



Selma Haavisto
Diaconia University of Applied Sciences
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THE IMPORTANCE OF RELATIONSHIPS FOR THE RECOVERY PROCESS OF SUBSTANCE USERS



ABSTRACT

Selma Haavisto

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The abuse of drugs has a serious effect on public health and is one of the main risk factors for poor health globally. Globally, 35 million people are suffering from drug use disorders and require treatment services. Every year, 3.3 million people die from the abuse of drugs. In Norway, the average drug-induced mortality rate among adults (aged 15-64 years) was 75 deaths per million in 2016. Therefore, there is a need for adequate social and health service provision, accompanied by the social inclusion of people with substance use disorder. The special emphasis needs to be put on how the drug-free relationships and drug-free environment influence the recovery process of the substance user.

The aim of the research-orientated thesis was to investigate whether building drug-free relationships is an important and needed part of the recovery process for the drug abusers. The research was conducted in Oslo, Norway. This research was facilitated by an NGO, Centre for Volunteering in the Field of Substance Abuse (SAFIR), a working life partner.

This research is based on a quantitative approach. A research questionnaire was developed, which was based on a Likert scale, to collect the data from participants in SAFIR (employees, volunteers, service users). The collected data were analyzed using frequencies and percentages.

This study provides insight into how drug-free relationships - professional and non-professional – are important for establishing and maintaining recovery from substance use. The results disclosed that drug-free relationships are highly important in the recovery process of drug users. The results of this research thesis are parallel to prior research studies which confirm that relationship building is an important part of the recovery process of the substance abuser. Due to the limited number of participants, the results of this research cannot be generalized outside the SAFIR. However, future research can be conducted by considering by expanding the questionnaire population, together with exploring the impacts of environmental factors (economy, culture, availability of drugs and alcohol) on substance use.

Keywords: Relationship, Substance Use, Recovery, Experts by Experience, Self-Help Groups, Addiction, Volunteers

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1 INTRODUCTION

The use of drugs and other substances has a serious effect on public health and is considered to be one of the main risk factors for poor health globally (World Health Organization, 2010; World Federation Against Drugs, 2018; United Nations Office on Drugs and Crime, 2019). The harmful use of drugs (such as Nicotine, Caffeine, Alcohol, Marijuana, Heroin, Hallucinogens, Ecstasy or Molly) is a significant contributor to the global burden of disease and is listed as the third leading risk factor for premature deaths and disabilities in the world (World Health Organization, 2019a; Drug-Free World, 2019a). In addition, the World Health Organization (2019b) reported that the harmful use of alcohol results in 3.3 million deaths each year. Moreover, The United Nations Office on Drugs and Crime (2018) reported that globally 35 million people suffer from drug use disorders and require treatment services and 0.585 million people died in 2017 as a result of drug use. In Norway, the latest average drug-induced mortality rate among adults (aged 15-64 years) was 75 deaths per million in 2016 (European Monitoring Centre for Drugs and Drug Addiction, 2019a).

The term "substance", in this research study, refers to the usage of harmful substances: illicit drugs, pills, and alcohol. Besides the negative outcome substance use has on the body and mental health of substance users, it also has damaging impacts on families, relationships, and communities. The common indicators of substance addiction are severe loss of control, obsession with using substances, frequent and unsuccessful attempts to quit, failure to meet responsibilities, need to take increasing doses (tolerance) and dealing with withdrawal symptoms (abstinence). (Norwegian Institute of Public Health, 2019).

A person with substance use disorder will likely face even bigger challenges in living a drug-free lifestyle, such as being accepted into society, forming drug-free relationships and staying motivated to maintain those drug-free relationships and the new lifestyle (Drug-Free World, 2019b). The effort must be applied all the time throughout the recovery process, as an aspect of accepting the restoration process and changing one's lifestyle. Due to the frequent stigmatization and social marginalization of people with substance use disorder, also seeing them as an illness of society and not worthy of integration, the main challenge remains to find a way how to integrate substance users

into drug-free society, as well establish and maintain the recovery process by using drug-free relationships as a recovery tool. (Georgakas 2010).

Studies, focusing on drug-free relationships as a tool for recovery, have their roots in the mid-1930s when Alcoholics Anonymous (AA) was founded as a treatment approach. In that period, social inclusion and the building and use of drug-free relationships with peers, professionals, self-help groups, etc. were often used as tools for recovery. They have been the topics of many research papers and academic books. Recoveries established in the AA groups are recognized as the spontaneous recovery that is facilitated outside professional treatments, with support from experts by experience. It is a common form of quitting substance use and establishing a drug-free lifestyle (Lund 2018).

According to Lund (2018) recovery is a complete process from the use of substances to the elimination of substance use, as well establishment of a new self-creation and harmful free lifestyle from the medical, psychological, personal, social, spiritual and religious aspect. Recovery itself is based on the empowerment approach, which can be delivered through a relationship with service users. It can be a professional relationship or any kind of drug-free relationship (Lund, 2018). The transition from addiction to a drug-free life includes a transition in identity, changes in the social environment and the establishment of new relationships, which can be challenging for the service user (Best, 2016). During the process of transition, the importance of social inclusion plays a big role, and it influences the forming and shaping the identity of the person, by molding the behavior of that person according to the community's and society's needs and expectations (Althuser 2006). However, it is important to remember that recovery is not universal or general, but rather individual and personal journey, that is unique and complex and requires different approaches and methods for every person with substance use disorder (Lund 2018).

The basic aim of this research was to investigate the necessity and significance of drug-free relationships – both professional and non-professional – for establishing and maintaining the recovery process of people with substance use disorder in Oslo, Norway. The research questionnaire, as a research data collection tool, was developed and used to explore the answer to the following research question:

How drug-free relationships are necessary for tackling the recovery of a person struggling with an addiction problem?

This research was conducted in Oslo, Norway. I followed the legal guidelines in collecting data and approaching the research process. The main data collection tool – the questionnaire – had to be adjusted to the Norwegian language and formed according to SAFIR guidelines and feedback.

In my personal field visit to SAFIR in Oslo, during the Erasmus study exchange program at VID University, I discovered that the relationship in SAFIR between employees, service users and volunteers are quite unique, productive and relevant in terms of social inclusion and maintaining a drug-free lifestyle.

The relationships in SAFIR seem to be the main tools for not only maintaining a drug-free lifestyle but also for attracting new members and volunteers. The dynamic and power relations seem to be very harmonious and appealing, as well as very empowering for all participants. This made me curious to investigate, the necessity and significance of relationships – both professional and non-professional – for establishing and maintaining the recovery process of people with substance use disorder in Oslo, Norway.

2 LIFE WORK PARTNER

The NGO SAFIR (Center for Volunteering in the Field of Substance Abuse), which is part of the Missionary Church and the Red Cross, focuses on helping former substance abusers (service users who are in a recovery process) achieve social inclusion and establish drug-free lifestyles. The organization does this by establishing and maintaining relationships with former substance abusers, keeping the focus on positive outcomes and emphasizing the importance of a healthier lifestyle. (Personal communication, May 6, 2019.)

SAFIR was established in 2002 as a voluntary center and is a joint project between the City Church Mission of Oslo and the Oslo Red Cross. Together with staff and participants, the volunteers create a safe environment where a marginalized and excluded group can experience affiliation and, at their own pace, try different activities and interact with people who are in situations that are either similar to, or different from, their own. In this way, participants gain the strength to maintain stable lifestyles without substances and to take on new challenges for further integration.

There are no criteria for enrolment as a participant in SAFIR other than the desire to maintain a lifestyle without substances. SAFIR maintains a no-tolerance policy regarding substance use. The participant enrolls on their own initiative and can be a member for as long as they would like. The participants get introduced and familiar with, the SAFIR service through different programs and workshops facilitated by outpatient clinics, rehabilitation centers, and NGOs.

The staff of SAFIR consists of members who have skills in the areas of social and health work, management, pedagogy, the diaconia work and psychiatry and who have become competent through experience. (Personal communication, May 6, 2019.)

3 ADDICTION AND GOVERNMENT APPROACH

Addiction is not a physical condition that appears uniformly. Rather, it can be referred to as the inner mental state of an individual who struggles with substance use disorder (Aherno et al., 2007). As stated by Aherno et al. (2007), people with substance use problems, are among the most stigmatized and marginalized groups of individuals who use social services. Therefore, establishing drug-free relationships and being part of a drug-free community might be among the most important acts affecting their recovery. However, a person with an addiction problem might still be stigmatized and judged while they are in the process of establishing relationships with professionals and the drug-free community, which could be a trigger for relapse. (Aherno et al., 2007).

According to Muller et al. (2019), the process of improving the quality of life among substance users is a key factor in the treatment process and reduction of mortality and is linked to a reduction in substance abuse. Quantitative research presented in Muller et al (2019), shows that different factors influence the quality of life of the individual with substance use problem. As claimed by people with substance use disorder, in data collected from a questionnaire, those factors are social factors (relationships and contacts), and empowering and supportive community, networking, and overall social inclusion.

Health and stimulating relationships are the rights of every individual, as are basic human rights such as the right to be treated with respect, the right to feel safe and the right to be free to reject the abuse of any kind. In a relationship, every individual should feel free to express themselves, respect each other's opinions and feelings, feel comfortable being themselves, talk honestly, be willing to compromise, be willing to admit being wrong and respect a wish to end the relationship (Healey 2012).

3.1 Government Drug Policy and Legislation in Norway

In Norway, the average drug-induced mortality rate among adults (aged 15-64 years) was 75 deaths per million in 2016 (European Monitoring Centre for Drugs and Drug

Addiction, 2019a). The government of Norway has taken many actions to reduce the ratio of drug users and to control the drug-induced mortality rate (Helsedirektoratet, 2018). The municipality has a significant responsibility regarding substance users when it comes to providing shelter, work, social offers, individual plans and follow-ups (Regjeringen, 2013).

In the Norwegian National Action Plan on Alcohol and Drugs for 2016-2020, a budget of EUR 252 million (NOK 2.4 billion) was allocated to the drugs and alcohol field. In addition, around EUR 16 million (NOK 150 million) has been budgeted for interdisciplinary specialized treatment for illicit drugs and alcohol use in 2018 (European Monitoring Centre for Drugs and Drug Addiction, 2019b). Over the last decade, because of the decentralized health and social service systems in Norway, numerous authorities, institutions, and organizations have been involved in drug policy funding.

Corresponding to the Norwegian government setting the first step towards the prevention of substance use is to notice the problem at an early stage, if possible, and proceed to mental health care. In addition, education and training should be provided to professionals who work with children and youth, towards noticing and recognizing the explicit signs of substance use and finding the right approach in direction of treating the problem (Helse- og omsorgsdepartementet, 2011-2012). According to the Alcohol and Drug Abuse Act of 1986, local authorities are responsible for arranging services for substance users, such as counseling and treatment for somatic and mental symptoms (NIDA 2018).

The Ministry of Health and Care Services has the responsibility of organizing responsibility for drug policy, in collaboration with the Ministry of Finance, the Ministry of Justice and the Police and the Ministry of Foreign Affairs. (Norwegian Ministry of Health and Care Services, 2010).

According to the Ministry of Health and Care Service, Norwegian drug policy is molded according to the expectations and ethics that are deep-rooted in an approach between a humane and a restrictive policy approach. The Norwegian drug policy contains following approaches: Drugs are an will remain illegal; All persons with a drug addiction problem are entitled to a worthy life; They should be treated with respect by society and the care system; The level of the negative social and health consequences, including disease and accidents, corresponds to increased drug use. The objective is

therefore to reduce the use of drugs. (Norwegian Ministry of Health and Care Services, 2010).

4 RELATIONSHIPS DURING RECOVERY

In Norway addiction is not seen and treated as an individual struggle. Rather, it is an issue affecting all of society. Addiction treatment in Norway grew out of relief for the poor and thus has been linked mainly to social work. (Room & Tigerstedt 2008.)

The Norwegian welfare framework prioritizes an organizational integration between medical services and substance abuse treatment based on social services (Storbjörk 2014). However, professionally and legislatively, this remains a challenge, since the separation of services for substance use care from general health care is still present and it creates unintentional damages to the quality and range of care options available to patients in both systems. The inclusion of substance use policies, as well as prevention and treatment strategies, follows the basic rationale behind Norwegian social democratic welfare (Room & Tigerstedt 2008).

Today, in social media and the tabloids, there can be found research regarding the influence of alcohol and other substance use negatively affects society. Examples include warnings about gaming addiction and the excessive use of electronics (i.e., "computers are like electronic cocaine"), tips on how to avoid and tackle the problem and references to addiction as a habitual behavior (e.g., mobile phone use, coffee consumption, computer gaming, substance use, etc.) (Hellman & Room 2015).

Integrated substance abuse treatment, from a medical point of view, means simultaneous treatment of both substance abuse and mental health problems; this is thought to be a more appropriate and effective solution than parallel or sequential treatment (Aalto 2007). In his overview, Aalto (2007) notes that various studies have different definitions of the difficulties arising from substance use and mental health problems, which affects the diagnosis of patients with mental health issues and addiction problems and finding a suitable treatment approach. There may also be differences, for instance, in how much they focus on diagnosed substance use disorder and mental health problems and how much they focus on criteria for rehabilitation. Recently, outpatient substance use treatment centers are free and require no referrals (Room & Tigerstedt 2008). However, access to specialized mental health services is based on a

referral from primary-level services, and the medicalization of substance use problems might narrow the rehabilitation goals. The inclusion of strategies such as substance use policies, prevention, and treatment follow the basic rationale of Nordic social democratic welfare. (Room & Tigerstedt 2008).

In addition to the outpatient services that are available for people who struggle with substance use and mental health problems, the self-help approach and support from experts by experience, have shown excellent results in overcoming addiction. (Room & Tigerstedt 2008).

4.1 Self-Help Groups

The origin of the modern mental health and addiction self-help group can be traced to the founding of Alcoholics Anonymous (AA) in the mid-1930s. This recovery approach, involving a 12-step program, peer support and emphasis on self-help, spread quickly and helped many individuals recover from alcoholism and other addictions. Self-help groups based on 12 steps were also formed to help family members of the addicts (Al-Anon, Alateen, etc.). Historically, self-help groups and peer-operated services were run independently of the professional mental health care system. Social workers who are treating individuals with addiction may recommend that a person attend AA or Narcotics Anonymous, but social workers might have very little knowledge of self-help groups and programs. (Ahern et al. 2007).

Mental health reforms that have taken place in the past 15 years have placed a new emphasis on recovery. There are many definitions of “recovery,” and participation in self-help activities and it is often part of those definitions. Self-help activities can include everything from participation in community-based support groups to collaborating with a specially trained peer specialist to visiting drop-in centers operated by peers with lived experience (Ostrow & Adams 2012).

The best-known model for self-help service is the peer-run support group. Self-help groups are support groups that are operated and led by people who have personal experience with the life challenges being discussed at the group meeting (Ostrow & Adams 2012). Self-help groups are often viewed as enemies of formal mental health services due to their anti-psychiatry views. However, not all self-help groups take this

approach. A common theme among self-help groups is "choice." Self-help groups provide equal treatment, respect and empowerment to service users by giving them the information necessary for them to find their own paths to recovery. (Hensley & Dawson 2017).

Self-help groups and experts by experience support should not be regarded as risks to traditional providers, but, rather, as additional resources that might enhance the recovery process, empower the service users to learn new coping skills, and provide the environment and tools necessary to build new relationships, collaboration and social inclusion (Hensley & Dawson 2017). The growth of recovery support services (volunteers, experts by experience supports, self-help groups) and the need for access to that type of support is crucial to establishing a successful recovery environment (White & J.R. 2014).

4.2 Roles of Experts by Experience and Professionals

Social workers do often supervise experts by experience-providers. Since more and more clients are making use of experts by experience-orientated services, there is a great need for social workers, to gain a better understanding of the role of expert by experience services and the benefits that such services can bring to the mental health recovery process. People who use mental health services must be able to access both professional and expert by experience-provided service to enhance their recovery and community integration. (Salomon et al. 2010).

Experts by experience refer to people who have experienced challenging situations in their past, and based on that experience, they get the opportunity to proceed as experts, based on their experiences, in social welfare. The purpose of using experts by experience service is the same with the same mutual goal as a professional approach, and that is to empower the participants towards reaching the recovery state. (Meriluoto 2018.) Services provided by experts by experience include the categories of self-help groups, experts by experience-operated organizations, and peer-provided services (Salomon et al., 2010). Experts by experience and professionals can and must collaborate to provide better services for people with mental health and addiction problems, as well as to achieve better results in establishing the recovery process (O'Connell 2015).

People seeking help for substance use disorder and mental health illness may feel that a professional with no personal experience cannot truly understand their difficulties. In many cases, experts by experience can quickly and effectively forge trusting, collaborative relationships with clients. This realization has led to the creation of certified experts by experienced specialists in the mental health field and recovery in addiction services. (Drebing 2013.)

Certified experts by experience are individuals with lived experience of mental health problems who are trained to work in the mental health field to provide help and support for service users in a variety of mental health settings (Daniels et al. 2010). Many mental health departments have developed training programs and policies to encourage the inclusion of experts by experience (peer) support in treatment teams. An expert by experience support can play several important roles in a treatment team: educating people about services, facilitating trusting relationships, providing information about resources, addressing concerns regarding social and community integration, and encouraging the use of coping and self-helping skills (Drebing 2013).

Social workers are the supervisors of expert by experience supporters. To make those relationships effective, they must work through their own prejudices and stereotypes regarding individuals with mental health illnesses. One aspect of collaboration is to acknowledge that the traditional medical approach is not the only way to understand the difficulties experienced by a person who has been diagnosed with a mental illness. (O'Connell 2015).

It is important for social workers to remember that, like social work, expert by experience supporters are involved in interactions at both the micro and macro levels. Experts by experience supporters work one-on-one and in groups. A social worker can seek information about self-help groups and consumer-operated services in their community; for example, a good source of information is SAMHSA (Substance Abuse and Mental Health Service Administration). (Soloman 2004) SAMHSA is a website that contains information about recovery that can work well for addictions and the provision of mental health.

4.3 Volunteers

Volunteering can have different meanings and views depending upon the needs and setting and can be perceived as having a different context depending on the cultural setting (Handy et al. 2000; Merille 2006). The motivation behind volunteering can depend on several factors and on how the welfare provisions are divided between the state, market, and families. These factors can influence the needs, norms, and motives for volunteering in different countries. However, volunteering can still take place in countries where the public sector addresses welfare needs by itself (Rochester et al. 2010).

The political structure influences volunteering and the type of volunteers. This is the case with SAFIR volunteers, who deliver volunteering services as a way of providing support and empowerment; they do not regard their service\work to be part of the provision of welfare service (Anheier & Salamon 1999; Stadelam et al. 2011)

4.4 Relationships with Professional

Ningel (2007) points out that relationships between professionals and service users are basic elements for effective intervention and counseling. People will be more likely to accept help or support if they trust and have a good relationship with the professional. Galgon (2001) goes even further by saying that a relationship can be a form of psychotherapy. In the eyes of users, drugs are always available; users have power over it, and it is, therefore, a "better" relationship to live. Some people have difficulty establishing other relationships. Relationships formed while one is using drugs often suffer from shame, conflicts, separation, loss, and violence. Additionally, they are often marked by an imbalance between giving and taking. (Galgon 2001.)

Moreover, Helman (2007) clarifies that a lack of social context and weakened social support is a major contributor to the use of alcohol and heavy drugs. People with substance use disorder have a lot of experience with rejection and unstable relationships. This all leads to lower self-esteem, which, over time, leads to resignation. Professionals must ensure that this relationship does not continue in therapeutic settings. Relationships should be based on empathy, acceptance, tolerance and a holistic view

(Roger 1967). The author mentions that the loss of a relationship with a professional can lead to relapse because of a feeling of loneliness. Professionals have a lot of power and are responsible for maintaining the relationship. Psychosocial help for the service user must be arranged by establishing relationships between professionals and drug users, as well as by applying the methods and theories related to the service user, overall individual and/or group support. Professionals must respect the service user by maintaining confidentiality, willingly understanding the service user, applying realistic dialogues, determining which treatments and care will work best for the service user, being honest and humble towards the service user, having hope and working towards empowering the service user. (Helman 2007.)

Being surrounded by people who are using substance, can be major risk factor for the individual relapse to drug influence lifestyle, since the recovery itself might be challenging for a person substance use problem, and lack of healthy relationships and supportive and drug-free environment can make it even more challenging for a person with substance use disorder. The support usually starts from simply being available for people with substance problems throughout their recovery process, by empowering them to maintain recovery and a drug-free lifestyle. (Muller et al. 2019.) In addition, professionals need to take into the consideration influence of the environmental factors -economic development, culture, availability of alcohol and drugs- together with drug and alcohol policies, on the consumption of substances and harms related to that (World Health Organization 2019).

4.5 Helping Relationships During the Recovery Process

Poor quality of life was strongly related to a lack of various types of social contact, such as unemployment and not being enrolled in school/training (reported by seven out of ten) and having no social network at all (reported by two out of ten). Poor quality of life was also related to depression, of which nearly six out of ten reported clinically concerning symptoms. (Muller et al. 2019.)

Being surrounded by people who are using the substance, can be a major risk factor for the individual relapse to drug influence lifestyle, since the recovery itself might be challenging for an addict, and lack of healthy relationships and supportive and drug-free environment can make it even more challenging for an addict. The support usually

starts from simply being available for a person struggling with substance users throughout their recovery process, by empowering them to maintain recovery and a drug-free lifestyle. (Muller et al. 2019.)

The importance of drug-free relationships for maintaining successful recovery, as well relevance of social networking outside the drug community, is evidently presented in the case study done in NorComt study in Norway, where 548 adults began inpatient or outpatient treatment for a substance use disorder (SUD) reported poorer quality of life than reported by studies of cancer patients and other chronic disease groups. (Muller et al. 2019.)

Half of the NorComt participants also reported having a substance-using social network, that is, they spent most of their free time with friends and family who also used substances. The service users that participate in the research done by NorComt, one year later have been directed into participating in the interview process, again, with the aim of finding the possible changes, such as how they spend the free time, and if there were changes how that affected their lifestyle.

Having dropped out of treatment and lacking a drug-free network resulted and was associated with the unimproved or even worsened quality of life. The social isolation was more than double present among participants who dropped out of treatment. Based on results from the research, followed during and after treatment, showed that first and immediate step of rehabilitation and treatment process should be introducing to the service users the importance of having healthy (drug-free) relationship, and help them identify the social network that might support them during and after the recovery has been established. It is necessary to emphasize to the service user the importance of knowing who they spend the time with, and how crucial that can be for their recovery. (Muller et al. 2019.)

Lacking any network should be, and often is, a sign that a service user who is isolated from a drug-free community might need extra support and guidance in developing and establishing social networks that will, during the recovery process, affect the quality of life and the success of rehabilitation (Muller et al. 2019). Professionals and service users (substance users) establish their relationships by working together to normalize the users' lifestyles and improve their social activities.

Successful interactions between professionals and service users will reduce the incidences of overdose-related mortality as well as improve physical and mental health. There is also a reduced risk of HIV and hepatitis, as well as separation from the drug community (Hellman 2007). Hellman (2007) presented the key points regarding the importance of a professional relationship with the service user for and during the recovery process, as well as the possible outcomes of establishing professional relationships.

5 METHODS AND DATA COLLECTION

The goal was to investigate the research question “How the drug-free relationships are necessary for tackling the recovery of a person struggling with an addiction problem?” by using a Likert-scale-type questionnaire as my research method. The Likert type of questionnaire was used with the aim of including as many of the relevant participants from SAFIR as possible. The questionnaire contained 19 statements, with a possibility of free-text connected to the individual states, including the two opened-ended questions as a form of a voluntary summary for the participant. The advantage of using a Likert questionnaire for collecting data is that it does not require the participant to deliver concrete yes or no, but rather allows a participant to respond in a degree of agreement (1-6) which allows them to have undecided neutral feelings. The Likert questionnaire is also a quick, effective and low-cost method for data collection, and easy to distribute via the internet to participants. This method allowed me to get a better insight into the research topic and to aid lowering the bar for answering, as well as by statements, provoking an honest response also on more complicated issues. (Nemoto & Beglar 2014.)

In quantitative research, data is collected using a larger number of participants (compared to qualitative research), thereby establishing the validity and reliability of the data collected. The research question and purpose of the research must be identified before the questionnaire is created. The research question in this thesis process required the use of the easily understandable statement in the questionnaire, meaning that the statements/questions were structured to reveal how one variable (recovery approach) affected the other variable (service users), followed by the reliability and validity of the questionnaire. (Johnson 2001.)

5.1 Research Ethics

According to the Finnish Advisory Board on Research Integrity (2019), the researcher must follow ethical rules, such as fostering mutual respect, listening to and accepting different points of view, embracing equality and inclusion, ensuring that participants’ opinions and ideas are acknowledged, engaging in active learning to identify problems

and challenges regarding the thesis topic, cooperating, and engaging in mutual recognition of problems and challenges. These ethical rules and guidelines were followed from the first to final stages of the research process. (Finnish Advisory Board on Research Integrity 2019.)

The participants provided their consent to participate before they completed the questionnaire. They were informed that they had to sign the form, or they could provide oral approval after the consent form had been read and understood. Additionally, the participants were informed that the questionnaire data would be anonymous, meaning that no one, including the researcher, would know who submitted each questionnaire, and that participants' names would not be used in the thesis paper, and their identity and privacy will be protected. Before the questionnaire was delivered, participants were informed that data collected from the questionnaire would be published in Open Repository Theseus, in Diaconia University of Applied Science (Diak UAS) for research purposes, without mentioning the names of participants. (Gothoni 2018.)

Participants completed the questionnaire independently, meaning that there was no collaboration among the SAFIR population (service users, volunteers, employees) in terms of working on the questionnaire. The questionnaire was sent, by me, to each participant's personal email address- I received from all participants during the process of signing consent form-to ensure confidential access and anonymous data submission. Participants could withdraw at any time after opening the questionnaire and could choose to not submit their responses, even if they had already signed a written consent form before completing the questionnaire (Nikander & Zechner 2006, 518).

Before I applied for the research permit, I have presented the thesis plan in a thesis seminar, for approval. In the thesis plan, a clear research strategy was discussed which includes the development of research objectives and research hypotheses, data collection process, respondents of the research, and timeframe for completing the research. After receiving approval from Diak, UAS, I submitted the research permit to the SAFIR administration office. In writing, I explained to them the purpose of, and need for, a research permit before I could start data collection. Without any obstacles, the permit was signed and sent to my supervisor teacher in Diakonia, University of Applied Science, for research purposes.

5.2 The Likert-Scale Questionnaire

The questionnaire was designed in such a way that participants had to indicate their level of agreement with statements provided by the researcher, on a scale from 1 to 6 (with 1 indicating “strongly agree” and 6 indicating “strongly disagree” with the given statement). As mentioned above, each statement also included an option that allowed the participant to write a comment (see Appendix 1). The last two questions were open-ended, with enough space for comments or a summary of the participants' experience with the questionnaire and/or research topic (Hendricks, 2014) the goal was, when forming the questionnaire, to produce statements that would be easy for participants to comprehend and respond to.

The advantage of using a Likert questionnaire for collecting data is that it does not require the participant to deliver concrete yes or no, but rather allows a participant to respond in a degree of agreement (1-6) which allows them to have undecided neutral feelings. The Likert questionnaire is also a quick, effective and low-cost method for data collection, and easy to distribute via the internet to participants. However, some participants might tend to choose the "neutral" option more frequently which can affect the research results. (Nemoto & Beglar 2014.)

The challenges in forming a Likert questionnaire were narrowing the statements that would lead to receiving data relevant to my research question, as well as simplifying them so that the reader could comprehend and respond to them.

5.3 Research Participants and Distribution of the Research Questionnaire

The web-based questionnaire was sent to all service users, employees and volunteers at SAFIR – a population of 30 participants. The number of the total population of participants and volunteers on a daily basis- according to SAFIR staff- varies, depending on activities and events in SAFIR. However, the number of employees is continuously 3. The number of responses to the questionnaire was 13, out of a total number of 30. The reason for not receiving the response from the whole population (n=30) was not familiar.

Each participant received the link, on their previously given email address, with the same questionnaire for the purpose of collecting data that will give the answer for my

research question (hypothesis) or shown that the opposite of what the hypothesis is stating. The reason for creating and distributing the same questionnaire for all participants was due to ethical reason since the employee population consist of 3 members, therefore the risk from recognizing the participants during questionnaire data collection would be increased. Ability to see their views, opinions, and attitudes regarding relationship in SAFIR, and the importance of relationship in general context for maintaining and establishing recovery, was a crucial part of data needed for the investigation of the validity and necessity of relationships in SAFIR on professional, as well fundamental level.

The criteria for selecting participants was not their age or gender, but, rather, their use of SAFIR services and facilities (service users), knowledge of SAFIR working methods (employees) or time spent contributing to SAFIR workshops and activities (volunteers). SAFIR activities are organized and run by volunteers, hence, the inclusion of volunteers was a crucial and significant part of the thesis process and data collection. As participants in data collection (questionnaire), volunteers had the opportunity to share their views on the importance of their relationships with service users and staff, and overall on the necessity of relationships with respect to the recovery of service users.

The questionnaire submission period was from mid-June to mid-August 2019-due to summer holiday and absence some of employees and volunteers- with a possibility for delays if there was a reason why a participant could not submit the questionnaire within the given deadline. The participants were informed that incomplete questionnaires would be deleted and not counted, as it will not give complete data necessary for the research process.

The links for the questionnaire were distributed via email. The messages included a detailed explanation of how to proceed with and submit the questionnaire upon completion. The questionnaire was translated into Norwegian, as all the participants were Norwegian speaking. Before creating the questionnaire, I consulted with the life work partner and the participants as to which language would be more convenient to be used in the questionnaire.

Every participant was given access to the questionnaire as it was sent to their email, and they could use any digital tool, that would support opening and submitting the questionnaire link, for their response. Therefore, additional equipment, such as SAFIR computers, was not required. The participants requested assistance in accessing the link and submitting the questionnaire data; this assistance was provided. I introduced the research topic and the aim of my thesis during a meeting with all questionnaire participants, as well as individuals while collecting the consent form.

5.4 Challenges in Distributing and Creating the Questionnaire

During the process of delivering the questionnaire, the only challenge I faced was motivating participants to complete it, as some of the service users had difficulties remembering to attend and submit the questionnaire. In situations where participants had a problem to submit the questionnaire, I tried kindly to remind them, by asking for the feedback on the questionnaire, or, whether they were needing help in submitting the questionnaire, opening the link, or any kind of assistance regarding questionnaire. Since the questionnaire participation was voluntary based, participants were not pressured to attend the questionnaire or complete it if they did not feel like doing so. One participant submitted his personal information in the questionnaire, therefore the data from him/her had to be removed due to ethical reasons. However, despite the mentioned issues with some participants, the process went as planned, without any major difficulties.

The challenges involved in creating the questionnaire stemmed mostly from the need to find the right statements that would answer the research question and address the aim of the thesis. Translating the original statements from English to Norwegian was challenging because of some of the professional terms used in the social service sector (e.g., peer support, service users, etc.). I had to focus on translating the original statements into Norwegian in such a way that every participant could understand and respond to them. To ensure a quality translation, I received the assistance of SAFIR employees (for the professional terms) and of my supervisor teacher and partner (life companion).

During the questionnaire data collection, I faced certain challenges regarding the number of respondents, lower than expected ($n=13$ out of $n=30$), without any specific reason. The number of participants could possibly be larger if the deadline for submitting the questionnaire was extended. However, the deadline for data collection needed to be followed and data analysis presented and implemented as planned at the thesis plan stage.

5.5 Data Analysis Tool

Data analysis was done using the SPSS software tool. The SPSS software is an advanced program that analyzes statistical data, after receiving the guidelines from the researcher. This program was chosen due to its precise data gathering abilities and because it allows analyzed data to be presented through visualization charts, by importing data from Excel file to SPSS analyzing program. SPSS Microsoft program provided fast and accurate delivery of statistically analyzed data, with a clean and understandable result. (Verma 2012). The descriptive analysis, that is to say, the percentage of data was conducted for each question statement. This analysis enables the researcher to quickly and easily understand the collected data (Yıldırım and Simsek 2011; Jaggi 2012).

6 RESULTS

The researcher conducted a descriptive analysis using SPSS software as an analyzing tool. The number of respondents was 13 out of the total population number of 30. The results were presented in the descriptive form with the frequencies and percentages. The 7 statements (out of n=19) are presented under the Result chapter, while the complete analysis of the statements (n=19) can be found in Appendix 4. The reason for choosing statements (from 6.1 to 6.7) was due to their importance for answering the research question “How drug-free relationships are necessary for tackling the recovery of a person struggling with an addiction problem”.

Furthermore, at the end of the results part, the summary of results was also presented graphically, with a visible number of statements and responds for each statement. This will allow the reader to have a brief overview of the whole questionnaire.

6.1 Supportive Relationships are Important for Recovery

The analysis process started by examining responses from the first- most relevant statement for the research question- statement in the questionnaire “Supportive drug-free relationships are important to the recovery process”. In the following Table 1, by using the SPSS program, I presented the results in percentage form and participation frequency.

Responses	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	0	0
Somewhat disagree	0	0
Somewhat agree	0	0
Agree	2	15.4
Strongly agree	11	84.6
Total	13	100

None of the respondents disagreed or strongly disagreed with the statement "Supportive relationships are important for recovery" (Table 1). Therefore, due to 11 agreeing responses (out of n=13), the result supports the research question and confirms that supportive drug-free relationships are important to the recovery process of those addicted to substances or a habit. According to Muller et al., (2019) lacking any network from a drug-free community, during the recovery process, affect the quality of life and the success of rehabilitation, while successful interactions between professionals and service users will reduce the incidences of overdose-related mortality as well as improve physical and mental health. (Hellman 2007).

6.2 Support and Assistance from Support Groups are Crucial to the Rehabilitation Process

Support and assistance from support groups are highly important for the recovery process of drug abusers. Self-help groups are support groups that are operated and led by people who have personal experience with the life challenges being discussed at the group meeting (Ostrow& Adams, 2012). Self-help groups provide equal treatment, respect and empowerment to service users by giving them the information necessary for them to find their own paths to recovery. (Hensley & Dawson, 2017).

Table 2.

Responses	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	0	0
Somewhat disagree	0	0
Somewhat agree	4	30.8
Agree	5	38.5
Strongly agree	4	30.8
Total	13	100

The respondents reported their opinions regarding the statement, "Support and assistance from support groups are crucial to the rehabilitation process" (Table 2) around the "strongly agree" and "agree" options, therefore, the survey confirms that support

and assistance from support groups are crucial to the rehabilitation process. This data support Lund (2018) theory that recovery is based on the empowerment approach, delivered through a relationship (professional and non-professional) with service users. Furthermore, McAuliffe and Ch'ien (1986) and Gregoire and Snively (2001) also evidenced that support and assistance from support groups are crucial to the rehabilitation process. Best (2016) goes further explaining that transition from addiction to a drug-free lifestyle can be challenging since includes a change in identity and social environment. However, to make that transition and easier process support from professionals, support groups and a drug-free community is crucial.

6.3 The Staff at SAFIR is Most Important to the Recovery Process

The SAFIR is, Center for Volunteering in the Field of Substance Abuse, struggling for the same purpose, i.e. Norwegian National Action Plan on Alcohol. In my personal field visit to SAFIR, I discovered that the relationship in SAFIR between employees, service users and volunteers is quite unique, productive and relevant in terms of social inclusion and maintaining a drug-free lifestyle.

Responses	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	2	15.4
Somewhat disagree	7	53.8
Somewhat agree	1	7.7
Agree	2	15.4
Strongly agree	1	7.7
Total	13	100

The respondents reported their opinions regarding the statement, “The staff at SAFIR is most important to the recovery process” (Table 3), by disagreeing that the staff at SAFIR is most important to the recovery process, while 4 participants (out of n=13) agreed or somewhat agreed that SAFIR staff is most important for recovery. However, as Ningel (2007) points out that relationships between professionals and service users are basic elements for effective intervention and counseling, still, the questionnaire

data suggest that there are other important factors that influence the recovery of the substance user.

6.4 For an Addict, it is Easier to Build a Relationship with a Person who has the Same Background than with the Professional

Some people have difficulties establishing drug-free relationships, due to a lot of experience with rejection and unstable relationships. The relationships that are formed while one is using drugs often are associated with shame, conflicts, separation, and violence. (Galgon 2001.) Ningel (2007) arguments out that relationships between professionals and service users are a first and basic step towards effective intervention, counseling and establishing a trust-based relationship.

Responses	Frequency	Percentage (%)
Strongly disagree	2	15.4
Disagree	2	15.4
Somewhat disagree	5	38.5
Somewhat agree	0	0
Agree	3	23.1
Strongly agree	1	7.7
Total	13	100

The respondents reported their opinions regarding the statement, “For an addict, it is easier to build a relationship with a person who has the same background than with the professionals”, (Table 4), around disagree option (n=9 out of total n=13). Thus, the survey respondents somewhat disagreed that, for an addict, it is easier to build a relationship with a person who has the same background than with the professionals.

6.5 Service Users are Responsible for Their Own Recovery and Goals

People with substance use disorder, are among the most stigmatized and marginalized groups of individuals who use social services. Therefore, establishing drug-free relationships and being part of a drug-free community might be among the most important acts affecting their recovery. (Aherno et al., 2007). The process of transition from addiction to a drug-free life includes a change in identity, changes in the social environment and the establishment of new relationships, which can be challenging for the service user, and support and empowerment are necessary throughout the whole recovery process. (Best, 2016)

Table 5.

Responses	Frequency	Percentage (%)
Strongly disagree	5	38.5
Disagree	4	30.8
Somewhat disagree	2	15.4
Somewhat agree	1	7.7
Agree	1	7.7
Strongly agree	0	0
Total	13	100

The respondents reported their opinions regarding the statement, “I believe that service users are responsible for their own recovery and goals” by disagreeing (n=11 out of n=13), that is leading to the conclusion that service users are not responsible for their recovery. Lund (2018) shared a similar opinion, by stating that recovery is based on the empowerment approach, which can be delivered through a relationship (any drug-free relationship) with service users.

6.6 Professionals are Responsible for Maintaining Relationships

Professionals are required to respect the service user by maintaining confidentiality, understanding the service user, having hope and working towards empowering the service user. (Helman 2007.) Professionals must ensure that this relationship does not continue in therapeutic settings. Relationships should be based on empathy, acceptance, tolerance and a holistic view (Roger, 1967).

Responses	Frequency	Percentage (%)
Strongly disagree	1	7.7
Disagree	4	15.4
Somewhat disagree	2	15.4
Somewhat agree	3	23.1
Agree	2	30.8
Strongly agree	1	7.7
Total	13	100

The respondents reported their opinions regarding the statement, “Professionals are responsible for maintaining relationships” with the small margin between agreeing and disagree option. The respondents (n=7) disagreed that professionals are the ones to be responsible for the recovery, while 6 respondents agreed to that notion. However, even the result show divide opinions on the statement, due to larger number of disagreement (n=7 out of n=13) it can be concluded that professionals are not responsible for maintaining relationships and that they are other elements that have an impact on it. This conclusion match with the study from Room and Tigerstedt (2008) where they claim that service users can reach the recovery stage by using outpatient services (experts by experience, self-help groups).

6.7 Too Much Helping Creates Social Dependence

The lack of support, and social network, often is a sign that a service user who is isolated from a drug-free community, might require even more support and guidance during the recovery process, and maintaining a drug-free lifestyle (Muller et al. 2019). However, often substance users have a lot of experience with the rejection, unstable relationship, hence, in some cases that might lead to imbalanced relationships with professionals and nonprofessionals and create dependence on help and support from their drug-free relationships (Galgon 2001).

Table 7.

Responses	Frequency	Percentage (%)
Strongly disagree	1	7.7
Disagree	1	7.7
Somewhat disagree	3	23.1
Somewhat agree	4	30.4
Agree	3	23.1
Strongly agree	1	7.7
Total	13	100

The respondents reported their opinions regarding the statement, “Too much helping creates social dependence” (Table 7) around agreed (n=8) option, while 5 participants grouped around disagree option, hence, the survey indicates that too much helping may create social dependence.

At the end of the questionnaire, participants had an opportunity to give written responses to the open-ended questions, that were focused on SAFIR and services that are facilitated by SAFIR. Responds to the question “*What makes SAFIR interesting?*”, were on average positive with the good feedbacks, such as: “Meeting many interesting people, with different backgrounds. And there is always an including fellowship. Trips, lunch, and parties at summer, holidays, etc., is a super offer for anyone feeling alone and as an outsider”; “A good offering for earlier drug addicts. A place to meet and make relationships, learn and get help with different things. A meeting place that is drugfree”; “Building relationships and activities”.

However, after reading all 13 responds from the participants, one respond was noticed: “SAFIR should participate actively in the public debate about drugs!!!!!!!!!!”, that gave slightly unbalanced to the positive feedback on SAFIR. Nevertheless, the main results, clustered from a response in open-ended questions, precedes to the research question, by supporting the importance of relationship and social interaction for establishing and maintaining recovery and drugfree lifestyle.

6.8 Summary of the Results

Besides using selected statements analyzed in the SPSS program, I have used the graphical figure as well to present a summary of a complete number of questionnaire participants, the number of statements and response for each statement in the questionnaire, which will allow the reader to have a brief overview of all response for whole 19 statements.

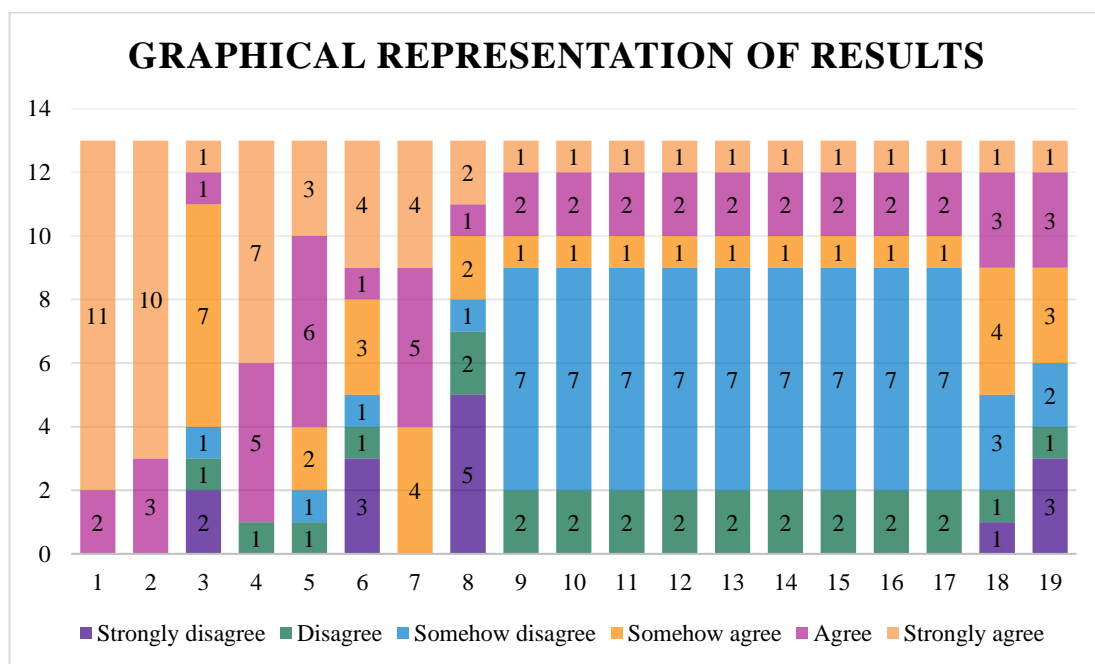


Figure 1. Graphical Representation of Results

In the given graphical presentation of the questionnaire result each vertical column shows the opinions of respondents for each statement (marked in different colors), and on the x-axis are the numbers of the question statements (1 to 19), while numbers in line from 0-14 mark the number of participants in the research questionnaire. The numbers inside the colored lines are the total number of responses to the given statements. The chart is created by inserting a chart from the toolbar and adding results

from SPSS data analysis. For example, on the x-axis, 1 means question statement 1 i.e. Supportive relationship is important for the recovery process. The results for this statement are shown in colored bar lines. 11 respondents were "strongly agreed" with this statement, while 2 respondents were just "agree" with this statement. The written statements and detailed analysis for each statement (n=19), can be found in Appendix 1 and 4.

7 DISCUSSION

The main objective of this research was to evaluate the impact and importance of maintaining a drug-free relationship in the recovery process of substance abusers. The result from the questionnaire indicates that 11 participants agreed and 2 strongly agreed, out of a total number of 13, with the claim that supportive drug-free relationships are important to the recovery process. An earlier study by Solomon (2004) documented a similar result. Solomon (2004) said that support from experts by experience and professionals are essential to the recovery process of those addicted to substances or a habit. Roger (1967) also documented the fact that addicts who have many experiences with rejection and unstable relationships might suffer a relapse and lower self-esteem. For this reason, people with addiction stressed the need for support.

The current study produced a similar result to in NorComt study done in Norway (Muller et al. 2019) were the results similarly showed that drug-free relationships are necessary for the recovery, together with social networking outside the drug community. The majority of respondents (n=7), in this research paper, supported the notion that professionals are not responsible for maintaining a relationship, but that there are other factors, as well, affecting recovery, and that SAFIR facilitate different type of drug-free relationship-professional and nonprofessional- equally relevant for the recovery process and supportive environment. This support Muller et al. (2019) study where he claims that support usually starts from simply being available for people with substance problem throughout their recovery process, by empowering them to maintain recovery and drug-free lifestyle. The findings of Galgon (2001) and Daniels et al. (2010) share similar reasoning.

The 3 agreed and 10 strongly agreed (out of n=13) that becoming part of something enhances their growth. Consequently, with the result hovering around the "agreed" option, the conclusion is that becoming part of something enhances growth as a human. The result confirms the position of Ostrow and Adams (2012), who reported the need for people struggling with an addiction problem to join a system. Ostrow and Adams (2012) suggested that participation in activities, as well as integration into a system, often play a significant role in promoting recovery.

A greater number (n=12) of the respondents reported that accepting other people is rewarding. The result confirms the documentation of Drebing (2013), who revealed the essence of acceptance and peer support. The research outlined that acceptance enhances education, facilitates a trust relationship, provides information to people about resources, addresses concerns about social and community integration, and encourages the use of coping and self-helping skills (Drebing 2013).

The majority of the respondents (n=9 agreed, 4=strongly agreed) agreed that support and assistance from support groups are crucial to the rehabilitation process. This result is comparable to the findings of Daniels et al. (2010), who confirmed the importance of a support group (including a certified expert by experience specialist and professionals) in terms of improving the recovery process. Daniels et al. (2010) mentioned that this group develops training programs and policies to encourage the inclusion of peer supports in treatment teams. Conclusively, Roger (1967) asserted that professionals have a lot of power and are responsible for enhancing and maintaining recovery.

Moreover, the survey refuted the claims that it is difficult to establish relationships with a person struggling with an addiction problem because they are focused only on their addiction. The result confirms Hellman (2007), who presented key points on the importance of a relationship with the service user for and during the recovery process, and the possible outcomes of establishing professional relationships.

Similarly, the survey shows the claims that the staff at SAFIR is not the most important factor for the recovery process, and that they are important factors for the recovery. Hellman (2007) documented the importance of professionals in the recovery process. Ningel (2007) also pointed out that relationships between professionals and service users are basic elements of effective intervention and counseling. Ningel (2007) further stated that people will be more likely to accept help or support if they trust the professional and have a good relationship with them.

The results somewhat agree with the notion that, for a substance user, it is easier to build a relationship with a person who has the same background than with the professionals. This result is in opposition to the finding of Ningel (2007), who said that

relationships between professionals and service users are basic elements for effective intervention and counseling.

However, Ningel (2007) gave the way forward to such situations that people will be more likely to accept help or support if they trust the professional and have a good relationship with them, which contradicts the data from Roger (1967) where he states that professional relationships are key element for stabilizing and maintaining recovery of person with substance use disorder. By using a comparison of data from 1967 and data from the last decades, it is evident how recovery approaches, in the field of a substance use disorder, changed and as well as views on the importance of different types of drug-free relationships during the recovery process of substance users.

The questionnaire also showed that a person in SAFIR does not necessarily have to be motivated to create a relationship. This result supports the finding of Salomon (2014), who described the role of the professional in the recovery process but stated that peers and professionals can, and must, collaborate to provide better service for people with mental health and addiction problems and to achieve better results in establishing the recovery process. However, people seeking help for addiction and mental health illnesses may feel that a professional with no personal experience cannot truly understand their difficulties. Ningel (2007) said that people are more likely to accept help or support if they trust the professionals.

Finally, the participants' responses to the question regarding whether too much helping creates social dependence clustered on the "somewhat disagree" and "somewhat agree" options. This is an indication that, indeed, too much helping may or may not create social dependence. Roger (1967) asserted that relationships should be based on empathy, acceptance, tolerance and a holistic view. The author mentions that the loss of a relationship can lead to relapse because of feelings of loneliness. In this context, the service user depends on the guidance of professionals. However, lack of support, and social network, often is a sign that a service user who is isolated from a drug-free community, might require even more support and guidance during the recovery process, and maintaining a drug-free lifestyle (Muller et al. 2019). Professionals and service users (substance users) should work together towards establishing and maintaining their relationship, as a first step towards normalizing the substance users' drug-free lifestyle and improvement of their social inclusion (Muller et al. 2019).

7.1 Professional Development

My ability to perform quantitative research on the topic that is relevant for the community and social development was the most educating and challenging part of the whole thesis process. The improvement of my professional skills and knowledge required: understanding the research topic, learning and comprehending new concepts in the field of a substance use disorder, being able to recognize and apply solution for challenges and problems during the research development, and being open for suggestions and new ideas during the whole research process.

The entire process of getting familiar with research participants, and expending my knowledge regarding substance use disorder, influenced my skills for self-reflection, professional development, and self-improvement. After finalizing my research paper, I realized that I am, also, much more conscious about the amount of work needed for the whole research process, and that risk of not knowing how much responds would be (questionnaire data) can have a huge impact on the research outcomes.

8 CONCLUSION

The basic aim of this research was to investigate the necessity and significance of drug-free relationships – both professional and non-professional – for establishing and maintaining the recovery process of drug users in Oslo. In Norway, the average drug-induced mortality rate among adults (aged 15-64 years) was 75 deaths per million in 2016 (European Monitoring Centre for Drugs and Drug Addiction, 2019a). This is the painful reality of Norway; however, the government of Norway has taken many actions to reduce the ratio of drug users and to control the drug-induced mortality rate. In the Norwegian National Action Plan on Alcohol and Drugs for 2016-2020, a budget of EUR 252 million (NOK 2.4 billion) was allocated to the drugs and alcohol field.

This research concluded that the maintaining the drug-free relationships with substance users are highly important during the recovery process of a person with the addiction problem is visible in a medical institution, outpatient clinics, and in the every-day life of service user affected by addiction. A person dealing with substance use problems, besides the detoxification stage, must overcome obstacles of social inclusion, and reestablishing a drug-free lifestyle in a drugfree community. Starting from "zero" can be frightening and challenging, therefore, the risk for relapse if there is no community to empower the support of the substance user, is higher.

It is further concluded that the integration of substance users into society, and treating them as equal citizens, that have right to access medical and outpatient treatment, is an important step towards establishing the recovery process and maintaining a drug-free lifestyle. However, there is evidence, today, still visible different forms of discrimination and stigmatization of substance users, which requires further improvement of the treatment approach and bringing awareness of the severity of addiction among the drug-free population.

Another important finding in this thesis paper, that needs to be emphasized, are the views on what type of relationship is more important for the recovery of the substance user. Studies from 1967 are focused mainly on the professional relationship as the main tool, while the latest studies (2000-2019) emphasize the experts by experience, self-help groups as a more efficient approach, with greater results during recovery and

treatments. The mutual empowerment and support that SAFIR participants share with each other, is a shred of clear evidence on how group support, with guidance from professionals, can influence establishment and maintaining of recovery from substance use, and improvement of social and community integration.

This thesis paper evokes the need for further investigation of different types of relationships that are used in the recovery process, but in a deeper context. Consequently, the necessity to investigate, in deeper context, the research question “How the drug-free relationships are necessary for tackling the recovery of a person struggling with addiction problem,” would require expanding the questionnaire population where, beside SAFIR participants, other institutions in Oslo (NGOs, public sector, hospitals) would take participation in the research, which would aid further investigation in a larger scale. By expanding the questionnaire population, different questionnaire links would be created for service users, employees, volunteers. The age of participants, the time frame of substance use and the length of the recovery process, would be taken into consideration as well. All these factors would presumably clarify, in a greater context, “How the drug-free relationships are necessary for tackling the recovery of a person struggling with addiction problem”, as well show if there is the different perspective between groups regarding the importance of drug-free relationship, and if so how different are they.

Furthermore, future research can be conducted, similarly, by considering the impacts of environmental factors, such as economic development, culture, availability of alcohol and other drugs and the level and effectiveness of drug-related policies, on the use of drugs.

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APPENDIX 1. QUESTIONNAIRE FORM

<https://forms.gle/xxYsHheihH2s6vBZ6> Link to questionnaire

APPENDIX 2. ENGLISH AND NORWEGIAN VERSION OF QUESTIONNAIRE STATEMENTS

1. Støttende relasjoner er viktige for rehabiliteringsprosessen
-Supportive relationship are important for recovery process.
2. Å bli en del av noe får meg å vokse som menneske
-Becoming part of something makes me grow as human
3. Alle har samme forventninger til å skape relasjoner som meg
-Everyone has the same expectation in relationship like me
4. For meg er det belønnende å akseptere et menneske
-Accepting another person is rewarding
5. Tid er den viktigste faktoren for å etablere en relasjon
-time is the most important factor in establishing relationship
6. Det tar for mye tid og kraft å bygge relasjoner
-Building relationship takes too much time and effort
7. Støtte og hjelp fra supportgrupper er avgjørende for rehabiliteringen
-support and assistance from the support groups is crucial for rehabilitation process
8. Det er vanskelig å skape en relasjon med rusmisbrukere, de er kun fokusert på sin avhengighet
-It is hard to establish relationship with the addict, they are focused only on their addiction
9. De ansatte på SAFIR er de viktigste for rehabiliteringen
- The staff at SAFIR is most important for the recovery process
10. For en rusmisbruker er det enklere å bygge relasjoner med et menneske som har same bakgrunn, enn med de profesjonelle
-For an addict it is easier to build the relationship with the person with same background than with the professionals
11. Noen deltakere blir avhengige av SAFIR i altfor lang tid
-Some service users becomes dependent on SAFIR for too long period
12. Jeg mener at brukeren er ansvarlig for sin rehabilitering og målsetning

-I believe that service users are responsible for their own recovery and goals

13. Personen jeg møter på SAFIR må være motivert for å skape en relasjon

- The person I meet in SAFIR must be motivated to create a relationship

14. Tidligere erfaring av avvisning og skam påvirker fremtidige forhold

-past experience of rejection and shame effects the future relationships

15. Profesjonelle er ansvarlige for vedlikehold av relasjoner

-professionals are responsible for maintaining relationships

16. De er viktig å ha sine egne målsetninger når man kommer til SAFIR

-Goal are needed when coming to SAFIR

17. SAFIR tilbyr et støttende og vennlig miljø for brukere

-SAFIR offers friendly and supportive environment

18. Det er vanskelig for meg å motivere meg å komme til SAFIR

- It is hard for me to be motivated to come to Safir

19. For mye hjelp skaper sosial avhengighet

-too much helping creates social dependence

20. Det beste med SAFIR er det ikke forandres

-The best thing about SAFIR is that it doesn't change

Open-ended questions for comments / Åpne spørsmål for frie kommentarer

a. Hva gjør SAFIR interessant?

- What makes Safir interesting?

b. Er der noe du skulle forandre og/eller forbedre i Safir for å lage bedre relasjoner?

• Is there something you would change and/or improve in Safir towards establishing better relationships?

APPENDIX 3: CONSENT FORM

Written consent to use study module assignments in research and development

Module: Bachelor Thesis in the field of Social Service

Research topic: Establishing Relationship with Substance Abuser

Person(s) responsible: Selma Haavisto

The results will be published in the development report / research article/ further development work for the project.

I have been told about the purpose of the mentioned assignment and that the written material will be used in Diak's research and development work. I am aware that participation is voluntary. I am also aware that my identity will remain known only to the researcher(s).

Date:

Signature, name in capital letter:

APPENDIX 4: QUESTIONNAIRE DATA

Table 1: Supportive relationship are important for recovery process.

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	0	0
Somewhat disagree	0	0
Somewhat agree	0	0
Agree	2	15.4
Strongly agree	11	84.6
Total	13	100

Source: Author's computation using SPSS, 2019

Table 2: Becoming part of something makes me grow as a human.

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	0	0
Somewhat disagree	0	0
Somewhat agree	0	0
Agree	3	23.1
Strongly agree	10	76.9
Total	13	100

Source: Author's computation using SPSS, 2019

Table 3: Everyone has the same expectations in relationships that I do.

	Frequency	Percentage (%)
Strongly disagree	2	15.4
Disagree	1	7.7
Somewhat disagree	1	7.7
Somewhat agree	7	53.8
Agree	1	7.7
Strongly agree	1	7.7
Total	13	100

Table 4: Accepting another person is rewarding.

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	1	7.7
Somewhat disagree	0	0
Somewhat agree	0	0
Agree	5	38.5
Strongly agree	7	53.8
Total	13	100

Source: Author's computation using SPSS, 2019

Table 5: Time is the most important factor in establishing a relationship.

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	1	7.7
Somewhat disagree	1	7.7
Somewhat agree	2	15.4
Agree	6	46.2
Strongly agree	3	23.1
Total	13	100

Source: Author's computation using SPSS, 2019

Table 6: Building a relationship takes too much time and effort.

	Frequency	Percentage (%)
Strongly disagree	3	23.1
Disagree	1	7.7
Somewhat disagree	1	7.7
Somewhat agree	3	23.1
Agree	1	7.7
Strongly agree	4	30.8
Total	13	100

Source: Author's computation using SPSS, 2019

Table 7: Support and assistance from support groups are crucial to the rehabilitation process.

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	0	0
Somewhat disagree	0	0
Somewhat agree	4	30.8
Agree	5	38.5
Strongly agree	4	30.8
Total	13	100

Source: Author's computation using SPSS, 2019

Table 8: It is hard to establish a relationship with an addict; they are focused only on their addiction.

	Frequency	Percentage (%)
Strongly disagree	5	38.5
Disagree	2	15.4
Somewhat disagree	1	7.7
Somewhat agree	2	15.4
Agree	1	7.7
Strongly agree	2	15.4
Total	13	100

Source: Author's computation using SPSS, 2019

Table 9: The staff at SAFIR is most important to the recovery process

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	2	15.4
Somewhat disagree	7	53.8
Somewhat agree	1	7.7
Agree	2	15.4
Strongly agree	1	7.7
Total	13	100

Source: Author's computation using SPSS, 2019

Table 10: For an addict, it is easier to build a relationship with a person who has the same background than with the professionals.

	Frequency	Percentage (%)
Strongly disagree	2	15.4
Disagree	2	15.4
Somewhat disagree	5	38.5
Somewhat agree	0	0
Agree	3	23.1
Strongly agree	1	7.7
Total	13	100

Source: Author's computation using SPSS, 2019

Table 11: Some service users become dependent on SAFIR for too long.

	Frequency	Percentage (%)
Strongly disagree	1	7.7
Disagree	2	15.4
Somewhat disagree	2	15.4
Somewhat agree	3	23.1
Agree	2	15.4
Strongly agree	3	23.1
Total	13	100

Source: Author's computation using SPSS, 2019

Table 12: I believe that service users are responsible for their own recovery and goals.

	Frequency	Percentage (%)
Strongly disagree	5	38.5
Disagree	4	30.8
Somewhat disagree	2	15.4
Somewhat agree	1	7.7
Agree	1	7.7
Strongly agree	0	0
Total	13	100

Source: Author's computation using SPSS, 2019

Table 13: The person I meet in SAFIR must be motivated to create a relationship.

	Frequency	Percentage (%)
Strongly disagree	4	30.8
Disagree	5	38.5
Somewhat disagree	3	23.1
Somewhat agree	0	0
Agree	1	7.7
Strongly agree	0	0
Total	13	100

Source: Author's computation using SPSS, 2019

Table 14: Past experience with rejection and shame affects future relationships.

	<i>Frequency</i>	<i>Percentage (%)</i>
Strongly disagree	6	46.2
Disagree	3	23.1
Somehow disagree	1	7.7
Somehow agree	1	7.7
Agree	2	15.4
Strongly agree	0	0
Total	13	100

Table 15: Professionals are responsible for maintaining relationships.

	Frequency	Percentage (%)
Strongly disagree	1	7.7
Disagree	4	15.4
Somewhat disagree	2	15.4
Somewhat agree	3	23.1
Agree	2	30.8
Strongly agree	1	7.7
Total	13	100

Source: Author's computation using SPSS, 2019

Table 16: SAFIR offers a friendly and supportive environment.

	Frequency	Percentage (%)
Strongly disagree	0	0
Disagree	1	7.7
Somewhat disagree	1	7.7
Somewhat agree	0	0
Agree	3	23.1
Strongly agree	8	61.5
Total	13	100

Source: Author's computation using SPSS, 2019

Table 17: It is hard for me to be motivated to come to SAFIR.

	Frequency	Percentage (%)
Strongly disagree	6	46.2
Disagree	3	23.1
Somewhat disagree	2	15.4
Somewhat agree	0	0
Agree	1	7.7
Strongly agree	1	7.7
Total	13	100

Source: Author's computation using SPSS, 2019

Table 18: Too much helping creates social dependence.

	Frequency	Percentage (%)
Strongly disagree	1	7.7
Disagree	1	7.7
Somewhat disagree	3	23.1
Somewhat agree	4	30.4
Agree	3	23.1
Strongly agree	1	7.7
Total	13	100

Source: Author's computation using SPSS, 2019

Table 19: The best thing about SAFIR is that it doesn't change.

	Frequency	Percentage (%)
Strongly disagree	3	23.1
Disagree	1	7.7
Somewhat disagree	2	15.4
Somewhat agree	3	23.1
Agree	3	23.1
Strongly agree	1	7.7
Total	13	100

Source: Author's computation using SPSS, 2019