to the CAT Centre, there was a slight decrease in the number of married parents as well as an increase in widowed parents; this is probably explained by the effect of the increase in age (table 5.8).

Substances and treatments

This follow-up also provided more information on the various consumption practices of different illegal substances, as well as the attempts of treatment among the population that attended the CAT Centre. Yet again, the figures for the average age that individuals declared their first consume of illegal substances confirmed that drug-taking starts mostly during adolescence.

Accordingly, the average age when all those surveyed first experimented substances was as follows: cannabis and cocaine at the age of 15, stimulants at 17 and hallucinogens at 18, heroin at 19, and ecstasy at 22. After this first experience, however, the regularity with which they take each substance varies. Indeed, cannabis, heroin and cocaine are (or were) taken regularly, whereas the other substances, especially ecstasy, are (or were) taken sporadically. The average time for problematic consumption is 9 years for cocaine and 10 years for heroin.

When asked if they were currently taking any type of illegal substance, 61.4% said no, 6.1% did not or could not answer¹⁸ and 32.5% answered affirmatively. Of the total who said they were taking drugs at the time we made the telephone contact, 45% were taking cannabis, 8% were taking cannabis together with sedatives and/or ecstasy, and 8% were taking only sedatives; in turn, 20% were taking heroin, and 19% were taking cocaine and heroin. Those who said they were no longer taking drugs said that they had been able to do this thanks to "determination", "family support", and "therapeutic/medical support". On the other hand, those who had tried detoxification several times but had not managed to give up "hard drugs", said that they had "lack of inner motivation" or that they "enjoy taking drugs" as the main reason for keeping their drug addiction.

On the whole, addicts stated that they had used approximately 60 different support institutions for drug addiction; the wide range of public and private options available includes CAT Centres, private doctors, therapeutic communities, health centres and narcotics anonymous. This diversity

¹⁸ Note that information was obtained from relatives for a very small number of individuals.

Table 5.9 Father's occupation and interviewee's average period of heroin consumption

Father's occupation	Interviewee's average period of heroin consumption (years)
Legislators, directors of public or private companies and managers	10,7
Intellectual and scientific professions	6,3
Mid level technicians and professionals	9,8
Clerks, administrative and similar workers	9,3
Service workers, and shop and sales workers	6,7
Working class, drivers and similar	11,5
Unskilled workers	15,5

Source: CAT Database in Restelo.

Table 5.10 Mother's job situation and interviewee's average period of heroin consumption

Mother's job situation	Interviewee's average period of heroin consumption (years)
Employed	7,9
Unemployed > 1 year	9,0
Unemployed < 1 year	6,5
Retired	10,5
Housekeeper	12,3
Disabled	11,0

Source: CAT Database in Restelo.

may mean that the choice of a treatment centre may be based on a "shopping" strategy.

These respondents spent an average of 5 years in treatment (25 to 30-year-olds). However, as this average refers to "assisted treatment" and not to "detoxification attempts" which are tried countless times and sometimes without specialised assistance, the average number of detoxification attempts is probably much higher. Of the total number who said they were no longer addicted, 50% managed it with help from CAT Centres, 20% with help from communities, 8% through narcotics anonymous, 6% with help from doctors or private clinics, 6% on their own, 5% in hospitals, 3% in prison, or other situations (2%).¹⁹ Of those who said they no longer took drugs, 38% said they managed it through the Restelo CAT Centre. However, if we consider that all those interviewed in the follow-up, which included those who continue to consume and those who are still in treatment, 25% declared that they have recovered thanks to therapy at the Restelo's CAT. As for the 32% of the total that went through the Opioid Replacement Programs in different treatment centres, 83% say they managed to recover.

19 We obtained 102 valid responses from the set of 114 for these questions regarding treatment.

There is no doubt that drug addicts in treatment have relapses and take drugs temporarily. The signs explaining these relapses revealed by the drug addiction clinic are indicative of the complexity of the drug addicts' own interior world: devalorisation of self-image; loss of self-esteem and feeling of emptiness; the belief that nothing in everyday life compares with the comfort and pleasure provided by drugs; the feeling of not being understood and having no-one to help solve internal conflicts; the ambivalence between what they feel like doing and the demands of a recovery plan.

These signs from the internal world usually coexist with anxiety (Ribeiro, 1997). However, there are also contextual factors that may cause relapses, risks provided by the external environment, such as peer-pressure, drug-related stimuli, the attraction that the drug *environment* itself exerts on an addict's imaginary world, stressful situations, easily accessible drugs, mixing several drugs (Ribeiro, 1997). The frequency of the relapses, which marks the therapeutic path of all drug addicts, is what has been called the "*addictive cycle*" (Trujols *et al.*, 1996, quoted by Ribeiro, 1997).

Our aim was also to answer some of the questions related to the success of treatments for drug-addiction, so we crossed individuals' social characteristics with their consumption trajectories and their search for treatment. We could find out that individuals who have been taking drugs longer (heroin, in this case) were children of parents with disadvantaged social and economic situations (table 5.9). It was also concluded that when his/her mother was a housewife, the individual remained addicted to drugs longer (table 5.10). Thus, the treatment of those with greater social and economic means is more likely to be successful, whereas individuals who do not have these means will more likely follow marginal and delinquent activities throughout their lives to feed their dependencies. In this case, they will resort to minor trafficking as a way of life and to be able to sustain the habit. Indeed, approximately half of the individuals contacted had been involved with the law (42% were arrested, 32% stood trial, and 26% were detained at the police station), mainly for problems related to trafficking, consumption, or crimes linked to obtaining money for drugs.

In short, the information obtained from the 114 telephone interviews shed light on life trajectories of these individuals after they had been attend at the CAT Centre. In most cases, they had sought various private or public institutions, individual, family, occupational or group therapies, different ways of kicking the habit, both at home and in clinics and therapeutic communities, and also, in some cases, opioid replacement treatments. After an average of 10 years' taking heroin and 5 years of attempted assisted treatments, most of the individuals contacted were no longer users. It was also noted that although only 32% of those contacted had resorted to opioid replacement treatments, the percentage of those who say they recuperated thanks to this type of program is high.

It should also be stressed that some paths were close to delinquency, prison, and other were less problematic trajectories as they enabled greater mobilisation of resources and better support from family and friends networks, as already highlighted in the database results.

In keeping with the fact that a significant percentage of those interviewed had stopped taking drugs, the results of this follow-up also allowed us to conclude that this was also due to an improvement in the levels of education, and family and professional situations. In other words, there was an overall improvement in the personal and social integration factors. It must also be stressed that the large majority of these cases had gone through major difficulties, with various attempts to stop drug-taking, relapses, and considerable effort to relinquish the drug habit. However, even if a significant percentage seems in fact to have successfully negotiated their way through this difficult trajectory, we do not know what has happened to those we were unable to contact.²⁰

It would also make sense to contradict preconceived views whereby a mother's professional activity is the reason for all kinds of negative consequences, among which is the fact that the lack of supervision would be enough to encourage their children to start taking drugs. In fact, the study (especially the follow-up phase) revealed not only that the heroin dependency period is greater among those whose mothers were housewives, but also that in the interviews these mothers expressed a lack of personal fulfilment, a negative self-image, and the possibility of having to put an end to a very close relationship with their sons/daughters.

Family and social trajectories, problematic ties

Seventy persons were interviewed in the third phase of the study,²¹ 39 of whom were drug addicts who had attended CAT Centre, 31 were their respective siblings or were part of their close network (peers or spouses) and were not problematic drug users. The initial aim of the study was to identify differentiating factors that could account for different attitudes and practices of the interviewed towards drug abuse comparing individuals with very close family or relationship ties. We found out, as foreseen in the beginning of the research, that most of those interviewed who were not addicts had also

20 Of the 300 randomly selected individuals from the CAT database, we only managed to contact 121. After several attempts, we found it impossible to locate the remaining 179 (addresses and telephone numbers cancelled or not updated, etc.).

21 Within the context of the follow-up we asked the individuals contacted who had attended CAT Centre and who had a brother or sister who did not have a history of problematic drug use if they were both willing to cooperate with the research team and accepted being interviewed. Priority was given to drug addicts and their siblings, but when this was not the case, close friends or spouses were the ones interviewed.

tried or taken certain drugs. By controlling the social, family and psychological context variables, we tried to assess and understand the specificities that distinguish the paths taken by individuals who became drug-dependent from those who did not.

Let us now turn to some of the preliminary and summarised results of this research phase, leaving any necessary deeper analysis for subsequent texts.

It should be remembered that despite the transversality of the problematic drug use across every social class, the database analysis, the follow-up and the results from other studies demonstrated that having better financial resources or coming from more qualified occupational sectors had a significant effect on the life, drug use and recovery trajectories of drug addicts. Our aim with the analysis of the interviews was to grasp more deeply and to have a better understanding of the "marks" made by the different social and cultural contexts on the individual and family histories.

Due to the second research hypothesis, the aim was also to assess the impacts of the family relationship models, of experiences of a perhaps traumatic loss or even marital and parental dysfunctions or difficulties on individual trajectories. The third question, which arose from the previous one, sought to shed light on and help to explain why siblings within the same family have different experiences of problematic drug use. And finally, the last hypothesis was built around the effects of gender and adolescence and on the specificities of male and female development. The main goal was to determine what kind of factors could explain such a big sexual asymmetry among drug users.

Moving now to some of the findings. Firstly, this phase of the study led us to a new concept. In the old tradition of the so-called applied rationalism (Bachelard, 1971), it was the very course of the research, the contact with the field and the life stories analysed, the continuous process between theory and empirical data that led us to propose the concept of *problematic ties*. Indeed, the fact that from the start we sought to contextualise the individuals' trajectories on three levels — social conditions, family patterns and mental processes — following the above mentioned multidisciplinary approach of Olievenstein, enabled us to improve the analytical framework by highlighting and acknowledging specific socio-psychological frameworks.

Thus, a specific combination of factors or vulnerabilities — *problematic ties* — that seemed dominant in a drug addict's life history, proved to be different from other cases where dominant weaknesses were revealed in other areas with a different conjugation of factors. We identified a schematic framework of four problematic ties: *social/family*, *family/individual*, *individual/social* and *social/family/individual*. Accordingly, and as indicated at the outset, the study completely corroborated the multi-dimensional perspective of drug addiction, rejecting essentialist and reductive approaches that

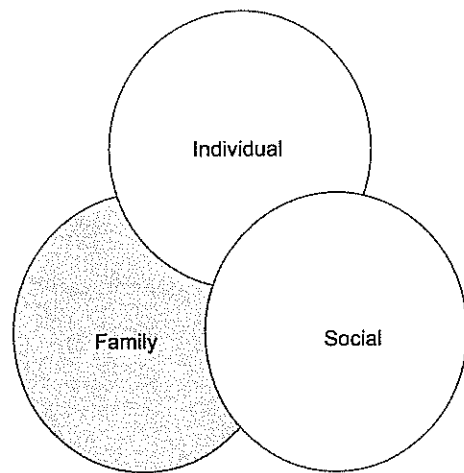


Figure 5.7 Problematic ties

tend to explain it as being a specific personality pathology, a concrete family function or dysfunction, a determined parental or maternal relationship, or even to attribute it to a crisis in values or the hedonist ideologies of contemporary societies.

Turning to some examples. For certain trajectories, the social and family contexts caused such an impact and were so complex that they seem in themselves to be the most influential factors in explaining the path of drug addiction; we classified this as the *social/family problematic tie*. This is the case of situations of severe poverty, violence and existential emptiness; or when children were not accompanied, parents were distant, not present or were over-working in their fight for survival. This was the situation that Nuno Pereira faced; he comes from a poor and socially excluded environment; his mother was a prostitute and he was adopted by a poor family who already had nine children (some of whom also became drug addicts). In his own words:

I never had any luck in life. Since I was a kid. Since I was 15 days old, when I was abandoned by my so-called mother. [Relationship with his adoptive father] — He was bad, very authoritarian, he didn't see me as his son. He drank a lot and treated me badly physically [...] he would tie me to the table so that I couldn't leave the house. Nuno Pereira (36, 5th year of education, HIV positive)

The case of João Vicente is identical. When asked about the memories of his adolescence he answers referring to his father and his life:

He never punished me. He would beat me, with his hands, boy would he use his hands [...] he'd drink and that was it [...] he wouldn't even speak, when he did, it was to pick a fight; [in adolescence] What did I like? Honestly, I didn't enjoy anything; life was no good.

The social conditions and relational context seems so prevalent and influential in the trajectories of these individuals that they seem to override other dimensions. This was also the case of Nelson Oliveira, who comes from a working class family with nine siblings, eight of whom were addicts, living in a neighbourhood where drug use was widespread. With no parents present on a daily basis and supporting them, the siblings grew up together with no structuring authority, using and trafficking drugs as a way of living.

In other trajectories, it was family patterns and individual psychological vulnerabilities that were considered more relevant in giving shape to the *family/individual problematic tie*, for example, in the case of traumatic loss and problems of autonomy and separation. Other studies have revealed a positive correlation between loss and traumatic experiences in childhood or adolescence and drug addiction (Torres, Sanches and Neto, 2004). This was also observed in the cases of Susana Alecrim and Rita de Jesus.

Susana (35, university student) grew up isolated, shy and with no support from a mother understood to be authoritarian. She had a very close relationship with her father and identified herself with his depression. She started taking heroin following his death when she was already addicted to medicinal drugs. This is a clear example of strong ties with a narcissistic dependency connected to the father, together with the inability of the self to deal with mourning a parent and overcoming depression.

Rita de Jesus (19, 9th year), whose parents were separated, was raped from the age of 9 to 11 by a brother of her grandmother. When the case went to court she started taking hashish; later, when she was 16 and on the day before the trial, she started on heroin; at the age of 12 her mother paid her 25 euros a day to do the housework. "My mother is more cold-hearted than my father..." (in the meantime her father had threatened to kill her mother with a hunting rifle). After consecutive traumatic and frustrating experiences, this young girl tried to change or anaesthetise her mental pain, particularly feelings of anger, guilt and shame by taking drugs. Here, social context seems to play a much more distant role than the effects of a problematic family history and psychological trauma caused by sexual abuse.

The database also revealed that the loss of a family member, either through death or separation, prevailed more in this sub-group than in the Lisbon and Tagus Valley population and was often experienced with feelings of instability and anguish which made individuals vulnerable.

However, a bad marital relationship between parents in a contentious but otherwise stable marriage also seems to have been harmful. Rigid, authoritarian

and violent paternal roles by fathers who are not a reference model or positive model of identification for their children also showed having negative effects. This is what can be gathered from Pedro Perdigão's reply (44, with a university degree, brother of António, drug addict) to the question "What was your relationship with your father like?"

Bad. Tense. Very complicated, he treated us really badly. [...] Suffice to say that my mother left him because he tried to kill her...

In fact, the case of the Perdigão brothers clearly shows different ways of dealing and experiencing the same family background. António (41, 10th year of education), whose father had high expectations for him, was a good student, well-behaved and a sportsman; it seems he started taking drugs and continued to do so to be able to live up to his father's expectations and to what he believed was a suitable performance. On the other hand, Pedro (44, older brother, with a university degree), mentioned above, tried all sorts of hard drugs and ran every type of risk, but quickly withdrew from dependency through an emotional and affectionate relationship.

We also found cases of siblings with a great age difference between them and whose adolescence took place at different cultural and generational contexts affecting differently their individual trajectories. Furthermore, for some reason one of the siblings was also found to receive more emotional support from one or both parents or perhaps perceived his/her parents differently to that of the drug-dependent siblings. Finally, it must not be forgotten that the experiences and dependences of older siblings may also have an impact on the younger ones. Ignorance about drugs and their negative effects can no longer be evoked and any eventual "glamour" associated to a life outside the margins vanishes. As Helena Costa's example shows (27, with a university degree), sister of Carolina (31, university student). In her own words:

They [my friends] were not the type to take drugs. In fact, I always tried to keep away from that group of people. And more so because of Carolina's example who was already becoming dependent; I didn't want to be involved with groups of people who smoked whatever.

In other situations, the fusion between the *individual* and the *social* dimension was prominent. That can be the case when there was no parental support nor protection during adolescence and at the same time there is a "masculine" desire for affirmation within the peer group. That is what seems to have happened with Daniel (31, 12th year), who was trafficking hashish at the age of 13. According to him, this gave him power and access to a lot of money:

Hashish gave me power, because I was the centre of attention for a while. I got what I never managed to get that for who I am from the drugs.

In this case, he draws a positive picture of his family that seems to have been emotionally close. But as Daniel also says "my parents worked a lot to give us an acceptable standard of living. When they were around they were always on hand, but most of the time they were away." Both parents let their children (who both became drug addicts) grow up in the street and did not give them much support. This life story clearly demonstrates what was said before about the changes of modernity involved in moving from the countryside to the town. Parents do not seem prepared to deal with their offspring's education in a new environment, notably large towns, where there are other dangers and difficulties. They work hard to support their children, they are neither strict nor have difficult relationships with them, they provide their basic needs, but there is little support or supervision whilst they are growing up and developing. It is as if reproducing their own socialisation experience with their children, doing what their parents did, no longer works in the new environment.

Finally, we considered more "heavy" situations and trajectories where a series of vulnerabilities and difficulties were combined leading us to define it as the *social/family/individual problematic tie*. Carlota Quintela (31, university student) is a clear example of this. She has lived alone in her flat since she was 13.

[What really marked me in life] was feeling no support, not having any support, having that unstable life and hating being alone and I used to stick knives in the walls, have a few drinks, it was all bad, it was bad [...] my body lived outside myself [...] my mother was a dead chair [...] I needed to trust but I didn't [...] I'm tired of everyone [...] it's a social problem, I can't be sociable without being under the effect of something, I've tried, but it's very painful.

Diverse trajectories and problems can therefore lead to drug addiction. In certain cases, there are combinations of social and family vulnerabilities, which can be found in social trajectories closer to poverty and/or social exclusion. Drugs represent here most of the times not only a way of escaping from burdensome and difficult daily lives but also a way of living and of getting money from drug traffic. In other cases, it is certain types of family dysfunction that are more prominent — the death of a parent, conjugal and parental deteriorated relationships — which combined with specific individual vulnerabilities may result in feelings of shame, stigma and relationship problems. In other case histories, serious feelings of loss and being abandoned, severe parental failures or truly traumatic experiences give way to living nightmares where drugs act as a powerful sedative for mental pain.

Proposing the new concept of "problematic ties" is a way of confirming the multidimensional approach to drug addiction. It allows, at the same time, and based on the proposed typology and on concrete cases the understanding about what kind of problems may explain better each situation. This type of approach, and going further on this line of analysis, can also contribute towards a better diagnose of specific cases of drug addiction, as well as differentiated therapies and treatments.

In future texts we address specific approaches to each of the problematic ties, and provide more in-depth analyses of the influence of family profiles and gender on drug addicts' trajectories and contribute to explaining differences between siblings.

Concluding notes

Some very general concluding notes are outlined below striving to cover some of the results obtained from the various techniques used, searching also to answer the questions raised in the beginning.

Three main conclusions from the database, follow-up and analysis of the interviews can be stressed on the relationship between the social context and drug dependency. Although drug addiction was found to be quite transversal across the various social sectors, asymmetries were also detected concluding that the social context clearly affects addicts' trajectories. Thus, it can be concluded from the database that, with regard to social origin and comparing with Lisbon and Tagus Valley population, there are more addicts originating from intermediate professional sectors — administrative and service employees, or intermediate technical professionals — than from sectors requiring higher or lower qualifications.

Both the follow-up and the interviews showed that people who were poor or from social sectors with lower professional qualifications and/or originating from poor neighbourhoods, where drugs are present from an early age had heavier and harder drug addiction's trajectories. Several interviews show that these situations can rapidly lead to a path of petty crime in order to be able to feed addictions. This was also the case when young people were brought up in families with many children, whose parents were basically busy trying to fight for survival in adverse conditions to protect their children and helping them growing up. On the other hand, in better social sectors with more stable and qualified jobs, the trajectories of drug addicts may be concealed for a long time; this can be easily inferred by the number of individuals still employed and who can make their consumption habits compatible with their job. These situations only become problematic much later.

The interviews also showed, for example, the differences in the trajectories of young women who came from more or less favourable social environments. In the case of less fortunate environments, it was evident that very

difficult trajectories, which often ended in prostitution, quickly fell into situations of great physical and psychological deterioration. In the case of more fortunate environments, such trajectories would occur later, or in some cases were even avoided being also and often less visible.

The follow-up and the interviews not only revealed that the social context affects the attempts to leave drugs, but also showed the negative effects of poor social contexts, especially when associated with very adverse and/or physically or psychologically violent family situations. Feelings of great psychological vulnerability, loneliness and of being abandoned, anger and resentment were clearly expressed as some of the excerpts of the interviews demonstrated. In contradiction to the simplistic idea that tends to attribute addiction to the fact that mothers have a job, addicts on heroin were longer time dependent when their mother was a housewife.

In short, we believe that by using various research techniques with results that confirm each other, we have shown that drug addiction affects young people of every social class but touching people in different ways and with different effects.

Coming back to some of the main research questions. We had asked why would it be that most of the young people experiment drugs or any other type of illegal substance, but only some become dependent. We also raised the issue why were they contrasting trajectories within the same family regarding drug addiction and siblings with and without drug addiction trajectories.

The path followed by the research confirmed initial evidence. On the one hand, experimenting some kind of substance during adolescence was indeed very common among the peers of the addicts interviewed, even those belonging to different generations. As described at the beginning, this time of life fosters the trying out of new experiences which adolescents use to try to overcome themselves, trying to state their self and separate from the family, asserting their identity as an autonomous person.

But, as the case of many addicts' siblings and peers showed, experimenting does not necessarily means dependency. Dependency tends to appear when the result of trying out drugs is associated to social, family or individual vulnerability and mental frustration, as Amaral Dias (1979) had indeed stressed. In fact, the trajectories of siblings and peers who had contact with drugs were completely different in many cases. As the case of the Perdigão brothers showed for example: whereas one brother made varied and more radical experiments and then quickly put a stop to such practices, it was the other, who apparently seemed to be more integrated and less problematic, that became dependent. There are also situations where drug dependency of the older sibling tends to discourage the younger ones from consumption as they clearly want to keep away from the type of world that they have already perceived as being negative or dangerous.

As supported by several theoretical perspectives, the analysis of family patterns also helped demonstrating that the actual experiences of family life may be perceived by the set of siblings differently. Children often see their parents' marital relationship differently; the parental relationship with each of their offspring by both parents is distinct and there are also bonds and exclusions among some members of the family. The relation between what happens within and outside the family environment, with peers and within the generational context, may also strengthen differences between siblings.

The complexity and relevance of the conclusions reached during the research on the influence of family experiences on the addicts' trajectories are such that they deserve a fuller and more specific description in a separate text. However, it is registered here that the results clearly stress that there is no specific type of family, or morphology, or concrete family shape that leads to drug addictions, as it is shown by the examples of the interview excerpts and the identification of the problematic ties.

A last contribution goes to answering the other question made at the start — why are there more men than women addicts? Based on the analysis of the interviews, we conclude with some avenues of interest for future research.

Everything in these life histories occurs as if the process of becoming autonomous in adolescence is very problematic, especially for men; this process is marked strongly by gender as adolescents grow up either as a boy or as a girl in a certain social context trying to identify with profiles of hegemonic masculinity or suitable femininity. It seems that it is difficult for them to accomplish the tasks demanded of them, both in the family context and in their peer group, going from demonstrating their ability to be autonomous, resistance to frustration, or the need to run risks. Drugs can act as a way of anesthetising the difficulties felt, a means of lessening internal conflicts, or improving their relationship with others, as some of our interviewees expressed.

In fact, the young men interviewed were generally found not to identify positively with their father and often compensated for this with a closer mother-son relationship. It is as if the growth process were blocked by the lack of a male reference or a positive image of what it is to be a man, because the father is no longer a model to be followed. However, the proposed explanation of male predominance in drug addiction cannot be reduced to this dimension.

Although many of those interviewed did in fact seem to consider their father to be a strict and/or violent man, and even stated so clearly, others saw their father as a distant and overworking figure, and others did not even mention them as a relevant figure in their lives. As already stated, other factors must be taken into consideration such as the social context, family relationship and specific psychological vulnerability, as was also evident when siblings of the same sex have different stories when talking about their

progenitors. Nevertheless, the way in which families function, with a sexual division of the typically strict patriarchal roles may in fact condition young males negatively, as Parsons himself has shown (Torres, 2001). This subject in itself deserves development in a future text.

As for the girls, two points should be briefly stressed: on the one hand, there are cases in which mothers are not protective for various reasons: they are depressed, they reveal neglect behaviour and they are ill or died. If this type of situation is combined with an absent or distant father figure, the feelings of being abandoned and despair expressed by some of our interviewees are easy to understand. On the other hand, these same reasons may help to explain the fact that some of the young female addicts described more catastrophic experiences and heavy stories of loss and of being abandoned.

However, like the subject of family profiles and siblings, the cross-effects of gender require more in-depth analysis that implies new perspectives and other contexts.

References

- Agra, Cândido da (1993), *Dizer a Droga, Ouvir as Drogas. Estudos Teóricos e Empíricos para uma Ciência do Comportamento Adictivo*, Oporto, Tipografia Nunes.
- Agra, Cândido da (1997), *A Experiência Portuguesa. Programa de Estudos e Resultados (Droga e Crime. Estudos Interdisciplinares, 1)*, GPCCD, Lisbon, Ministry of Justice.
- Amaral Dias, C. (1979), *O Que se Mexe a Parar. Estudos sobre a Droga*, Oporto, Edições Afrontamento.
- Amaral Dias, C. (1988), *Para uma Psicanálise da Relação*, Porto, Afrontamento.
- Amaral Dias, C. (1991), "Depressão e estado-limite na adolescência", em Bergeret and Reid (eds.), *Narcisismo e Estados-Limite*, Lisbon, Escher, pp.53-59.
- Amaral Dias, C. (2000), *Volto Já. Ensaio Sobre o Real*, Lisbon, Fim de Século.
- Amaral Dias, C., and R. Paixão (1986), "Regressão, imagem do corpo e identificação projectiva como elementos diferenciadores entre o processo adolescente e processo psicótico", *Jornal de Psicologia*, 5, (1), pp. 18-20.
- Bachelard, Gaston (1971), *A Epistemologia*, Lisbon, Edições 70.
- Balsa, Casimiro, et al. (2001), *Inquérito Nacional ao Consumo de Substâncias Psico-activas na População Portuguesa (Documento de Síntese dos Resultados)*, Lisbon, Instituto de Investigações Sociológicas (CEOS), Faculty of Social Sciences and Humanities of the New University of Lisbon.
- Blos, P. (1967), "The second individuation process of adolescence", *Psychoanalytic Study of the Child*, 22, pp.162-186.
- Brochu, Sergei (1997), *O Estado da Investigação Científica na América do Norte (Droga e Crime: estudos interdisciplinares, 2)*, GPCCD, Lisbon, Ministry of Justice.
- Chaves, Miguel (1999), *Casal Ventoso. Da Gandaia ao Narcotráfico*, Lisbon, Imprensa de Ciências Sociais.

- Coimbra de Matos, A. (2003), *Mais Amor Menos Doença. A Psicossomática Revisitada*, Lisbon, Climepsi.
- Connel, Robert W. (1987), *Gender and Power. Society, the Person and Sexual Politics*, Stanford, California, Standford University Press.
- Dubinsky, A. (2000), "Apreensão da experiência emocional", in M. Rustin, M. Rhode, A. Dubinsky and H. Dubinsky (eds.), *Estados Psicóticos em Crianças*, Rio de Janeiro, Imago, pp. 13-33.
- EMCDDA (2003), *Relatório Anual 2003. A Evolução do Fenómeno da Droga na União Europeia e na Noruega (2002)*, Luxembourg, SPOCE.
- Farate, Carlos (2001), *O Acto do Consumo e o Gesto que Consome. Risco Relacional e Consumo de Drogas na Pré-adolescência*, Coimbra (Portugal), Edições Quarteto.
- Fernandes, L. (1993), "Droga enigma, droga novo paradigma", em Cândido da Agra, *Dizer a Droga, Ouvir as Drogas. Estudos Teóricos e Empíricos para uma Ciência do Comportamento Aditivo*, Oporto, Tipografia Nunes.
- Fernandes, Luís (1998), *O Sítio das Drogas* (Coleção Comportamentos), Lisbon, Editorial Notícias.
- Fernandes, Luís, and Carmo Carvalho (2003), *Consumos Problemáticos de Drogas em Populações Ocultas*, University of Porto, Instituto da Droga e da Toxicodependência.
- Ferros, L. (2003), "Jovens, drogas e famílias. Uma breve revisão da literatura", *Toxicodependências*, 9 (2), pp. 71-83.
- Fleming, M. (1995), *Família e Toxicodependência*, Oporto, Edições Afrontamento.
- Henriques, Susana (2002), "Risco cultivado no consumo de novas drogas", *Sociologia Problemas e Práticas*, 40, pp. 63-85.
- IDT (2003), *Relatório Anual 2002. A Situação do País em Matéria de Drogas e Toxicodependências*, Lisbon, Instituto da Droga e da Toxicodependência.
- Instituto Nacional de Estatística (Statistics Portugal) (2001), *Censos de 2001. Resultados Definitivos*, Lisbon, INE.
- Kimmel, M. (2000), *The Gendered Society*, Oxford, Oxford University Press.
- Miguel, Nuno (1997), "A comunidade face à droga: o que (não) temos feito", *Drogas. Situações e Novas Estratégias* (Coleção Debates), Lisbon, Imprensa Nacional Casa da Moeda.
- Minuchin, S., and C. Fishman (1981), *Family Therapy Techniques*, Cambridge, Harvard University Press.
- Morel, Alain, et al. (2001), *Prevenção das Toxicomanias* (Coleção Alcoolismo e Toxicomanias Modernas), Lisbon, Climepsi.
- Morel, Alain, François Hervé, and Bernard Fontaine (1997, 1998), *Cuidados ao Toxicodependente* (Coleção Alcoolismo e Toxicomanias Modernas), Lisbon, Climepsi.
- Olievenstein, C. (1996), *O Homem Paranoide*, Lisbon, Instituto Piaget.
- Pais, José Machado (1993), *Culturas Juvenis*, Lisbon, Imprensa Nacional-Casa da Moeda.
- Pais, José Machado (1999), *Traços e Riscos de Vida. Uma Abordagem Qualitativa a Modos de Vida Juvenis* (Coleção Trajectórias), Oporto, Ambar.

- Ribeiro, J.S. (1995), "Dependência ou dependências? Incidências históricas na formalização dos conceitos", *Toxicodependências*, 1 (3), pp. 5-16.
- Ribeiro, J.S. (1997), "O papel da ansiedade no processo de recuperação do toxicodependente", *Toxicodependências*, 3 (2), pp. 53-59.
- Ribeiro, J.S. (2001), "Tornar-se toxicodependente. Opção ou fatalidade?", *Toxicodependências*, 7 (3), pp. 73-77.
- Romani, Oriol (1999), *Las Drogas. Sueños y Razones*, Barcelona, Editorial Ariel.
- Torres, A. C. (1996), *Divórcio em Portugal*, Oeiras (Portugal), Celta Editora.
- Torres, Anália (2001), *Sociologia do Casamento. A Família e a Questão feminina*, Oeiras (Portugal), Celta Editora.
- Torres, Anália Cardoso (1994), *Um Olhar Sociológico*, in *Colectânea de Textos* (vol. IV), Lisbon, Centro das Taipas.
- Torres, Anália Cardoso, and Maria do Carmo Gomes (2002), *Drogas e Prisões em Portugal*, Lisboa, IPDT/Ministry of Health.
- Torres, Nuno, M. Sanches, and D. Neto (2004), "Experiências traumáticas estilos de vinculação adulta a parceiros de intimidade, a toxicodependentes e estudantes", *Toxicodependências*, 10 (3), pp. 57-70.
- Valentim, Artur (1998), "Droga e toxicodependência nas representações de párocos e médicos", *Análise Social*, XXXIII (145).
- Vasconcelos, Luís (2003), *Heroína. Lisboa como Território Psicotrópico nos Anos Noventa*, Lisbon, Imprensa de Ciências Sociais.
- Velho, Gilberto (1998), *Nobres e Anjos. Um Estudo de Tóxicos e Hierarquia*, Rio de Janeiro, Fundação Getúlio Vargas Editora.