

Decision Making in Design and Implementation of Programs in Substance Use Treatments: Which Factors Are Involved in the Efficiency and Adequacy of the Interventions?

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Abstract

Individuals with substance use issues are particularly vulnerable to social isolation due to their stigma, socioeconomic disadvantage, and co-occurring psychological challenges. Psychosocial interventions aim to mitigate these risks by supporting social integration and recovery. This study examined treatments for vulnerable groups to assess the efficacy and adequacy of decision-making in European drug recovery programs. Eighteen key informant interviews were conducted using a qualitative methodology (from nine European nations). Social recovery programs were shown to be ineffective for women undergoing treatment and for young people with behavioral disorders; however, treatment programs were found to be successful for recovery from opiate use. The programs' adequacy was rated as medium to low for these groups. Experts' judgments on the adequacy of decision-making and program structure indicate that it is necessary to improve the decision-making processes and the coordination among professionals, which is fundamental to achieving the aims. The relevance of these programs should also be reexamined and validated in relation to the psychosocial characteristics of the various risk groups (apart from opioid consumers). This is particularly important when it comes to interventions for young people (health education, prevention, early detection, and intervention) and women (social and job reintegration, access to services, gender-related barriers to service use, and the detection and effective intervention for sociohealth problems).

Keywords

Addictive behaviors; decision making; efficiency and adequacy; qualitative analysis

1. Introduction

Drug abuse and dependence are multidimensional syndromes (social, genetic, familial, educational, emotional, etc.) that interact with one another, as evidenced by research and practical experience [1–4]. In addition to substance addiction, physical and/or sexual abuse predisposes people to substance abuse [3,4]. Access to and long-term adherence to certain therapies are significantly hampered when both conditions are present [5]. These conditions are typically

associated with more severe medical problems; social and familial isolation [6]; economic dependency; and, most importantly, increased family responsibilities as caregivers [3,4]. The programs for intervention in addictive behaviors are mostly based on the biopsychosocial model and involve multidisciplinary teams that apply common protocols and action plans [7,8]. Actions pertaining to community health promotion [7,9,10], direct intervention with risk groups, social integration, the creation of social support networks [11],

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and any kind of multifactorial approach to drug dependency and addiction treatment and prevention can all highlight the importance of social intervention psychology [12].

Early detection, early intervention, the initial approach, referral to specialized resources (or care from them if their work involves such care), socio-labor integration, and coordination and monitoring from the various social and health teams [6–8] can all benefit greatly from their contribution. These efforts are always predicated on ongoing interaction with the user, considering individual needs, and favoring each person's development [13]. To "promote the monitoring of the user and the coordination between both networks and other community resources to promote a comprehensive approach to the patient, expedite the interventions of both networks, and facilitate access to joint action protocols," this work methodology and the involvement of various professionals are employed [8]. This global scheme theoretically allows adaptations to the characteristics of the different risk groups [7,14].

Certain drug user groups have unique issues, needs, or vulnerabilities that call for interventions, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) [14]. Based on this analysis, modified facilities and services have been created to better meet the needs of the following populations: women with drug-related issues; vulnerable youth who exhibit issues related to addictive behaviors and other risky behaviors; families of people with addictive behavior issues; and older adults with sociohealth issues and problematic opioid and/or polyconsumption (consumption of multiple drugs) problems [14]. The principles of harm reduction [15], rehabilitation, and sustainable livelihoods form the foundation of drug treatment policy and interventions for addictive behaviors [5,7,9].

The objective of the present study is to determine the efficiency and adequacy of decision-making in substance use interventions, identifying what is working and what is not working. Efficiency in this study is defined as the proper balance, use, and distribution of constrained resources across competing pathways and priorities, decreasing costs and improving benefits [16]; and adequacy is understood as the degree to which treatment decisions align with diverse and evolving patient needs [17]. In particular, we want to clarify which vulnerable groups require more specific design, implementation, and decision-making in programs to improve the efficiency and effectiveness of these interventions.

2. Methods

This study was conducted using a qualitative methodology. Semi-structured interviews were conducted. The researchers previously designed an interview script using various questions to link the reviewed literature to the study objectives (see the guiding questions in **Supplementary Materials**). In this way, participants could express opinions, clarify answers, and even delve beyond the questions when considered useful for data collection. Tagging of informants for coding was done using the combination Gender–Position–Nation. Data analysis was conducted using a grounded approach. The transcript data were grouped and reanalyzed by theme according to the group of drug users at risk under treatment.

2.1. Sample

Participants were selected for their professional experience in management, policymaking, prevention, and/or intervention in addictive behaviors, and for their academic research on the subject. All 18 participants were recognized as key experts at the European level and were intentionally selected for their roles in treatment design, management, or policy. The participants were located in Belgium, Croatia, Italy, Ireland, the Netherlands, Norway, Russia, Spain, and Sweden (**Table 1**).

Eight participants were female. Participants were over 40 years old, with more than 10 years of professional experience (including experience in substance use research, treatment management, and decision-making). The participants were representative of the following groups: physical health, psychotherapy, research/teaching, direct intervention, legal aspects, and policymaking.

2.2. Instruments

The information-gathering strategy used a semi-structured interview as the primary source. As a working strategy, a participatory research method was proposed. During data collection, the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were applied [18]. The use of COREQ guidelines strengthens reproducibility and explicitly reports the steps taken to reduce potential bias during qualitative data collection and analysis. This tool comprises 32 items grouped into three domains: (i) research team and reflexivity, (ii) study design, and (iii) findings, data analysis, and research reporting. The use of this tool complements other objectification processes such as saturation or methodological triangulation. In this way, it provides guidance for distinguishing opinions from information and ensures the objectification process informs important aspects of the research team, study methods, context, results, analysis, and interpretation.

2.3. Procedure

The first author conducted the interviews, which lasted 45 to 60 minutes, either in person or via videoconference. Depending on the participant's preferred language, interviews were conducted in Italian, Spanish, or English. All the experts were interviewed once. In cases of doubt due to cultural or linguistic barriers, the researchers did not include the content in question in the thematic framework.

During interviews, a variety of data were gathered, including participant audio recordings, moderator and assistant moderator notes, items the moderator remembered, and field observations when the interviews were conducted in person. Grounded analysis was used to analyze the data. In other words, the Theme–Subtheme–Codes structure was used to organize and reanalyze the transcription data by theme [19]. Emerging themes, subthemes, and codes from the narratives under study were found using an "inductive content analysis approach." The coding process was carried out by researchers E.A-A. and B.M-G. In cases of discrepancies, researcher A.J.M-F. was required to resolve them. With this viewpoint, a model can be created from the analysis without depending on an existing framework of variables and categories.

Table 1: Study participants.

Participant	Profession	Country
Female	Professor of Public Health	Ireland
Female	Programs Manager	Sweden
Female	European Projects Coordinator	Italy
Male	Clinical Director	Croatia
Female	Drug Policies Coordinator	Serbia
Female	Psychologist and General Manager	Spain
Male	Clinical Coordinator	Croatia
Male	Professor of Criminology	United Kingdom
Male	Professor of Criminology	Croatia
Male	Politician	European Parliament
Male	President of the European Network	Norway
Male	President of the European Network	United Kingdom
Male	Professor of Psychology and manager of European projects	Belgium
Female	International Projects Coordinator	Russia
Female	European Projects Coordinator	Sweden
Male	European Projects Coordinator	Italy
Male	Treatment Network Coordinator	Belgium
Female	Harm-Reduction Programs Coordinator	Croatia

Qualitative analysis informed the coding process in this study, which was then integrated into the focus group as research questions. Researchers held weekly meetings to analyze the process, particularly for code saturation (no new codes emerged during the interviews) and thematic saturation (no new insights appeared within themes). At the conclusion of data collection, seven randomly selected interviews (35.7%) that two researchers had coded were used to calculate judges' reliability. With an average of 0.79 and a Kappa score ranging from 0.75 to 0.82, the judges' dependability was fairly high. The Kappa value was calculated using IBM SPSS Statistics Version 23.0 software (SPSS Inc., Chicago, IL, USA). The use of the Kappa value is not mandatory, but it shows inter-rater reliability and is useful for assessing consistency between coders. Atlas.ti-8 was used to analyze Qualitative data, especially for code organization and visual mapping.

2.4. Ethical Considerations

The deontological principles of voluntary participation, anonymity, and data confidentiality were upheld. This study received approval from the UCM Deontological Research Commission; the project identification code for ethical approval is UCM PR2019_20_043. Furthermore, the authors declared no potential conflicts of interest during the development of the article.

3. Results

Main results are presented in **Table 2**, including the verbatim quotes.

3.1. Adequacy of the Actual Treatment and the Usual Procedure: What Is Working and What Is Not

The participants showed a clear response about the regular treatment offered to the people under treatment: it is still mainly based on the intervention design developed for the "Heroin epidemic," even though most of the participants do not need substitution pharmacotherapy or have not consumed opiate derivatives. *"Since the 1980s, opioid substitution medicines have been the only available treatment for opioid addicts over 40. Methadone was the only medication accessible at the time, but buprenorphine is now also available. Additionally, the eradication of HIV and HCV has been accomplished for active drug users, and their social needs are now receiving a little more attention. On the one hand, this can help them improve their quality of life. However, this long-term stability frequently keeps them from pursuing healing"* (Female, Professor of Public Health).

The success identified with the regular opiates and polysubstance use intervention is not expressed by participants in other kinds of interventions and other patterns of drug use. There are groups considered less attended to in substance use treatments, especially women (who will be analyzed in a deeper and broader perspective in Section 3.2) and young people with risk behaviors.

"There are particular treatments for opioid users. Women and young people who are addicted to cannabis, amphetamines, and stimulants do not receive the proper care. If we go deeper, there are no age- and gender-appropriate programs" (Female, Professor of Public Health).

Regarding other aspects of treatment, the participants mentioned several shortcomings in the intervention, particularly in mental health support and coverage of basic needs.

"Treatments for substitutes are resolved (used efficiently). The issue of housing is still unresolved. The tracking gangs' threat issues remain unsolved. The issues surrounding the requirements of women who have children remain unsolved. Mental illness and trauma are not being handled" (Female, Programs Manager).

3.2. Capacity Building for Professional Staff Members: Training Gaps

The participants share a common concern about the required knowledge and skills for practitioners, especially regarding the causes and consequences of substance misuse for women. The perspectives and specifics are not sufficiently broad, according to the expert participants. *"Professionals should be trained to identify the signs of drug and alcohol abuse in women, particularly in elderly women. Above all, medical staff, psychologists, and liaison nurses should receive training on how various patients respond to painkillers based on whether or not they use drugs"* (Female, Programs Manager).

Table 2: Verbatim analysis.

Theme	Subtheme	Verbatim/Illustrative quote	Participant role
Adequacy	Current treatment is still based on outdated models (heroin epidemic)	Since the 1980s, opioid substitution medicines have been the only available treatment for opioid addicts over 40... However, this long-term stability frequently keeps them from pursuing healing.	Female, Professor of Public Health
Adequacy	Lack of age- and gender-appropriate programs	There are particular treatments for opioid users. Women and young people who are addicted to cannabis, amphetamines, and stimulants do not receive the proper care. If we go deeper, there are no age- and gender-appropriate programs.	Female, Professor of Public Health
Adequacy	Deficiencies in mental health and basic needs coverage	Treatments for substitutes are resolved (used efficiently). The issue of housing is still unresolved... Mental illness and trauma are not being handled.	Female, Programs Manager
Capacity building	Need for specific training for professionals	Professionals should be trained to identify the signs of drug and alcohol abuse in women, particularly in elderly women... psychologists and liaison nurses should receive training...	Female, Programs Manager
Capacity building	Difficulties in access and a lack of comprehensive attention for women	Women need to be given more consideration... They are also victims of sexual exploitation, gender inequality, and violence... post-treatment support and continuity of care are not acknowledged as essential components of rehabilitation.	Female, Professor of Public Health
Lacks and limitations of decision-making	Lack of institutional coordination and resources for social integration	Government authorities should encourage cooperation between local authorities and private employment providers since... there are unmet demands in terms of employment and housing.	Male, European Projects Coordinator
Lacks and limitations of decision-making	Unmet needs that affect treatment continuity	Social insertion, activities that provide social support, employment, and housing, are the unmet needs associated with continuity of care.	Male, European Projects Coordinator
Challenges for decision-making	New user profiles (young people and women)	The demographics of those looking for addiction treatment have changed... there are young persons of both sexes, ages 18 to 24, who use cannabis and amphetamines problematically...	Male, Professor of Criminology
Challenges for decision-making	New substances and perceived lack of support	Young people who use stimulants, amphetamines, and high-functioning cannabis derivatives come to us because they don't think they need help or can't find enough support in the system.	Female, Programs Manager
Challenges for decision-making	Need to include social and family motivations in programs	Peer groups and families have a significant impact on young users' sensitivity to social cues... programs that support parental participation, integrate education, and acknowledge the significance of prosocial peer interactions.	Male, Professor of Criminology

Another important point the participants highlighted is the treatment pathway for women, especially access to treatments and the different intervention options related to the particularities of women drug users. *"Women need to be given more consideration. They do not seem to have access to information regarding the likelihood of recovery. They are also victims of sexual exploitation, gender inequality, and violence. To address the problems, they frequently encounter with childcare, pregnancy, and trauma, systematic efforts are required. Resocialization, post-treatment support, and continuity of care are not acknowledged as essential components of rehabilitation"* (Female, Professor of Public Health).

3.3. Lacks and Limitations of Decision-Making Under Treatment Programs: Systemic Barriers to Decision-Making

The priorities in the treatment for women are not fully identified, according to the participants. Several issues

remain unsolved, primarily in logistics and employment. *"Government authorities should encourage cooperation between local authorities and private employment providers since, in my opinion, there are unmet demands in terms of employment and housing in the first place"* (Male, European Projects Coordinator). These issues are identified as reasons for dropout when they are poorly addressed, while the treatment is working, but also after intervention, and even in relapse prevention. *"Social insertion, activities that provide social support, employment, and housing are the unmet needs associated with continuity of care"* (Male, European Projects Coordinator).

3.4. Challenges for Decision-Making: Current Situation and Future Improvements

There are several aspects that the participants mentioned as challenges and proposals for the improvement of substance use treatments: the different profiles of substance users, fundamentally women and young drug users, are at

the same time a problem in the integration and adequacy of the programs and a motivation to modify the current treatments and to design and develop new programs for new profiles, especially for the young population with substance misuse and other risk behaviors.

"The demographics of those looking for addiction treatment have changed. These days, there are young persons of both sexes, ages 18 to 24, who use cannabis and amphetamines problematically and suffer from mild to severe mental health issues. In contrast to ten years before, when addiction runs began ten to fifteen years before the family became involved, they are extremely angry, engaged in violent and illegal acts, and lack significant support from their families" (Male, Professor of Criminology).

The differences in substances are also highlighted by the participants: new psychoactive substances and new cannabis derivatives are identified as the main current substances consumed by user, according to the experts' opinions.

"Young people who use stimulants, amphetamines, and high-functioning cannabis derivatives come to us because they do not think they need help or cannot find enough support in the system" (Female, Programs Manager).

There is another point to remark: current drug users, just like the current young population, have different social, work, and emotional motivations. These different motivations and expectations must be included in the intervention programs as key considerations in the rehabilitation and recovery of people undergoing treatment.

"Peer groups and families have a significant impact on young users' sensitivity to social cues. As a result, this population's unique needs are linked to the need for programs that support parental participation, integrate education, and acknowledge the significance of prosocial peer interactions" (Male, Professor of Criminology).

4. Discussion

About the biopsychosocial frameworks in substance use treatments, the focus on pharmacotherapy hides several gaps and shortcomings in other aspects related to treatment. Mental

health problems demand pharmacological, psychological, and social responses, and addictions are a clear example of this issue [20]. The proposal for actual and regular needs assessments and systems of transfer (for implementing improvements) is a comprehensive approach for participants. Methadone Maintenance programs are widely implemented across Europe [15]; other types of Harm Reduction interventions seem necessary to improve substance use networks [15]. Relapse-prevention training and decision-making training must be fundamental in every kind of intervention [21].

Recovery-oriented programs [22–24] have advanced from traditional therapeutic communities to current services, more focused on social and psychological areas of intervention [3,4,12,25], but there are still several shortcomings and gaps that decrease the efficiency of these programs, especially for the mentioned risk groups [3,4,23–25]. There are different decision mechanisms driving observed shortcomings, such as the priority of pharmacotherapy and the lack (in most cases) of clear treatment protocols. Therefore, we can conclude that it is necessary to put more effort into psychological and social factors if we want to accept the biopsychosocial framework as the proper one in current substance use treatments (Figure 1, [26]).

Considering decision-making theory in service implementation, the need for participatory action during the intervention and the proposal to change the perspective from "passive patient" to "active agent" are being discussed [24,25], but there are still no specific mechanisms of combined decision-making systems [3,4,25] (Figure 2). Most of the programs express that they "put the focus on the person," but in some cases the pathway (either recovery or harm reduction pathway) [15,22,24,25,27,28] is so rigid that it leaves no room for individual adaptation or adequacy to personal or micro-social circumstances [3,4,15]. This is best exemplified by the case of women undergoing treatment [2–4]. Therefore, the theoretical part is correct, but the practical application remains limited [24,29].

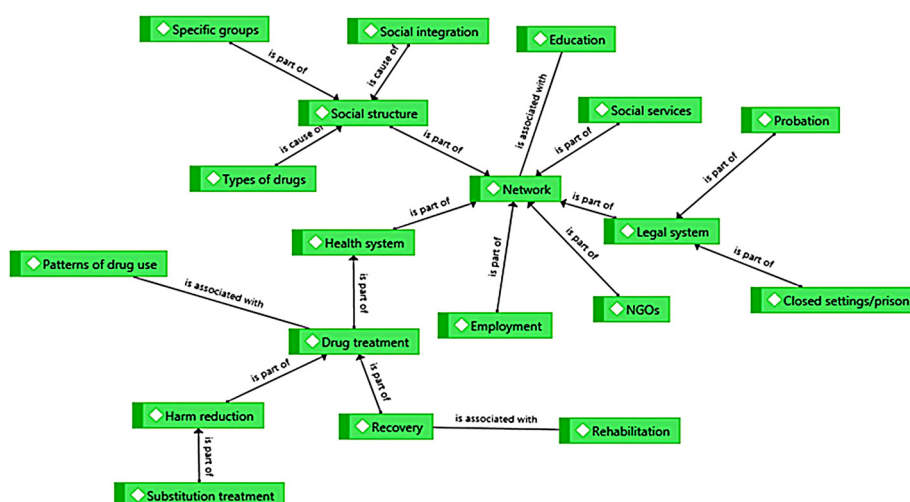


Figure 1: Addictive behaviors integral treatment network [26].

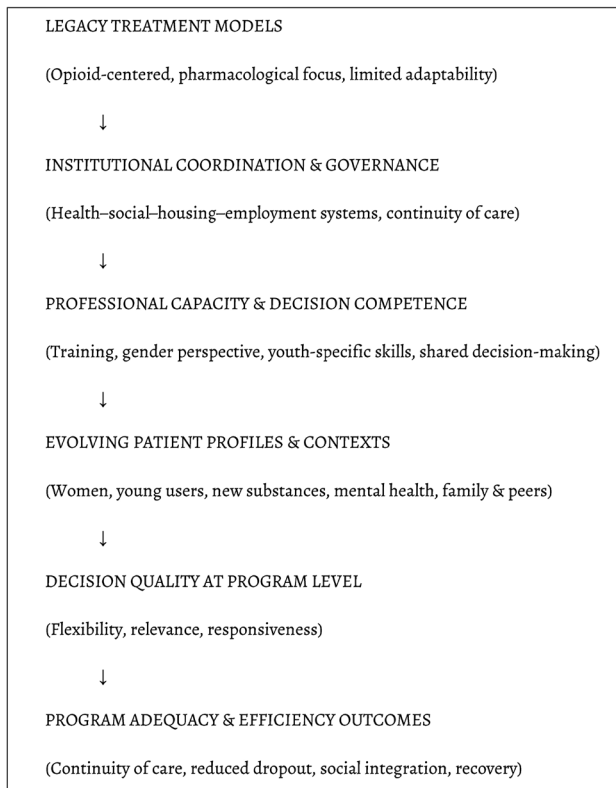


Figure 2: Conceptual decision-making framework. Note: The figure synthesizes qualitative findings into a multilevel decision-making framework, highlighting how structural, systemic, organizational, and population-level factors interact to shape decision quality and program adequacy in substance use treatment systems.

Regarding the need for specific training and skill development for practitioners, training for professional staff members is another fundamental point clearly identified during the study. There is an imbalance in the intervention programs, with greater emphasis on decision-making skills and processes than on the intentions of the professional staff. Most of the European substance misuse treatment programs (either recovery or harm reduction treatments) [26,29,30] express directly the personal adaptation of their tasks and aims [3,4,30], but usually these intentions are not based on the specific competencies and abilities of the managers, directors, and coordinators [3,4,8,29,30]. The need for training to improve those skills (especially feedback mechanisms and specific decision-oriented solutions) and clearer responsibility for housing and aftercare decisions can also be defined in the previously mentioned treatment protocol. A lack of decision-making and managerial capacity is a common limitation among intervention program staff. Training is well-known; it should be mandatory for professional staff.

With respect to the Intersectionality perspective applied in public health, probably the most important topic in this study is to highlight the need for adequacy in treatment programs (either recovery or harm reduction programs) for the determined EMCDDA specific groups [14,15]: there is still a significant lack of a gender perspective [2] (even though most of the treatment networks formally include the gender issue in their proposals), and we can confirm the existence of a global absence of innovation in substance use treatments.

Topics such as NPS, sexual risk behaviors, LGBTQ+ populations, TIC misuse, social support [11], or brief systemic family interventions are not yet part of the core intervention system in substance use treatment networks. The balance between efficiency and equity must be improved, especially considering the benefits from a social return on investment perspective [31]. This is the area where the need for intervention appears to be most urgent and necessary [29].

Lastly, experts noted insufficient efforts in the design, implementation, and evaluation of programs. Policymakers should support the proper development of programs with clear indicators for early assessment, detection, and intervention, as well as relapse prevention. We believe that programs must be continuously monitored to ensure they are tailored to each participant's profile and needs (data-driven evaluations). Additionally, this monitoring would make it possible to identify best practices and establish procedures for transferring them to other locations. Furthermore, it is imperative to move beyond the medical perspective on addiction, which leads primarily to individual therapy, and incorporate social support into the programs. Additionally, further research on the profile of individuals with substance use disorders should be conducted to better understand their unique requirements and modify programs accordingly [26].

4.1. Limitations

As a limitation of the study, the inclusion of other stakeholders (users, families, etc.) would have provided another way to achieve a qualitative perspective, even though the sample consists of specialists of high global importance. We must recognize that the findings may reflect a bias toward institutional or managerial viewpoints, since all participants were identified as European experts, many in policy or academic leadership roles. This limited perspective, to be fully transparent, can constrain the findings, limiting the proposals to the upper level of decision-making and reducing the practical suggestions at the fieldwork level. However, qualitative research methods not only verify research-based assumptions but also produce fresh ideas and more in-depth descriptive content. Another limitation is the European perspective, which may not be applicable to other contexts. Finally, more tools and/or methodologies could have been included in the study.

5. Conclusion

Substance use remains a public health problem, with significant gaps and limitations in interventions. Improving treatment programs is not only about increasing the budget or staff but also about improving processes and outcomes. Although opioid substitution therapy and traditional harm-reduction strategies remain effective and well integrated for long-term opiate users, the treatment network fails to meet the needs of emerging user groups, specifically women and younger users. The decision-making processes and the coordination between professionals are fundamental to achieving these aims [8]. It is necessary to improve the systems of adaptation, transfer of innovation, and adequacy of substance use treatment networks, whether recovery or harm reduction programs, if we want to develop flexible, feasible, and efficient systems with the capacity to integrate and support the population living with problems derived from substance misuse.

Even though pharmacological aspects are well addressed, psychosocial and socioeconomic needs remain unresolved. Today's population and the current state of addiction therapies call for a more diverse and comprehensive approach. The proposal is sound; however, the systems and models still require more investment and effort.

Supplementary Materials

The **Supplementary Materials** include the guiding interview questions developed by the research team.

Authors' Contributions

A.J.M-F.: Conceptualization, Methodology, Investigation, Writing – original draft, Supervision. Y.H-A: Methodology, Investigation. E.A-A: Writing – review & editing, Visualization. B.M-G: Writing – review & editing, Visualization. All authors have read and agreed to the published version of the manuscript.

Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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Conflicts of Interest

The authors declare no conflicts of interest.

Ethical Approval

This study received approval from the UCM Deontological Research Commission; the project identification code for ethical approval is UCM PR2019_2O_043.

Consent to Participate

Written informed consent was obtained from all participants, with a guarantee of confidentiality and anonymity.

Declaration of Generative AI and AI-Assisted Technologies

The authors confirm that no Generative AI or AI-assisted technologies were used in the writing, editing, or preparation of this manuscript. The entire content was authored solely by the individuals listed.

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