



Conversations Focused on Dignity, Safety, and Care with People who use Drugs or Alcohol.

Insights from Narrative Practices Focused on Resistance and Risk and Harm Reduction, as an Alternative to “Admission Interviews”

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This document proposes some possible areas of inquiry with people who use alcohol or drugs, which attempt to put dignity and safety at the center. It can be thought of as an alternative to traditional intake interviews, which are limited to collecting technical or quantitative information about drug or alcohol use (such as quantities, types, periods of use, etc.), or focusing on the history of the “pathology” or “dysfunction,” often inadvertently contributing to the feeling of guilt, shame, or incompetence of the users, by exposing them in careless ways.

Seeking to reverse and repair these often naturalized practices, some questions are presented that underpin the considerations that follow: How can we create dignified conversational contexts, where people can feel and experience themselves as capable agents in their lives? How can we contribute to ensuring that, at the end of our interaction, people leave with the feeling of having connected to their knowledge and capabilities, in a way that honors and dignifies their decisions, thus supporting the possibility of experiencing themselves in ways other than those already known by the dominant narratives?

How we refer to people speaks of how we see them, which to a large extent shapes our relationship with them and the type of curiosity we will have in their experiences. For example, it is not the same to talk about “addicts”, “psychotics”, or “borderline personality” as it is to talk about “people responding to marginalization and exclusion”, “people who survive by seeking shelter, tranquility and security in violent and hostile contexts”, etc. If we want to respond to suffering and violence in dignified and respectful ways, it is necessary to ask ourselves about how and where in people’s experience we place our curiosity and

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what are the vocabularies that shape our imagination of them. To do this, it is important to review our convictions and beliefs about the phenomenon of problematic consumption and our understandings of people's actions.

From the narrative perspective focused on resistance and the approach to harm reduction, a fundamental idea is that people are experts in their lives. Throughout their lived experience and relationships, they generate knowledge and skills necessary to live and take action in preferred or possible directions in their lives. Likewise, people are not passive in the face of their experience, but always respond, taking care of what is important to them and trying to make a difference, even if it is minimal, during events.

In relation to problematic consumption, this can be translated into assuming that people are already trying, doing or thinking things to stay alive and take care of themselves and others. Many times, this can seem invisible at first sight, especially when the stories about consumption capture all our curiosity. Instead of assuming that our job is to "teach" people what to do, or "save" them, an alternative option would be to put our curiosity into enriching the stories of care, protection, shelter, care of others, responses to violence and so on, trying to contribute to the personal and relational agency of people and groups in the face of the problems they experience. To do this, it is important to consider the following questions:

1. Reconocernos en una relación desigual de poder

First, instead of starting the interview assuming that people have to answer intimate questions to an unknown person, we can make visible the power relationship we are in by asking questions like:

- We don't know each other. I would feel quite uncomfortable if a stranger just started asking me questions about my life. How is it being here for you? How are you feeling right now? Is there anything you would like to know about me or us first? What do we/do I need to know about you in order to respect you in these conversations?
- How do you imagine this conversation could be meaningful/important to you? What do you think might be better left for later?



In those instances where people have decided not to seek help until now, it is important not to blame them for their situation, but to ask ourselves first: “What kind of response might have been deciding not to seek institutional help?”, “What was this person responding to when they decided not to go to institutions?”, “What might have been the institutional and social responses to which they are responding with this decision?”, “How could we offer a different institutional response, and ensure the dignity and safety of this person?”. Also, in those situations where people come forward voluntarily, we might decide to use our influence by actively engaging in recognizing and celebrating that the person is deciding to take the step of asking for help and changing aspects of their life:

- How did you know you were ready to take this step?
- What are your hopes, expectations, and intentions for your life as you take this step?
- What is missing in order for you to be able to take this step of reaching out and deciding to talk about this topic?
- What does it say about you that you are willing to take this step?
- What do you think we need to know about you in order to support you in this step you are taking? What would be better to do and not do?

2. Name the problems in their own, multiple, complex and close terms

Many times, the use of drugs and alcohol is in itself, or was once, a response to violence, abuse, abandonment, hostility or insecurity. Focusing only on the use of drugs or alcohol, and understanding it as “addiction”, “mental illness” and so on, could make invisible the circumstances and experiences in the face of which people use drugs or alcohol, also making invisible the social injustices and structural inequities that are part of this context.

Thus, instead of beginning our interaction with people assuming, from a standardized and normalizing place, that the problem that this or these people are having is “addiction”, we could ask ourselves:

- What about this person’s experience might be making invisible the decision to focus on addiction or “mental illness”?
- What has this person been responding to, and how do they do so?
- How have they managed to stay alive?



- How might we try to reach out to this person without blaming them for what they have been experiencing?
- How might we take into account the social, political, and relational context of the problem, in order to name the responses?

This can be translated into genuine and respectful questions about people's intentions when consuming, in order to be able to recover the desired effects of consumption. This is how we can often learn about the intentions of this response in the person's life: "Have a moment of peace", "Be calm", "Forget about problems", etc. Recovering this type of intentions is fundamental to our work, since it allows us to understand people as agents in their lives, who respond to the difficulties or problems that are presented to them, taking care of intentions, values, or goals. In addition, knowing these particular intentions and their relationship with other dreams or purposes in people's lives can allow us to go further and be curious about what other things in life give you "calm", "peace", "tranquility", or about what you think needs to happen in your life so that you can have more "calm", "peace", "tranquility".

At a later stage (perhaps, for example, in a second or third interview, after building trust and sufficient security), knowing these particular intentions and being genuinely interested in them can make it possible to be interested in those aspects of consumption that people find problematic in their own terms and in relation to their own purposes:

- Are there moments, levels or ways of consuming that end up having the opposite effect to what you wanted for your life: "Having a moment of peace", "Being calm", "Forgetting about my problems"?
- Do you think there are moments when consumption does the opposite, creating more problems, instability, fear, etc.?

Of course, these questions have to be based on a genuine, non-judgmental or moralistic interest in consumption, so that it does not reproduce ways of exposing, questioning, delegitimizing or pointing out people for their consumption.

Returning to the previous point, often when people deny or minimize the problematic aspects of consumption in their lives, they do so in response to other



institutional and social responses of this nature. By creating environments of trust, openness and genuine curiosity, it is much more likely that people will begin to name and reflect on the problematic aspects of consumption as well.

3. Name the steps of care and survival.

Regardless of whether people can name drug or alcohol use as a problem in their lives, it is possible to think of them as taking actions and decisions to stay alive and safe, to take care of themselves and others, not to cross the boundaries they have established in relation to consumption, etc. Thus, instead of approaching consumption situations from the totalizing binaries of “addicted person” vs. “non-addicted person”, “using person” vs. “clean person”, we could be interested in actions of care, harm reduction, protection, creating safe environments and caring for others. For example, we could direct our curiosity towards the “little” things people do before, during and after consumption, naming the intentions implicit in them and their real and potential effects on their lives and the lives of others. Some of these questions might be:

- When do you use drugs or alcohol? When do you avoid using them? For example, do you do it during the day, at night, on weekends?
- Who do you use them with and who do you not use them with?
- Where do you use them, and where do you not use them? For example, if you are in charge of children, not using them in their presence, or using them while they are sleeping.
- Is there an order in which you prefer to use drugs or alcohol? For example, starting with one type of drug to decrease the use of another.
- Do you identify actions you take before or after use? Such as drinking lots of water or eating, telling someone you trust that you are going to use, or other actions.

These types of questions can contribute to the emergence of special knowledge that people often did not identify as such, and in this way, can contribute to understanding or representing them as active responders in their lives, to reconnect with their agency. **It is important to mention that the intention of these questions is not to ignore the problematic aspects of consumption for oneself or for others, but rather they are gateways to conversations that seek to**



enrich this knowledge, skills and intentions, in order to contribute to more actions and strategies of care, protection and harm reduction in the future.

4. Considerations about social relationships and the safety of those who are at greater risk.

Often, when we talk to people who use drugs or alcohol, we learn about other people who are part of their lives. From a narrative perspective, focused on resistance, it is important to know the different “life teams” in which people participate, understanding identity as an individual and collective achievement. In this sense, we can be interested in which people - whether family members, friends, coworkers, etc. - could be part of the project that the person is undertaking in relation to their life and their relationship with consumption. It is important that we know, first of all, the people who could be thought of as possible “companions” or “allies” on this path, while we can also name those people who do not contribute to taking steps on the path that the person is imagining for their life:

- Who in your life would not be surprised that you are taking this step of “asking for help,” “rescuing yourself,” “taking care of yourself” (or whatever other name the person has given)?
- If that person/people were here, do you think they could tell us a story about you that would help explain why they would not be surprised that you are able to take this step?
- In order to continue taking steps on the path of “asking for help,” “rescuing yourself,” “taking care of yourself” (or whatever other name the person has given), what people in your life would it be important to be close to? Who would it be important not to be so close to?

Secondly, when we learn that there are people who may be at risk or threatened by the consumption situation - for example, children - it is important to promote concrete actions of care and protection. **In other words, it is important to focus our practices on those who are at greater risk.** Likewise, it is important not to over-responsible people for the situation, when they themselves are experiencing other oppressions or violence (for example, focusing only on the “lack of care” of mothers, when fathers do not participate in the responsibilities of caring for their children). To do so, we can take the questions from point 3, and focus them



specifically on considerations of what happens to those who are exposed to greater risk (for example, children) when drugs or alcohol are used, trying to rescue any consideration or decision linked to care or protection. In this way, we can invite people to think about who is most at risk and look at their experience, naming the real and potential effects of their actions on them, in order to generate proposals for protection or reparation, also naming the intentions that the person has or historically had for the relationship (“That my son does not suffer what I suffered”, “to accompany my mother”, “to be a good partner”, “that my son wants to be with me”, among others).

Many times, this curiosity can begin by paying attention to what people are already doing - such as, for example, using drugs or alcohol when the children are sleeping, asking someone to take care of them, and so on. These types of actions can be the beginning of conversations about responsibility and protection, which seek to historicize or scaffold those knowledge, skills and intentions that are implicit in them, in order to contribute to the construction of strategies and proposals for protection and security in the future.

Final comment

In the previous pages, different ideas and practical possibilities have been reviewed to create instances with dignifying potential in the first interactions with people who consume alcohol or drugs. By taking an interest in their actions of care, their knowledge and skills, these practices can allow them to experience themselves in alternative ways to those offered by the simple reproduction of what is already known, opening doors to imagine what is possible to know and do, by reconnecting with their sense of agency and their intentions for their life.

The considerations, proposals and questions reviewed in this text do not cover all the aspects necessary when re-imagining our interaction with people, but rather they present some basic/triggering/fundamental/initial ideas from the narrative perspective, focused on resistance and harm reduction. Also, given the time needed to cover the various aspects detailed above and the importance of careful



and genuine exploration, it is extremely important to be able to imagine these questions and curiosities as a process and not as a single interview in which you have to complete certain information.

For this reason, it is recommended to review, adapt and translate the ideas previously presented to the local context of each institution, group and work conditions. To do so, it is important to reflect on the following questions, thinking about the importance of not transforming this document into a kind of “manual” with guidelines that are replicated without taking into consideration the social, institutional, geographic, political, etc. context in which you work:

- Which of the ideas, questions or considerations described in this document make sense, connect with ethics or resonate with the work you carry out?
- What would be the particular ways of expressing these ideas and considerations in conversations with people?
- What about each particular context, and about the people you work with, would be important to take into account to carry out these ideas?

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