Addiction and Prevention

Habib Aghabakhshi[1]

Abstract

The present study focuses on addiction as a social problem. It means that the researcher goes beyond the individuals' behavior and puts emphasis on the social structure of a given society and also its functions. The main aim of this article is not to discuss about different dimensions of social problems. Neither am I going to discuss objective versus subjective characteristics. Rather, I intend to define addiction as a social problem which can be prevented.

Keywords: addiction, prevention, social problem

[1] Department of Social Sciences, College of Social Sciences, Roudehen Branch, Islamic Azad University, Roudehen, Iran

Introduction

Since the last decades of the twentieth century, many societies are facing the "Social Problem" of addiction, particularly, youths abusers. I began with the term "Social Problem" to distinguish for myself between "addiction" and "addicts" in order to avoid referring to people while studying a social phenomena.

By focusing on the social problem, we go beyond the individual's behavior and place emphasis on the social structure of a given society and its functions. I use the term "social problem" to express that things go wrong due to the dysfunction of social institutions which affect people's lives and which becomes a part of their social live. Such a condition is widespread; accordingly, a significant number of individuals and social groups are hurt and unable to fulfill their social goals in spite of hard efforts. Under such "troublesome condition", people "make claim" that the situation must be "changed". Thus, a social problem is a condition defined as "troublesome", "widespread" and "changeable". It appears that when organized society's ability to control social relations among individuals and social groups, is failing, generally it occurs when its institutions are dysfunctional, therefore, the transmission of social values from one generation to the next is interrupted and leads to problem

In this report, I am not dealing with different dimensions of social problems. Neither am I going to discuss objective versus subjective characteristics. Rather, I intend to define addiction as a social problem.

Understanding Addiction as a Social Problem

On the basis of what mentioned above, to understand addiction as a social problem, I pose three questions which shall be subjected to different levels of analysis:

1. **Macroscopic level:** Is the social structure prone to encourage an individual to prohibit addiction? What about the culture and subcultures?

2. **Mezzoscopic level:** What kind of social relations accelerate the prohibition of addiction behavior?

3. **Microscopic level:** Does the individual's characteristics encourage or prevent them from becoming addicts?

The questions lead us to three main sociological concepts, "social structure", "social relation" and "social action". Referring to each level of analysis, searching for the relevant characteristics and finally determining the relationship between each level, I would be able to understand addiction beyond "addicts".

Visiting different drug programs in British Colombia

With the guidance of the School of Social Work and Family Studies, I had the chance to become familiar with the following programs and services in the field of treatment and, particularly, drug prevention:

1. Aurora center: Day treatment program and Residential Care
2. The Vancouver Area Network of Drug Users-VANDU
3. Alcohol-Drug Education Service- Prevention Program
4. Methadone treatment program
5. Needle exchange program
6. Supportive recovery services
7. Vancouver Native Health Society
8. Residential Treatment
9. Private Counseling Services
10. Community-Based Prevention Programs

In addition to reviewing the above programs and services, I conducted 30 interviews with the street youth who had serious problems related to addiction. The results indicated that the above mentioned questions can help to understand and analyze their addiction. One must consider:

1. Does social structure advertise medication for relaxation and release of pain? What about the related institutions? For example: doctors/ patients relationship. Do they prescribe medication easily?

2. Is there any message about not drinking or smoking until you are old enough? If there is, what is the implication of the message?

3. Do many youth want to show that they are "grown up" now?

Before I explain the prevention program, I would like to mention two different rehabilitation programs.

The Aurora Center

According to Chris kitteringham, clinical manager, a treatment center for women, Arora Center consists of the following programs:

A. Six-week residential treatment:

Program is for 25 women who are 19 years of age or older. There are 7 treatment cyclesper years; therefore, approximately 200 women are served in a year. Below is a description of the program:

Week 1: Orientation treatment planning, understanding recovery, the process of change.

Weeks 2 and 3: Personal history of misuse, making connections, grief and loss, healthy and unhealthy relationship, building communications skills and self empowerment.

Weeks 4 and 5: More connection, body image, sexuality, spirituality, building connections skills and self empowerment.

Week 6: Wellness, relapse prevention, future plans, self empowerment.

B. Five-week treatment programs:

The groups are 5 weeks in duration with 8 admissions per year with 10 women in a group. Approximately 100 women attend per year.

The weekly schedule in this program includes:

Week 1: The process of change. Bio-psycho-social issues, listening skills, feelings.

Week 2: Substance use history, relapse prevention, grief and loss.

Week 3: Unhealthy relationship, healthy relationship, beliefs about self, assertiveness.

Week 4: Women and anger, women and depression, empowerment, assertiveness skill.

Week 5: More on assertiveness, sexuality and spirituality, relapse prevention, planning for the future.

My impression about the program is that, the center has well equipped staff and programs and the programs are based on the bio-psycho-social aspect of human life, it could be a valuable field place for social work students.

VANDU

According to Ms. Ann Livingston, the Project Coordinator, VANDU is a young center, formed only in 1998 to bring groups of people who are drug abusers together. VANDU believes that all people are competent to protect themselves. In fact, VANDU is a group of former users such as the president and the vice president, as well as other former addicts who volunteer at VANDU. The only staff member who neither is nor was addicted is the coordinator who brings drug users together to improve their life styles through group discussion and education.

The main goal of VANDU is to increase capacity of drug users to reduce harm and help them live at the optimum level of health. VANDU works to minimize harmful effects of drug use and reduce deaths, illness and crime through group work.

My impression after attending several of VANDU'S groups is that they are working hard and they have my full respect for their attempts. I should note that unless they join with an academic board such as the School of Social Work and Family Studies, they may not get the optimum results. VANDU is quite successful in bringing a significant number of people with drug problems in a large group; however, there are problems with the process as follows:

1. Participants are either "high" or going through 'withdrawal", therefore, they are not quite of the group process.

2. Group size: The group should be divided into smaller groups (6-9 members) on the basis of required criteria such as duration of dependency, type of drugs used or method of use etc.

3. Qualification: A qualified social worker should manage the process of group dynamics. The ultimate goal of such groups could be a change in the member's lifestyle as VANDU itself believes that people with drug problems are competent to improve their quality of life as related to productivity, health, and safety. The qualified social worker can go

beyond group and case work. For example, through community development and social planning-through active involvement in community development the member's lifestyle will change and through social planning, working directly with the policy makers and service providers, VANDU could have strong supporters.

Drug Prevention Service

For many years my mind has been engaged with the idea that treatment and rehabilitation of people with drug problems and also, enforcement of drug laws are of course needed. But such a strategy may not solve or reduce the problem. In this part of my report, I will try to explain what I have discussed and learned directly from M. Art Steinman, the executive Director of ADES. What really works is comprehensive and practical prevention to bring about the reduction of demands for drugs in society. Just like programs for primary prevention of communicable diseases, I suggest "social vaccination" for populations at risk, should exist to vulnerability to developing drug problems.

The Alcohol- Drug Education Service achieved key result in terms of prevention, through school and community programs. Many children, youth, parents and teachers are learning ways to make healthy choices concerning drugs. Reaching the community, in addition to the schools, is a critical part of prevention. To facilitate prevention, parents and professionals are the best resources for such programs.

For parents, professionals, service providers and policy makers the questions is, "what works?" How do we reach young people and help them live a healthy lifestyle? One of the best ways to help youth is to develop effective prevention programs that can not only help them immediately, but also set the stage for better health throughout their lifetimes. This relate to what R. K. Merton refers to as "Latent function". Prevention efforts have focused on helping youths develop life skills, particularly refusal skills, to help them avoid problems with drug abuse, and to resist the influence of peers who encourage them to try drugs.

Alcohol and Drug Education Service

In some societies drug education for prevention leads to contrary results and paves the way for tendency towards drug use. Therefore, any

possible pre-emptive program should consist of a structure which can focus on:

- Target groups
- Needs assessment
- Planning
- Contact
- Resources
- Methods of implementation
- Evaluation of the program

On the basis of formative, summative and substantive evaluation, the project director may assess needs again and continue to improve the program on an ongoing basis. By focusing on the above items the intention is not to make the preventive program a difficult process, but only to ensure that any preventative program goes beyond the slogan of "Prevention is better than cure". Contextually the slogan may lead to normalization of drug use.

Prevention is a structured action and should start prior the average age of first experience. It should be on-going program from kindergarten with attractive stories to improve children's self esteem, decision making and particularly, critical thinking while equipping them with individual and social skills. The program should also be continued to the end of high school with specifically required context. The common skills through all grades would be: Look, Think, and Decide.

In a very critical valuable research project, Linda Dusenbury and Mathea Falco, in addition to a comprehensive literature review of school based prevention programs, conducted a panel of 15 leading experts in prevention research. The interviews were organized around two general questions:

'What do you think we currently know about what works in drug abuse prevention?"

"What would you say we know about the effective ingredients of drug abuse prevention programs?"

From these interviews and comprehensive literature review, eleven critical components of drug abuse preventive were identified:

- Effective curricular are based on current understanding of the theory and research in drug abuse prevention.
- Effective drug abuse prevention programs recognize that children and adolescents are more interested in concrete information and "Here and now" experience than they are on information about possibilities in the distant future.
- Programs most successful at reducing drug use are school based social resistance skills training programs.
- Normative education is also a critical ingredient in reducing drug use.
- Comprehensive health education and skills development including decision-makings kills, goal setting, stress management, communication skills, general social skills and assertive skills.
- Interactive teaching techniques; social resistance skills approaches really on interactive teaching techniques as role playing, discussion and small group activities.
- Teacher training and support, by program developers or prevention experts.
- Adequate coverage and follow up, since many drug abuse prevention programs which filed tended to be brief and short term.
- Cultural sensitivity.
- Additional components, which involved participation by the community and the media.
- Evaluation.

For prevention to work institutionalization of promising prevention programs must occur. For the sake of brevity, the report does not include further discussion of these eleven components in detail. Instead a few reflections about the role of the School of Social Work and Family Studies are offered:

VANDU is working hard and eagerly, yet they could achieve better results with the support of an academic expert, particularly from the field of community social work and could certainly benefit from involvement of social work students. The students could also improve their life style

through “social planning” and working directly with service providers and policy makers. Students will obtain a diverse level of new knowledge and experiences. I would like to conclude the paper with the word of A Burden who claims that "it is better to build children than to repair adults".

Reference

Dusenbury, L., & Falco, M. (1995). Eleven components of effective drug abuse prevention curricula. *Journal of School Health*, 65(10), 420 - 425.