



INTERNATIONAL ASPECTS OF SOCIAL WORK PRACTICE IN THE ADDICTIONS



SHULAMITH LALA ASHENBERG STRAUSSNER
LARRY HARRISON EDITORS

International Aspects of Social Work Practice in the Addictions

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Introduction

The abuse of and addiction to alcohol and other drugs, and the resulting negative impact on individuals, families, communities and society as a whole, are a world-wide phenomena. Nonetheless, the substances that are abused, the scope of the problems, the social reactions, and the role of professionals in addressing these issues are unique to each country. The way in which particular therapies gain prestige and come to be seen as effective solutions to problems is not simply dependent on scientific evidence, but on political, organisational, economic and cultural factors. An intervention that is demonstrably cost effective can be rejected because it is ideologically unacceptable, or because allocating additional resources to a stigmatised group is unpopular. On the other hand, a treatment that has no apparent scientific validity, like the practice of conducting detoxification with the aid of a herbal emetic in rural Thailand, may be extremely effective if it fits with local people's expectations and beliefs about the nature of the problem.

We gain a more critical understanding of the socioeconomic and cultural influences on treatment systems by studying social work practices in other countries. A comparative international perspective helps us to reflect on which aspects of our response may be successful; which may be less important than we imagine; and which taken-for-granted elements seem distinctly odd from the perspective of another culture. This special volume is dedicated, therefore, to examining current social work practice in the addictions in a number of different countries. There are articles from contributors in Germany, Ireland, Israel, Singapore, the Nether-

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lands and the United States, while the dialogue on the question of legalizing illicit drugs, features discussants from Australia, the United Kingdom (UK) and the United States (US). The exploration of substance abuse among immigrants from the Former Soviet Union by three social workers, Isralowitz, Straussner, and Vogt and a psychiatrist, Chtenguelov, from four different countries points out not only the growing role of social workers as researchers and the need for interdisciplinary collaboration in this field, but also the need for increasing our understanding regarding the abuse of substances from a cross-cultural and social perspective.

It is clear from the contributions to this special volume that there are large areas of consensus alongside areas of disagreement. There is a fair measure of agreement, for example, that addiction problems are a complex biopsychosocial phenomenon, and that they do respond to intervention. All of the nations represented in the articles and discussion in this collection share the experience of rapid social change accompanied by rising rates of psychoactive substance problems over the last half a century.

Alcohol consumption has risen by about 60% world-wide since the end of World War II (Raistrick, Hodgson, & Ritson, 1999), and illicit drug consumption and related problems have grown exponentially. In the UK, for example, the number seeking help for opiate and/or cocaine dependence increased by a factor of 122 over a forty year period: from under 350 in 1958 to over 43,000 in the year 1996 (Corkery, 1997). In 1958, the use of illicit drugs such as cannabis was relatively rare in England, even in major ports like London or Liverpool. By 1997, surveys indicated that *one in three* UK adults of working age had used an illicit drug at some time in their lives, and about 15 percent of those aged 16 to 29 had used an illicit drug in the previous month (Ramsay & Spiller, 1997). A change in social habits on this scale is a cultural shift of seismic proportions, and the same story can be repeated in many other countries around the world.

As Elizabeth Zelvin notes in her introduction to the panel discussion, different countries have responded to this phenomenal growth in problematic substance use in different ways. Historically, there were major differences in alcohol policies, from Prohibition in the US, and the use of rigorous supply side controls in the UK, to the more *laissez faire* policies that existed in Germany, France and Southern Europe. These differences have attenuated in recent years, as market-oriented alcohol policies, characterised by a light regulatory touch, have gained ground everywhere, and controls on the price, availability and promotion of alcoholic beverages have been liberalised.

Where cocaine, opiates, cannabis and other psychoactive substances are concerned, there has been rather more unanimity, fostered by a series of international treaties and negotiations over drug controls. The trend in Australian policy, which James Barber identifies in his contribution to the panel discussion, is shared by many other nations: More substances are subjected to prohibitions and controls; the scope and number of offences are increased and made easier to prove in court; the severity of statutory penalties has increased; and the enforcement and investigative powers of the police are being extended.

As the twenty first century dawns, however, there is a growing lack of support for this emphasis on supply side policies. In Australia and the UK, critics point to the lack of success achieved by law enforcement, and look towards countries like the Netherlands, Switzerland, and parts of Germany for examples of radical policy alternatives. Even in the US, the country most committed to suppressing the international trade in illicit drugs, there is some disquiet. As Diana DiNitto notes in her review of addiction social work in the US, there is concern over the barriers to treatment access that have arisen as a result of the War on Drugs.

Given the complexity of these issues, social workers in all countries will identify with Bill Coleman's *cri-de-cour* that as someone who has seen both sides of the fence, as a former U.S. Federal Special Agent and as a social worker currently treating people with substance problems, he has "come full circle several times about what is needed." There are no simple solutions. The countries represented here differ substantially over how much emphasis is placed on supply side as opposed to demand side measures, with Singapore, as indicated by Mohd Maliki Osman using the death penalty for convicted drug smugglers, while the Netherlands tolerates the sale of narcotics in an old age home. Nations also differ in the priority given to harm minimisation. Germany and the Netherlands have pioneered the use of injection rooms, as seen in the photograph on the end page. Here street users can inject drugs in sterile conditions, with first aid available should they overdose and, in some settings, with social workers and social work students on-site should any addict wish to talk or need help with concrete services. At the other extreme, in the US—the country that arguably adopted harm minimisation first, following Dole and Nyswander's experiments on the 'block-ading' effect of methadone in the early 1960s—DiNitto reminds us that syringe exchange schemes remain illegal in most jurisdictions.

It is clear, however, that national responses cannot simply be categorised as tough or soft on drugs, based on the prominence given to their criminal justice system: instead, they vary along a series of dimen-

sions. There is, for example, considerable variation in the centrality of social work intervention to the national response. Peleg-Oren, Rahav and Teichman show that where social workers have had the study of substance problems integrated into their professional qualifying training, as in Israel, they are more likely to see intervention in substance problems as part of their role. In Israel, the US and Germany, many social workers are in the forefront of attempts to help people with substance problems, including involvement at the national policy level. While in Ireland, the Netherlands and Singapore the role of social workers are more marginal and it is harder to bring the subject into the mainstream of social work education and training.

There are also marked cross-national differences in the form in which social work intervention takes. In the Netherlands and Germany, there has been more of an emphasis on urban regeneration, on anti-poverty programs, and on community work, rather than on clinical social work. Ireland is in transition, Shane Butler argues, from an earlier US based model, which stressed individual counselling, towards a European approach that embraces more of an environmental focus.

However, as James Barber points out, policies can be adopted in inconsistent and even contradictory ways. In 1998 the Prime Minister of Australia publicly endorsed a *zero tolerance* approach to illicit drug use, Barber notes, although this was in direct opposition to Australia's policy of harm minimisation. Similarly, it should not be assumed that a heightened awareness among policy makers of the way in which poverty and environmental disadvantage raise the risk of substance problems among vulnerable groups will automatically lead to an increased role for social workers. While in Israel a growing awareness of the social dimensions of problematic substance use seems to have been accompanied by social work becoming the "pivotal profession in the field," in the Netherlands the policies on harm minimisation and on normalisation, described by de Koning and de Kwant, have given less of a role to the social work profession than might be expected. If, for historical reasons, the status of the social work profession is insecure, it seems that the adoption of broadly based prevention and harm reduction programmes simply reinforce the marginal position of the profession.

Whatever the differences in the perspectives on the nature of the problem, and in social policies, institutional practices, sources of funding and social work methods that are evident in the contributions to this special volume, there is an encouraging measure of agreement. Social workers in all countries seem to share an underlying sense of

the tragedy that addiction can so often mean to people, and to be united in their conviction that social work intervention can make a difference.

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May 20, 2002

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ARTICLES

War and Peace: Social Work and the State of Chemical Dependency Treatment in the United States

Diana M. DiNitto

SUMMARY. In recent decades, treatment for alcohol and drug problems in the United States has been influenced by a number of factors. This article discusses several of these factors, including the “War on Drugs,” with its emphasis on law enforcement and interdiction, and managed health care, which has compromised access to treatment. In spite of these factors, the U.S. invests a goodly amount in alcohol and drug prevention and treatment services and research. Efforts are being made to ensure that research findings are being translated into improved clinical practice. Among the controversial issues in the treatment arena are recent efforts by the Bush administration to promote public funding of faith- or religious-based groups in delivering chemical dependency services. Social workers commonly see people with alcohol and drug

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