Persons with Drug Addiction as Knowledge Providers: Their Contribution to Social Work Education

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*Social work students' stereotypical perceptions of excluded
populations could be decisive in the way they treat those who are
excluded. In an attempt to change such perceptions and enhance
knowledge about how to work with an excluded population, a dia-
logue-in-class model was implemented between students of social
work in Israel and persons with drug addiction. The experiences
of 292 students were evaluated by utilizing a semi-structured
instrument. The findings indicated the potential of this model (in
which representatives of an excluded population are the knowledge
providers) to expand and enrich the unidimensional and stereo-
typical way in which students may perceive persons with drug
addiction. The participants drew implications for future practice
with excluded populations. These included both the importance of
coming to a fuller understanding of the unique difficulties and
needs of each person and the necessity of overcoming barriers
hindering connection with persons in excluded populations, thus
reducing their sense of exclusion.*

*KEYWORDS   stereotypes, excluded populations, drug addiction,
social work education*

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INTRODUCTION

Certain population groups are excluded from mainstream societal participation, some on the basis of their color or religion and others in response to their exhibiting behaviors perceived as unmanageable or alien (Rosenfeld & Sykes, 1998). One of the most excluded populations is that of persons who are addicted to drugs. Hartnoll (1998), in her discussion of the relationships between social exclusion and social work services, emphasized that any discussion of social exclusion and marginalization must address the issue of drug abuse. Persons with drug addiction too often are simply labeled as drug addicts and the word *persons* is omitted from any reference to them. Rosenfeld and Sykes note that there is usually little contact between members of excluded populations and those in the mainstream. To the extent that there is contact, it tends to be mediated by the operation of prevalent stereotypes *vis-à-vis* these populations. Stereotypical images have been described by Fisher (1998) as exercising great influence and contributing significantly to social exclusion. Goffman (1986) describes the devastating and dehumanizing effects of stigma applied to any population. When viewing a person through the lens of stigma, one tends to see the stereotype rather than a specific individual, to make premature judgments, and to take actions that end up creating realities that confirm the preconceived perception.

Like everyone else, helping professionals are affected by the stigma toward excluded populations within the general population. For example, there are indications that there is a common tendency toward stigma among those in the helping professions, including psychiatry, psychology, and social work, toward persons with mental illness (Minkof, 1987, Mirabi, Weiman, Magnetti, & Keppler, 1985) and toward persons who are addicted to alcoholism (Duxbury, 1982).

Najavits et al. (1995), based on their study with 51 mental health professionals, note that therapists' emotions toward substance abusers are different from their response to other populations: more intense, more negative, and more likely to impact treatment. Daley (1987) and Googins (1984) claim that the negative approach of professionals is rooted in stereotypical assumptions that persons with drug addiction and alcoholism are resistant and unmotivated and, therefore, unlikely to demonstrate positive treatment outcomes. With respect to social workers' approach, Lemieux and Schroeder (2004) note that, despite the apparent good fit between social work practice principles and the objectives of treating substance abusers, social workers have demonstrated a long-standing reluctance to intervene with persons with alcohol and drug problems. In their study of 457 providers of social welfare and other medical services about their views of working with persons with alcohol problems versus drug problems, Gassman and Weisner (2005) found that drug problems carry much more stigma because of their association with criminal behavior. When community providers view drug use

primarily as illicit behavior, this encourages a punitive response rather than a response more helpful to the client.

Persons who cope with drug addiction and who live in poor neighborhoods are often people at the margins of social life and part of what Rapp (1998) defines as "entrapping niches" (as opposed to persons from the middle or upper class whose situation might be different). A niche is the environmental habitat of a person or category of persons, and entrapping niches are highly stigmatized. People caught in them are commonly treated as outcasts. The possibility that people caught in such entrapping niches may have aspirations and attributes apart from their category is not ordinarily considered, and they are often totally defined by their social category (Li & Moore, 2001). In addition, they tend to "turn to their own kind" for companionship because of their exclusion from the mainstream population, so their social world becomes more restricted.

Professionals' approach toward persons with drug addiction may be supportive of the entrapping niche. For example, Cohen, Griffin, and Wiltz (1982), in their study of 60 participants in which the perceptions of health professionals and counseling students toward persons with drug addiction were examined, found that these groups tended to perceive persons with drug addiction as being markedly different from themselves. Rapp notes that professionals, in their approach to treating people who are in entrapping niches, often overemphasize the diagnosis or problem of the individuals rather than their human characteristics. Levy (1981) warns that, at their worst, labels utilized by helping professionals can be symbols of diagnostic error, distortion, and bias. Too often, the label becomes affixed to a human being as though it were some kind of communicable disease. Levy asserts that labeling also may lead to unfair treatment and even to nontreatment.

An important emerging strategy for bringing about changes in helping professionals' perceptions of people who belong to excluded populations has been to involve them in training, providing students and professionals with direct exposure to the persons behind the labels and to their views (e.g., Pinfold et al., 2003; Shor & Sykes, 2002). In this approach to training, the professional's knowledge of the problem of the population is not viewed as sacrosanct but as one small piece of a much larger puzzle (Small & Sudar, 1995). Involving persons with drug addiction in the education of social work students could address Beresford and Wilson's (1998) criticism of the current professional discussion relating to persons who are socially excluded. They note that while social exclusion has become a major focus of social work and social policy analysis, discussions about this subject generally have not extended to exploring the perspectives of "the socially excluded" or to enable their analysis of the subject of social exclusion. Among the reasons they suggest for this situation are the tradition of professionals' speaking for the people they help rather than believing that they could speak for themselves and the dominance of traditional models of analysis

of situations of social exclusion that are based on evidence gathering by outside "experts."

In an attempt to provide social work students an opportunity to become familiar with the views of persons who experience social exclusion and with their experience of being consumers of social services, a dialogue-in-class project was conducted in a school of social work in Israel in which meetings with people with drug addictions (who were being treated in a methadone clinic) were incorporated in the training of the students. The aim of the project was to expose these students to the life stories of persons with drug addiction and to the knowledge they gained about their situation, thus facilitating a dialogue between these two groups in a way that would enable the students to become familiar with facets of the presenters beyond the drug addict label. The underlying assumption of these encounters was that students have been affected by the stereotypes toward persons with drug addiction just as others in the general public. Additional assumptions were that the traditional teaching and training model, which is based on the experts' (academics' or practitioners') knowledge, is limited in the opportunities that students might receive to challenge their preexisting perceptions and that the knowledge and experience that persons with drug addiction bring to such encounters could be complementary to that provided by social work educators. It was postulated that these dialogue-in-class meetings could provide opportunities not only to challenge preexisting perceptions but to learn what could be helpful for persons with drug addiction.

The objectives of the evaluation research reported on in this paper were to explore the contribution of the dialogue-in-class meetings to (1) the way in which students perceive persons with drug addiction and (2) their knowledge of how to work with an excluded population such as persons with drug addiction.

METHOD

Evaluation was conducted on a project implemented jointly by the School of Social Work and Social Welfare of the Hebrew University of Jerusalem and the Methadone Clinic in Jerusalem. The participants in the evaluation were 292 first-year students in a BSW program, the entry program into social work practice in Israel. The dialogue-in-class model consisted of two meetings of an hour-and-a-half each. The model was implemented 12 times during a 4-year period. A semi-structured questionnaire was administered immediately at the end of the second meeting to the students who participated in the two meetings, and all the students who participated agreed to respond. The questionnaires were administered only at the end of the meetings, as the major objective of this research was to learn about the subjective perceptions of the students about the contribution that participation in the dialogue-in-class meetings had for them.

The Dialogue-in-Class Model

Each of the two dialogue-in-class meetings included a presentation by a person being treated in the methadone clinic. The first meeting also included an introduction by a staff member of the methadone clinic who provided background information about the clinic's therapeutic orientation. Methadone treatment is defined as normalizing treatment. Persons who receive methadone treatment receive a substitution therapy, the aim of which is to reduce the symptomatology of the drug addiction and enable the participants to improve the quality of their lives (Bell, Dru, Fischer, Levit, & Sarfraz, 2002). Those who participate in the methadone program are not considered to be persons who stopped taking drugs. They do not necessarily represent success stories of overcoming drug addiction, but rather they are persons who can reflect upon the daily difficulties that they experience in coping with drug addiction and the multiple difficulties and stressors present in their lives.

The criteria for choosing the presenters were that they had the verbal ability to tell their personal stories and develop a dialogue with the students and that they had had experiences with helping professionals, not necessarily successful ones. All 10 presenters who participated in the meetings (seven men and three women) were people who grew up in difficult familial and environmental circumstances. None of them had ever had the experience of studying at a university. Therefore, the face-to-face meetings between the students and the presenters were encounters not only between two groups (in which one is receiving methadone treatment and the other not) but, for the students, with persons whose life circumstances have led them to be in entrapping niches.

The presenters told their own stories relating particularly (1) what led them to fall into drugs, (2) how they experienced the difficulties related to drug addiction and coping with the addiction, and (3) their interactions with family, helping professionals, and society at large. After about 50 minutes of presentation, each of the meetings was opened to questions from the students. This part of the meeting provided students the opportunity to clarify or expand upon points in the story that were of particular interest to them.

Instrument

The first section of the semi-structured instrument included basic demographic questions (age, gender, marital status) and four closed-end questions relating to the contribution of the meeting to the students' learning. They related to the extent to which the meetings (1) presented subjects with which the students may have been familiar, (2) contributed to their understanding of the experiences of persons who cope with drug addiction, (3) may have increased their fears about work in the future with persons who cope with drug addiction, and (4) may have increased their willingness to work in the

future with persons who cope with drug addiction. A rating scale of 1 to 5 was utilized, in which 1 = "not at all" and 5 = "to a large extent."

The second section of the instrument utilized a qualitative methodology in which the focus was on the subjective perceptions of the students of their learning in the dialogue-in-class meetings. This section included open-end questions in which the participants were asked a general question about the contribution of the meetings and more specific questions about the thoughts that the meetings evoked in them relating to their perceptions of persons with drug addiction and the practice implications that they may have drawn from the meetings. The instrument also included background questions.

Procedures

A letter was attached to each questionnaire describing the significance of the study and noting that the responses would be anonymous and that students had the option not to participate. The face validity of the questions was evaluated through a pilot test with 30 students of one social work class who participated in two meetings with persons with drug addiction who were in the methadone program. The questionnaires were processed, and content analysis of the responses was done by three researchers. They developed a code book for the main categories drawn the data. An inter-rater reliability of the responses to 30 questionnaires indicated a 90% rate of agreement among the three persons who examined the responses. This research was approved by the Human Subject Committee of the university where the principal investigator is employed.

RESULTS

The majority of the 292 participants were women ($n = 265$, 91%,) and not married ($n = 225$, 77%). The mean age was 21.96 (standard deviation [SD] = 7.53). The responses to the structured questions indicated that the students' assessment of their mean level of familiarity with the subjects presented in the meetings was small to medium ($M = 2.54$, $SD = 1$). The mean level of the extent of the respondents' feeling that the meetings contributed to their understanding of the experience of people coping with drug addiction was medium to large ($M = 3.82$, $SD = .8$). Similarly, the mean level of the extent of the respondents' feelings that the meetings increased their willingness to work with persons with drug addiction was medium to large ($M = 3.38$, $SD = .97$). The mean level of the extent of the students' feelings that the meetings evoked fears about working with this population was small ($M = 2.14$, $SD = 1.09$).

The frequency distribution of the responses reveals that two-thirds of the respondents ($n = 196$, 67%) indicated that the meetings contributed

TABLE 1 Evaluation of the Dialogue-in-class Meetings

| | Level of evaluation | | | | | |
Components of evaluation	Not at all %	Small extent %	Medium extent %	Large extent %	Very large extent %	*M(SD)*
Previous familiarity with the Subject	15.1	36	31.8	14	3.1	2.54 (1)
The meeting evoked fears to work in the future with persons with drug addiction	36	28.4	24	8.9	2.7	2.14 (1.09)
Contribution to understanding the experience of persons with drug addiction	.3	3.8	28.8	47.6	19.5	3.82 (.8)
Meetings increased the willingness to work in the future with persons with drug addiction	4.8	10.3	38	36.3	10.6	3.38 (.97)

Note. The scale range is 1 to 5. $N = 292$.

to their understanding of the experience of people who cope with drug addiction to a large or very large extent. Almost half of the participants ($n = 137$, 46.9%) indicated that the meetings increased their willingness to work with this population in the future to a large or very large extent. Only a small number of the respondents ($n = 34$, 11.6%) indicated that the meetings evoked fears of working with this population in the future to a large or very large extent. It should be noted, however, that about half ($n = 153$, 52.4%) of the participants indicated that the meetings evoked fears to a small or medium extent (see Table 1).

The following analysis of the qualitative findings of the responses to the open-end questions is divided into two parts. The focus of the first part is on prior stereotyping by the participating students of persons with drug addiction, and the effect the meetings had on changing those stereotypes. The focus of the second part is on practice-related knowledge that students learned in the meetings. The reactions of the presenters are also included.

Prior Stereotypes and Change in Stereotypes

One of the major themes noted by the students was the change in their negative perceptions of persons who cope with drug addiction. Their responses relating to this theme are indicative both of what their perceptions were prior to the meetings and the nature of change as a result of participation in the meetings.

FEARS

The concept "fear" was a common theme noted by the participants ($n = 80$, 27.4%): "Prior to the meeting connection to a person who is a drug addict

scared me"; "I perceived them as scary and criminals." They were perceived as persons whom one should be afraid of, as cruel and violent. Students related not only to their feelings and perceptions but to their behavior toward persons with drug addiction. They noted, for example, that "in the past when I went in the street and saw a 'drug addict,' I used to move to the other side of the street." There also were students who noted that their behavior toward persons with drug addiction included expressions not only of fear but of disgust.

Students also reflected on their realization that their fearful reactions in the past could be attributed to their being part of a larger social system that relates in a negative way to persons with drug addiction ($n = 25$, 8.6%). They noted that they understood how the society relates to persons with drug addiction and how they feel "we are part of a society which considers itself normal but we are very afraid to come close to persons with drug addiction, we all the time try to move them away from us, to enclose them in institutions (usually in prisons) so that they will not threaten our normality."

The meetings provided the students with the opportunity to become familiar with the humanity of persons with drug addiction, thus enabling them to confront their stereotypes. As one of the students said, "We always hear negative things about these persons and now we meet the person and not the stereotype." Students described the change in their perceptions as a result of the meetings: "I discovered that drug addicts are first of all persons and that they are not scary people but scared persons, that they are not criminals but ill persons." They were surprised to find out that the persons whom they had met at the meetings were not cold and cruel. As described by one of the students, "Externally he seems threatening and violent, but internally he is vulnerable and sensitive, and it is easy to forget this."

LIMITED CAPABILITIES

Students also related to the discovery of the presenters' capabilities. They noted that they had perceived persons with drug addiction to be persons with limited and poor capabilities ($n = 69$, 23.6%). Their expectation was to meet persons who were inarticulate, unaware, and unable to express emotions. Though their previous perceptions were of a cohort with limited capabilities, students were surprised to discover people who were aware, who articulated well, and who had ability to communicate their thoughts and feelings. The methadone clients could understand that they were persons with hopes, desires, unique characteristics, and diverse difficulties: "Every person with drug addiction copes differently with things . . . they look more and more like persons, like us."

As a result of listening to the individual stories of persons with drug addiction, students learned to appreciate the strengths required to cope with the daily consequences of the addiction ($n = 79$, 27%). "I understood the

difficulties of a person who needs drugs and makes great efforts to be a regular person and live a normative life." "There is a lot to learn from them about their bravery and strong will in their attempt to overcome the obstacles in their lives and live normal lives." Students expressed appreciation of the presenters' ability to share their life stories in a genuine and open way and their courage to come out and tell their own story in a context unfamiliar to them.

UNIDIMENSIONAL VIEWS OF THE EXPERIENTIAL WORLD
OF PERSONS WITH DRUG ADDICTION

Perceptions of clients with drug addiction as persons unable to control their lives and as those who have sole responsibility for their situation also were noted by the students ($n = 35$, 12%) as preconceptions with which they came to the meetings: "I avoided these people, relating to them in an unserious manner for the fact that they do not control their lives." Students noted that they did not consider other factors that could have contributed to their current life situation.

Through the meetings, students realized that it is not always a matter of personal choice but that there are many difficult life circumstances that could lead to persons' becoming addicted to drugs and setting obstacles for their own recovery ($n = 117$, 40%). This understanding changed their perceptions of the clients as "persons who are not only 'drug addicts' but persons with a variety of problems."

Listening to the life stories helped the students understand the daily difficulties and obstacles that persons with drug addiction encounter ($n = 174$, 59.6%). They also gained an understanding of how their behaviors and relationships with the environment were affected by the drug addiction, their suffering, and their feeling of helplessness: "I understood better what is 'the schedule' of the drug addiction and how their entire lives revolve around the drugs and their daily struggle to cope with the addiction." By understanding the experiential world, the students began to understand a subtly different meaning for "lack of control over their lives" and "having the sole responsibility for their situation."

Practice-related Knowledge

The majority of the students expressed appreciation for the opportunity that the meetings provided them "to hear the real experience of people with drug addiction and not just another theoretical orientation which is being taught in the academic studies." The meetings enabled them to listen to persons with drug addiction, "to their point of view, to their language." They found especially valuable the opportunity to establish a dialogue with clients with drug addiction. These dialogues led them not only to new realizations about addiction but to drawing implications for future practice. The specific implications they indicated follow.

NONJUDGMENTAL APPROACH

One of the main realizations the students cited ($n = 164$, 56.2%) was the significance of a nonjudgmental attitude when working with persons with drug addiction. Students attributed its significance to several reasons that they became aware of via the meetings: that getting into drug addiction is not the person's sole responsibility but, rather, multiple factors are involved; that, likewise, there are multiple obstacles that prevent addicts from becoming drug-free; that the external behavior of persons with drug addiction (e.g., aggressive or violent behavior) does not necessarily imply a lack of desire to receive help; and that they face difficult life circumstances in their daily lives. "As a result of the meetings, I understood that in order to help a person with drug addiction there is a need to accept him and his problems and not to see him as exceptional and that something is wrong with him, but to see him simply as a person with problems." Students realized they needed to avoid judging persons with drug addiction according to the way in which they believe a person should live his or her life, "to avoid criticizing them according to the values and norms of the therapist" and to eschew a paternalistic approach in which professionals are those who know what persons with drug addiction experience and how they should behave.

CONNECTING WITH THE UNIQUE EXPERIENCES OF EACH PERSON AND PROVIDING SUPPORT

Based on their understanding of the life experiences of persons with drug addiction and the exclusion that they often encounter, the students understood that empathy and individualization were essential for working effectively with them ($n = 108$, 37%). Through listening to the individual life stories, the students came to realize the importance of connecting with the clients' stories and avoiding generalizations: "There is a need to get into the shoes of people who use drugs in order to understand their situation and what led them to use drugs."

Students' understanding the difficulties and suffering of persons with drug addiction led them to appreciate the importance of providing support ($n = 133$, 45.5%). When working with them, there is a need to have a lot of patience, to maintain hope, and to always try to "provide them the feeling that someone will be there for them during their difficult times." Students also reflected upon their realization that any change may involve very small and incremental changes: Not everything goes smoothly, and social work perseverance is required. In addition, one noted, "The intervention should provide help to persons with drug addiction in coping with other problems and not only with the addiction."

OVERCOMING THE BARRIERS OF THE EXTERNAL BEHAVIOR

The significance of overcoming the barriers created by the external behavior of persons with drug addiction when offering them help was also noted by

the students ($n = 32$; 11%): "It is important to focus on the person behind the mask of violence"; "It is important to understand that even if they break a glass, don't come to a meeting, or scream, it does not mean that they don't want help, but the opposite, it is a call for help." Listening to persons with drug addiction, learning what helps them and what does not are essential skills for reaching out to them: "This is a population which needs a lot of understanding; one should not approach them according to the book; there is a need for creativity and personal contact with every person."

The Experience of the Presenters

A formal evaluation of the experiences of the persons with drug addiction who participated in the dialogue-in-class meetings was not part of the project. However, after each of the meetings, ventilation and elaboration for the presenters was conducted by the staff of the Methadone Clinic. In addition, the responses of the students to the open-end questions were compiled anonymously and given to the presenters. They all responded that the experience of speaking about their lives with the students and perusing the students' responses had been meaningful and important for them. They described the meetings as an empowering experience in which they felt that they had knowledge that was important to share.

DISCUSSION

The results note the nature of the stereotypes that students described that they had toward persons with drug addiction prior to the meetings. Misperceptions about the capabilities of those who cope with drug addiction and not seeing the human side behind the addiction could be factors that have an impact on the therapeutic approach of professionals. In fact, stereotypes such as those that students described that they held could decrease rather than increase the opportunities for excluded populations, for such persons to get out of the entrapping niches (Rapp, 1998). Levy (1981) warns that students and beginning professionals have a tendency to resort too literally to the authority of labels and labelers. They often tend to observe what they are taught to expect. Therefore, labels may tend to affect, sometimes indiscriminately, students' perceptions and behaviors. In light of the stereotypes revealed in the study, there is a risk that social work students may focus on the problems of drug addicts and overlook the strengths they may have.

Rosenfeld and Sykes (1998) observe that a focus on limitations rather than possibilities is one of the factors that may lead to unsuitable services for excluded populations. They believe that only the excluded, themselves, hold the knowledge as to what service provisions they genuinely need and

what makes a service provider helpful. Hence, without special and deliberate efforts to engage such clients in a dialogue about their needs and desires, the decisions made for them are bound to perpetuate services that are inapt.

The dialogue-in-class model provides students the opportunity to interact with and learn from the experience and knowledge of persons who have had first-hand experience with drug addiction and, in this way, complement the traditional "expert-based" training model. The meetings were conducted away from the regular therapeutic setting in a context in which professionals and persons with drug addiction do not generally meet and in a format in which the status of the persons with drug addiction was of those who provide knowledge, and the status of the future professionals was of the students and learners.

The fact that almost two-thirds of the students indicated that the meetings evoked in them, at least to some extent, fears about working in the future with persons with drug addiction provides an indication about the real and multidimensional way in which the persons with drug addiction presented themselves in the meetings. The presenters provided not only success stories but their struggles and difficulties. This fact may explain the fears that students expressed even after the meeting. At the same time, along with the relatively low level of fear indicated, the majority of students pointed out an increase in their level of willingness to work with this client population in the future. This finding shows that the nature of fears evoked in the students did not appear to diminish the willingness of the majority to work with this population. Rather, it led them to the realization of the feelings that the work with persons with drug addiction can evoke, such as fear and empathy.

The practice implications that students drew from the meetings could provide knowledge essential to assisting marginalized populations to move into what Rapp (1998) defines as enabling niches. Those are the niches here in which clients are not totally defined by their social category but are accepted as having valid aspirations and attributes apart from labeling or categorization. Students' realization of practice implications, such as the significance of nonjudgmental attitudes and of making an effort to understand the unique experiences and strengths of each individual, could help persons with drug addiction create the opportunities to learn the skills and expectations that would aid movement to enabling niches. Smith (1998) considers these skills as essential for moderating social workers' attitudes and focusing on what they and their clients share in common, rather than seeing them as alien, threatening, or less than fully human.

LIMITATIONS AND FUTURE DIRECTIONS

Scheyett and Diehl (2004) claim that social work education emphasizes the importance of partnership and collaboration with clients. They define clients

as being experts in their own lives. However, academic departments of social work usually do not model this concept of partnership by collaborating with clients in the process of educating social work students. The findings of this study illuminate the value of such collaboration in social work. For example, involving clients not only in leading the dialogue-in-class meetings but in the process of designing the research instrument and in the analysis of the data might contribute to insights otherwise not available. Perhaps persons with drug addiction could become even more involved in the teaching process of an entire course as opposed to their involvement in merely two sessions.

As it was thought that the involvement of persons with drug addiction might have an impact on the presenters and the students, the researchers provided support and an opportunity for ventilation to the client presenters at the end of the meetings. This indicated a need to examine the effects of the dialogue-in-class model on the presenters in greater depth. Such evaluation could illuminate issues relating to the way they see their involvement in dialogue-in-class meetings, what kind of support they may need before, during, and after the meetings, and how the experience impacted them therapeutically.

This research included data collection only at the end of the meetings. In future research, it might be valuable to quantitatively assess the change that the students may have experienced between their attitudes toward persons with drug addiction at the beginning and at the end of the dialogue-in-class meetings. In addition, the long-term impact of this model on the students' work with this population could be examined. As the findings indicate that this model has the potential to augment the common expert-based teaching of professionals who work with excluded populations, examining the relevancy and impact the dialogue-in-class model with beginning and experienced professionals in the field could be valuable.

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