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Conceptualizations of Substance Use, Abuse, Dependence, and Treatment: A Qualitative Comparison of Experiences of Italian and American Counselors-In-Training

Amy E. Williams

Abstract

The present study is a qualitative exploration of the conceptualizations of substance use, abuse, dependence, and treatment from the perspectives of Italian and American counselors-in-training. The researcher conducted semi-structured interviews with two Italian and two American graduate-level counseling students. Thematic elements identified based upon collected data include differential attitudes toward alcohol and marijuana compared to illicit drug use in both Italy and the United States, consequences experienced as a result of problematic substance use, and the impact of stigma on opportunities following treatment. Differences in treatment practices and standards and differences in vocational opportunities following treatment in Italy and the United States were reported by participants. Implications for practice and recommendations for future research are provided based upon findings.

Keywords: addiction, international substance abuse, treatment

The prevalence rates for alcohol use disorders and drug use disorders in Italy and the United States paint varied pictures of the nature and frequency of problematic alcohol and other drug use in the two nations. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2014) administered a substance use survey to 60,000 Italians ranging in age from 18 to 64. Approximately 21.7% of the estimated 19,800 respondents reported previous use of marijuana in their lifetimes, with 3.5% of respondents reporting previous

marijuana use in the past year and 1.8% of respondents reporting previous marijuana use in the past month. Approximately 4.2% of respondents reported previous lifetime use of cocaine, with 0.6% of respondents reporting cocaine use in the previous year and 0.2% reporting cocaine use in the past month. The same EMCDDA report estimated that there were 173,692 individuals who engaged in problematic opiate use and 112,097 individuals who engaged in problematic crack cocaine use in 2012. An estimated 0.3% of the Italian population used marijuana daily or almost daily in 2012. The report also stated that 54,620 individuals in Italy entered treatment for problematic drug use in 2012, which is approximately 14% of those individuals who were estimated to use drugs problematically, despite the presence of 633 public drug addiction service units and 1,028 therapeutic communities throughout Italy in 2012 (EMCDDA, 2014).

According to the World Health Organization (2014), in 2010, 8% of Italian males age 15 and older and 0.7% of females age 15 and older reported engaging in binge alcohol use in the 30 days prior to the survey. In the same data collection period, 1.3% of men and 0.8% of women in Italy were estimated to have an alcohol use disorder (World Health Organization, 2014).

In the United States, 9.2% of surveyed individuals reported past month illicit drug use in a 2012 national survey on substance use (U.S. Department of Health and Human Services [HHS], 2012). In this same survey, 7.3% of respondents, or 18.9 million people age 12 and older, were estimated to have used marijuana in the month prior to the survey. Additionally, 1.6 million individuals were estimated to have used cocaine in the month prior to the survey and 300,000 individuals age 12 and older were estimated to have used heroin in the same time period. In addition, 6.8 million individuals age 12 and older were estimated to have used psychotherapeutics for non-medical purposes and 1.1 million respondents were estimated to have used hallucinogens in the month prior to survey administration (HHS, 2012).

In the same 2012 national substance use survey, 52.1% of respondents in the United States reported current alcohol use, with 23% of respondents reporting binge alcohol use in the previous 30 days and 6.5% of respondents reporting engaging in heavy alcohol consumption. (HHS, 2012). This same report identified a discrepancy between the need for treatment and treatment received by individuals engaging in problematic substance use, with need far exceeding utilization of specialty substance use treatment (HHS, 2012).

Ethnocultural issues play a role in both the etiology and treatment of substance use-related disorders (Straussner, 2001). The cultural influences related to use, abuse, and dependence of substances in both Italy and the United States may provide an unexplored context for both non-problematic and problematic substance use in each of these countries, and may also provide a useful lens for contextualizing the previously-reported substance use prevalence data. Provision of treatment, including the type of treatment available and the perspective of the treatment professionals, may also influence and be influenced by the culture in which the client is embedded. As such, the present study explores similarities and differences in the conceptualization of substance use, substance abuse, and

substance dependence by counselors-in-training in these two countries and seeks to explore and contextualize consequences experienced by individuals as a result of problematic substance use within these cultures. The present study also explores how treatment is provided and how life following treatment is experienced within each of these contexts, and identifies implications of these findings for treatment professionals in the United States and Italy.

Method

The present study involved the use of semi-structured interviews to explore the phenomena of substance use, abuse (problematic substance use), dependence (substance use that involves physiological dependence on the substance), consequences experienced as a result of substance use, and treatment options and experiences following treatment in both Italy and the United States. A phenomenological lens and data collection framework grounded the present study (Groenewald, 2004), as phenomena and experiences related to substance use may be implicitly connected to both the cultural context in which the substance is used and the cultural context of the counselor-in-training who described and made meaning of his or her professional experiences and observations related to substance use.

The use of the phenomenological lens supports the suspension of implicit and culturally-constructed understandings on the part of the researcher and promotes exploration of the phenomena under study within the cultural context of those sharing their experiences, rather than relying on the researcher's frame of reference as a mechanism for making meaning of experiences that exist outside of the researcher's own cultural milieu. Research biases that were considered during the present study's conceptualization and data collection processes include the researcher's status as a citizen of the United States and as a substance abuse counselor. These researcher biases were managed in the design and data collection processes through the development of interview questions that allowed for participant description of substance use, abuse, and dependence based upon their experiences rather than based upon current culture-bound definitions. Additionally, the researcher's knowledge and skills were not engaged during the interview process, instead allowing participant expertise to form the dialogue and context of interviews.

To assess the similarities and differences between the way Italian counselors-in-training and American counselors-in-training conceptualize and work with substance use, abuse, and dependence, interviews were conducted with two counselors-in-training in Italy and two counselors-in-training in America, including one master's student and one doctoral student from each country. Each interview was conducted using questions focused on three overarching topics: conceptualization of substance use, abuse, and dependence; consequences experienced as a result of substance use; and treatment modalities and outcomes for problematic substance use.

The interviews took place in person on college campuses in both Italy and the United States. Each interview took between 40 and 60 minutes. The two

Italian students were interviewed together in order to facilitate accurate translation of the Italian-speaking students' ideas into English. Each American student was interviewed separately. Interviews were video recorded to facilitate transcription. Video footage was maintained on a secure computer and footage was erased from the computer following the completion of the transcription process.

Participants were selected based upon their status as a counselor-in-training with prior experience working in the field of addictions or substance abuse counseling. Pseudonyms are used throughout the present report to protect the confidentiality of participants. The four participants include Liza, a Caucasian American female who is a recent graduate of a master's program in addiction counseling; Ali, a Caucasian American female Ph.D. student whose studies concentrate on addiction in college students; Eula, an Italian female who is completing an internship experience in a community-based addiction treatment setting for her master's in counseling; and Laila, a current Ph.D. student in counseling and psychology who completed an internship providing services to individuals who gamble compulsively. All of the participants are females in their mid- to late-twenties. Each participant provided informed consent for participation.

Results

The qualitative data gathered in this study provide rich information on substance use, abuse, and dependence as observed by the counselors-in-training in two different cultural contexts. Participants described the consequences observed as a result of substance use and explained treatment and post-treatment options. Across both groups, participants described discrepancies between public perceptions of alcohol use, marijuana use, and other drug use and identified the discrepancy between the need for treatment and treatment-seeking by individuals. Despite some similarities between the Italian and American responses, differences in observed drug use trends, observed consequences experienced due to substance use, and models for providing treatment emerged in data provided by participants, underscoring the role that culture may play in identifying and treating problematic substance use both in the short and long term.

Conceptualizations of Substance Use, Abuse, and Dependence

Both Eula and Laila described similar drug use trends observed during their experiences working with problematic substance use in Italy. Specifically, alcohol use and abuse were reported to be prevalent. Laila also talked about the prevalence of marijuana and cocaine use in Italy.

For alcohol abuse, it's social . . . it's quite normal here to drink a lot. In some cases people are addicted but they don't perceive themselves like people with addiction because there is a culture of drink, during all the day. In the case of cocaine abuse . . . sometimes they take it for depression, or to do things or to [escape] from their normal life. . . . Some people use cocaine for energy, to keep going because perhaps they [lack] the energy so they use it to achieve a goal. Sometimes people that pay attention to their weight . . . take cocaine to appear beautiful. Sometimes [people use marijuana] because

there is a relationship between marijuana and relaxation. So [to promote] calming before sleep someone smokes marijuana.

According to Eula and Laila, attitudes toward marijuana and cocaine use differ based upon on the “badness” of the substance. Laila explained differing attitudes toward marijuana use and cocaine use in Italy this way:

In Italy the law [is that] you can use marijuana for personal use but you can’t buy marijuana for personal use, so there is a contradiction, and I think that sometimes this contradiction brings people to say, “Okay, it’s not important because...what can do [sic] police [do] when there is this conflict in the law?” Because you can’t take cocaine, it’s not possible with the law, so if you have only one gram of cocaine with you it’s different than having a gram of marijuana with you. People perceive cocaine and marijuana addiction differently.

Eula added to Laila’s contribution by sharing the following perspective:

For the marijuana it’s different than the other [drugs] . . . because if the police stop you with cocaine, you are like the cocaine addiction people. If the police stop you with marijuana, you are not like the marijuana addiction people, so there’s a different perception. So cocaine is badder [sic] than marijuana, so you are okay if you smoke marijuana.

These differing attitudes toward common substances of abuse in Italy were mirrored in information shared by Liza and Ali based upon their experiences in American treatment settings. Liza described nicotine, a widely-used but undiscussed substance during the Italian interviews, in addition to other common American substances of abuse.

My observation would be that alcohol is probably one of the most used mood-altering substances. I think statistically for our country nicotine would be the highest [used substance]. I think that’s what the research would say, but my observation has been mostly alcohol. Other highly used substances depending on the [geographic] area that you’re looking at, marijuana, heroin, that’s my observation. Cocaine . . . I know that it is used, but it hasn’t been something that I’ve seen often, personally.

Ali also described the regional variation in drugs of abuse that she has observed in practice and reflected upon similar trends observed by other treatment professionals.

I think alcohol [use] is still biggest, and marijuana [after that] but I think the other [drugs of abuse] kind of flux in communities. Just recently I was meeting with [another treatment professional] and she said something like, “the big heroin thing that’s been going on in the state,” and those conversations had been happening other places where I’ve worked, like, “ten years ago when the big thing with meth was going on in this community.” Those two in particular [heroin and methamphetamine] seem to be community epidemics. Opiates, pharmaceutical opiate use, is [also] huge now . . . as well as different kinds of hallucinogens.

Interestingly, Liza, like the Italian interview participants, reflected upon the differing perceptions of the use of mood-altering substances based upon the substance’s “badness.” She described her observations in this way:

I think [people who use marijuana] would categorize these drugs into different levels of badness. For example, I think people who identify as smoking marijuana may not identify as people who use drugs. There's a whole category of people who feel that's natural so it's acceptable to use. I certainly don't believe that people who smoke cigarettes would identify themselves as addicts unless they are also addicted to other substances.

In both Italy and the United States, alcohol was the first mood-altering substance referred to by participants when describing substance use trends. Marijuana use was identified second by all participants. The inclusion of nicotine in discussion of mood-altering substances occurred in only one of the four respondents' answers, despite the accessibility of nicotine in both countries. The relatively positive social valence participants described when discussing perceptions of alcohol and marijuana use was represented across interviews with participants in both countries. In both countries, attitudes toward a given substance not only appeared to impact the substance's abuse potential, but also reflected the potential consequences users of a given substance may face.

Consequences of Problematic Substance Use

In both the Italian and American students' interviews, legal consequences were the most frequently reported observed consequence of problematic substance use. All participants also described social and familial consequences, although the nature of these consequences was described differently by the Italian and American students. In Italy, legal consequences are often the first step toward access to treatment within the public service sector. Eula and Laila described the process, using cocaine abuse as an example.

If police stop you with cocaine, you have to go to the police station and there is an inquiry and then [what happens] depends on how much cocaine you have with you. You could go in jail, and then there is [a] blood test to see if there is cocaine and how much cocaine is in your blood. . . . If you are under 18 you have to go in the public service for drug addiction. If you are higher than 18 then [you may go to] the public service community, where you live alone [away] from your family, and you live with the [other people in treatment]. If you are stopped by the police when you are driving [under the influence], in some cases you have to attend a group like psychotherapy for the addiction.

Eula connected the differing perceptions of the use of different drugs to the social consequences users may experience.

With marijuana addiction, I think that there aren't really consequences. Also sometimes for the alcohol addiction there aren't really consequences. Sometimes there will be consequences with alcohol addiction where you have to go out and people don't drink, [which] could be a problem. [People addicted to alcohol] can't stop, so sometimes the people want to all drink so they want to go out only with their friends who drink and they will not do other activities . . . so all they do is drink. With the cocaine addiction or strong drug addiction, sometimes they lose their friend relationships or family relationships. [These relationships] usually were not good before the addiction. They could lose their jobs, their work, there are different consequences but the main are their relationships, family, friends, and work.

Ali described her observations of consequences experienced as a result of substance use in both individual and collective terms. Her reflection of the differences in legal consequences based upon the substance being used is somewhat similar to observations reported by the Italian students, while also adding to this perspective by describing the differential treatment of individuals depending on race, socio-economic status, and gender.

I think people make decisions [about substance use] based on legal consequences of the substance. Like, overall [engaging in] drinking but not drinking and driving. I think in the U.S. there's [also] a serious issue with racial profiling, with who gets in trouble and for what related to substance use and dependence. An African American man with a certain amount of marijuana on him is more likely to get slapped with legal issues than a White female or a White male even, and if that person has money also it makes a difference.

On an intrapersonal [or individual] level, [consequences may include] a lack of ability to regulate emotions and feel things [and] the ability to tolerate feeling things. Interpersonally [or socially] I think that people who are substance dependent can seem like a monster to the people that they love. Sometimes they can hide it and then the intrapersonal issues are just exacerbated . . . not being able to hold a job sometimes, I think more likely than not that is the case. I think there's a profound amount of shame, too.

Liza provided a comprehensive overview of the potential consequences an individual may face when engaging in problematic substance use in the United States. Liza also touched upon differences in consequences based upon substance of abuse that have previously been identified by each of the other participants. She additionally articulated the impact that social and legal consequences may have on promoting engagement in treatment for some individuals engaging in problematic substance use.

The risks fall into categories, so there are health risks associated with each substance, different health risks depending on how much you use and sometimes with even one time use, like, with heroin for example, you can use one time and have pretty serious health consequences. There are legal consequences associated with different substances. For example if you're under 21 and using alcohol in public, there are [legal] consequences. If you're over or under 21 and using alcohol and driving there are legal consequences. I think most frequently, [regarding] the marijuana use that students, especially the college students and sometimes teenagers, don't believe use is problematic; they only see the legal consequences as problematic.

I think the long-term social consequences include a lack of social support, losing all social supports. Short-term social consequences could appear positive. I've had students, specifically college students, report that when they're using alcohol it's much easier to find a social network, especially on a college campus, than it would be otherwise. But it's been my experience that the long term use, specifically abuse or dependence [on mood-altering substances] would lead to a lack of social support. It's less true for some substances than others, so alcohol use is [a] more socially accepted substance, so maybe [an individual] would still continue to have

social support that [an individual] wouldn't if [he or she] were abusing crack. Even then I think any dependence on a drug leads to isolation and a lack of social support.

Alcohol is definitely treated as less problematic by the court system unless you're involved in a situation where you're hurting someone else, like drunk driving. I think [consequences] also depend on who the family is and how they [view] different kinds of drugs. I've seen families of children who are very concerned about alcohol use and families of children who are not at all concerned about alcohol or marijuana use but would be concerned about heroin use.

Liza also made connections between legal consequences and engagement in treatment, citing the court system as the primary way she has observed individuals become engaged in the treatment process.

It's my belief that people most often enter treatment through the court system, the legal system. Some people enter treatment because they are forced into treatment or given the option of treatment or jail, and most, but not all, people will choose treatment over jail. It's been my experience that people also often enter treatment because of [pressure from] families or social supports. That kind of pressure by social supports is that there would be some kind of consequence in their personal lives if they do not seek treatment.

Across all of the interviews, the theme of differential consequences dependent on the used substance emerged in both legal and social terms. In particular, the use of alcohol and marijuana were reported by participants in both Italy and the United States to receive less severe legal consequences in many cases than the use of drugs such as cocaine or heroin. Socially, all of the participants spoke to the impact problematic substance use may have on social and familial relationships and on employment. The American participants also identified psychological and medical consequences associated with substance use, while these issues were not raised by the Italian participants. As reported by participants in both Italy and the United States, the legal system often serves as a conduit for the treatment of problematic substance use.

Treatment Options and Outcomes

The portraits of treatment and life after treatment described by the interview participants in each country highlighted the greatest differences encountered in perspectives on addiction within the context of the present study. Treatment in Italy through the public service is a long-term commitment, with some individuals opting to remain in the treatment communities throughout their lives. Although private treatment is available for those who can afford it, public service treatment provides treatment to those who cannot afford private treatment and to those who have experienced legal consequences due to their substance use. Treatment that relies on replacement drug therapy, specifically methadone treatment, is provided in Italy as part of the public service treatment. Eula described the treatment possibilities in greater detail:

There is the community, there is the training [outpatient substance abuse

group therapy], or there is other medical training. . . . It's different the time that you can stay in each service. You can start in the education and with the community or a different way. In the community they are there for 9 months. . . . The problem with the methadone is some people can stay for all their lives with the training because the public service gives them the methadone. . . . There are a lot of people who stay here to attend the methadone. So sometimes they stay here their whole life. And in some services you have to wait for two years to enter into community service because [they are] public and there isn't space for all people and sometimes in the community the people stay for a lot of years, so there isn't a regeneration.

Contrasted with treatment options provided publicly in Italy that may allow people access for the duration of their life, American treatment options remain time limited and dependent on financial resources. Liza described treatment options and challenges to treatment access in the United States:

[Treatment depends] on [people's] income or their health insurance, previous treatment; on access that they have to find options for treatment; and on their needs. So if you are someone who has an income or has family income that would allow you to seek a higher level of care, like a residential facility—because those are more costly than an outpatient treatment—then you are sometimes able to do that whether or not your health insurance will pay for it, because health insurance will pay for a part of it but not most of that. If you're not someone who has those kinds of means, your health insurance will generally require you to fail at outpatient treatment at least once before they will let you go to inpatient treatment. Outpatient treatment is more readily available in most communities I would say. Residential treatment, you have to travel farther to get to it, so some people may not be able or may not have the access to find those places. Depending on where you are, [outpatient treatment may involve] anything from weekly individual services to several times a week individual services, drug screenings, family counseling, groups. Depending on where you are, [residential treatment] would involve usually living away from your home environment and/or being there 8-12 hours daily but boarding somewhere else. Participating in groups, receiving medical care in some places, individual therapy, education, sometimes family therapy.

Compared with the length of stay in Italian public service treatment, which participants reported may range from 9 months to a lifetime, American treatment length of stay is much shorter in duration. Both Liza and Ali described the length of stay, and although variation existed in their responses, the picture painted is one of treatment that may leave some individuals still in need of services. Liza discussed her observations of the length of treatment stays:

I've seen adolescent facilities that the minimum stay is a year and adult facilities that the longest stay is 90 days. So I think it really depends on the program and also access and ability [of the client] to continue to pay for treatment. Most insurances [sic] will pay for 28 days.

Ethically, residential treatment is required to help you find access to a lower level of care before you leave so if you have access to residential care then ideally they would give you an appointment to have an intake in an intensive outpatient treatment setting where you'd be seen three times a

week for several hours, either in groups or individually, but probably in groups. Ideally you would step down in the levels of care until you were able to be more independent. Unfortunately, people don't always follow those recommendations. You can't force someone to do that, so I think probably what happens more often than not is that people leave and attempt to do something on their own, or maybe they participate in a 12-step group [like Alcoholics Anonymous or Narcotics Anonymous], which isn't the same as treatment.

Similar to Liza's account, Ali's description of the step-down nature of American treatment emphasized the individualized nature of treatment, as well as the impact both finances and social factors may have on an individual's willingness to continue to engage in treatment over a longer time frame.

You hear of the 28 day stay, and the inpatient environment, but [a client] can advocate for [him or her]self for longer, to be 60 days, but that is also money dependent. After that [level of treatment] is day treatment. I think people can be in day treatment for a pretty long time. I've worked with people who were in day treatment for months while they were living in a sober living kind of place, and I think beyond that it kind of staggers off into very individual [plans for treatment]. A father who is also a doctor who spends time in inpatient treatment and raises a family [may not be willing to go] with the sober living, or a mom [may not be willing to go]. I think treatment centers or inpatient centers help push people towards that, but it's not always the case. I think it's great for a single male with no kids, it's a great trajectory, but I think a lot of people pull out of that sooner, but they also want to live, you know.

Both Liza and Ali mentioned 12-step programs in their interviews, while neither of the Italian participants discussed the role of 12-step programs. Liza explained the purpose and format of these groups in more detail:

Twelve-step groups are social support systems of people in recovery from alcohol or other drugs. The 12-step model is developed by Alcoholics Anonymous and Narcotics Anonymous and there's a whole network of support and sponsors for members. It's not treatment but it's a good addition to treatment and a good long-term support.

The Italian participants described a system of treatment for problematic substance use that is subsidized by the government, which both increases availability of treatment and increases the time individuals may need to wait for access. The American participants described a system of treatment that is dependent on available financial resources and health insurance provisions. Beyond this, American participants also described a wide variation in the duration and level of treatment services accessed by individuals seeking services. In both the Italian and American interviews, treatment was identified as most often accessed through the legal system, with voluntary participants seeking treatment less frequently. The treatment statistics in both countries highlight the discrepancy between treatment need and participation in treatment. The potential stigma and consequences associated with seeking treatment were described by participants in both countries as a barrier to voluntary treatment access.

After Treatment: Challenges and Stigma

Although treatment initiates the transition from addiction to sobriety, the bulk of the journey occurs after an individual leaves treatment. The environment that surrounds an individual following treatment may support or discourage ongoing sobriety. In both the Italian and American interviews, these challenges were described. Both the Italian and American participants described stigma of treatment, access to resources, and employment as challenges following treatment.

For individuals who seek treatment through the public service in Italy, employment after treatment remains a hurdle to long-term sobriety. Laila described the challenges individuals who have completed treatment face in locating and maintaining employment following treatment, highlighting the impact that the stigma of addiction and treatment has on individuals hoping to be reintegrated into the community:

When you have drug addiction and people know that you have drug addiction it's a problem to include the people in the work because usually employers do not trust in your ability or in your competence, so it's a problem. And usually [individuals who seek treatment] don't go to school or college. There is a high level of people that return to the addiction. And in Italy we have social work . . . so you can work in a supermarket or in a convenience store, low level work. These kinds of work [are for individuals with disabilities and drug addiction] so the minorities that can't find work can work in this cooperative.

The American participants also described the impact of stigma on life after treatment. In addition, they described other types of challenges, both intrapersonal and interpersonal, that individuals who have sought treatment often face. Liza described these challenges in social terms:

Everything is a challenge. Any treatment, when you are so removed from your normal environment and given such a high level of support, to step out of that even if you are stepping down in levels of support, is such a shock to your system. Typically, people who are using, abusing, dependent on substances haven't spent time developing coping skills to deal with that kind of shock, and I think it's a big time of risk for relapse. The biggest challenges are returning to a family system, especially if you're an adolescent. [Adolescents] don't have a lot of power in that system typically, not only to maintain change but to motivate others to change their patterns so that they can maintain their change.

Returning to a relationship that needs to change can [also] be difficult. It's my experience that family members have difficulty understanding why they need to make changes when they did not have the problem. So given that family and social support is such a protective factor, having that not change or not able to accept change after treatment is probably the biggest challenge.

Ali also described the challenges following treatment, and like the Italian participants, she articulated the difficulties of finding or returning to work as a challenge that impacts many individuals in the United States following treatment. She also described the relational challenges inherent in returning to the home

environment after treatment for many individuals.

I think a lot of [what happens after treatment] depends on who [the individuals] were before they entered treatment. For instance, if a counselor relapses, and they go into treatment and they come out, they could probably work at a job, but they can't have their job back, especially in that setting. . . . Someone who worked on Wall Street while they were high on cocaine the whole time that wants to go back to their job right after [treatment], they probably have the personality traits to get right back in there. . . . I think the stigma of being in treatment is detrimental to someone planning to get a job, but I don't think there's enough support to come out [about being in treatment] while they're working on their recovery.

When the person comes [home from treatment], I think it's a total realignment, even if everyone in the family wanted that person to get sober. There's a complete readjustment that has to happen, because it is in no way just on that person. The family after treatment sometimes isn't willing to change while the person was doing their own work, or is just not on the same page with the lingo or the ideas that their loved one is.

Although stigma is a theme expressed by each of the interview participants, the ramifications of this stigma on life after treatment varied based upon the context of the individual leaving treatment. In Italy, treatment through public service essentially closes the door to employment outside of specialized employment options for individuals through social service organizations. Particularly in consideration of young people who may enter treatment, the short- and long-term ramifications of seeking treatment may drastically impact the individual's quality of life and earning potential well after treatment has occurred. It is no wonder, then, that relapse rates and a return to treatment are high.

The impact of treatment on the family was not discussed by the Italian interviewees, perhaps in part because of the nature of the treatment communities that remove an individual from the family environment for an extended period of time, if not for the remainder of his or her lifetime. The American participants' descriptions of interpersonal and social challenges, which may also connect with stigma and reduced opportunity due to a history of addiction, highlighted the difficulties of remaining sober following treatment. With inherent challenges in meeting basic needs, establishing meaningful interpersonal connections, and managing ongoing sobriety amidst cultures that stigmatize both addiction and treatment, it is not surprising that relapse is a continual risk for individuals who have engaged in treatment at some point in their lives, regardless of geographic location.

Discussion

Because culture impacts both the development of problematic substance use patterns and may also impact the ways in which problematic substance use is treated and viewed within the individual's society (Straussner, 2001), the present study sought to elucidate the impact of culture on conceptualization of substance use, abuse, and dependence among counselors-in-training in Italy and the United States. The study also sought to identify the impact of culture on treatment and

on experiences following treatment, focusing specifically on the national cultures of Italy and the United States.

Despite the differences between Italy and the United States in terms of culture, shared themes related to substance use emerged throughout the interviews. Not surprisingly, the view participants expressed of differing attitudes toward alcohol and marijuana as drugs compared to drugs such as cocaine, heroin, and methamphetamine was similar across all participants. Despite the cultural views that differentiate between the “bad” drugs and other substances of abuse, each participant also described the potential risks of using alcohol and marijuana in legal and social terms.

With regard to the legality of substance use in Italy and the United States, participants shared differing views related to marijuana use. Because the United States is currently experiencing changing attitudes at both the social and judicial levels related to marijuana use, future attitudinal and practical shifts related to whether the legal consequences of marijuana use in the United States become more closely aligned with the experiences shared by the Italian participants remains to be seen.

Based upon the reports of participants, the legal and court systems provide many individuals with their first opportunity for engagement in treatment. In both Italy and the United States, treatment models are built around providing opportunities for education, change, support, and growth to promote sobriety. While the Italian government supports the provision of treatment through the public service units to all individuals mandated or willing to attend, the United States’ system for accessing treatment requires financial commitment or health insurance benefits in order to gain access to services, even with legal consequences as the impetus for treatment. As such, access to treatment in the United States remains a challenge for many Americans. The Italian system, too, struggles to meet the needs of all individuals in need of treatment, due in part to the ramifications of providing public-service-based treatment to all citizens, and also due in part to the stigma associated with participating in treatment.

The impact of stigma on life after treatment is a theme expressed by each of the participants in this study. From participants’ reports of limited lifetime employment opportunities due to participating in treatment in Italy to a more nuanced but still palpable impact on employment and relationships reported by participants in the United States, each participant reported the impact of stigma to be one of the greatest challenges, either directly or indirectly, to maintaining sobriety. Because cultural attitudes toward substance use and toward treatment inform practices related to hiring individuals with a history of substance use, it is apparent that in both cultures the attitude toward substance use and treatment has room for growth. Although the participants reported less evidence of stigma for alcohol and marijuana use in both cultures, these same attitudes did not translate to the use of illicit drugs. The long term impact of stigma on individuals who have sought treatment may be observed in decreased quality of life, in earnings, and in the dearth of social supports for the individual. Promoting a change in attitudes toward substance use and treatment may optimize opportunities

available for individuals who choose to seek treatment to improve their quality of life, health, and overall level of functioning.

Overall, the interviews provided more evidence for similarities between both cultures in attitudes and practices related to substance use and treatment than differences. Although related but different participant observations reflected the nuances of these attitudes (e.g., the limited options for employment as a matter of course in Italy compared with more subtle potential for discrimination in hiring in the United States), the overall attitudes toward substance use and treatment appear to be consistent across both settings.

These similarities may be reflective of a larger culture of addiction that transcends geography (White, 1996), with the stigma representative of the reaction of non-members of the culture of addiction to this culture. Similarly, the existence of a culture of recovery that transcends geography (White, 1996) may help to support the use of group-based and peer-based treatment models in both Italy and the United States. Future research that further explores the transcendent nature of the cultures of addiction and recovery across both national and international contexts may help to support understandings of these cultures; the relationship between geography-based culture, addiction, and recovery cultures; how best to begin bridging the gap in understanding between those who are not impacted by addiction and those who are; and to promote opportunities for personal and professional growth while also reducing the stigma associated with both addiction and treatment.

A specific implication for future practice includes developing substance abuse treatment professionals' capacity to advocate for clients to reduce stigma associated with seeking treatment for substance use disorders. These efforts may be supported by substance abuse treatment professionals in a variety of ways, including through the provision of resources related to services available to meet clients' basic, financial, and insurance needs in the United States. Substance abuse treatment professionals may also choose to develop competencies related to vocational and career counseling, so they are professionally capable of supporting clients in locating employment that matches the client's skills and aptitudes. Additionally, professionals may participate in advocacy activities such as individual client support or community-based advocacy for resource access. They can also join state and national advocacy efforts through writing letters and lobbying political entities who are responsible for developing laws and policies related to equal access and opportunities for individuals impacted by substance use disorders.

A further implication for substance use treatment professionals includes seeking additional training in the social and cultural factors influencing both substance use and treatment-seeking behaviors. Adapting current treatment models and practices to address the needs of diverse clients—such as those in need of vocational support as well as substance-related treatment—would individualize the treatment process and may increase treatment efficacy. Overall, treatment professionals would be wise to attend to the valuable information clients share regarding their views on the culture of addiction, which may be

impacted by factors including race or ethnicity, gender, socio-economic status, geographic location, age, and the culture of recovery as they begin to experience it. By both attending to the commonalities these clients share that become relevant to treatment processes and outcomes and by remaining sensitive to the differences that may necessitate diversity in treatment models, goals, and interventions, substance abuse treatment professionals can begin to address individual needs and promote individual recovery while also promoting reduced stigma toward those who seek treatment and recovery from problematic substance use.

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