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Addiction and Health: Social Perspectives for Addiction Prevention and Addiction Support

Knut Tielking[1,*]

[1]University of Applied Sciences, Hochschule Emden/Leer, Emden, Deutschland

[*]Correspondence should be addressed to Knut Tielking, knut.tielking@hs-emden-leer.de

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Abstract

The article aims to show that a social perspective on addiction as a disease in the sense of a bio-psycho-social understanding of health and disease can meaningfully broaden the often medical view of addiction problems and contribute to addressing addiction as a social problem in a way that reduces stigma.

Keywords: Health promotion, Prevention, Addiction, Addiction prevention, Addiction support

Introduction

Psychotropic substances are consumed by a large part of the population in Germany [1]. The consumption of alcohol is the most widespread among the legal substances (0-day prevalence 70.2%), followed by non-opioid analgesics and tobacco. Until the legalization of cannabis uses for adults in 2024, cannabis was the most widely consumed illegal substance. Nine million alcohol consumers show problematic alcohol consumption, 7.9 million risky alcohol consumption [2]. In addition, there are behavioral addictions such as gambling with a 12-month prevalence of participation in any gambling activity in 2023 of 36.5% of 16- to 70-year-olds [3]. The figures illustrate the social relevance of thinking about prevention and access to addiction support in order to prevent individual and societal harm. This also raises the question of how addiction problems are socially classified?

Formally, addiction has been a recognized illness in Germany since the Federal Social Court ruled in 1968. Initially referring to "alcoholism," the ruling has been applied to other forms of addiction over the years. However, individual and societal assessments still reflect attributions that have developed over centuries, leading to people with addiction problems being seen by part of the population as weak in character, weak in will, and unable to cope with their problems through their own fault (public stigma), and also seeing themselves accordingly (self-stigma). In addition, there are ambivalences, such as socially accepted substance use and accepted behaviors (e.g. sports betting), which contribute to the fact that in cases of problematic or pathological use or problematic or pathological behavior, the willingness of those affected to admit to this, to change their own behavior and to deal with it openly as a society is often low. This mixed situation is one of the reasons why the help provided by society is often accepted too late or not at all, and why many people with addiction problems seek help such as addiction rehabilitation too late or not at all (structural stigma) [4].

Contents

Given the background outlined above, accessing addiction support is not an easy undertaking. Especially from the perspective of people affected by addiction problems. The time between the onset and treatment of an addiction, for example in the case of alcohol addiction, is approximately 10 years [5]. During this time, those affected are already conspicuous in their environment years before they seek help, e.g. in their families, companies, job centers, clubs, etc [6]. Too often they experience stigmatized reactions in the sense of a stigma, which is understood as "a discrediting characteristic or feature that forces itself upon our attention and can cause us to

turn away from the person upon encounter. However, it is not about the characteristic itself, But rather about the "negative" definition of the characteristic or its attribution." [7]. This also applies to the stigma of addiction and affects access to addiction support services, especially addiction rehabilitation. This is evident in the case numbers from the various areas of the addiction support system. These show that only a portion of people with addiction problems in Germany find their way to specialized help and services [6].

The path to and through addiction support services should therefore receive a high level of attention in order to provide people with addiction problems with professional support as early, effectively and efficiently as possible. It ideally contains the following elements, which can be used individually (**Figure 1**).

The motivation for change is crucial for the process of counseling and treatment. According to the transtheoretical model, behavioral change is a multi-stage process [9]. Before someone is in action the person is going through the phases pre-contemplation, contemplation and preparation. Access can be self-motivated by those affected themselves or through impulses from the social environment (externally motivated) from family, relatives, friends, general practitioners or specialists, doctors in hospitals, companies, job centers, sports clubs, schools, universities or other actors.

Successful contact with addiction support services can determine whether or not help is sought, and whether or not further contact with addiction support services and subsequent measures such as detoxification, withdrawal, aftercare, self-help services, assisted living, etc. are used beyond initial counseling. Overall, the range of addiction support services in Germany is very diverse, as the following overview shows (**Figure 2**).

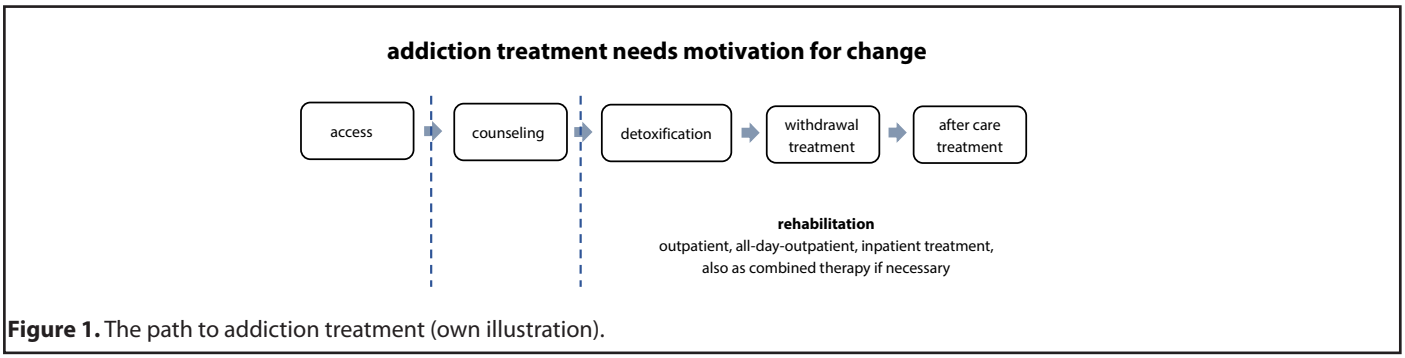

Figure 1. The path to addiction treatment (own illustration).

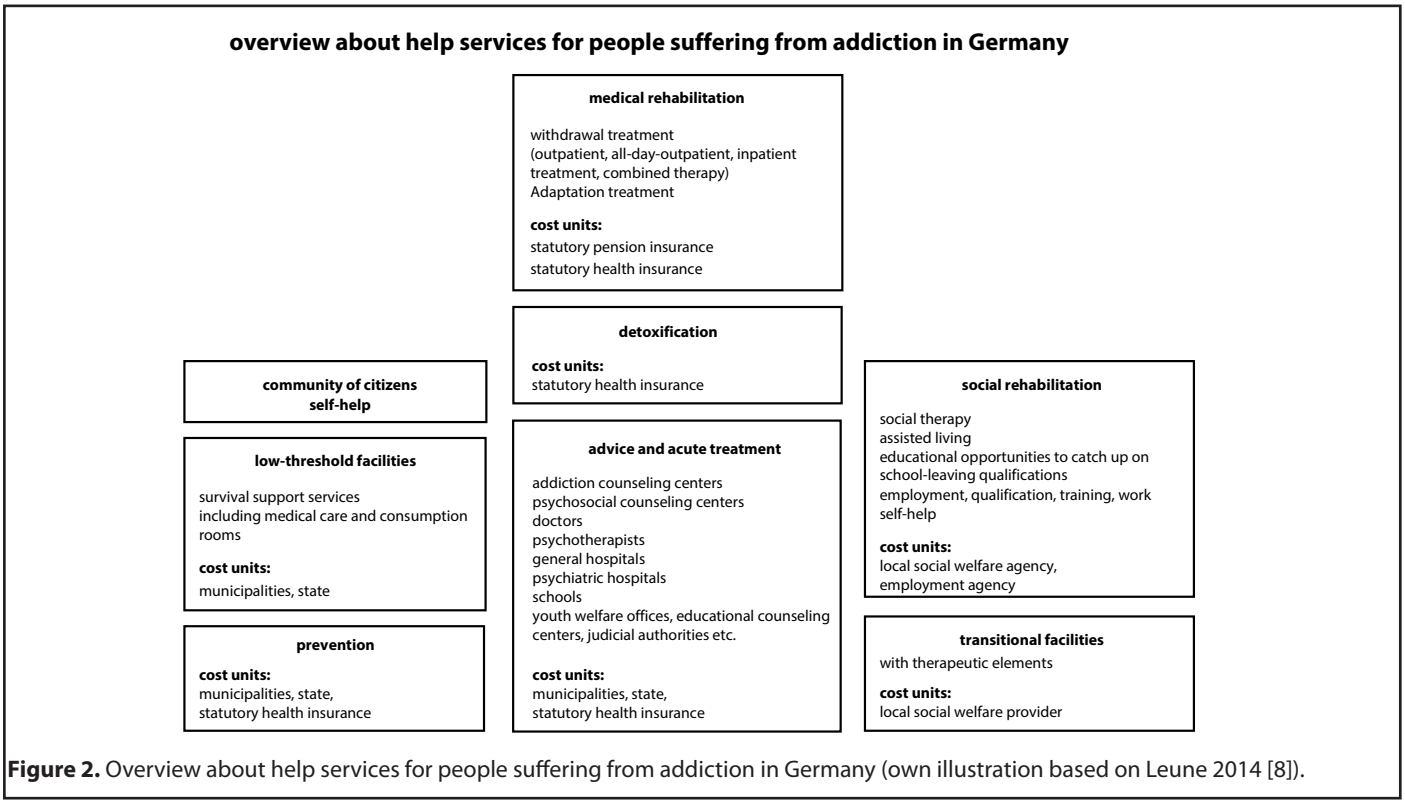

Figure 2. Overview about help services for people suffering from addiction in Germany (own illustration based on Leune 2014 [8]).

What matters is what people with addiction problems need and are looking for. In addition to motivation for change, successful access is linked to a variety of structural factors, such as:

- early contact with the (addiction) support system,
- low-threshold and barrier-free access,
- timely transitions, especially from addiction counseling to further support,
- successful cooperation within the network of affected individuals and addiction support services.

The path to addiction support and the underlying motivation can be compared to a door that is left open in order to translate change motivation into concrete change actions in the approach of the transtheoretical model [9]. Addiction support services can provide support and contribute to a healthier life.

The new publication "Addiction and Health in the Focus of Social Work: Social Perspectives for Addiction Prevention and Addiction Support" [10], offers a concise and profound overview of addiction problems from a social work and social science perspective and should be a part of destigmatizing addiction in the society. The issue of addiction is examined in the context of health, taking into account all major forms of addiction, their causes and conditions of development, and the epidemiological data relevant to addiction. In addition, the addiction support system in all its facets (addiction prevention, addiction counseling, addiction treatment, addiction support) is examined and new findings and open questions in addiction research are discussed. Evidence-based and socio-cultural aspects are integrated components.

One of the most urgent and catching-up-needed tasks is to reactivate and intensify basic social science research on addiction. In principle, it is important to establish equality and eye level between the three components within the bio-psycho-social addiction model so that the social dimension is no longer treated and functions as an appendix. In addition, countermeasures should be taken to counteract the current and progressive tendencies towards individualization in the area of addiction development and occurrence. The aim here is to create a social counterbalance and to clarify and highlight the social dimension of the development process of addiction problems and even dependency disorders. Furthermore, structural changes at the national level are also necessary to reduce health and social inequalities. Finally, it remains a permanent and cross-cutting political and societal task to further advance the removal of taboos surrounding addiction.

Discussion

Addiction problems have both an individual and a societal dimension. Addiction problems, and especially addiction disorders, typically extend to the entire family, social, and professional environment of those affected and often lead to additional problems, such as health and financial problems, as well as, in some cases, stigmatization [11] and social exclusion [12,13]. Drug use and addictive behaviors, as well as the resulting dependencies, not only affect the lives of those affected and their immediate social environment, but also present society with numerous challenges and problems of various kinds, for which solutions must also be sought. Due to its often long-term course, addiction has far-reaching consequences for almost all areas of life. People with addiction have been shown to be at a much greater risk of experiencing unemployment, poverty, debt, and unstable housing [14]. On the other hand, however, such problem constellations in which many of these factors coincide can also fuel the development of addiction and ultimately result in a manifest addiction [15].

It is internationally recognized and accepted in the professional world that addiction is caused by multiple factors and must be treated in a multi-professional manner in order to achieve promising treatment results. There is also widespread consensus on the application of the bio-psycho-social explanatory model for the origin and development of addiction [14]. The three factors of biological, psychological, and social nature appear to be equally weighted and given equal weight in the model. However, practice and experience in recent years show that a noticeable imbalance has gradually emerged over time, with medical and psychiatric structures and approaches increasingly dominating the diagnosis and treatment of addiction disorders. Against this backdrop, some authors speak of a medicalization of addiction treatment and even warn against it. In this context, medicalization is understood to mean that clinical addiction treatment is increasingly tending to offer only services that are covered by the health insurance benefits catalog. Social work in the field of addiction is therefore required to more clearly identify and articulate the specific services it can offer and contribute to addiction prevention and support [16]. To achieve this, it must succeed in engaging with the other professions and disciplines involved in the addiction field in a professionally proactive manner and clearly demonstrate its specific, scientifically supported prevention [17], diagnosis and support services [16].

In a similar way [10], aims to contribute to the situation in Germany by focusing more attention on the underrepresented social science and social perspective in German addiction prevention and addiction support (i.e., addiction counseling, treatment, and support) and giving it appropriate weight in the field of addiction and the addiction support network. The book also aims to destigmatize addiction.

Conclusion

"Destigmatizing language respects the human dignity and individual history of each person. It refers to the illness itself, not the person as a whole. This can break down barriers that prevent those affected (and co-affected) from seeking help" [18].

The quote is intended to clarify the following necessary changes in addiction support. Four aspects should be considered to reduce stigma:

1. use destigmatizing language
2. raise awareness and remove taboos around addiction
3. position addiction as a health issue
4. further establish addiction support as part of healthcare

This should be further developed. Therefore, future practice and research must continue to explore which approaches can be changed to support people with addiction problems in a more "stigma-free" way and to access addiction support earlier.

Author Contribution Statement

Knut Tielking is the sole author of this article.

Conflicts of Interest

The author declares there are no conflicts of interest.

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References

1. Seitz NN, Lochbühler K, Atzendorf J, Rauschert C, Pfeiffer-Gerschel T, Kraus L. Trends des Substanzkonsums und substanzbezogener Störungen. Deutsches Ärzteblatt International. 2019;116(35-36):585-91.
2. Olderback S. Epidemiologischer Suchtsurvey 2021. Kurzbericht zum BMG-geförderten Forschungsvorhaben. Berlin: Bundesministerium für Gesundheit (BMG); 2023.
3. Meyer G. Glücksspiel – Zahlen und Fakten. In: Deutsche Hauptstelle für Suchtfragen (DHS). DHS Jahrbuch Sucht 2024. Lengerich: Pabst; 2024. P. 67-86.
4. Schomerus G. (Selbst-)Stigmatisierung von Suchtkranken als Behandlungshindernis. XXXIV. Niedersächsische Suchtkonferenz – 28. Hannover: LVG; 2024.
5. Drogenbeauftragte der Bundesregierung. Jahresbericht. Berlin: BMG; 2021.
6. Deutsche Hauptstelle für Suchtfragen (DHS). Die Versorgung von Menschen mit Suchtproblemen in Deutschland. Hamm: DHS; 2019.
7. Spektrum der Wissenschaft Verlagsgesellschaft mbH. Stigma. In: Lexikon der Psychologie. Heidelberg. verfügbar unter. 2023. https://www.spektrum.de/lexikon/psychologie/stigma/14871 [7.01.2025].
8. Leune J. Versorgung Abhängigkeitskranker in Deutschland. In: Deutsche Hauptstelle für Suchtfragen (Hrsg.): Jahrbuch Sucht 2014. Lengerich: Pabst; 2014. P. 181-202.
9. Prochaska JO, DiClemente CC. Transtheoretical therapy: Toward a more integrative model of change. Psychotherapy: theory, Research & Practice. 1982;19(3):276.
10. Tielking K, Rabes M. Sucht im Fokus des Sozialen. InSucht und Gesundheit: Soziale Perspektiven für Suchtprävention und Suchthilfe. Wiesbaden: Springer Fachmedien Wiesbaden; 2024; P. 17-118.
11. Schomerus G, Bauch A, Elger B, Evans-Lacko S, Frischknecht U, Klingemann H, et al. Memorandum - Das Stigma von Suchtkrankheiten verstehen und überwinden. SUCHT. 2017;63:253-9.
12. Stöver H. Sozialer Ausschluss, Drogenpolitik und Drogenarbeit – Bedingungen und Möglichkeiten akzeptanz- und integrationsorientierter Strategien. In: Anhorn R, Stehr J. (Hrsg.). Handbuch Soziale Ausschließung und Soziale Arbeit. Perspektiven kri-tischer Sozialer Arbeit, vol 26. Wiesbaden: Springer VS; 2021.
13. Ziegler H. Prävention und sozialer Ausschluss. Handbuch Soziale Ausschließung und Soziale Arbeit. 2021:813-38.
14. Laging M. Soziale Arbeit in der Suchthilfe: Grundlagen-Konzepte-Methoden. Stuttgart: Kohlhammer Verlag; 2020.
15. Bischkopf J, Deimel D, Walther C, Zimmermann RB, editors. Soziale Arbeit in Psychiatrie und Suchthilfe. Fallbuch. Köln: Psychiatrie Verlag; 2023.
16. Krebs M, Mäder R, Mezzera T. Soziale Arbeit und Sucht. Eine Bestandesaufnahme aus der Praxis. Wiesbaden: Springer VS; 2021.
17. Bühler A, Thrul J, de Matos EG. Expertise zur Suchtprävention 2020. Aktualisierte Neuauflage der "Expertise zur Suchtprävention 2013". Köln: BZgA; 2020.
18. Deutsche Hauptstelle für Suchtfragen (DHS). Positionspapier der Deutschen Hauptstelle für Suchtfragen e.V. (DHS). Empfehlungen für stigmafreie Bezeichnungen im Bereich substanzbezogener und nicht-substanzbezogener Störungen. Hamm: DHS; 2023.