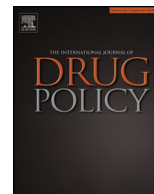




Contents lists available at ScienceDirect

International Journal of Drug Policy

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



Research paper

Personal support networks, social capital, and risk of relapse among individuals treated for substance use issues

Daria Panebianco^a, Owen Gallupe^{b,*}, Peter J. Carrington^b, Ivo Colozzi^c

^a National Addiction Centre, Addictions Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, 4 Windsor Walk, Denmark Hill, London, England SE5 8BB, United Kingdom

^b Department of Sociology and Legal Studies, University of Waterloo, 200 University Avenue West, Waterloo, Ontario, Canada N2L 3G1

^c Department of Sociology and Business Law, Alma Mater Studiorum, University of Bologna, Strada Maggiore 45, 40125 Bologna, Italy

ARTICLE INFO

Article history:

Received 17 July 2014

Received in revised form 8 September 2015

Accepted 19 September 2015

Keywords:

Substance abuse

Social network

Social support

Social capital

Relapse

ABSTRACT

Background: The success of treatment for substance use issues varies with personal and social factors, including the composition and structure of the individual's personal support network. This paper describes the personal support networks and social capital of a sample of Italian adults after long-term residential therapeutic treatment for substance use issues, and analyses network correlates of post-treatment substance use (relapse).

Methods: Using a social network analysis approach, data were obtained from structured interviews (90–120 min long) with 80 former clients of a large non-governmental therapeutic treatment agency in Italy providing voluntary residential treatments and rehabilitation services for substance use issues. Participants had concluded the program at least six months prior. Data were collected on socio-demographic variables, addiction history, current drug use status (drug-free or relapsed), and the composition and structure of personal support networks. Factors related to risk of relapse were assessed using bivariate and multivariate logistic regression models.

Results: A main goal of this study was to identify differences between the support network profiles of drug free and relapsed participants. Drug free participants had larger, less dense, more heterogeneous and reciprocal support networks, and more brokerage social capital than relapsed participants. Additionally, a lower risk of relapse was associated with higher socio-economic status, being married/cohabiting, and having network members with higher socio-economic status, who have greater occupational heterogeneity, and reciprocate support.

Conclusions: Post-treatment relapse was found to be negatively associated with the socioeconomic status and occupational heterogeneity of ego's support network, reciprocity in the ties between ego and network members, and a support network in which the members are relatively loosely connected with one another (i.e., ego possesses "brokerage social capital"). These findings suggest the incorporation into therapeutic programming of interventions that address those aspects of clients' personal support networks.

© 2015 Elsevier B.V. All rights reserved.

Introduction

Individual responses to treatment for substance use issues are highly variable. Multiple relapse episodes are common among treated substance users and are a normal part of rehabilitation (e.g., Kirshenbaum, Olsen, & Bickel, 2009; Polivy & Herman, 2002; Witkiewitz & Marlatt, 2004). However, explanations of relapse have historically emphasized individual-level factors (e.g., Dawson, Goldstein, & Grant, 2007; Koob & Le Moal, 2008; Sinha,

2007), although there has been greater attention to the social nature of addiction since the mid-1980s. Recognizing that an exclusive focus on individual attributes has limited explanatory power to help understand substance use issues, numerous theoretical perspectives (e.g., social learning – Bandura, 1977; Sutherland & Cressey, 1978; social capital – Bourdieu, 1986; Coleman, 1988; social support – Cohen & Wills, 1985) and evidence-based treatments (e.g., the Community Reinforcement Approach – Meyers & Miller, 2001; Community Reinforcement and Family Training – Meyers, Miller, Hill, & Tonigan, 1998; Network Therapy – Copello, Williamson, Orford, & Day, 2006; Galanter, 1993) incorporate members of the individual's social environment. In this study, we explore differences in both personal characteristics and the social environments of substance abuse treatment

* Corresponding author. Tel.: +1 519 888 4567x33361; fax: +1 519 746 7326.

E-mail addresses: daria.panebianco@kcl.ac.uk (D. Panebianco), ogallupe@uwaterloo.ca (O. Gallupe), pjc@uwaterloo.ca (P.J. Carrington), ivo.colozzi@unibo.it (I. Colozzi).

<http://dx.doi.org/10.1016/j.drugpo.2015.09.009>

0955-3959/© 2015 Elsevier B.V. All rights reserved.

recipients who had relapsed versus those who remained abstinent. In doing so, we draw on social support and social capital concepts using network analytic techniques.

Social network approaches to the study of addiction and substance use have provided important insights into the social pressures that shape the behaviors of users. Social network analysis focuses on the individual's social environment, the attributes of network members (the "composition" of the network), and the content and structure of relationships. Relationships are seen as channels through which people receive information (Burt, 2005), and the network structural profile plays a role in determining the amount and form of social support available to members of the network (Chua, Madej, & Wellman, 2011).

Prior research has focused on the network structure of drug users, types of alters in their support network, and social support mobilized. Some of these studies have found that more dense (i.e., closed) networks that are composed of a larger number of drug-using members facilitate access to substances and are therefore risk factors for relapse (e.g., Harocopos, Lloyd, Kobrak, Jost, & Clatts, 2009; Koram et al., 2011; Latkin, Mandell, Oziemkowska, & Celentano, 1995; Rhoades et al., 2011; Rice, Milburn, & Monro, 2011). However, having family members and alters with higher educational backgrounds within the network appears to provide support for abstinence and helps protect against drug use (e.g., El-Bassel, Cooper, & Chen, 1998; Tyler, 2008).

While social support is generally regarded as a positive characteristic of non-drug-using social networks (e.g., Debnam, Holt, Clark, Roth, & Southward, 2012; Kahn, Hessling, & Russell, 2003), it is often more complex and multidimensional as it relates to individuals with addiction issues (see Brown & Riley, 2005; Ellis, Bernichon, Yu, Roberts, & Herrell, 2004). Social supports can facilitate drug use by providing substance purchasing advice, money to buy drugs, and/or an appropriate place to use. However, supports can also promote abstinence-related self-efficacy (Stevens, Jason, Ram, & Light, 2014) and may help former users to maintain their drug free status and facilitate a return to the community by providing reassurance and opportunities (e.g., El-Bassel et al., 1998). Complicating matters is the risk that possessing strongly supportive ties could inhibit or delay the development of independent coping strategies. Reciprocity (the exchange of affect and/or resources in support relationships) may be effective in offsetting the risk of dependence. Some scholars have shown that a major factor in recovery from alcoholism is the ability to both receive and provide support (Gordon & Zrull, 1991). Relationships characterized by supportive equity might enhance feelings of self-efficacy, self-esteem, and sense of balance within the relationship, as well as decrease feelings of dependence on care providers for help (Gleason, Iida, Bolger, & Shrout, 2003). Therefore, being part of a network within which individuals are considered by alters to have the ability to provide support as well as receive it is likely to protect against relapse among treated users.

The social capital perspective helps to explain the role of social support networks in addiction recovery (including abstinence maintenance). Since the 1970s, the social capital framework has received extensive research attention in a variety of disciplines. The basic premise of social capital is that investment in social relations provides instrumental and emotional returns, such as access to information, enhanced personal credentials and recognition, reinforcement of identity, and social support (Coleman, 1988; Lin & Erickson, 2008).¹ Thus, social support can be seen as one type of (potential) return on an individual's social capital (Song,

Son, & Lin, 2011). Coleman (1988, 1990) proposed the concept of network closure to explain the mechanism through which social capital operates. Closed networks are insulated against outside forces by limiting membership to select individuals. In these tightly knit networks, there tends to be high levels of trust and people are expected to help each other.

As it relates to the substance use literature, network closure has been found to be important in a number of ways including recognising the need for, and actually receiving, treatment (Tucker, Wenzel, Golinelli, Zhou, & Green, 2011), frequency of substance use (Wenzel et al., 2009), and odds of a non-fatal overdose (Tobin, Hua, Costenbader, & Latkin, 2007). In the context of individuals exiting treatment for substance use issues, integrating the former user into relationships based on trust and mutual reliance with non-drug-using others might produce social capital that helps to support their abstinence (Cheung & Cheung, 2003; Cheung, 2009).

Social network theory also suggests that open networks of weak ties provide a different form of social capital. Being loosely connected to individuals who operate mainly in different groups exposes a person to new information, ideas, influences, and the "knowledge of the world beyond his own friendship circle" (Granovetter, 1973, p. 1371). Burt (1992, 2005) elaborated on these social capital benefits by arguing that both closed and open networks can have advantages. According to Burt, the close reciprocal connections that come with network closure provide different types of benefits than the informational benefits of connecting to various individuals and groups that are otherwise unconnected: a phenomenon that Burt called *brokerage* because ego is in a position to act as a broker between alters. That is, in networks with "structural holes" (gaps) between groups, occupying a brokerage role that connects those groups increases the likelihood of a person accessing new and rewarding opportunities (e.g., facilitating access to jobs or non substance use leisure activities) that they would otherwise not be able to take advantage of (Burt, 2005).

Research on the relevance of brokerage to substance use careers has reported conflicting results. Jonas, Young, Oser, Leukefeld, and Havens (2012) found that those with higher brokerage scores tended to have a lower likelihood of daily cannabis use but a higher likelihood of daily OxyContin[®] use. Lorant and Nicaise (2015) found higher levels of brokerage to be related to less frequent binge drinking among Belgian university students.

While previous research has taken a variety of approaches to investigate the role that social networks play in structuring patterns of substance use, they generally take a narrow approach and do not account for a wider array of important factors. We attempt to address this by examining the relationship between abstinence maintenance and social network indicators of social capital and support that are potentially important but have not been extensively researched (including network structure, heterogeneity, reciprocity, and constraint) as well as accounting for important individual and relationship level characteristics.

Specifically, this article describes the personal support networks of 80 Italian adults who received long-term, voluntary residential treatment for substance use issues. Personal support networks are composed of a single focal individual ("ego"), his/her support relationships with other individuals ("alters"), and relationships among the alters. This type of network in which one person is the main focus and the network is considered to be those connected to the person of interest (while accounting for the pattern of connections among the others) is often referred to as an ego-centred network. The main purpose of this study is to characterise and compare the ego-centred support networks of drug-free and relapsed individuals and to investigate the network characteristics that contribute to the maintenance of abstinence. To the best of our knowledge, this is the first study designed to

¹ Social capital has been operationalised in many different ways in substance use studies. E.g., social participation and trust (Lundborg, 2005); collective norms (Kirst, 2009); support from non-drug-using friends (Cheung, 2009); school and family supports (Dufur et al., 2007).

Download English Version:

<https://daneshyari.com/en/article/7512988>

Download Persian Version:

<https://daneshyari.com/article/7512988>

[Daneshyari.com](https://daneshyari.com)