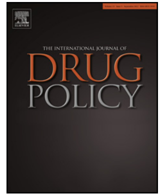
International Journal of Drug Policy 43 (2017) 67–73

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research paper

The rights of drug treatment patients: Experience of addiction treatment in Poland from a human rights perspective

Justyna Klingemann*

Department of Studies on Alcohol and Drug Dependence, Institute of Psychiatry and Neurology, 9 Sobieskiego Str., 02-957 Warsaw, Poland

ARTICLE INFO

Article history:
Received 26 September 2016
Received in revised form 13 December 2016
Accepted 17 January 2017

Keywords:
Human rights in patient care
Patient's rights
Drug dependence
Methadone maintenance
Poland

ABSTRACT

Background: Drug dependence is a recognized medical condition and therefore, right to health applies in the same way to drug dependence as it does to any other health condition. The *human rights in patient care* framework – which refers to the application of basic human rights principles in the delivery of health care services – was used to explore the experiences of equality in the dignity and rights protected by Polish law within four different specialist drug treatment settings in Poland. The views of patients and staff were examined and compared.

Methods: Focus group interviews were conducted in 12 drug treatment facilities: three inpatient therapeutic communities, three outpatient programs, three opioid substitution programs and three harm reduction programs (drop-in/needle exchange/support). Interviews were conducted with a total of 43 staff and 73 patients. All interviews were audio-recorded with participants' prior consent and transcribed verbatim. Data were analysed according to the problem-centred interview methodology, using CAQDA.

Results: Patients described instances of abuse of their rights regarding dignity, privacy, confidentiality, personalized treatment, and respect of patient's time, right to information and to complain. Those accounts were complemented by the perspective of professionals working in drug treatment. Patients of Polish opioid substitution programs reported experiencing more humiliation and disenfranchisement than patients in other drug treatment settings.

Conclusion: Drug testing and control, fuelled by prejudices of health professionals, are leading to discriminatory practices in substitution treatment and damaging the chances of therapeutic success. The concept of epistemic injustice illuminates the reasons behind discrimination against patients on opioid substitution programs, who are seen as continuously sick and their illness perceived as a mark of moral, social and epistemic failure.

© 2017 Elsevier B.V. All rights reserved.

Introduction

Drug dependence is a recognized medical condition (Room, 1998) and therefore, right to health applies in the same way to drug dependence as it does to any other health condition. The human rights in patient care framework – which refers to the application of basic human rights principles in the delivery of health care services – provides an organizing set of principles to maintain the universal freedoms of individuals that instil equality and accomplish public health aims (Bronson, 2013; Cohen & Ezer, 2013; Wolfe & Cohen, 2010). Drug dependent people often lack access to both formal and informal resources to vindicate their individual rights and to address violations on the system level. For that reason, the research community was urged to ensure that evidence-based addiction treatment is provided in compliance with basic human rights (Fraser & valentine, 2008; Hall et al., 2012) However, this has gained limited attention in addiction research so far.

Policy reports of human rights watch groups and legal experts in non-western countries dominate the discussion. Instances of human rights abuses, such as physical or psychological abuse, many rising to the level of torture, have been documented at drug rehabilitation centres worldwide. Human rights abuses in the delivery of drug treatment are often conducted in the name of law enforcement and as the consequence of criminalization (Bronson, 2013; Harvey-Vera et al., 2016; Wolfe & Saucier, 2010). Despite efforts by health and criminal justice advocates to divert drug users into treatment rather than to penal institutions, the treatment for drug dependence often turns out to be incarceration by another name (Hall et al., 2012; Tanguay et al., 2015; Wolfe & Saucier, 2010).

* Fax: +48 226 516 561.
E-mail addresses: zulewska@ipin.edu.pl, justyna.klingemann@gmail.com (J. Klingemann).

http://dx.doi.org/10.1016/j.drugpo.2017.01.015
0955-3959/© 2017 Elsevier B.V. All rights reserved.

Compulsory detention of drug users is used in a number of developing countries, even though it is neither an ethical nor effective way of addressing addiction. It violates the human rights of drug users who are detained without legal due process or review and without choice (Ghani et al., 2015; Hall et al., 2012; Klingemann & Storbjörk, 2016). In many countries drug users cannot rely on access to health care services, with reports of them being arbitrarily detained, harassed, abused, or incarcerated. There is also evidence of excessive corporal punishment, forced labour, withholding of food, custodial deaths, sexual abuse, and sleep deprivation (Ghani et al., 2015; Harvey-Vera et al., 2016; International Harm Reduction Development Program, 2009; Lozano-Verduzco, Marín-Navarrete, Romero-Mendoza, & Tena-Suck, 2016; Mohamed, 2012; Syvertsen et al., 2010; Wolfe & Saucier, 2010). Verbal abuse has included swearing, yelling, talking down to patients, and making them feel insignificant or deserving of suffering. Consequently, patients viewed their mistreatment as another manifestation of their vulnerability and marginalization in society (Syvertsen et al., 2010). Due to stigma, discrimination, social exclusion and criminalizing laws, drug users remain a hidden population. Moreover, sometimes they need to hide in order to survive (Levy, 2014) as recent events in the Philippines have shown. The new president, Rodrigo Duterte, pledged to wipe out drug crime and in just over two months, according to the police, nearly 2400 people were killed (TIME, 2016). Of course, these events have nothing to do with addiction treatment but they are examples of unacceptable human rights violations and we argue that any form of abuse is dramatically reducing the effectiveness of treatment. Further, rumours of abuse in drug treatment destroy the image of treatment programs and prevent others from seeking help (Harvey-Vera et al., 2016; Syvertsen et al., 2010).

At the same time, more subtle abuses of human rights in Western addiction treatment centres have gone unnoticed as they are usually described within a different framework (Fraser & Valentine, 2008; Harris & McElrath, 2012; Luoma et al., 2007). Experiences of powerlessness, marginalization and discrimination are commonplace among patients of addiction treatment (Rance & Treloar, 2015). The core of those experiences is the stigma attributed to drug users, resulting in the disregard with which they are routinely treated. Thus, the violation of human rights is not limited to developing countries, as those types of stigmatizing interpretations are present in Europe and North America (Moskalewicz & Klingemann, 2015). Addiction treatment patients are often viewed as 'inherently dishonest drug users' (Fraser & Valentine, 2008; Rance & Treloar, 2015). As Rance and Treloar put it: "The suspicion and disregard with which they are treated – their 'credibility deficit' (Fricker, 2007) – has profound implications for service users. What is at issue is the questioning, the doubting, of drug users' capacity to reason and make decisions (Wolfe, 2007), to be fully rational beings (Seear et al., 2012) and ultimately, by extension, their very membership of the human community (Moore & Fraser, 2006)" (Rance & Treloar, 2015: 31).

The work of the philosopher Miranda Fricker (2007) provides a theoretical framework, which opens the perspective of human rights violations to more hidden forms of abuse. Fricker (2007) uses the term 'epistemic injustice' to describe a form of injustice that takes place when social prejudice undermines the level of credibility ascribed to certain speakers: a process by which particular social subjects are undermined in their capacity to know and share knowledge. It may have consequences for the recovery process. We argue that without the chance of telling and being heard, the patient cannot fully grasp the experience of illness (Kidd & Carel, 2016). That way the chances for successful treatment are diminished, especially in the case of clients of addiction treatment, who often experience violence, abuse and discrimination in their everyday life. Respectful ways of treating clients in the process of therapy is an important healing factor. Therefore, it is not only from an ethical point of view, but it is important that all forms of abuse and violations of rights are eliminated from therapeutic settings, and drug treatment patients have a chance to experience equality in their dignity and rights. Such a policy is backed by legal provisions which serve as reference points: In Poland the inherent and inalienable dignity of the person is guaranteed by article 30 of the Constitution. This also states that all persons have the right to equal treatment by public authorities (article 32) and to have their health protected (article 68, point 1). Moreover, patient' rights are legally protected in Poland, including the respect of privacy and dignity of the patients right to health services, to obtain information, to confidentiality of patient-linked information, and—last but not least, the right to file complaints.

The Polish drug treatment system is part of the health care system for those with mental health disorders and is governed by a number of laws. Treatment services are provided mainly through drug-free inpatient and outpatient clinics. It is estimated that opioid substitution treatment (OST) (mainly methadone) covers from 6% to 25% of opioid-dependent individuals, depending on the region. The availability of other harm-reduction services (drop-in, needle exchange, support) is even lower (Malczewski et al., 2015). This paper describes the experience of equality in the dignity and rights of patients in four different specialist drug treatment settings in Poland: inpatient therapeutic community, outpatient program, opioid substitution program and harm reduction program. Within these different organizational frameworks, the views of both service users and staff were taken into consideration and compared. Moreover, this sensitive topic of *human rights in patient care* was embedded in wider discussion on treatment experiences to reduce the effects of social desirability.

Methods

Focus group interviews (FGI)

In order to identify the dimensionality of treatment experiences and treatment-related needs of patients in the Polish drug treatment system, researchers needed to gain the perspectives of various 'actors' for whom the issue is potentially relevant. The focus group (FGI) method was chosen as best suited for this as it provided the chance to observe and analyse the interactive discussion, which often turns out to be more meaningful than the sum of the individual opinions. In fact, we will never learn what each of the participants would have said in the privacy of face-to-face interview, but we know what arguments were voiced to present one's own views in a group situation (Barbour, 2007).

Participants

FGI were conducted in 12 drug treatment facilities in different parts of Poland: three outpatient, three inpatient, three substitution programs and three harm reduction programs. In each facility separate interviews were conducted with staff and with patients. In total, 112 participants took part in 23 FGI: 43 therapists (3–4 participants in the FGI on average) and 69 patients (6 participants in the FGI on average). In addition four individual interviews were conducted with patients of one facility.

Procedure

A semi-structured topic guide was developed by the research team. The sensitive topic of patients' rights was embedded in a set of more general questions related to treatment experiences and treatment-related patient' needs: availability of therapeutic help

Download English Version:

https://daneshyari.com/en/article/5120891

Download Persian Version:

https://daneshyari.com/article/5120891

Daneshyari.com