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**PSYCHOLOGICAL ASPECTS OF REHABILITATION AND RE-  
SOCIALIZATION OF DRUG ADDICTS UNDER 12-STEP  
PROGRAM**

I. Kutianova (a), P. Kislyakov (a)\*, D. Savchenko (a), M. Tarasov (a), D. Semenov (a),  
A. Udodov (a)

\*Corresponding author

(a) Russian State Social University, Wilhelm Pieck Str., 4, Moscow, 129226, Russia, pack.81@mail.ru,  
+7(915)8484010

*Abstract*

This article contains research results relating to special aspects of drug addicts' rehabilitation and re-socialization, carried out under the 12-step program. We used the following research methods: test by Kutianova. "The level of the individual socialization", two authors' questionnaires by Kutianova and Shchekaturova. for addicts participating in rehabilitation programs and individuals in remission. Two groups of respondents participated in the study: drugs and alcohol addicts, 70 people including 57 males and 13 females aged 18 to 35 (placed for rehabilitation in non-state rehabilitation centers implementing the 12-step program); persons in remission, 46 persons including 37 males and 9 females aged 18 to 35 (who have successfully completed a course of treatment and rehabilitation for a long time (more than one year), staying sober). During the research, we studied factors contributing to successful re-socialization of drug addicts participating in the 12-step program. External and internal factors that have the strongest impact on rehabilitation outcome were analyzed in the course of this study. The study revealed that participants of the 12-step programs give priority to rehabilitation activities related to the social and psychological as well as physical sphere. We can use the obtained data for development of social rehabilitation programs aimed at correcting dependence behavior.

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**Keywords:** Drug addiction, alcohol addiction, the 12-step program.



## 1. Introduction

The drug addiction effect mainly consists in reduction of labor, intellectual and creative resources of the country through involvement of a large number of young people, mostly males, into systematic use of psychoactive substances (Veshneva & Bisaliev, 2015; Anisimova, 2007; Gossop, Stewart, Marsden, Kidd, & Strang, 2004). This, in turn, jeopardizes the implementation of strategic objectives of our country development, as the drug use can have a significant impact on psychological development of a person, make it impossible for them to acquire skills and approaches to life situations and achieve professional and personal maturity (Dudko, Pelipas, Tsetlin & Rybakova, 2005; Rathod, Addenbrooke, & Rosenbach, 2005; Kislyakov, Shmeleva, Silaeva, Belyakova & Kartashev, (2016). Indices of socio-emotional wellbeing of youth: evaluation and directions of improvement., 2016). Another consequence of drug addiction is an antisocial behavior of drug addicts associated with drugs use, which threatens the stability of society (Napalkov & Morozov, 2015; Ooteman, Koeter, Vserheul, Schippers, & van den Brink, 2006; Shewan & Dalgrano, 2005; Kislyakov, Shmeleva, Rybakova, Babich, Belyakova, & Semenov, 2018).

In this regard, further developments with respect to arrangement of effective programs, correction methods, rehabilitation and re-socialization of persons with substance dependencies remain relevant.

## 2. Problem Statement

Stopping alcohol and drugs abuse is only the beginning of a complex process of rehabilitation and re-socialization of drug and alcohol addicts (Miller, Walters, & Bennett, 2001). Further rehabilitation and recovery measures aimed at maintaining remission is a very difficult and responsible task (Smith et al, 2005).

More than 80% of rehab centers for people suffering from alcohol and drug addiction apply principles of the 12-step program in their work in the Russian Federation (Rupeka & Lisnyak, 2016). However, so far there have been no studies as to which components of the rehabilitation program and rehabilitation impact have the greatest impact on remission of alcohol and drug addicts.

However, we can assume that there are external, environmental factors that contribute to the formation of attitudes to sobriety, as well as internal factors that contribute to or prevent a change in lifestyle and the complete cessation of drug and alcohol use by persons with substance addictions (Napalkov & Morozov, 2015).

## 3. Research Questions

In order to further develop and improve rehabilitation programs, it is necessary to understand mechanisms through which the most effective arrangement of rehabilitation process is possible. To this effect, one needs to find out which components of rehabilitation programs make them more effective, and to achieve a persistent remission, complete cessation of drugs and alcohol use by drugs and alcohol addicts, as well as discover addicts' personal characteristics that can help or hinder the remission (Kutianova, 2013).

When one analyzes the effectiveness of the 12-step rehabilitation program, one should have a comprehensive look at the problem of remission persistency factors, from different perspectives: both from an addict's view who decided to stop using drugs and participated in rehabilitation program, and from

person's view in remission who have successfully completed rehabilitation program and have a history of prolonged remission.

#### **4. Purpose of the Study**

The purpose of the study was to research social and psychological aspects of rehabilitation and re-socialization of drug addicts involved in the 12-step rehabilitation programs.

#### **5. Research Methods**

We used the following research methods: a test by Kutianova "The level of the individual socialization", two authors' questionnaires by Kutianova, Shekaturova, and Shabanov (2014), for addicts participating in rehabilitation programs and individuals in remission.

Statistika 6.0 for Windows statistical package was used to process the research data. We carried out the analysis of difference in mean values for two samples according to Student's t-test and content analysis of answers to open questions of authors' questionnaires.

Two groups of respondents participated in the study:

1. Drugs and alcohol addicts, 70 people including 57 males and 13 females, aged 18 to 35 placed for rehabilitation in non-state rehabilitation centers implementing the 12-step program;
2. Persons in remission, 46 persons, including 37 males and 9 females aged 18 to 35, who have successfully completed a course of treatment and rehabilitation for a long time (more than one year), staying sober.

In total, 116 people took part in research, 94 males and 22 females.

The following rehabilitation centers comprised the base for the study: "Healthy country", "Doctor Isaev's Clinic", "Generation" (Moscow, Moscow region).

#### **6. Findings**

The analysis of remission duration for persons completing rehab in the 12-step program revealed that 45.03 % of those who participated in the study were at initial stage of recovery and had a sobriety period from 0 to 3 months, 24.59 % of respondents stayed sober from 3 to 6 months, 26.58% of addicts stayed sober from 6 months to 1 year. 3.8% of participants failed to indicate time spent in remission. The number of persons undergoing the 12-step rehabilitation programs with sobriety period from 0 to 3 months exceeds the figures in other groups 2 times on average.

The maximum number of participants in the study who is in remission, i.e. 61.65%, have a period of sobriety from 1 to 2 years, 12.33% stay sober from 2 years to 4 years, 10.27% of respondents do not use substances from 4 years or more.

A study of the immediate social environment of respondents participating the 12-step rehabilitation programs and being in remission revealed that persons in remission indicated that they had their own family (a spouse) – 43.8%, more often than participants in rehabilitation programs.

In general, 60.7% - 70% of respondents participating in the 12-step rehabilitation programs do not have their own family.

The results of family relationships analyses of participants involved in the 12-step rehabilitation programs, as well as persons in remission revealed that 45.8% of participants in the 12-step programs, as well as 54.1% of persons in remission noted friendly and supportive relationships in the family.

The group of persons undergoing the 12-step rehabilitation programs showed more self-assessment problems than the group of persons in remission. In particular, the following problems were mentioned: “I do not know how to forget the past” (Mean value=0.59), “I believe that I will be betrayed again” (Mean value= 0.39), “I do not want to work at offered place of work” (Mean value=0.37), “I am afraid of my freedom” (Mean value=0.35).

The group of persons in remission displayed minimum number of social and psychological problems. Thus, we may conclude that the majority of social and psychological problems of drug addicts directly relate to drug consumption, their relevance and severity decreases in the course of remission.

Table 1 presents the significant differences between the number of social and psychological problems of the 12-step programs participants and persons involved in other programs and persons in remission.

**Table 01.** Significant differences between the number of social and psychological problems of the 12-step programs participants and persons involved in other programs and persons in remission

	12-step program participants. Mean value	Persons in remission. Mean value	t-test	p>
Problems in family	2.7	2.33	3.1	0.01
Problems in social environment	2.07	1.59	3.2	0.01
Self-assessment problems	2.19	1.09	3.4	0.01

The results of content analysis of respondents’ answers to the question “What do you like in the rehabilitation program?” showed that the respondents of all groups often noted professionalism, attentive attitude, care of rehabilitation centres’ staff.

All participants in the study noted such characteristics as atmosphere of good will, respect; interaction with other residents; educational component of the program (lectures, conversations, etc.); sports (exercise, football, jogging, gym, yoga, etc.). In addition, the exchange of residents’ experience, personal example, and experience of recovering people were found to be very important for all groups.

Persons participating in 12-step programs noted as important some other characteristics: self-improvement, work through their feelings, acceptance of responsibility, performance of functions, labor, household skills, availability of support, care, mutual aid.

The 12-step program and its elements are very significant for respondents involved in the 12-step rehabilitation programs (15.5%), and persons in remission (8.9%).

The 12-step rehabilitation programs participants found the selection of the following characteristic as specific compared to individuals in remission: trust in the program, sense of security, absence of drugs (11.5 %); positive changes, the effectiveness of the program (10.4 %); good material conditions, nutrition (9.4 %), training (7.7 %), written assignments, feelings diary (7.1%); small groups, morning meetings, day, week analysis (5.4 %); a sense of family, home, integrity (of 5.4%).

An individual approach to rehabilitation (7.5%) became a characteristic that proved to be significant only for a group of people in remission.

In general, all residents identified characteristics, to varying degrees, that can be divided into several areas:

1. Physical (sport, healthy lifestyle, material conditions, work, medical support).
2. Psychological (self-improvement, diaries, work with a psychologist, self-development, knowledge about addiction).
3. Social (communication with personnel, recovering participants of rehabilitation programs, atmosphere of support, respect, home, communication with the outside world, social activities, leisure).
4. Spiritual sphere (spiritual component of the program, prayer).

The respondents' answers discovered specifics of the prevalence of particular areas. Thus, for respondents, involved in the 12-step programs, the social and psychological spheres became leading in their answers.

All four spheres – physical, psychological, social and spiritual are significant in responses of persons in remission. Thus, we may conclude that for a successful recovery in the rehabilitation program, it is necessary to balance all areas of rehabilitation.

The respondents indicated that emotional problems were the most common reasons for relapse in all groups. The respondents mentioned the desire to use drugs, their craving, and lack of motivation for sobriety as the most common reason for slip. Conflicts and misunderstanding in the family became the next reason indicated by the persons participating in the 12-step rehabilitation program. However, the remission respondents did not indicate this reason as the most significant in a situation of slips.

There was also a factor influencing the occurrence of relapses in remission group, specific only for that group: illusions about the possibility of self-control, self-confidence. 7.5% of respondents mentioned this factor as a risk factor.

Study of the reasons of inefficiency (low-efficiency) in previous methods of rehabilitation in a group of dependents identified the internal and external factors leading to relapses:

Internal factors (reasons in me)

1. I had lack of motivation or no purpose, did not want to recover, devalued everything by myself, and had personal problems;
2. I failed to recover completely, interrupted the treatment;
3. I did not analyze the reasons of my illness;
4. I rejected the disease, had no sense of my powerlessness, was not on the verge of life and death, and did not reach the "bottom";
5. my relationship with the team and with other rehabilitators in the center failed;
6. I was on rehab against my will;
7. I had no faith (spiritual and moral component);
8. I was bored, had nothing to do.

External factors (causes in the environment)

1. Lack of effective management in the rehabilitation center:  
(A) a head and staff of the rehab center had no adequate experience and qualifications;

- B) lack of effective tools to handle dependency;
- C) lack of information on the nature and manifestations of dependence;
- D) poor living conditions in the rehab center;
- D) a large number of patients in the rehab center;
- (E) overburdening of the rehab center staff with work;
- F) too short term of rehabilitation;
- H) ineffective selection of the rehabilitation program.

2. Lack of effective post-rehabilitation support programs:

- A) meeting old friends (co-abusers);
- B) doubt on the part of co-dependents (wife, extended family) in the productivity of rehabilitation;
- C) no groups of anonym alcohol and drug addicts in the city;
- D) lack of opportunity to obtain a profession and support at the first stages of the post-rehabilitation

period.

3. Medical treatment separately from rehabilitation is ineffective.

## 7. Conclusion

The study revealed that the 12-step programs participants give priority to rehabilitation activities related to social and psychological as well as physical sphere.

The content analysis of respondents' answers to the question "What do you like in rehabilitation program?" revealed that respondents of all groups often noted professionalism, attention, care of staff and management of rehab centers.

Among the most significant characteristics noted by all groups representatives, there was the atmosphere of good will, respect; professionalism of the rehabilitation center staff; interaction with other residents; educational component of the program (lectures, conversations, etc.); sports (exercise, football, jogging, gym, yoga, etc.). Thus, the most important factor of keeping the persons having substance dependences in the rehab program is a warm and friendly atmosphere in the center, at the same time many rehabilitators defined the rehab center as "home" and "family" in their answers. In addition, the most important factor for all groups under study is professionalism of the staff of the rehab center.

The outcome of the study showed that having own family was also a factor that had a positive impact on the results of rehabilitation and re-socialization.

Previous experience of relapse can also be a factor that negatively affects the results of rehabilitation. The study showed that the number of rehabilitations in remission is generally lower than the average for persons involved in the 12-step rehabilitation programs. However, there is no reliable pattern between the number of previous rehabilitations and remission stability.

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