

Dr. Boussag hajira

Mohamed Boudiaf University-M'sila

The role of identifying the social dimensions of the drug addiction phenomenon in achieving quality of life

Abstract:

The drug addiction phenomenon is considered one of the negative and pathological social phenomena that may destroy the foundations of social, psychological and cultural structures, because it affects the individual, who constitutes the focus and the end of social life, and the basis for preserving the value and psychological systems of human existence. His relation as an individual to the existence of the phenomenon of addiction will inevitably affect the quality of human life. This makes identifying the social dimensions of the phenomenon of drug addiction play a decisive role in achieving the individual life quality.

Keywords: Drug addiction; social dimensions; addict; life quality; role.

الملخص:

تعتبر ظاهرة الإدمان على المخدرات من الظواهر الاجتماعية السلبية والمرضية، التي قد تهدم أسس البناءات الاجتماعية والنفسية والثقافية كونها تمس الفرد الذي يشكل محور ومنتهى الحياة الاجتماعية، وأساس حفظ المنظومات القيمية والنفسية للوجود البشري، فعلاقته كفرد بوجود ظاهرة الإدمان ستؤثر حتما في جودة الحياة الإنسانية، ما يجعل التعرف على الأبعاد الاجتماعية لظاهرة الإدمان على المخدرات، تلعب دورا حاسما في تحقيق جودة الحياة.

الكلمات المفتاحية: الإدمان على المخدرات، الأبعاد الاجتماعية، المدمن، جودة الحياة، دور

1- Introduction:

The phenomenon of drug addiction is considered one of the most complex human problems, which has swept across various countries of the world, rich and poor, developed and backward, and has become death packaged in pills, injections, etc... in light of the ease of obtaining drugs and their low prices; despite the tightening of penalties on drug and psychotropic substance sellers.

The impact that drugs have on the reality of societies and individuals in the world is very dangerous, whether in the economic, psychological, or social aspects, which is increasing in view of the staggering numbers achieved by the drug trade. This danger; represented by the speed, intensity and unlimited spread of the phenomenon of drug addiction, and its impact on the social life of human being, is offset by the weakness of the international system and the global community in reducing its effects on the quality of human life today.

Drug addiction causes risks that affect the life quality of society and individuals, who use drugs, whether in the area of physical deterioration, professional distraction, financial difficulties, or social and emotional isolation.

Repeated and continued use leads to misuse. This only occurs within social contexts and social dimensions, whether favorable, opposed or neutral to the use of drugs, depending on societies, their cultural beliefs and their social transformations, which may shift from prohibiting drug use, to allowing their use, or vice versa, their new cultural deposits and social systems may prevent drug use under any name.

For this reason, it is necessary to recognize the social dimensions of the drug addiction phenomenon in order to achieve life quality within contemporary life.

2- Study concepts:

The researcher deals with the study basic terms related to the study subject, which are as follows:

a- Drug:

The meaning of the word drug often varies with the context in which it is used. From a strictly scientific point of view, a drug is any substance other than food which by its chemical nature affects the structure or function of the living organism. From this perspective, the term includes some agricultural and industrial chemicals. The physician might define a drug as any substance used as a medicine in the treatment of physical or mental disease; when treatment of illness is the referent, the lay public may use the word in the same sense. Drugs also are defined as a new phenomenon and become associated with a new kind of drug user. The apparent increase in drug use –itself defined as the problem- has precipitated a serious iniquity into its causes, a massive investment of social effort to contain it (USCMDA.2007. p9-17)

b- Drug abuse:

Drug abuse is a behavior that leads the user to what is called dependency syndrome. A key hallmark of the abuse syndrome is continuing use of the psychoactive substances in spite of such adverse consequences, a cycle of events which results in mounting harm to patients, their families, their employers and their communities. This is a more serious disorder characterized by compulsive use of drug dependency (Floyed.2002.p3)

c- Addiction:

All accepted definitions applied to the assessment of addiction had been developed by addiction specialist, whose frame of reference generally is the individual who develops addiction outside of the medical context and has no disease for which the drug or drugs may be indicated. These definitions emphasize that addiction is a psychological and behavioral syndrome in which there is drug craving, compulsive use, a strong tendency to relapse after withdrawal, and continued use despite harm to the user or those around the user (Lowinson.2005.p864) Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward And or relief by substance use and other behaviours (Hajela.2015.p39)

d- Addict:

An addict is a person whose life is controlled by drugs. He started using them to escape from social problem, but they can quickly make his life worse. They tell him (television, people...) drug is bad but he don't know how else he can deal with his problems(Johnston.2000.p93)Therefore, the addict has an urgency desire to return to addiction, accompanied by a lack of self-confidence and an inability to be patient. This causes him to distance himself from family or social relationships, as a result o his feeling that he is being watched and everything around him is monitoring his movements.

e- Life quality:

Life quality in general means the quality of a person's characteristics in term of his physical, psychological and cognitive formation, his degree of compatibility with himself and with the others, in addition to his moral and social formation.

3-Study variables:

3-1. Life quality:

a-what does life quality mean?

According to one medical authority it is a universally recognized term whose origin is unknown and whose meaning remains difficult to define. Another eminent authority, this time a social scientist from Canada, assures us that the “idea of quality of life is not new”;it goes back ‘at least to 1939.He predicted, in 1989, that quality of life would become’ The issue in human services in the 1990’s.His prediction is coming true(Seed , Lloyd .1997.p4)

b- Quality of life dimensions:

Ku & others look at the dimensions of quality of life through the happiness profile, which includes seven dimensions:

- *The physical aspect*
- *Mental health*
- *Independence*
- *Financial income*
- *Life satisfaction*
- *Environment aspect*
- *Social relation*

Some researchers adopt only five, summarized as follows:

- ***Physical wellbeing:***

Physical wellbeing is the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress. The ability to recognize that our behaviours have a significant impact on our wellness and adopting healthful habits (routine check-up, a balance diet, exercises, etc.)While, avoiding destructive habits (tobacco, drugs, alcohol, etc.) will lead to optimal

physical wellness. Physical wellness encourages us to care for our bodies through physical activity, proper nutrition, and strong mind (Oswaal.2024.P78)

- **Material wellbeing:**

Material wellbeing is the ability to gain and use one's discretion disposable income, to live in quarters of acceptable quality, and to have material possessions of a desirable quantity and quality (Schalock .1997.p106)

- **Social wellbeing:**

At the individual level, social wellbeing is the ability of an individual to sustain a variety of different types of relationships and variety o network connections. At the family level, social wellbeing is the ability of the group to preserve their notion of the family in the face of crisis (Dan.1990.P298)

- **Emotional wellbeing:**

Emotional wellbeing refers to the behavioural and emotional indicators and signs that an individual possesses in his life, which indicate that the individual is completely satisfied with his life (.emotional wellbeing has fundamental dimensions that enhance its individual high levels, the most important of which is:

- **Positive relationship with others:**

Positive relationship with others is a way that helps people to understand not only what they can

do to make a good difference for their individual wellbeing (an individual's sympathy and ability to communicate and open up with others in an honest way..)But also that this is also intricately connected to relationships with others. Not only enhance on their happiness but also wellbeing of the communities and societies in which they live (Roffey.2011.p4)

➤ **Autonomy:**

Autonomy means that individuals' behaviours are self-organized and self- endorsed, and their actions are experienced as fully voluntary and authentic. This theory attempts to understand autonomy in terms of identity, which is recognizing the wish at some deep level to be the type of person who acts in this way: «the attitude a person takes toward the influences motivating him which determines whether or not they are to be considered his, in an external determination be one of identification” (May.1998.p17)

C- Quality of life standards:

Quality of life standards includes the following important points:

- *Job and income*
- *Housing*
- *Work-life balance*
- *Security and life satisfaction*
- *Health*
- *Participation in civic life*
- *The environment*

- Education
- Social interaction

3-2. social dimensions of the drug addiction phenomenon:

The problem of drug abuse and addiction, like other social problems, is affected by many influential social dimensions which vary from:

3-2.1. family problems:

For better or worse the problem drug user is part of their family and it is this family that is very likely to play a crucial role in shaping the destiny of that drug user. Indeed the family is frequently a good deal more significant and influential than any drug or social welfare agency will ever be. The stigma associated with having a problem drug user in the family and the sense that the family problem should be resolvable within the family, usually translates into isolation and stress (Bernard.2007.p154) especially when one or both parent use drug because children user feel ashamed of the situation at home ;they have lower self-esteem. They are very worried about their parents' relationships. See that take on their responsibilities of adults, like cleaning; cooking, working. Sometimes they don't have food at home, they face more neglect, or are victims of physical violence and they see violence at home. There is still stigma against people with addiction (Giacomello.2022.p46) in addition to other family problems as:

- *A decrease in feeling of happiness ,love and cooperation between spouses (decrease of understanding and cooperation between them)*
- *Family cultural problems (difference of trends, traditions...)*
- *Values and customs differences between spouses, which leads to the emergence of problems, conflicts and disintegration.*
- *Emotional problems due to the differences in the nervous and mood states of the spouses.*
- *Lack of family cohesion and social compatibility*
- *Emergence of religious family disputes (the wife is religious but the husband is not and vice versa.*

3-2.2.The influence of groups of friends (bad friends):

Cohen sees subculture as a response to the common problems of conformity among members of society becomes an influential social dimension of the drug addiction phenomenon, while Waters sees subculture as a way of life that differs from the patterns of the society's overall culture in some aspects and shares the overall culture in other aspects. Drug addiction according to this theory, is determined by a subsystem of knowledge, beliefs, and attitudes that make certain forms possible, permissible or prescribed. For that the biggest demand that individual insists on satisfying is belonging to a group, whether his affiliation is to the group of friend, and there is no doubt that friends have a large and prominent role in influencing the individual's direction and general behaviour, and in order for individuals (teenagers) to remain a member of the group, they must keep up with its members in their habits and behavioural tendencies, whether negative or positive. The individual (child or teenager) taking drugs in the event that they are taken by members of the group, for the case to remain acceptable within this group, his beginning of taking drugs were with them in order to maintain contact with them, which confirm the great impact of the peer group in determining the behavioural tendencies, especially with the absence of the individual's absorption of a certain value system within the family.

3-2.3. Degree of religiosity:

Individual is responsible and charged with applying, implementing and protecting his beliefs and values, and this is within himself and extends outside this self by his will and desire. Religiosity is a psychological state as it is at the same a social phenomenon

that has existed with individual since a long time ago. Allport agreed that religion could be the basis for forming an individual's philosophy of life. Today theorists argue as to whether Allport's ideas, it is clear why religion barely figures in modern discussion about the nature of prejudice and its relation with drugs addiction (O'Connor.2017.p42) In this regard, religiosity is an innate matter in humans, and has an internal nature in the individual, and become for him like the basis nucleus around which all his dealings and actions revolve. It increases and decreases in the individual according to the upbringing and its support for its religious orientations. In this context, religiosity is a dimension that has a great impact in keeping the individual away from deviations and behaviours that harm his body and soul. However, if the rate of religiosity or faith decreases, the strength of faith that prevents and protects him from drug addiction may decrease. Rather, he may not obey the commands of religion because there is no strength belief in him-self by turning to parental upbringing or a group of companions or other social dimensions.

Conclusion:

Identifying the social dimensions of drug addiction within the social fabric represents an essential and inseparable link from the social, cultural and psychological structure to achieve quality of life in contemporary societies, which actually affects the human movement in its favourable or unfavourable contexts in intertwined images that may reduce time and space within lines of communication and transmission converge, that makes social relationships complex ;and its understanding can constitute prevention and treatment at the same time

References:

- 1- Bernard Marina.2007.Drug addiction and families. London .Jessica Kingsley Publisher
- 2- Dan O'Hair. 1990. Applied communication theory and research. Oxon. Routledge

- 3- *Floyed R Michael.2002.Substance abuse.UK. Radcliffe Medical Press*
- 4- *Giacomello Corina.2022.Children whose parents use drugs. Strasbourg. Council of Europe*
- 5- *Hajela Raja.2015.Addiction is addiction. Canada. Friesent Press*
- 6- *Johnston Carla B.2000.Screened out. London .M.E. Sharpe edition.*
- 7- *Lowinson H.Joyce.2005.Substance abuse.US. Lippincott Williams & Wilkins Publishing*
- 8- *May Thomas.1998.Autonomy, authority and moral responsibility.US. Springer.*
- 9- *O'Connor Alexander.2017.An analysis of Gordon W. Allport's The nature of prejudice. London. Routledge*
- 10- *Oswaal Editorial Board.2024.Oswaal CBSE question bank.class11physical education. Oswaal book and learning PVT Limited*
- 11- *Roffey Sue.2011.positive relationships. Australia. Springer Netherlands.*
- 12- *Schalock Robert L.1997.Quality of life application to persons with disabilities. Washington. AAMR Publication*
- 13- *Seed Philip, Lloyd Greg .1997.Quality of life .London. Jessica Kingsley Publisher*
- 14- *USCMDA.2007.Drug use in America: Problem in perspective. Volume 1.US. USGPO Publishing*