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THE SOCIAL ASPECTS OF REHABILITATION OF DRUG-ADDICTED ADOLESCENTS

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Abstract

The risk of drug addiction presents a relatively new problem to the Russian reality, which determines the lack of an effective method for its management, as well as objectively full awareness of the seriousness of the threat. The article presents the analysis of specific characteristics of working with people suffering from drug addiction. The methods and technologies for social work with people with drug addiction are researched. The primary difficulties in social workers' professional activity and the obstacles to effective work with drug addicts are identified. The specific features of social rehabilitation of drug addicts and the requirements for social workers' competence are formulated.

Keywords

Drug addiction – Adolescents – Social rehabilitation

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Introduction

The spread of drug addiction is a dangerous factor determining the emergence of a variety of other personal and social problems, including: on a micro-level – deterioration of health, personality degradation, disruption of personal relations, inclination to deviant behavior, loss of ability to work and build healthy family relations and on a macro-level – unemployment, reduced health of the nation (the spread of AIDS and certain forms of hepatitis), increased levels of crime, threat to the future development of society. The fight against drug addiction is associated with several difficulties, including the high cost of treatment in specialized centers, lack of qualified personnel, patients' reluctance to fight addiction, etc¹.

In the middle of the 1990s, the average age of registered drug addicts was 21 years old; at the end of 2000, this number reached 18. According to the latest reports of the Federal Drug Control Service of the Russian Federation, the average age of registered drug addicts is 15-17 years. Young people aged 16 to 30 years old compose 60% of drug users. The sad reality is that the situation with the spread of narcotic and psychotropic substances remains dysfunctional and poorly amenable to the external control in Russian society. At present, the highest level of drug addiction in Europe is recorded in Russia, indicating the need for cardinal and effective solutions². In 2015, the types of crimes prevailing in young people were: theft (63.9%), crimes related to drug trafficking (20.3%), robbery (9.2%), intentional infliction of grievous bodily harm (3.7%), murder and attempted murder (1.3%), rape (0.7%), corruption (0.7%), and acts of terrorism (0.1%) (Table 1).

| Type of crime | Number of cases | Relative frequency (in %) |
|--|-----------------|---------------------------|
| Theft | 168,997 | 63.9 |
| Crimes related to drug trafficking | 53,765 | 20.3 |
| Robbery | 24,298 | 9.2 |
| Intentional infliction of grievous bodily harm | 9,935 | 3.7 |
| Murder and attempted murder | 3,584 | 1.3 |
| Rape | 1,692 | 0.7 |
| Corruption | 1,795 | 0.7 |
| Acts of terrorism | 23 | 0.1 |
| In total: | 264,089 | 100.0 |

Source: Compiled by the authors.

Table 1
The statistics on the types of crimes committed by young people aged from 14 to 29 years old

Similar tendencies are observed in the types of crimes committed by young people aged from 14 to 17 and from 18 to 29 years old, except for theft, where the 14 to 17-year-old age group prevails, and crimes related to drug trafficking, which is more common in people aged from 18 to 29 years old (Figure 1).

¹ A. I. Kirsanov, "Istoricheskie korni, sotsialno-politicheskie prichiny i faktory razvitiia narkobiznesa v mire", *Sotsialno-gumanitarnye znaniia* num 6 (2011): 104-116.

² V. A. Popov, "Narkosituatsiia v Rossii kak sotsialno-pedagogicheskaia problema", *Pedagogika* num 3 (2011): 45-50.

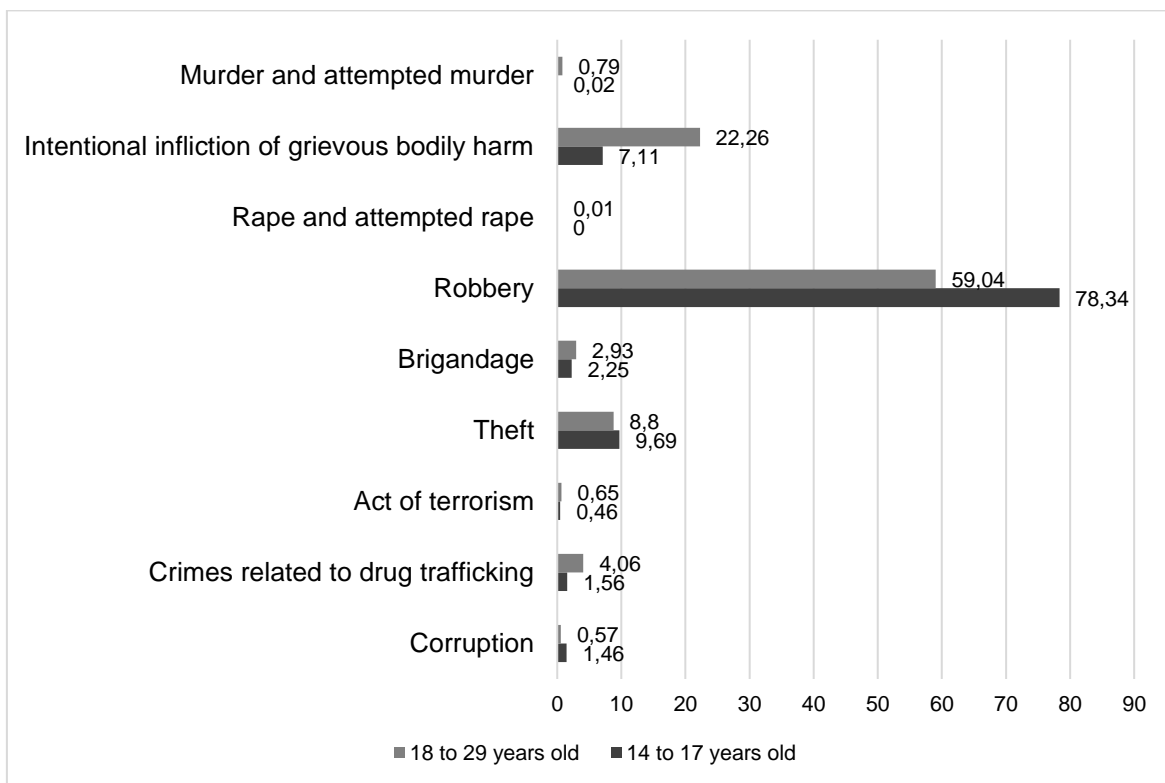


Figure 1

The statistics on the types of crime committed by young people aged from 14 to 17 and from 18 to 29 years old (in %)

Drug addiction is associated with a decrease in the individual's status – their downward social mobility through the stages of adaptation, individualization, and integration. The risk of suicidal behavior is one of the worst outcomes of the use of narcotic substances³. The mortality level in people with drug addiction is much higher compared to the general public. It is the most upsetting that the mortality across people with drug addiction is “young”: on average, people with drug addiction die at the age of 36.

Literature Review

Our research on the problem of social rehabilitation of adolescents with issues was based on the studies by Russian and foreign researchers that formed the predominant approaches to understanding the nature and content of various forms of deviant behavior. The stigmatization theory⁴, the dramatic approach⁵, and phenomenology and

³ V. V. Zaretskii, “Rabota v obrazovatelnoi srede po profilaktike upotrebleniia narkotikov i psikhoaktivnykh veshchestv: otsenka i monitoring”, *Sotsialnaia pedagogika* num 5 (2011): 20-35.

⁴ J. S. Blackwell, “Drifting, controlling and overcoming: opiate users who avoid becoming chronically dependent”, *Journal of Drug Issues* Vol: 13 num 2 (1983): M. A. Gourley, “Subcultural study of recreational ecstasy use”, *Journal of Sociology* num 40 (2004): 59–73 y K. K. Rigg y G. E. Ibanez, “Motivations for Non-Medical Prescription Drug Use: A Mixed Methods Analysis”, *Journal of Substance Abuse Treatment* Vol: 39 num 3 (2010): 236–247.

⁵ D. D. Gummin; J. B. Mowry; D. A. Spyker; D. E. Brooks; K. M. Osterthaler y W. Banner, “Annual Report of the American Association of Poison Control Centers’ National Poison Data System (NPDS): 35th Annual Report”, *Clinical Toxicology* Vol: 56 num 12 (2018): 1213–1415.

constructivism⁶ appear relevant to the study of narcotization in the adolescent community. An attempt was made to study modern drug use situation and consumption models applying the theories explaining regular consumer behavior⁷ and the theories of social practices⁸. The study of the real world of drug users provided an understanding of how and at what point the changes in people's world view occur in the process of incorporating information from their life experience into the dynamic process of making decisions and changes. The model of drug addiction based on the normalization of drug use⁹ has become quite widespread in the Russian deviantology in recent years¹⁰. These studies confirm the trend of the type of drug use that becomes a part of everyday life along with intensive study, work, and leisure. At present, a new type of narcotic culture is forming. The prevalence of the preventive practice, including the use of social rehabilitation, lies at its base.

Methods

To investigate the specifics of the process of social rehabilitation of young people with drug addiction, we conducted a sociological study on the base of the "Zebra" center for the rehabilitation of drug addicts in Moscow. The main burden of work on the rehabilitation of drug addicts falls on the shoulders of social workers since despite its relative "youth", the problem of drug addiction spread currently presents perhaps the biggest disaster of Russian society. The prime goal of the workers of the Center is, therefore, the successful completion of the rehabilitation.

The main principles of drug addicts' social rehabilitation at the Center include the individual approach to the selection and implementation of rehabilitation technologies and the integrative nature of treatment and rehabilitation processes.

⁶ G. Pearson, "Normal drug use: Ethnographic fieldwork among an adult network of recreational drug users in inner", L.: Substance Use & Misuse Vol: 36 num 1–2 (2001): 167–200; A. Stevens, "When two dark figures collide: Evidence and discourse on drug-related crime", Critical Social Policy num 27 (2007): 77–99 y K. Whiteacre y H. Pepinsky, "Controlling drug use", Criminal Justice Policy Review num 13 (2002): 1–31.

⁷ C. J. Boyd; S. E. McCabe; J. A. Cranford y A. Young, "Adolescents' Motivations to Abuse Prescription Medications", Pediatrics Vol: 118 num 6 (2006): 2472–2480.

⁸ M. Caiata-Zufferey, From danger to risk: Categorising and valuing recreational heroin and cocaine use", Health, Risk & Society num 14 (2012): 427–443 y M. S. Antonova, "Izuchenie potrebnosti v kompleksnoi profilaktike upotrebleniia narkotikov v studencheskoi srede", Far Eastern State Social and Humanitarian Academy Buletin: nauchno-obrazovatelnyi zhurnal Vol: 2 num 6 (2010): 5-14.

⁹ H. Parker; L. Williams y J. Aldridge, "The normalization of "sensible" recreational drug use: Further evidence from the North West England longitudinal study", Sociology num 36 (2002): 941–964 y B. J. Everitt y T. W. Robbins, "From the ventral to the dorsal striatum: devolving views of their roles in drug addiction", Neuroscience & Biobehavioral Reviews Vol: 37 num 9 (2013): 1946–5410.

¹⁰ A. V. Liakhovich y A. S. Lozovskaia, "Psikhoaktivnye veshchestva: profilaktika narkomanii (toksikomanii)", Osnovy bezopasnosti zhizni Vol: 7 (2011): 29-35; D. D. Nevirko; T. V. Korobitsina y V. E. Shinkevich, "Narkosituatsiia i profilaktika narkopotrebleniia v vuzakh", Sotsialno-gumanitarnye znaniia num 6 (2011): 116-130; S. Iu. Semenov, "Sotsialno-pedagogicheskie problemy detei s deviantnym povedeniem", Sotsialnaia pedagogika num 1 (2012): 109-119; G. P. Medvedeva y Ya.V. Shimanovskaya, "Well-being as meaning of social-and-humanitarian activities. RPTSS 2018 - international conference on research paradigms transformation in social sciences", European Proceedings of Social and Behavioural Sciences Vol: 50 (2018): 778-784 y Ia.V. Shimanovskaia, "Sostavliaiushchie sotsialnoi zhizni cheloveka v sovremennom obshchestve", Aktualnye problemy teorii, istorii i praktiki sotsialnoi raboty. Sbornik nauchnykh statei studentov i prepodavatelei kafedry teorii i metodologii sotsialnoi raboty (Moscow, 2014).

The clients of the Center (aged from 18 to 31 years old) with varying degrees of addiction and length of stay in the Center who underwent social rehabilitation became the object of our study.

For the study, we developed a survey consisting of an introduction (a word to the respondent), the demographic part, and the main part, characterizing the major aspects of the social status of this category of the population. The sample included 46 people. In addition, a conversation was held with the clients of the Center – a free interview to obtain further information on the problems arising after social rehabilitation is undergone.

The study of the specific features and effectiveness of social rehabilitation technology was carried out according to the following plan: the diagnostics; the development of rehabilitation measures and recommendations at the medical and social stage of rehabilitation; the monitoring of the rehabilitation results.

Results and Discussion

The following section describes the results obtained in the course of the study. In the age structure of the sample, the prevalence of people over 25 years old was noted (41.7%).

A portion of the sample (12 out of 46 people) was referred to the Center after compulsory treatment – one client was referred by their family and one was referred by the local law enforcement. This subgroup was composed of young men aged 17 to 23 years old. No apparent difference in this subgroup compared to the voluntary clients of the Center was detected in personal communication.

The Center employees noted that the distinctive feature of work with this type of clients is the longevity of the preparational, premedical stage carried out mainly by psychologists and medical workers in collaboration with the client's relatives. According to the Center personnel, the rehabilitation of such clients is often accompanied by increased conflict with staff and other clients and in case of a weak impact on the preparatory stage, the treatment often stops due to a long absence of positive changes.

The survey results indicated that the majority of the respondents tried narcotics for the first time at the age of 15-18 (41.7%) and 18-20 years old (25.0%). This finding goes in line with the widespread notion of a person's greater susceptibility to drug use in adolescence. The study participants mostly reported their first time using drugs to happen in a company of friends (41.7%). As the reasons that prompted them to take drugs, 58.3% identified the desire to be recognized by their peers and 25% listed the desire to get rid of a depressed emotional state. When asked about the deciding factor determining their use of drugs, 33.3% of the respondents named the desire to "escape reality". Taking the fact of projection of emotions and feelings into account, we can argue for an unhealthy psychological defense mechanism as a factor of the first drug use in a third of the respondents. Upon further consideration of the topic of the beginning of drug use, 33.3% of the respondents reported that their drug use started with marijuana (anasha, hashish) and 41.7% – the substances of the opiate group, recognized as the most potent and causing addiction the fastest. Furthermore, 58.3% of the respondents noted switching from the so-called "light" drugs to the heavier ones (opiate group) in the course of their drug use.

The following results were obtained in the study of the drug addicts' degree of adaptation in the field of interpersonal interactions where their need to belong is fulfilled. With the start of drug use, various types of deterioration in the relationships with a close circle of others were reported by 25% of the respondents. 16.7% of the respondents characterized their relationships with their loved ones as "insufferable". 25.0% of the respondents had to completely break all their ties with relatives and friends. 8.3% of the respondents reported no change in their relationships. A group of respondents (16.7%) also reported that their relationships with loved ones improved.

Almost all the respondents (91.7%) expressed their conviction in the fact that society was extremely unkind to them. This referred primarily to the circle of close relatives and friends. This perception indicates that the respondents sensed the negative opinion about the people with drug addiction that has developed in Russian society and were aware of the high risk of personal isolation.

Aside from the negative attitude of relatives, the respondents also reported experiencing negativity from their neighbors (41.7%), colleagues (25.0%), and the representatives of law enforcement (33.3%).

Personal conversations with the clients of the Center were held to understand the problem deeper. Conversations were held in the form of an informal interview with a preliminary compilation of key questions. The respondents were asked about their predisposition to certain personality traits.

The analysis of the results revealed a predominance of the following character traits: tendency to deviant behavior (25.0%), secrecy and low sociability (16.7%), non-standard judgments and harsh personality (8.3%). At the same time, a significant portion of the respondents (33.3%) comprised confident and sociable enthusiasts, unyielding and positive people. Another portion of the respondents making up 16.7% of the sample included people with various types of physical and mental disorders (speech defects, physical disabilities).

Informal conversations were also held with the parents of the clients of the Center. In the course of the conversations, we attempted to identify the parents' general attitude towards their children and to analyze the trends in families' living conditions and financial well-being during the conversations. As a result of the discussions, the development of certain recommendations for the relatives of people suffering from drug addiction became possible.

Separate conversations with each client's parents were conducted in a welcoming, friendly atmosphere. The conversations provided the following data: half of the families lived in comfortable conditions; 8.3% lived in adverse conditions; 8.3% had material security below the subsistence level; 33.3% had an average income.

It was also revealed that a third of the respondents suffering from drug addiction were raised in single-parent families and 16.7% – in large families where the parents' attention was limited and, according to the respondents, the child was often making decisions on their own. In 50.0% of the families, the use of alcoholic beverages in small doses was perceived calmly, as mischief.

In 75.0% of the families, the respondents themselves noted the unstable nature of family relations. 58.3% of parents had a large workload and returned home late, so the child was left to their own devices. Quarrels and scandals often occurred in 33.3% of the families.

Observation of the parents' behavior during the conversations allowed us to identify a persistent feeling of anxiety and hopelessness regarding the recovery of their children in 66.7% of the respondents. Half of the respondents could not hold back tears during the conversation, many looked away constantly, answered hastily, or, conversely, with long pauses. However, some demonstrated confidence with their gestures and posture and adhered to a detached position regarding the problem.

As a result of the conducted survey and interviews with the clients of the Center, it was revealed that based on a full inpatient treatment people with drug addiction were rehabilitated with a combination of medical treatment and social exposure techniques. In the course of surveys conducted with the Center employees, it was found that about half of clients who had undergone full inpatient rehabilitation treatment stopped drug use permanently, which indicates the effectiveness of the chosen course.

Another specific feature of the social rehabilitation process at the Center is the active involvement of parents and close friends of the client in the events held with psychologists and social workers. According to the Center's management, a return to the society and successful rehabilitation of a drug addict are impossible without restoring the family relations that were lost or harmed due to the illness.

Observation of the clients' relations with their relatives demonstrated that the people with drug addiction whose families did not demonstrate proper participation and assistance in the treatment needed a longer stay in the Center. Compared to the clients who were visited by their relatives and friends often, the progress in their rehabilitation either came with a noticeable delay or was completely absent.

At the time of the study due to the desire of the Center's specialists to restore the clients' relations with their relatives, only 33.3% of the full inpatient clients did not communicate with their families. Based on the results of the study, we managed to identify some features of the rehabilitation process for this category of drug addicts. When asked whether they would like to return to taking drugs, 25% of the addicts who did not communicate with their relatives answered: "I really want to". The rest of the respondents reported having this desire sometimes.

According to the social workers of the Center, if the attempts to establish contact between the addict and the family and involve the relatives in the rehabilitation process fail, the client is automatically assigned to the "risk group". The risk of relapse and second appeal to the Center is high among this category of clients. Psychological support from the loved ones is often as important as qualified professional help.

When asked about their opinion on how drug addicts are perceived by society, almost all the clients who did not get any support from their loved ones responded that the society perceived them negatively (75%). Such an opinion was expressed only by 33.3% of the respondents who were in touch with their family and friends.

It is apparent that if rehabilitation centers and other institutions providing social rehabilitation for drug addicts prioritize facilitating the establishment of the client's relations with their family and close friends, the effectiveness of the rehabilitation course will significantly increase, the return of the former addict to the social environment will become easier, and the risk of the individual's return to drug use will decrease.

Conclusions

We argue that having a special methodology for working with drug addicts makes it possible to force them to undergo treatment and achieve success even if the client is initially against taking the course and overcoming their addiction. Such clients need a more careful approach, sometimes directive treatment, and a long course of medical and social rehabilitation. However, with a competent and informed approach, these clients also have a chance for a healthy future.

The analysis of the data of empirical research and conversations with clients and their parents allows formulating some recommendations for the improvement of social rehabilitation of drug addicts on the example of the "Zebra" rehabilitation center. These recommendations can also be applied to the work of other similar centers.

The results of the study of the interaction between the drug addict and their social surrounding demonstrated that the family institute and their living conditions have a great impact on the development of drug addiction spread in adolescents. Based on the results of the interviews, we identified the need to change the current contradictions in the behavior of parents, as well as the relationship between family members.

The lack of systematic work with the addict's social environment and the lack of family involvement in the rehabilitation process were also identified. In the course of the study family members showed almost no participation in joint training: only third out of 46 clients had meetings with their loved ones regularly and those meetings were limited to personal conversations without the presence and assistance of the Center personnel.

The next important component of social rehabilitation is, therefore, the activities aimed at the social environment of people suffering from drug addiction. It is necessary to conduct all-encompassing work of specialists in psychology and social work and invite those faced with the problem of drug addiction to joint discussions.

In our opinion, the practical part of social rehabilitation should include the personal aspect. The rehabilitation should, therefore, be carried out in two directions. The main part is mostly composed of the "12 steps" program and psychotherapy aimed at reducing the pathological attraction to drug use and normalizing the individual's psychological state. The individual part depends on the client's personal characteristics¹¹. It should aim at restoring the client's social skills, educating them on the topic of self-care, performing certain functions for the benefit of the whole rehabilitation group, and reorganizing family relationships.

The implementation of the presented social rehabilitation programs has the following goals: overcoming the denial of illness as a symptom of drug addiction; improving

¹¹ M. S. Mironova y N. P. Setko, "Rol semi v formirovanii povedencheskikh faktorov riska sredi podrostkov", *Zdravookhranenie Rossiiskoi Federatsii* num 1 (2011): 56-57.

the addict's perception of the essence and form of their disease; developing a qualitatively different attitude based on the spiritual personal growth. The social rehabilitation of people suffering from drug addiction is possible with a systematic unity of the methods of medical intervention and social work. The importance of medical and social work lies in ensuring the optimal level of rehabilitation and restoration of functions in people with physical, psychological, and social disorders. The effective interaction can only be achieved as a result of continued joint efforts in an adjacent area of work after the necessary preparation and development of a special work methodology. This allows combining the activities of several specialties in a new position of a specialist in social work who has undergone the necessary advanced training in medical programs.

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