Research Article

From biographical disruption to reconstruction: Intersectionality between, law, medicine and the self. The case of Drug Courts in Malta

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Abstract

This research explores the lived experience of persons undergoing rehabilitation for hard drug dependence under Malta's Drug Court through the Drug Offenders Rehabilitation Board (DORB). The research adopts an Interpretative Phenomenological Approach through intensive interviewing with drug dependents following the Drug Courts rehabilitation programme. Through such qualitative approach, the research investigates the trajectories of drug addicts during rehabilitation and highlights the transition from biographical disruptions to biographical reconstructions of the self. The findings point to the significance of the intersectionality of law, medicine and the self, arising from the DORB functions under the Drug Dependence (Treatment not Imprisonment) Act (Cap. 537). This Act primarily filled in the gap for this intersectional approach by providing a supervisory role for legal, medical and social services. The research provides recommendations for improved service provision by informing policymakers and practitioners on intersectional prevention and intervention, and the enhancement of the Drug Court system.

Keywords: biographical disruption; biographical reconstruction; Drug Court; drug dependence; drug rehabilitation; intersectionality; lived experience

Introduction

How can drug dependence be treated by the criminal justice system when it is considerably a medical issue? At the same time, how can drug dependence be controlled by medicine when criminality or illegality are substantially involved? And where does the self, the person, stand, intrinsically and extrinsically of these medical and criminal dilemmas?

Substance abuse, dependence, and addiction describe distinct aspects of problematic substance use. Substance abuse involves the harmful or risky use of substances that leads to negative outcomes, such as legal or relationship issues (American Psychology Association [APA], 2013). Dependence refers to the body's adaptation to a substance, creating tolerance (needing more for the same effect) and withdrawal symptoms when reduced or stopped (World Health Organization [WHO], 2004). In contrast, addiction is a chronic disorder marked by compulsive substance use, loss of control, and continued use despite negative effects, stemming from changes in the brain's reward system (Volkow et al., 2016).

Drug dependence can impair physical and mental functioning (Aquilina, 1992), whilst leading to socio-economic and legal problems. Injuries, healthcare, lost productivity (Grech, 2016) and criminal justice processing expenses related to drug dependence result in an enormous financial liability. Till present, in most cases, society approached these challenges with inconsistency, fragmentation, and inadequate resources (Doweiko, 2015).

The concepts of biographical disruption and biographical reconstruction provide a valuable framework for examining the lived experiences of individuals undergoing drug dependence and rehabilitation. Since their original conception, biographical disruption and biographical reconstruction have been widely adopted as theoretical frameworks. Traditionally associated with chronic illnesses (Bury, 1982; Charmaz, 1983), these concepts are relevant because addiction is recognised by some as a chronic condition (APA, 2013; National Institute on Drug Abuse [NIDA], n.d.; WHO, 2004), sharing characteristics such as a reduction in daily physical and psychological functioning, challenges in social relationships, economic instability, and the need for ongoing management and support (Baxter et al., 2011; Gallagher & Nordberg, 2017; Roberts & Wolfer, 2011; Schenberg et al., 2017; Volkow et al., 2016; Wolf & Colyer, 2001). Moreover, the stigma and societal challenges surrounding addiction often amplify its disruptive impact, underscoring the value of frameworks like biographical disruption and reconstruction to better comprehend and address these multifaceted experiences (Livingston et al., 2012; Room, 2005). Apart from the fact that drug dependence being an illness is still a debatable issue (Amerson & Smith, 2001; Branch, 2011; Grifell & Hart, 2018; Miller, 2010; NIDA, n.d.; WebMD, 2020), it still has various commonalities with several illnesses and with their lived experiences (McLellan et al., 2000). Whether drug dependence is seen as a disease, a crime or a social problem, or altogether, it parallels chronic illnesses in their shared potential to disrupt the individual's life narrative, social roles, and sense of self (Narag et al., 2013). The negative medical, legal and psychosocial impact of drug dependence are seen to constitute a form of biographical disruption, highlighting the urgency of tackling this complex issue by addressing it from the medical, legal and the self perspective. These three dimensions intersect in both drug dependence and rehabilitation, in terms of Malta's Drug Dependence (Treatment not Imprisonment) Act (Chapter 537 of the Laws of Malta) which offers the assistance of a multidisciplinary board – the Drug Offenders Rehabilitation Board (DORB) – for the person's rehabilitation and reintegration.

These processes of rehabilitation and reintegration constitute an important element for biographical reconstruction (Charmaz, 1987, 1995, 2002; Corbin & Strauss, 1987). Within the context of rehabilitation, individuals apply biographical reconstruction as they actively work to rebuild and reconfigure their lives and identities (Bradley, 2006; Carricaburu & Pierret, 1995; Fixsen, 2015; Jha & Madison, 2013; Steffener, 2012). Rehabilitation is not just about cessation of drug use; it is a process of reclaiming agency and forming a new, socially integrated self. Hence, this concept of biographical reconstruction highlights the possibility of turning biographical disruption into an opportunity for personal growth and transformation (Charmaz, 1987, 1995). This perspective is especially pertinent in legal or mandated rehabilitation programmes, where individuals may face not only internal struggles but also external pressures to redefine themselves within the boundaries of societal norms. Biographical

reconstruction enables an exploration of how individuals navigate these pressures, finding meaning and coherence in their recovery journey.

Rehabilitation

> Not only is a biomedical model of disease inadequate on its own, but so, too, are one-dimensional sociological models which emphasise isolation, stigma, or the "master status" of illness and disability labels (Bury, 1991, p. 463).

Substance abuse has been an evident social problem throughout history (Kilts, 2004), resulting in the 'war on drugs' adopted by governments worldwide, including Malta. Current models of rehabilitation shifted drug addiction away from a medicalised towards a more holistic approach that takes into consideration biopsychosocial and legal issues. The most common biopsychosocial action entails a multidisciplinary team composed of different professionals with a unified aim, that of assisting the person get past dependency through rehabilitation (Miele, 1996).

Quitting drugs, often referred to as the process of desistance, involves different steps and pathways. However, the most renowned model of the desistance process is the transtheoretical model of change proposed by Prochaska and DiClemente (1983). This model has been criticised by Flöter and Kröger (2007) for considering change as necessary linear and progressive rather than a fluctuating process. Pre-contemplation, contemplation, preparation, action, maintenance and relapse – i.e. a deficiency in control and will power – can occur without following this pattern. Repetitive and long-term drug abuse may manifest itself as the dependent self. Yet, despite biographical disruption, the dependent self has the potential of nurturing the rehabilitative self, which in turn can overpower the relapse self. Conversely, when relapse occurs, the dynamic may shift, allowing the relapse self to take control. One's own inner strength may not be sufficient for persons to conquer their drug dependency, and external assistance may be needed. Both the addictive behaviour and the psychosocial problems underlying or surrounding drug dependency need to be addressed for successful recovery (Sciortino, 1999). Despite the drugs' addictive and dysfunctional effects, psychological and social elements such as overall support, especially by family and friends, learning and recreational opportunities, rehabilitative treatments and integration, contribute to the person's successful recovery (Cutajar, 2018, p.25). Factors that influence a continuance of drug use or the decision to quit also include the appeal of the drug's effects, scientifically known as the "pharmacological reward potential" (Doweiko, 2019, p. 11), social learning and cultural reinforcement, and one's expectations and life goals (Doweiko, 2019). Thus, recovery is not possible without the person's core attributes, such as determination, self-belief, and self-worth, alongside external factors like job stability and social connections (Zaffarese, 2017). Drug abuse, relapse and rehabilitation are influenced by shaming, stigma and other negative community reactions (De Bono, 2017; Pace, 2016). Motivators which positively influence the self and increase desistance towards drugs are social capital, ambition, and the input of drug treatment agencies, especially by assisting in practical issues, employment and continuous engagement in other licit activities (Bezzina, 2012). This correlates with the concepts of recovery capital (Keane, 2011) and the social bond theory (Hirschi, 1969, 2004). Urine drug

testing was also considered as a motivator, serving both as proof and reinforcement of progress in desistance (Bezzina, 2012).

Since the self is seen as incorporating the holistic person as they relate to themselves and the world around them, it is pivotal that rehabilitation addresses medical, legal and social issues. Indeed, in rehabilitation, employing a collaborative approach involving multiple professions is crucial to provide well-rounded support for the individual (Sciortino, 1999). The problematic and complex concept of the self in drug dependence, as 'criminal', 'unhealthy', or 'social problem' (Kilts, 2004), shouts intersectionality. This research posits that the intersectionality of law, medicine and the self in substance abuse and dependence, needs to be adequately and successfully present in drug treatment and rehabilitation.

Within this research study, the term 'intersectionality' is going to be used in its informal yet literal sense to convey the impact of the relationship between medicine, law and the self in the lived experience of drug dependents during addiction and rehabilitation. The consequential personal and structural impact arising from the intersection between these three fields in drug dependence and rehabilitation merits the term 'intersectionality'. Thus, this term is not going to be used according to the renowned theoretical framework by Kimberlé Crenshaw, which specifically examines overlapping social identities and systems of oppression (Samie, 2023).

In spite of the various benefits arising from the intersectional approach over the fragmentation of drug rehabilitation services, such a model is not without challenges. Such challenges cut across a wide range of issues since an intersectional approach requires coordinated efforts across healthcare, social services, and legal systems, demanding clear communication, aligned goals, and ample resources. A comprehensive model demands significant resources, both financially and in terms of personnel. Legal support, medical treatment, counselling, and social services must all be sufficiently funded to make the model effective. If funding falls short, disparities are created, limiting access and service quality. Another challenge is that evaluating the effectiveness of a biopsychosocial-legal approach is challenging due to the wide range of interconnected factors involved. Each component – biological, psychological, social, and legal – affects recovery differently, and their combined influence varies from person to person. This complexity requires comprehensive and flexible evaluation methods that account for the multifaceted nature of addiction recovery. Traditional metrics like abstinence or relapse rates alone may not fully capture the overall impact of this approach. Ethical conflicts between legal, social and medical standards, and potential stigma associated with legal involvement may also pose barriers. Despite its benefits, some view the involvement of legal systems in treatment as a form of control rather than support, potentially deterring individuals from seeking help. A holistic approach may unintentionally reinforce stigma if individuals feel labelled by the various systems involved, particularly if they feel monitored rather than genuinely supported in their recovery. Yet, despite these challenges, evidence shows that an intersectional approach leads to more effective and holistic rehabilitation (Camilleri, 2012; Carabott, 2017; Cutajar, 2018; Dugosh et al., 2016; Giordano, 2012; Grima, 2017; Sciortino, 1999; Shannon et al., 2018; Thombs & Osburn, 2019; Zaffarese, 2017).

Drug Courts

Drug courts provide options to drug offenders by replacing imprisonment with court-monitored substance abuse treatment programmes (Doweiko, 2015; Dugosh et al., 2016). The programme grants participants the opportunity to build their skills and character, acquire new insights that help in making positive choices and experiences, and proactively engage at a community level (Gallagher et al., 2017; Steffener, 2012).

Drug courts were found to be more effective than imprisonment and other non-custodial sentences such as probation (Walsh, 2011) and even voluntary treatment (Doweiko, 2015), especially for first-time offenders, since they halt the cycle of repeated offences. Drug court-ordered treatment effectively reduces reoffending and substance intake together with imprisonment, mental health interventions, and legal expenses (Dugosh et al., 2016; Logan et al., 2004).

Dependence and rehabilitation: The case of Malta

Prior to 2022, illicit drug use in Malta was on the increase (NFPDDA, 2024) reflecting global (UNODC, 2023) and European trends (EMCDDA, 2023). Both internationally and locally, illicit drug use is mostly prevalent among young adults, predominantly males (EMCDDA, 2023; NFPDDA, 2024). This profile makes up four- fifths of the locals in treatment, 81% of heroin dependents, 79% of cocaine dependents, and 85% of cannabis dependents in treatment (NFPDDA, 2024). Heroin (48%) and cocaine (39%) are the prevalent problem drugs among treatment entrants in Malta (NFPDDA, 2024). Drug consumption may lead to premature deaths (EMCDDA, 2019), lower the person's quality of life and the number of disability-free years (UNODC, 2014). Drug-induced death is most common among male opioid users (EMCDDA, 2017), with year 2022 registering four drug-induced deaths in Malta, all of whom were males (NFPDDA, 2024).

Malta offers various community-based and residential treatment and rehabilitative services for drug addiction. These are primarily offered by: Sedqa - Government's agency responsible for the treatment and rehabilitation of addictive behaviour, the Substance Misuse Outpatient Unit (SMOPU) providing substitution treatment, the Substance Abuse Therapeutic Unit (SATU) for inmates, the Dual Diagnosis Unit at Mount Carmel Hospital, as well as non-governmental organisations Caritas and OASI, offering various residential rehabilitation programmes, including a residential programme for juveniles and non-residential support services (NFPDDA, 2024). These rehabilitation services which may be engaged voluntarily or court-mandated have throughout the years evolved towards a more interdisciplinary approach which holistically responds to the person's needs (NFPDDA, 2023) through prevention, intervention, recovery and re-entry into society (Sciortino, 1999).

One of the historical steps[17] that led towards this rehabilitative and reintegrative approach concerns the enactment of the Drug Dependence (Treatment not Imprisonment) Act (Cap. 537)

[17] Since 1624, various legislative frameworks were enacted and subsequently amended to regulate licit and illicit substances, with the two main frameworks being The Medical and Kindred Professions Ordinance (Cap. 31 of the Laws of Malta), originally enacted in 1901 to regulate prescriptions of psychotropic drugs and the Dangerous Drugs Ordinance (Cap. 101 of the Laws of Malta) enacted in 1939 to control the importation, exportation,

which aims to provide a more person-centred system due to its intersectional concept of law, medicine and the self for persons who face criminal justice proceedings due to substance abuse (Attard, 2017). By virtue of this Act, Malta made legal improvements in dealing with cases of drug possession for personal use and criminal cases related to drug dependence, from a punitive to a more treatment-centred approach. This was achieved by establishing the Drug Offenders Rehabilitation Board (DORB), introducing fines that do not affect police records, and instituting the Tribunal (Carabott, 2017). According to Carabott (2017), this Act reformed the previously existing draconian drug laws, aiming to view the offender's behaviour as a societal concern rather than purely a legal matter. This new framework not only considers the drug dependent as a vulnerable person requiring treatment rather than a criminal deserving punishment but provides the necessary professional guidance and support (Carabott, 2017). Through these legal provisions, referrals to the DORB can be made by the Commissioner of Justice or by the Courts of Justice[18]. As the operating arm of the Maltese drug court, the DORB meets regularly with the drug dependents to support them during an 18-month care-plan[19], formulated in collaboration with the drug rehabilitation service provider. The Board takes the final decision upon the person's adherence or failure to comply with the care plan. Between September 2015 and December 2019, 67 persons successfully completed the drug treatment program while 26 failed (J. Buhagiar Fiott, personal communication, February 3, 2020), demonstrating a significantly higher success rate. The law specifies that the composition of the Board needs to be interdisciplinary such that, apart from the Chairman, Ministerial representatives of home affairs, health, and social policy shall be appointed (Article 6). This composition reflects the significance given to the interdisciplinarity between law, medicine and the self in rehabilitation.

Recognising the need to adopt a more intersectional approach towards drug rehabilitation, this study aims at: i) understanding the lived experience of persons who are undergoing rehabilitation under Malta's DORB; ii) examining the intersectionality of law, medicine and the self in drug rehabilitation; and iii) informing policy makers on how to enhance the effectiveness of drug rehabilitation. This research thus provides insights on the lived experience of persons who are receiving rehabilitation treatment, mainly for heroin and cocaine under Malta's Drug Court through the DORB, with the aim of improving policy development and programme implementation.

manufacture, sale and use of dangerous drugs. In 2018, the 'Production of Cannabis for Medicinal and Research Purposes Act' legislated the production of cannabis for medicinal and research purposes, and in 2021 cannabis cultivation and use was legislation through the enactment of the 'Authority on the Responsible Use of Cannabis Act' (Cap.628) to regulate cannabis-related activity.

[18] The Commissioner hears cases of possession of small amounts of illicit drugs for personal use, and issues a €75 to €125 fine. The commission of a second offence within two years results in an evaluation of the person's drug dependence and imposition of the necessary treatment/rehabilitation order by DORB. If the offender is non-compliant, they are ordered to pay a fine or serve three months imprisonment (MNFPDDA, 2019). In this way, cases of first-time and second-time offenders found in possession of small amounts of illicit drugs for personal use, have been deviated from the Court of Magistrates which now solely deals with trafficking and aggravated possession. Additionally, by virtue of Article 8 of Cap 537, a person with an aggregate of drug dependence-related offences may result in the Court of Justice to assume the function of a Drug Court and refer the offender to the DORB.

[19] Which can be extended in exceptional circumstances.

Methodology

On the basis of the study aims, the personal dimension of experiences is adopted to examine intersectionality through micro-level analysis, while applying these insights to understand intersectionality at the macro-structural level via the DORB. By adopting the thesis that drug dependence must be addressed through an intersectoral approach, this research explores the praxis of such an intersectional model of rehabilitation within the local context. This theoretical positionality acts as a guiding framework for the study in terms of both the methodological design and analysis.

An Interpretative Phenomenological Analysis (IPA) was adopted to investigate the personal and structural forces that influence substance dependence and rehabilitation, and examine the importance of intersectionality. IPA was chosen for this study to provide a nuanced understanding of the lived experiences of individuals undergoing rehabilitation through the DORB. This phenomenological approach focuses on the subjective experiences and meanings that participants attribute to their rehabilitation journey, which is essential for capturing the personal insights that might be overlooked by other methods. By centring the analysis on how participants interpret and make sense of their circumstances, IPA allows for an in-depth exploration of the complex interplay between personal experiences and structural influences. This approach highlights how individuals navigate and are affected by the intersecting forces of law, medicine, and social support, offering a unique perspective on rehabilitation that enriches our understanding of the broader institutional framework. Ethical endorsement was attained from the Faculty of Arts Research Ethics Committee (FREC) at the University of Malta and informed consent was obtained from all participants included in the study (Ref: UREC-DP19044009ARTS).

Following purposive sampling, with representation across all age groups, individual in-depth semi-structured interviews were conducted with nine men aged 18-50 years old who followed the DORB rehabilitation treatment for at least two months, having heroin and/or cocaine as main problem drugs and not having a dual diagnosis. This interview type allows participants to freely express their experiences while enabling the researcher to probe deeper into certain topics as they arise. The flexible nature of semi-structured interviews aligns with IPA's emphasis on capturing each participant's unique perspective. The analysis was inductive and interpretative according to an IPA approach, focusing on identifying themes that emerge from the data rather than applying pre-existing frameworks.

For five participants the main problem drug was cocaine, while for the other four it was heroin. The sample included six persons referred to the DORB by the Courts of Justice and three referred by the Commissioner for Justice. Their length of drug abuse, including their first exposure to any type of drug, irrespective of their problem drug (i.e. cocaine or heroin) varied from 4 to 31 years. The amount of hard drugs used varied from a daily average amount of 1 to 10 grams, with this consumption varying significantly according to internal and external factors, such as the availability of finances, drug purity and psychological state. The research participants experienced fluctuating periods of recovery that ranged from 20 years to 4 months, while the period under the DORB varied from 1 year 6 months to 2 months. Most participants reported having initiated their drug misuse during their early teens (13-15 years). Clubbing,

partying and polydrug use suggest that the participants' drug abuse began in a sub-culture within their social network and as it progressed into a habit, they used drugs more frequently and alone. This marked the beginning from drug abuse to dependence. In terms of educational level, three participants upheld a Diploma, two completed secondary schooling and on the job training, while the rest completed secondary schooling only. Most of the participants were employed in manual skilled labour, another was boarded out due to health reasons mainly caused by drug abuse, and three were inactive due to drug dependence.

In the following section, quotations from interviews are presented as verbatim translations from Maltese, preserving the authenticity of participants' expressions. These translated quotations corroborate the findings and analysis, providing direct insight into participants' experiences and perspectives. All participant names are pseudonyms to protect their confidentiality and privacy.

Findings and analysis

Drug rehabilitation: Overcoming challenges

> The dependence, the thoughts, the cravings. The decision to choose to continue to live your life as you were doing or stop to take help…I entered a programme…There, today I learnt something and tomorrow I will learn another. (Matthew)

The medical, legal and psychosocial aspects in the participants' drug dependence and rehabilitation, and their transition from biographical disruption to biographical reconstruction will be analysed in this section. The findings outline the intersectionality between law, medicine and the self in the lived experience of drug dependence and rehabilitation.

<u>*Medical*</u>

For many of the participants, the use of drugs was a form of self-medication, however with a number of negative implications. As stated by Ben: '*For me coke is like medicine. When I take it, I do not have sadness. A bad medicine. A medicine, but you have greater sadness after taking it'.*

In order to address the physical dependence of their drug addiction and control withdrawal symptoms, participants made use of the detoxification and Opioid Substitution Treatments (OST) services. Despite relapse and not always adhering to the treatment care plan, medical treatment was pivotal for participants to help them to quit drugs (Doweiko, 2015). Referring to the intake of methadone as a substitute for heroin, Michael states: *'I decreased slowly...I used to take every day...Then I quit it...I guess I managed to quit it through medicine'.* In line with side effects reported by WHO (2009), Samuel highlighted the fatigue that one experiences on OST: *'With medicine you would not be able to do anything... when I was lifting something, I could not make it'.* Paul, who was previously prescribed OST, emphasised the holistic healthy lifestyle advanced by the drug rehabilitation programme, stating *'Caritas' care plan was rigid…go to the gym…the pool…That was my directive, not to stay away from drugs. To become healthy, and this would help me not to take drugs'.*

Medical treatment not only focused on addressing the physical impact of the drug, but also that of encouraging mental and psychological wellbeing. For some participants, this also included referrals to psychiatrists and other mental health professionals. In order to address his cocaine addiction, Ben indeed acknowledged the '*need of very powerful medicines'.*

Legal

Most participants had followed other drug rehabilitation programmes prior to the court-ordered rehabilitation treatment by the DORB. Participants stated that the DORB's rehabilitation treatment was different from the other programmes they had previously followed, mainly due to its multidisciplinary supervisory role, the active participation of service users and being court-mandated. As stated by Matthew, *'It was not my choice. Those at the Tribunal told me to start with the DORB…In the options that they give you: a programme or you try it out on your own'.*

The DORB's efforts and functions tackle medical and socio-legal issues through collaborating and complementing the work of rehabilitation agencies with the aim of restoring a holistic balance in the person's life through the uptake of soft skills. The recognition of self-worth, along with the development of resilience, effective communication, conflict resolution, problem-solving and stress management are some of the soft skills that support their recovery and successful reintegration into society. This intersectionality and value of the DORB's Drug Court was emphasised as participants expressed peace of mind over court proceedings, effective drug rehabilitation and socio-economic assistance in reintegration. At stated by Paul, *'Mentally. It saved me from having to enter and exit jail. I know where it will lead me if I am careful'.* Moreover, the DORB's drug rehabilitation treatment was different from the ones attended before, due to being legally binding and having clear legal sanctions if not followed appropriately. It is, according to Alex, *'Stricter. This is by law…if you still play around…This has consequences'.*

Participants outlined the practical benefits of court-mandated rehabilitation over imprisonment, mentioning the criminogenic effect of incarceration due to reinforcing dependence, asocial behaviour and demotivation to rehabilitate (Zaffarese, 2017). As acknowledged by Matthew, *'Wanting or not, you must decide what to do…having the choice…helped me…[to] stay out clean and do something'.* Liam recalled: *'Now I am more relieved…I would get so anxious because of Court…had to work and pay the lawyer…Before I could not plan because if I was going to prison, I could not buy a property'.*

This explains the effectiveness of drug courts as compared to voluntary treatment (Doweiko, 2015), imprisonment, and other non-custodial sanctions such as probation (Walsh, 2011). Considering that most of the participants had never served an imprisonment sentence, the DORB rehabilitation drug program is seen as mostly benefitting first-time offenders and those with less serious former infringements (Doweiko, 2015).

Psychosocial

Psychosocial assistance under the DORBs rehabilitation treatment took place through various modalities: by the social worker and psychotherapist assigned by the Board as key

worker, the drug rehabilitation agency, as well as family and friends. Such support was pivotal for overcoming drug dependence and thus preventing relapse.

This psychosocial assistance was described by most participants as giving them courage, strength, information, and guidance to deal with their lives' problems. Psychosocial assistance was effective due to the programme's design and structure as well as retained contact with professionals and persons who have undergone or are undergoing a rehabilitation programme. Mattthew states: *'What also helped me quit, is the way the programme is structured…First you go outside on weekends only, then you start increasing slowly. At the moment...I go daily...and I get on well'.*

For most participants, the psychosocial assistance was considered worthwhile to such an extent that they felt the need to continue attending and receiving further guidance and support even after completing the rehabilitation programme. Samuel admits: *'I do not want to quit… I wish to continue going for support, it is not something that you would stop'.* Psychosocial support enabled participants to find *'people who believe in you, challenge you and talk to regularly'*. Care plans of both residential and non-residential programmes were flexible, giving participants the possibility to work on their capabilities and ambitions as well as meet their needs and responsibilities at their own pace. Most of the participants also emphasised that psychosocial help was not only necessary to quit drugs but also for personal self-growth. As stated by Zack to *'Acquire more knowledge about myself, who I am, what are my strengths and weaknesses...it gives me the means to not take the easy way out, and deal with the problems head on'.* Jacob describes this psychosocial support as a dynamic process where: *'sometimes I would get bored. Sometimes I was going well…Sometimes I would find rest coming here. A bit of everything'.*

The DORB adopted a person-centred approach by addressing the multi-dimensional aspects arising from addiction, including issues such as employment, education and housing. As stated by Jacob: *'It solved all my problems'.* For some participants, DORB took a more supervisory role since they were already clean prior to entering the programme, such that psychosocial assistance was mainly targeted at sustaining their re-integration efforts, including facilitating entry into secure employment. For example, Alex recalls that *'DORB's judge arranged regarding my employment. I had applied for a job but they did not accept me because I used to take drugs'.*

The disruption present in a person experiencing drug dependence leads them to feel a lack of understanding and support (Klingemann & Klingemann, 2007), except from other drug users (Griffith, 1987). As stated by Ben: *'here is a friend that…understands that I have a craving because he likes it as well. Among the rest there is no one who understands me'.* In this case, intrinsic motivation was needed apart from extrinsic motivation arising from "forced" psychosocial assistance (Grima, 2017). Feeling that the drug's addictive properties were stronger than his will to quit, Ben argued that something bad needs to happen to him to serve as deterrent: *'I need an overdose. Something that gives me an admonition… That's what I think would give me a lesson'.*

Most participants expressed how support and connection with their family and friends, both during drug dependence and rehabilitation, helped them to sustain their efforts in quitting

drugs (Grima, 2017). Matthew states that: *'The whole family…helped me…I also found courage because a friend of mine entered into a programme because she was alcoholic'.* For most of the participants, employment was a crucial factor for preventing relapse, while unemployment fomented relapse. Social, economic and legal problems during one's journey to rehabilitation were addressed through engagement in employment. In Michael's experience, *'Work got me back on my feet. Meeting people, doing something. Work is important...I started working...and I am happy'.* Participants feared lack of understanding, discrimination and stigma and were selective of the persons they confided in about undergoing drug rehabilitation. *'My family knows that I am attending this programme. My employer does not know. I am afraid that if I would tell him, he will not take it well'* (Liam). However, other participants acknowledged that once they confided their experience, they received understanding and support. As stated by Zack, *'whom I spoke to, gave me support'.*

Psychosocial assistance was a crucial element that addressed the self and the biographical disruption experienced by drug dependence, leading to a journey of biographical reconstruction. Such assistance contributes to an intersectional approach where social problems are targeted together with legal and medical remedies (Giordano, 2012).

From Biographical Disruption to Biographical Reconstruction

> You throw away your body. Your body is interested in being alive and not interested in anything. Today I am aware of it". (Michael)

Rehabilitation was characterised by the transition from biographical disruption **(**Bury, 1982**)** brought about by dependence, to biographical reconstruction (Charmaz, 1987, 1995, 2002) driven by rehabilitation. The self in drug rehabilitation underwent a number of internal and external changes, including cherishing and nurturing meaningful endeavors, developing positivity and balance, and making better choices in all aspects of social life. This is evident from the participants' engagement in employment and development of pro-social relationships.

The barriers hindering drug rehabilitation and reinforcing drug dependence impinged on the everyday activities of participants (Engman, 2019). The medical, legal and social challenges faced to quit drug dependence, including the drug's self-medication and addictive properties, its perceived indispensability, and the presence of social, economic and legal problems, drive the self to experience biographical disruption. As stated by Liam, *'drugs take away everything from you…You are nothing without it. Pain and despair only. You will get to a point where you will not see yourself clearly. Always in need of it'.* This biographical disruption was a main reason behind the participants' decision and motivation to quit. Besides the financial burdens caused by drug dependence, participants mentioned a deterioration in physical and mental health. Changes in personality, identity, and daily activities as they were transformed by the drug, led to lack of interest in pro-social activities, social impairment and psychological ill-health.

Intersectionality between law, medicine and the self was not only noted in the provision of DORB's service but also in the efforts and outcomes within the lives of participants. Participants identified how their self was deeply affected by drug dependence, acknowledging the biographical disruption it caused. They also described how rehabilitation helped them

rebuild and reconstruct their identities, leading to a renewed sense of self. The journey of this transition from disruption to reconstruction is held as an important element in preventing relapse. This transition was mainly attributed to the biopsychosocial approach to addiction facilitated by a multidisciplinary network which assists the person holistically (Cutajar, 2018).

Following their engagement in rehabilitative treatment, participants reported better health, self-awareness and self-control, pro-social choices and activities, and greater positive actions by themselves as well as by others towards them. They reported a regained sense of positivity about life while abstaining from what caused their biographical disruption – drugs. Participants described becoming stronger both physically and psychologically, reversing dysfunctions related to work and relationships, as outlined in the DSM-5 criteria for substance use disorders (APA, 2013).

A stronger sense of biographical reconstruction was noted among those referred by the Courts of Justice, and/or had a longer drug dependence history, and/or attended residential drug rehabilitation. Matthew now feels positive and comfortable with oneself, nurturing self-discipline, responsibility and commitment, and emotional intelligence (Gallagher et al., 2017). He states:

> I am now disciplined with myself. Now I feel that I stand somewhere in my life… Even emotions which I used to try to remove with drugs, now I deal with problems that before I would have tried to escape from…Those who saw me after seven months, saw the difference.

Discussion

Intersectionality: A person-centred approach

The findings refer to a number of important thematic issues regarding measures which help address the indicated drug dependence and rehabilitation challenges, mainly: medical assistance targeting biological issues; legal processes targeting crime and punitive sanctions; and psychosocial assistance targeting socio-economic and psychological difficulties. Moreover, the intersectionality of law, medicine and the self embodied by the 'Drug Dependence (Treatment not Imprisonment) Act' helps to address biographical disruption leading to biographical reconstruction. During the onset of the recovery phase, drug dependence and rehabilitation intersect, generating bouts of biographical disruption and reconstruction. This is particularly evident in the lived experience of persons undergoing drug rehabilitation treatment, the drug court proceedings, and the impact of intersectionality on rehabilitation.

The lived experience of persons undergoing a drug rehabilitation treatment posits law, medicine and self as important components of drug dependence and rehabilitation (Shannon et al., 2018). Hence, intersectionality is necessary in both prevention and intervention (Dugosh et al., 2016). The results confirm that shaming and stigma (De Bono, 2017; Goffman, 1963; Pace, 2016) are an intrinsic part of the lived experience of drug dependence and rehabilitation. Stigma is more influential in relation to their criminal selves, rather than their drug abusive selves. Such identity dynamics help to dissociate from crime (Klingemann & Carter-Sobell, 2007).

Drug courts were found to be effective for service users as medical, legal and psychosocial assistance were crucial elements in addressing the self and the biographical disruption experienced by drug dependence within the rehabilitative process (Thombs & Osburn, 2019), with most cases declaring biographical reconstruction. The significance of intersectionality arising from the 'Drug Dependence (Treatment not Imprisonment) Act' and its corresponding executive structure – DORB – strongly emerges from the research, since all participants recognised the holistic approach enabled by this Act (Carabott, 2017). In addition to the provisions found under the Probation Act (Cap.446), the Drug Dependence (Treatment not Imprisonment) Act provided another alternative to imprisonment, and an optimal sanction to participants' drug-related crime.

All participants valued the individualised and targeted psychosocial assistance and supervision (Carabott, 2017). Participants were given psychosocial assistance through DORB's social worker by facilitating the uptake of the already existing non-residential or residential rehabilitation and support programmes by Sedqa, Caritas or OASI, according to the needs of service users. The psychosocial assistance provided by DORB and the drug rehabilitation agency through their multidisciplinary teams (Giordano, 2012) gave the participants courage, strength, support and guidance to deal with their lives' problems, primarily drug dependence and its root causes. DORB's psychotherapy service was generally applauded and highly regarded in dealing comprehensively with medical, legal and social problems (Portelli, 1994), contributing to biographical reconstruction. The support of pro-social family and friends was an essential aid in the provision of psychosocial assistance (Cutajar, 2018; Grima, 2017).

The research reinforces the view that quitting drugs is challenging due to its addictive and self-medicating properties (Doweiko, 2015; Steiner, 2019). Participants were already receiving medical assistance when entering DORB's rehabilitation treatment, or else self-medicating by softer illicit drugs. They experienced multiple relapses due to a lack of strict adherence to medical assistance. The gap in medical treatment for non-opioid drug dependents (Doweiko, 2015) hinders the intersectional and holistic rehabilitation treatment that DORB seeks to achieve. Indeed, while heroin and cocaine cause biographical disruption in different ways but at relatively equal levels, heroin users – which are assisted by OST – as compared to cocaine users, expressed greater personal changes (including body, identity and self) leading to a more outstanding sense of biographical reconstruction.

Overall, the research consolidates the view that due to their intersectoral approach, drug courts offer an effective rehabilitative service for drug dependents (Dugosh et al., 2016; Shannon et al., 2018). An intersectional approach takes into account that medicine, law and the self in drug dependence and rehabilitation intersect through a fluctuating process such that at a given moment, one area may dominate over the other two domains. This was especially evident in the case of participants who appeared in front of DORB and were given a chance to rehabilitate with ongoing support and supervision, and who have chosen to undergo residential rehabilitation. In this case, as a result of court proceedings, assistance was given through detoxification and/or OST, so that the rehabilitation and reconstruction of the self could take place.

The analysis shows that a lack of adequate attention to a person's problem in any one area (i.e. a lack of intersectionality) may trigger additional problems in this same area or in the other two areas. The complexity of these problems further highlight the importance of a holistic approach arising from interdisciplinary (Sciortino, 1999) and multidisciplinary teams (Giordano, 2012). This is evident in cocaine addiction, where no substitution treatment is available. In such an absence, participants were more likely to strategically use softer drugs to abstain from harder drugs, putting the person at risk of other dependencies and also of failing or being punishable in the eyes of the law. A person who does not benefit from psychosocial support which effectively addresses their specific challenges may also be more susceptible to drug-related crime and management failure in medical routines (Doweiko, 2015; UNODC, 2018). Additionally, persons with pending criminal proceedings are more likely to feel discouraged to quit drug dependence or to reconstruct their self and life (Borg, 2007; Miller, 2010). Hence, medicine, law and social services that address drug dependence are of utmost effectiveness in facilitating biographical reconstruction when they are all present and work simultaneously and complementary through a person-centered approach (Anderson et al., 2015).

Despite the overall positive experience of most participants towards the intersectional approach in service provision, as noted in the objectives and methodology, it must be noted that this model is not without challenges. Despite this intersectionality and the benefits arising thereof, around 24% who enter the programme do not successfully complete it (J. Buhagiar Fiott, personal communication, February 3, 2020). Moreover, the narratives and lived experiences of DORB's intersectional service provision which have been examined for the purpose of the study may not fully reflect the reality experienced by all participants. Given the possibility of social desirability bias, those who volunteered for the study may not accurately reflect the whole population, particularly since this research did not include perspectives from those who failed the DORB programme.

Recommendations for service provision

The research gives rise to various areas for improvement in drug dependency and rehabilitation. The following section presents a number of recommendations which whilst not explicitly voiced by the participants in the interviewing process, transpired from the researchers' practical and academic immersion in the field.

Through its multidisciplinary composition and processes in conjunction with Drug Courts, the DORB service offers a good practice example of intersectionality in drug rehabilitation within the Maltese context. Yet, the effectiveness of intersectionality demands a transformative conception of criminal justice from its traditional punitive and retributive approach to a more restorative one, based on rehabilitation and reform. Within this restorative framework, which conceives crime as primarily a form of harm committed against people, rehabilitative processes need to be more sensitive and inclusive of victims and victimised communities, whilst focusing on offenders' redemption and reconstructions of the self. This also demands a transformative change in corrections, from isolating carceral punishments to more rehabilitative measures.

Intersectionality is adequately reflected in the 'Drug Dependence (Treatment not Imprisonment) Act', however legislative review is needed for this to be more effectively reflected in other domestic legislative frameworks such as the 'Dangerous Drugs Ordinance'. Legislative review widening current eligibility criteria for participation in DORB is also necessary to ensure that no one is excluded from opportunities of rehabilitation, including repeat and more serious offenders.

Since pending court cases lengthen the biographical disruption suffered by the drug dependent, measures should be taken where necessary to reduce the bureaucratic and lengthy administrative procedures for the resolution of criminal court cases. Due attention also needs to be given to ensure that vital aspects of social life such as health, employment and education are not hindered by court proceedings.

The adoption of intersectionality needs to go beyond interventive drug rehabilitation services such as DORB, by becoming further embedded in preventive, aftercare and harm reduction measures. Universal and targeted awareness and educational campaigns should take further account of the multitudinal consequences of drug abuse and dependence by emphasising the resulting biographical disruption on all spheres of life.

Enhanced understanding and praxis on intersectionality through capacity building of professionals working in the field of addiction is crucial for promoting a holistic and comprehensive approach towards drug rehabilitation. The strength of intersectionality and multidisciplinarity also depends on the involvement of all stakeholders, in particular service users themselves who through their experiential knowledge are fundamental for the amelioration of policies and services.

Despite its strengths arising from IPA, the study considers a number of limitations which highlight academical and theoretical lacunae in terms of intersectionality in drug dependence and rehabilitation. It is worthwhile to consider conducting dedicated research focusing on individuals who did not successfully complete the DORB programme. Such a study could provide critical insights into whether the intersectional model contributed to their inability to finish the programme and explore other potential factors involved. Understanding the specific obstacles faced by those who struggle within this intersectional framework may reveal areas where service provision could be adjusted or enhanced. The knowledge base in the field could be further enhanced through greater impact assessment and evaluative studies on the effectiveness of current programmes and services in place, adopting comparative, longitudinal and ethnographic studies: i) assessing the success rate of DORB in comparison to other drug rehabilitation programmes; and ii) measuring the role and functions played by DORB, rehabilitation agencies and probation services within the biographical reconstruction process across time and in the long-term. A specific example is undertaking a comparative analysis between persons who were referred to DORB by the Courts of Justice and those referred by the Commissioner for Justice. Intersectionality could be further explored in terms of socio-demographic characteristics in order to evaluate how drug rehabilitation programmes can be more inclusive. Moreover, it could be interesting to assess how intersectionality could be transferred to other forms of addiction and other areas of social life. The transferability of the findings of this study and other prospective studies, both within the Maltese and international

context, would widen the existing knowledge base on drug addiction and treatment. While the decriminalisation and legalisation of drugs could offer potential benefits for regulating the drug market and facilitating less dangerous products and choice for drug dependents, their implementation must be approached with caution to avoid possible negative impacts on society at large.

This research substantiates the biopsychosocial model of addiction and the intersectionality of drug dependence, confirming that fully grasping its complexities necessitates a multifaceted approach and the ability to view the issue from various perspectives (Thombs & Osborn, 2019). The research indeed reinforces the significance of the intersectionality of law, medicine and the self to facilitate the transition from biological disruption to biological reconstruction.

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