The societal views for addiction recoverees' in the UAE Society A perspective study of community members' opinions on addiction recoverees'

Dr. Wafa Barhoumi
Assistant Professor in the Department of Sociology
University Of Sharjah \ Sharjah\UAE
whamdi@sharjah.ac.ae
Fatima Algharbawi
PhD student at the University of Sharjah
University Of Sharjah \ Sharjah\UAE.
Research assistant at the Research Institute for Humanities and Social Sciences,
falgharbawi@sharjah.ac.ae

DOI: 10.31973/aj.v1i139.1440

Abstract

The aim of this research was to find out how the UAE society views people who have recovered from addiction. The data was gathered using a scale with positive and negative statements based on four fundamental axes: First and foremost, how do community members react to a recovering addict in general? Second, the extent to which recovering addicts are accepted in various social communities. Third, the presence of stigma or rejection by community members when dealing with a recovering addict. And fourth, the effect of the interaction of gender and age level on the attitudes of the sample members toward recovering addicts.

In addition, an in-depth interview with ten respondents from addicts who recovered and returned to Al-Amal Private Hospital for treatment or follow-up was conducted. The interviews focused on showing and demonstrating the experiences of those recovering from addiction in dealing with the external community and the extent to which it accepts them, their integration into various "social, environment, professional" aspects and their exposure to stigma and ostracism within their societies.

According to recovering addicts' narratives, the attitude of Emirati community members on recovering addicts is relatively positive, with negative indicators about "safety, trust, dealing, and integration" acting as a barrier to their integration into social capital. This result, which contradicted the respondents' accounts and the existence of a declining social perception, regardless of age and gender, was found to be related to demographic factors (gender/age)

and attitudes of Emirati community members toward recovering addicts. Furthermore, there is a significant gap between what the recovered believes from societal reality after his recovery and individual society's perceptions and attitudes, which is a totally contradictory gap that reflects a lack of community members' awareness in dealing properly with this recovering addict.

Keywords: Social perspectives, recovering addict, addiction.

Introduction

The addiction recovery stage is critical because it prepares a recovering addict to adapt to a totally new pattern. It is also one of the most challenging stages of recovery. Because of "psychological, social, and economic" problems that he faces, he is unable to deal positively with aspects of recovery.

We found that the difficulty of dealing with social reality, such as the inability to keep a job, feeling helpless, fear of change, and overcoming isolation, as well as the difficulty of dealing with the stimuli of abuse, are all challenges that a recovering addict may face, potentially leading to regression and re-addiction ((2000, Laudet & et. Al.).

Following the recovery phase of addiction, the recovering addict faces a new phase known as "Reentry," which refers to the return to adapt to society, which is the stage in which the addict is confronted with the prospect of recovering, many obstacles and pressures have arisen as a result of his desire to reintegrate with his family, children, relatives, friends, and neighbors, with the most challenging obstacles being returning to or finding a new job, as well as the resistance to moving away from abusive friends. (Chandler et al., 2009). The difficulties that recovering people face, as well as social constraints, can act as "Invisible Punishment," preventing them from returning to their normal lives, adapting and integrating with others, resulting in an unforeseen setback. (Travis, 2002).

The rate of addiction recovery in the United Arab Emirates is estimated to be 26 %, which is a high indicator when compared to the global index, 20 %for cure inspiration, and 49 % for relapse, compared to 65 % for the global relapse rate (Emirates Today, 2019). Different social dimensions and indicators, because we're not talking about a small proportion of people who will return to society and integrate. As a result, if the outlook is bleak, we're talking about factors that could prompt the rehabilitated to return to society rather than social integration.

international reports illustrate the importance of community support to ensure complete recovery, non-relapse and re-addiction, as the role played by the neighborhood, neighbors, friends and employers with the recovering prisoner has a close relationship with ensuring his

return or not (Kubrin & Stewart, 2006) and emphasizes this role, the theory of social disorganization that referred to the impact of societal conditions and family support on recidivism to crime (Sampson & Laub, 2005).

Dealing with addicts in recovery and preventing relapse necessitates a thorough understanding of social attitudes and the extent to which they are accepted by community members after receiving treatment in a country-based facility and the manner in which community members deal with it, as well as recognizing the views of people within the addict's community after his recovery. As a result, the current study aims to assess how members of society in general deal with recovering addicts, as well as the attitudes with which they are dealt with, and also the extent of acceptance of the recovered within the social environment (family, work, friends, etc.) and the recovering addict's integration and presence within the social milieu.

The current study's issue is defined by focusing on the following aspects that would demonstrate the social view of recovered people in the UAE society, first: how community members deal in general after knowing that the person is a recovering addict. Second: acceptance and dealing with him as a normal person on the part of society members. And third: acceptance and dealing with him as a normal person on the part of society members. Third, the ostracization and social stigmatization of the recovering addict in the social milieu during his treatment, Fourth, the recovered person's perspective of community members, their treatment of him, and his assessment of this perspective and how he deals with it in negative or positive ways, as well as the following questions that arise from this.

1- How do members of society deal with a recovering addict on a regular basis?

2- To what extent is the recovering addict accepted in various social contexts?

3- When dealing with a recovering addict, is there any stigma or rejection from the community?

4- How does the interaction of gender and age affect the sample members' attitudes toward recovering addicts?

5- How does the rehabilitated person see society's acceptance of him and his integration into social circles?

The relevance of the current study is highlighted by two paths: examining the society's perspective and applying the study to members of society in general. The first one is scientific and it is identifying the reality of dealing with a recovering addict from the perspective of community members and their perceptions of this recoverer, as well as comparing this perception to what the recoverer

sees himself, which will guide future research into the reasons for this recoverer's relapse and the methods of social interaction with him, as well as finding solutions to relapse. The second path, from a realistic viewpoint, will undoubtedly benefit decision-makers in implementing and directing initiatives toward integration between rehabilitation for the recovered and community awareness toward the best possible deal that ensures that no contribution to relapse is made at all.

Study concepts

Recovering Addict: It refers to a person's period of stability after receiving the required treatment from a rehab center, clinic or hospital, as he was previously addicted to drugs, then went through a specialized treatment program and recovered. (Al-Kharashi, 2010)

A recovering addict, according to the current study, is someone who has committed to a period of treatment and rehabilitation by enrolling in a treatment or correctional institution, has overcome the effects of the drug, has been persuaded of the importance of quitting internally, has recovered, and is ready to resume normal life in the community.

Societal outlook: It is how members of society in general treat the addict who has recovered, and they tolerate him without feeling ostracized or describing him in terms and behaviors that reflect their lack of belief in his cure and acceptance of him within society in general.

Addiction: It is a pleasurable behavior that produces a strong desire for a specific action and the continued use of a specific substance despite its side effects, and it provides a sense of comfort and relaxation, so the addict continues to act to achieve the same effect, and it is accompanied by an absolute inability to stop doing this behavior.

Between Acceptance and Absence: Society and Dealing with a Recovering Addict:

Although it has not been scientifically proven that drug addiction has genetic causes, there is widespread agreement that it is a disease with psychological and social causes, and because the law distinguishes between two kinds of addicts, one who refuses to seek treatment and becomes accused and the other who seeks treatment and is treated as a patient in need of assistance.

Despite efforts to absorb the recovered and encourage addicts to quit drugs, a number of health, social, and legal challenges are stronger. Recovery from addiction, the family utters its son, the wife requests a divorce, and the job market is not more merciful, although the "gateway to relapse" remains open to him, and despite efforts to absorb the recovered and encourage addicts to quit drugs, a number of health, social, and legal challenges are stronger. It is also the cause of

people who have recovered from addiction relapsing into the cycle of addiction. (Al-Ittihad, 2015).

The first thing that collides with society's viewpoint, which is his rejection and lack of acceptance of him, is governed by the values and rulings of shame, the moral and social shame caused by addiction, the phenomenon of drug and alcohol abuse is spreading. And, despite the growth of treatment and medical treatment, narcotic drugs and addiction to them are more prevalent than ever in many countries around the world, and the social attitude has not changed. (Al-Ittihad, 2010)

One of the reasons for the current generation's addiction recurrence, according to family counselor Issa Al-Askari, is their parents' calibration and constant reminders of that time, as well as the community's lack of acceptance of them since recovery from addiction. He also clarified that there are factors that increase the rate of relapse after recovery, such as parents' lack of understanding of the existence of an addict's daughter or son and their constant suspicion of his behavior, as well as the need for effort and time, which can take years in some cases, to ensure that they recover and do not relapse. (Al-Ittihad, 2015).

In order to avoid losing another significant segment of the community's youth, the UAE has worked to correct this negative social perception of a recovering addict. The Aounak Center, which is affiliated with the Community Development Authority for Social Rehabilitation, was founded to address the unjust societal view of recovered patients' rights when it comes to patients suffering from drug withdrawal and addiction. It offers a variety of rehabilitation programs in the psychological, social, and family fields for people who have recovered from drug addiction and their families, as well as providing the necessary material support through the center's partners and the relevant authorities. It also supports the center for the recovered by employing them in the public and private sectors and providing them with housing (Community Development Authority, 2020).

Despite the state's best efforts to contain this group of people who have recovered physically, socially, and mentally, society still harbors a fear of addicts, which is due to a limited culture and lack of media awareness, and this is a source of frustration for those who have recovered. Because he believes it is unacceptable (Gulf News, 2013). This isn't to say that the situation is still bleak. Rather, work must be done to change it into a positive outlook, such as communicating with the relevant authorities to open channels and accept those recovering from addiction, as well as returning the recovering addict to his previous job if he had one. Because giving up and denying him the

right to exercise his natural right to life may cause him to relapse into addiction, and this step is only taken after ensuring that he is completely free of abuse, and then the next step is to work to reintegrate him into society.

Dr. Ahmed Al-Amoush argues that most Arab societies treat drug addicts and those who have recovered from addictions as second-class citizens because they are behaviorally perverted and are not accepted even after quitting drugs, and that this rejection manifests itself in the problems that the recovering person has finding work or marrying. Similarly, he faces a bad perception that refuses to accept him as a normal person and reminds him of his past, and Al-Omoush warned that such problems are one of the primary factors that drive recovered people to relapse and push them to isolation and retreat from social life, making them easy prey for addiction. (Al-Ittihad, 2015).

According to family counselor Issa Al-Maskari, who confirmed that family counselors work to contain such issues as much as possible by clarifying the nature of addiction, family guidance committees in state courts receive a large proportion of family complaints in which women demand divorce from their husbands recovering from addiction. For the complainants, and urging them to give their addicted husbands a helping hand by enrolling them in treatment and rehabilitation centers.

According to Al-Ghafri, the National Rehabilitation Center signed a joint cooperation agreement with the Abu Dhabi Emiratisation Council aimed at rehabilitating and developing recovered people so that they can enter the labor market, as well as securing all treatment and rehabilitation means available to them in order to reintegrate them into society and turn them into positive elements that effectively contribute to pushing the decriminalization agenda forward.

This agreement aimed to establish frameworks for nominating recovered patients at the National Rehabilitation Center for participation in the Abu Dhabi Council for Emiratisation's training programs and job opportunities with various employers in the emirate. (Al-Ittihad, 2015).

We note that the UAE has not lost sight of this group in society, as it has worked to integrate it in various ways and means through community initiatives and cooperative agreements that guarantee the provision of a stable life and a safe job for them, but we also need to increase community awareness by the social institutions concerned with the reality of this category of Individuals recovering from addiction and the best ways to deal with them away from stigmatization, ostracism or demeaning and considering them have

suffered from disease or behavioral deviation and returned to the right path and not morally stigmatized criminals who have no place in society.

Theories explaining the societal view of the recovering addict :

- **Social stigma theory**

The stigma theory appeared in the early seventies in the United States of America as a result of the criticism aimed at supporters of the critical conflict trend of theories that predated the 1960s (The League, 1972). The Chicago School confirms Always on self-satisfaction, as they focused on the importance of social interaction between individuals, the effect of that on the self and the vision of others, their reactions to people, and the meanings of those reactions related to the emergence of this theory in America can be traced to internal social changes and also to academic reasons that the Chicago School confirms Always on self-satisfaction, as they focused on the importance of social interaction between individuals, the effect of that on the self and the vision of others.

The concept of stigma first appeared in Goffman's theory of naming or stigmatization in his books Stigma (1963), Kitts (1962), Shore (1973), and Specter and Kitts (1977), where he referred to the inferiority relationship that deprives an individual of complete social eligibility. The majority of research in this field has focused on the issues that arise as a result of stigmatizing individuals and groups, as well as the coping strategies that they employ to deal with these issues (Al-Warikat, 2004). Individuals may be stigmatized by extreme stigma (infection with sexual diseases) or documentary stigma. Stigma is the process by which negative connotations are attached to an individual, describing them with repulsive characteristics that make them feel inferior. The stigma process entails more than just an official act on the part of formal and informal organizations toward an individual who has misbehaved or revealed any distinguishing characteristics from the rest of the group.

Individuals may be stigmatized by extreme stigma (infection with sexual diseases) or documentary stigma. Stigma is the process by which negative connotations are attached to an individual, describing them with repulsive characteristics that make them feel inferior. The stigma process entails more than just an official act on the part of formal and informal organizations toward an individual who has misbehaved or revealed any distinguishing characteristics from the rest of the group (Al-Khalifah, 1423). Exaggerating the severity of the punishments meted out to the deviant or violator incites hate and animosity toward the deviant. More deviation occurs as a result of society's aggressive trend and a lack of social support, and the inconsistency in enforcing penalties becomes more significant. What

exposes young people to professional crimes is their growing sense of injustice, as there may be degrees of criminality that they have not yet achieved, no matter how serious the sin committed by the individual. If an individual believes that society is treating him in a tyrannical and violent manner, the natural outcome is a sense of selflessness. Alienation from society, and seeing the criminal group as people who respect him, means that when a person is released from jail, he becomes the enemy of society, and is more likely than before to continue his criminal behavior.

As a result, Lemert (1975) emphasized that society's reaction to deviant behavior often strengthens rather than decreases it. Prisons, for example, play a more active role in the secretion of criminals and perpetrators than in the reformation of criminals and perpetrators, regardless of the origins of the deviant behavior or the initial deviation. Secondary deviation is caused by social sanctions, which explains why the notion of stigma is based on a number of meanings associated with the act, the actor, the situations, the stigmatized individual's thoughts, beliefs, and personality, as well as the ideas and beliefs of the group that applies the stigma.

As a result, Becker clarifies that deviation is formed and created by society, and that this does not imply that the causes of deviation stem from the social reality of the deviation or the social factors that drive him to deviate, but rather that groups assist in the creation of deviation by setting them. Some people were victimized by social rules, and the Outsiders stigmatized them as a result of these social rules.

As a result, the concept of deviation has nothing to do with the reality or characteristics of the act that the individual contradicts; rather, it is the direct result of violating the meanings associated with that action, and the deviant is the person to whom the stigma is attached, or the behavior that the individual is stigmatized with by the group or society. Becker is interested by how some individuals are criminalized and stigmatized for crime and delinquency while others are not. He is one of the most well-known stigmatist theorists, particularly for his famous article "Becoming a Marijuana User," which first appeared in (1953) and was followed in 1963 (a group of papers in his book "The Margins: Studies in the Sociology of Deviation," namely Transforming marijuana users and society's reactions to them, whereby not focusing on the criminal and his action but on society's reactions to them, whereby not focusing on the criminal and his action (Al-Warikat, 2004). It is clear from the preceding that societies determine deviation through social consensus by approving certain rules, and that deviation is not a characteristic of an individual's action, but rather a matter related to the social

meanings that are actually attached to society's culture and through the views of others, and in other words, deviation is not a characteristic that describes acting inappropriately. It is a characteristic that society refers to a particular behavior in light of the society's prevailing values and standards. It is clear from the preceding that societies determine deviation through social consensus by approving certain rules, and that deviation is not a characteristic of an individual's action, but rather a matter related to the social meanings that are actually attached to society's culture and through the views of others, and in other words, deviation is not a characteristic that describes behaving inappropriately. It is a characteristic that society refers to a particular behavior in light of the society's prevailing values and standards.

As a result, the concept of stigma is defined as follows:

1. Human society is characterized by the development of many social rules that regulate human behavior and maintain the balance and stability of society.
2. The extent of conformity with social rules determines the type of individual behavior, and the social reaction to that behavior determines whether the behavior is deviant; it does not refer to the essence of the behavior itself, implying that if there is no social reaction, there is no deviation.
3. When social audiences notice a behavior, they label it as a deviation, the perpetrator, and the behavior as a deviant, referring to it as a criminal or deviant.
4. The audiences focus on the individual when he is stigmatized, assuming that he is acting in accordance with his stigmatization while ignoring his other attributes.
5. Those who have been stigmatized as deviant are usually monitored (individually or in groups), as it is possible that they may revert to criminal behavior.
6. The social reaction to stigmatized people and the attitudes that accompany it, as well as negative trends toward them from members of society, communities, and official institutions, expressing disapproval, ridicule, social rejection, and social ostracism for them and their families in particular, and imposing a form of social isolation on them and their families.
7. These steps lead to society's rejection of the stigmatized deviation (secondary deviation), which is the result of accepting the stigma as a self-identity, which causes the stigmatized person to turn to crime, deviation, and withdrawal from legitimate activity.

- **Hirschi's Social Control Theory :**

The theory of Hershey 1969 is one of the most widespread theories of social control, as it focuses on the social ties that bind the individual in society, as the weakness of these ties pushes the

individual to return to drug abuse, and these links are represented in the following (Al-Warikat, 2013, p. 20)

1. Attachment: The development of an individual's collective conscience is dependent on his interactions with those who make up the restricted social circles with which he interacts, which are represented by his family, community, neighborhood, friends, school, and workplace. When it comes to recidivism, it means that the links between the returning abuser and society are still weak.

2. Involvement: Individuals who engage in beneficial work such as research and work are less likely to engage in deviant behavior. Participation in social and economic activities by the abused person results in complete social adaptation.

3. Commitment: This link relates to dedication, goals, and desires, as well as carrying out the traditional activities of his society so that he can be a person for himself and his community. The return of the abuser after treatment is a result of a failure to strengthen the commitment to the values of the community for a good and beneficial, whether social or economic

4. Belief: If an individual believes in the values of the society in which he lives and participates in his moral system, he will respect the values that prevail in it more; so, if the handled abuser does not believe that society does not deserve respect, he will abuse again.

Thus, the theory of social stigma and social control focused on the interpretation of deviant behavior in light of society's view of the delinquent, and the main element in the theory of stigma is not the person's behavior but society's reaction to a certain behavior in light of prevailing norms and values. This theory shows that some people deviate because of society's negative impression of them, which has attached a stigma to them as a result of their delinquent behavior, and this stigma remains attached to their lives for everyone who interacts with them (Gabriel 2015). According to the control theory, the abuser's relationship with society reflects the fact that more he deteriorates, more it adds to his lack of inclusion and relapse into addiction. Lack of engagement, which reinforces his feeling of insignificance, as well as his lack of commitment to values such as reputation and honor, and weak participation in community activities, particularly in the absence of religious values, are examples of this weakness.

Previous studies

The studies are concerned with studying the causes of addiction, its social and psychological motives, the recurrence of addiction and relapse, its causes, and proposed solutions, while we find that Arab studies, in particular, lack a study of the societal reality of this recoverer from his experience and from the viewpoint of the external

community, and how to accept and deal with it. For example, the role of "peers, the family," and its impact on the recovery process.

Weinber's study (2000) on the addiction environment and its basic dimensions, as well as what external reality can reflect on it and contribute to its formation in certain way, shows that recovering addicts recognize that they are chronically vulnerable to social exclusion as a consequence of their addiction, and that they can control their addiction through participation. Keep working on community projects that support and encourage them not to return, accept them as victims, and help them integrate into society.

Addiction is a pathological condition that requires medical therapy, rather than a moral failure, according to the studies. Despite medical success, the recovered continue to suffer, and they must remain active members of the community in order to receive integrated therapy. It also confirms that communities are the ones who resurrect addiction by creating environments with unique and strong organizational incentives to link people's addiction to an unhealthy environmental space rather than socially encouraging them to overcome drug problems, causing the recovering individual to be rejected by the organization.

The study (Granfield, Cloud, 2001) examines the social context for "natural recovery" from addiction through in-depth interviews with 46 previously recovering individuals in the same context about the social environment and social reality and its role in stimulating natural recovery without interference from the concerned centers. According to the study, social environment is crucial and it supports these recovering addicts gathered before their addiction and maintained during their recovery helped them recover without the assistance of a treatment center, and how the relationships in their lives, as well as the physical and virtual resources available through their social capital, helped throughout the "natural recovery" of those recovering from drug abuse problems.

Kathleen (2005) also stated in her study, which aimed to discover the causes of treatment failure for addiction and recurrence, that those recovering addicts who returned again had reduced motivation, as the study sample consisted of (24) cases who were intentionally selected from those who completed treatment and withdrew from it. To fully quit due to a high level of aggression toward the societies to which they belong, as well as a lack of adaptation and low self-confidence, which drives them to engage in deviant behaviors toward the society in which they live, resulting in a relapse into addiction and refusal to recover

While the study (Gideon, 2007) focuses on the individual's meeting with his or her family after recovery, it represents society's overall perspective.

While the study (Gideon, 2007) focuses on the meeting of the individual after recovery with the family, as it reflects society's overall viewpoint. According to the statements of 39 recovering addicts, marriage and family have a negative impact on the rehabilitation and reintegration process, particularly in cases where the addict returns to his previous marital relationship, where expectations of a role collapse and a deterioration in family support are present.

In a different way, a study (Radcliffe & Stevens, 2008) on stigma and the identity of a recovering addict, focused on 52 cases of recovered and completing treatment, confirms that addicted and recovered people who go out into society often deny their hobby and their original self as shameful and associated with social rejection, as they perceived stigma. You can't get where you want to go in life, work, or engage in society if you're stuck on them. They assert that their presence in this world has an impact on recovery, stressing the quality of human capital, interpersonal relationships, and opportunities outside of the addiction world.

According to the study (White, 2009), addiction treatment does not begin with detoxification, but rather with rebuilding the relationship between treatment programs and society in order to reintegrate the individual into society. This integration would reorganize basic addiction treatment services, including who receives them, when, where, and for how long, in order to achieve long-term rather than temporary addiction recovery.

More than half of substance users can reach a stable recovery, as shown in the study (Best, Lubman, 2012), and this can only be accomplished by participating in community activities and engaging in groups and peer support activities, which necessitates a dual approach to recovery in which individual recovery journeys are facilitated and supported. Recovery is transmitted through supportive social networks and ad hoc recovery groups such as mutual aid, while creating environmental conditions that encourage and support the "social contagion" of recovery.

On the other hand, in a study (Lutman, Lynch, Monk-Turner, 2015) that focuses on the professional integration of the recovered, but from the perspective of employers rather than the recoverer himself, the study sheds attention to the role of employers in the social reintegration of people with addiction and how people perceive Work experience of employing drug users such as qualitative and semi-structured interviews with employers who hire clients from a residential facility for drug abuse treatment. The study revealed the

existence of self-acceptance and flexibility, a strong belief in giving recovered people a second chance and the need to develop strategies, as well as the perceived need for consistency in order to achieve success. Employment and the skills required to find paid work. Despite their previous concerns, they justify their actions by stating a desire to help others and give back to society, as well as to assist in the social reintegration of the recovered and the removal of their social stigma.

In light of the role of societies and social capital networks, the study (Best, Bird, Hunton, 2015) focuses on recovery and the role of the community and believes that the process of recovery from addiction has social dimensions, where individuals learn to recover through observing and imitating others. The initial stages of recovery take place through peer and community support, such as mutual aid groups. In this way, recovery can be personal but it occurs within a social context.

In the same context, the study (Bathish, Best..all, 2017) that came about the role of the social network and social identity factors in in addiction recovery, in order to transition from addiction to recovery, and this shows that there must be an increase in social relations, interdependence, and changes in the composition of the social network. According to the results, addiction recovery can be understood as a social transmission mediated by social network characteristics and changes in social identity, which leads to the expansion of improvements in quality of life and thus access to full recovery.

The comparative study (Hreish, Okkeh, 2019) confirms that social reintegration is important for those recovering from addiction, but it faces many challenges in Palestine due to stigma, so the reintegration scale has been used in various contexts in the Kingdom of Saudi Arabia for comparison with Palestine. More than half of the responses reported moderate attitudes toward social reintegration among people in recovery, with no statistically significant relationships between perceptions of social reintegration, gender, age, years in college, academic focus, and residency type.

Regarding the social conditions of addiction recoverer’s, the study (Saad, Al-Nawfali, 2021) comes to show that the effect of social networks on addiction recoverer’s is completely positive, such as "family, friends, neighbors" where support is provided and there is no social ostracism or stigmatization, giving the recovered an opportunity to prove His change and complete recovery which reflected positively on his social life in general.

Various studies have frequently attempted to identify the factors that contribute to or decrease the probability of relapse of recovered

people as they attempt to adapt and reintegrate into society, but what we can observe is that these studies tend to focus on three aspects: either concentrate on the aspects of addiction treatment programs or conduct research on addiction sufferers' personality variables and the factors that influence them. However, such studies did not address the societal perception and individual attitudes of community members as well as their negative or positive viewpoint toward those recovering, despite the fact that those attitudes are among the main pillars by which the extent of community members' acceptance or rejection of the recovered is determined after the treatment period and his leaving from the treatment phase. We also don't see much interest, and there aren't many studies, in looking into the perspectives of recovering addicts themselves on the nature of the societal challenges they face as they attempt to restore psychosocial harmony in their communities.

Therefore, what distinguishes the current study from other studies is that it seeks to identify the nature of societal factors that prevent the realization of re-adaptation and adaptation of the recovering addict with the community, by surveying the views of a sample of the community and their perceptions of addiction recoverer’s and also a sample of recovering and returning addicts for treatment in Al Amal Private Hospital.

Study methodology

Study population

The study population includes 10 addiction recoverer’s who relapsed and returned to addiction in Al-Amal Hospital for Psychotherapy, as well as adult community members over the age of 18 who were contacted via multiple social media platforms because direct communication is not possible at this time because of COVID 19. This is so that we can learn about the reasons for their return, their social motives, society's understanding of them, and the degree to which they were accepted during their rehabilitation time, as well as how this led to the recurrence of addiction and relapse.

The study sample

Young community members (over 18 years of age) have been chosen as people who are conscious of the issue of addiction recovery and this person's social perspective, and community members have been chosen using the snowball sample approach, which requires access to a member of the community who meets the conditions of reason and knowledge of the issue of addiction, recovery, and societal viewpoint. In addition to the ten recovered individuals who returned to addiction at Al-Amal Psychiatric Hospital, and the interviews were conducted according to two complementary conditions:

1- They have been in the center for at least two months.

2- Approval of conducting the interview and showing their readiness for it. It was agreed with them to conduct the interviews through focus groups, as they were divided into three in the first session, three in the second session, and four in the last session in coordination with the supervisors as they were informed of details of the interview and how long it might take. Each session of a single interview lasted two to four hours, and the process of gathering data from community members took three months**.**

Study tool

The researchers used the questionnaire to identify the societal perception and acceptance by community members of the recovering addict through two main parts. The first part concerned with the primary data describing the study sample such as: gender, age group, nationality, educational level, father's educational level, mother's educational level, social status , employment status and income. The second part is represented in four main axes that identify the societal perception of the recovering addict in the UAE society: First: How community members in general deal with a recovering addict? Second: What level of acceptance does a recovering addict have in various social classes? Third: When dealing with a recovering addict, is there any stigma or rejection from the community? Fourth: Does the interaction of gender and age affect the study participants' attitudes toward recovering addicts?

In the second part, questions directed to the addict relapsing into the addiction were used, which are listed as follows: First: how the social milieu deals with him? Second: the extent to which the recovered person is accepting and not despising him within the social environment? And third, the degree of his integration into society (family, job, friends, study, social life) and his feelings of ostracism or social stigma. With the consent of the center and the respondents, interviews will be written as well as registered.

The reliability and reliability of the tool

The study tool's validity was determined by logical honesty, as this questionnaire was tested on ten members of the community before being used to determine the appropriateness and validity of the questionnaire's terms for measuring the subject for which it was developed. The Cronbach alpha coefficient was used to measure the study's reliability coefficient, so the value of the stability coefficient was 0.82 for the male sample (n = 132), for the female sample 0.87 (n = 68) and the stability coefficient for the tool as a whole was (0.85), which indicates that the tool has the stability property and this result is appropriate for the purposes of Scientific application.

Statistical treatment

The study will rely on a quantitative analysis of the questionnaires based on data entry into the SPSS statistical package, which will then be analyzed by the researchers using the frequencies and percentages of the primary data to represent the demographic sample's characteristics. Percentages, averages, chi-squared test, "T" test, and two-way ANOVA were also used.

Manual unpacking, sociological analysis, and citation of the respondents' statements in each of the previous axes will be used to deal with the ten interviews with recovering addicts who've been returning to addiction.

The first axis: The demographic characteristics of the study sample

Table No. 1: Distribution of the study sample based on demographic variables

Variable	Variable categories	Frequency	Percentage
Gender	Male	*132*	*66*%
	Female	*68*	*34*%
Age	19 – 29	*39*	*19.5*%
	30 – 39	*87*	*43.5*%
	40 – 49	*60*	*30*%
	50 and above	*14*	*7*%
Nationality	Emirati	76	38 %
	No Emirati	124	62 %
Educational level	primary	*17*	8.5 %
	secondary	*44*	22 %
	University or	*101*	50.5 %
	diploma	*38*	19 %
	Postgraduate		
Social Status	Single	43	21 %
	Married	98	49 %
	Divorced	47	23.5 %
	Widower	12	6 %
Job Status	Employed	156	78 %
	Unemployed	44	22 %
Incomes / Dirham	Less than 10000	42	21 %
	10000 – 20000	53	26.5 %
	20000 – 30000	75	37.5 %
	30000 – 40000	23	11.5 %
	40000 – 50000	5	2.5 %
	50000 and above	2	1 %
	Total	200	100 %

The data in Table (1) regarding the economic and social characteristics of the study sample (gender, age group, nationality, educational level, social status, work status, income in dirhams) show that most of the study sample are males, representing 66% compared to 34% for females. While we find that the majority of the age group participating in the responses was youth in the group (30-39) years, which represented about 43.5%, followed by the middle-aged group (40-49) by 30%.

At the level of education, the educational group most attended is those with university degrees and diplomas (50.5%), while the lowest percentage is for the primary level (8.5%). As for the social situation, nearly half of the sample are married at 49%, followed by 23.5% divorced, 21.5% single, and finally 6% widowed. With regard to the economic characteristics of the sample, it was found from the table that 42% belong to middle-income families, at a rate of 37%, while high-income families represent only 3.5%, and at the level of the practical situation, more than half of the sample are those who work at 78%. In the public and private sectors, 22% are unemployed.

The second axis: Scale study questions:

In order to answer the first three questions related to the nature of the community members ’attitudes towards the recovering addicts as follow:

1- What is the main attitude of community to a recovering addict?
2- What is the main attitude of community to a recovering addict?
3- Is there stigma or rejection by individuals when dealing with a recovering addict?

The chi-square test was used to assess the degree of statistical significance in the differences in the frequency of the study sample's responses on each item of the study questionnaire, as well as the percentage of occurrences of the study sample's responses.

Table No. 2: The percentages of occurrences and chi-square test of the study sample's responses

#	Sentences	Agree	Strongly agree	Disagree	Strongly disagree	Chi-Square Test	Level of Significance
1	Society must tolerate an addict who has recovered from drug addiction.	46 %	38 %	11 %	5 %	131.6	0.001
2	Society plays an important role in	35 %	56 %	6 %	3 %	105.3	0.001

	supporting and guiding those seeking addiction recovery.						
3	Dealing with an addict is not desirable even after recovery.	42 %	29 %	17 %	12 %	87.6	0.001
4	Community members' lack of confidence in the addict's recovery completely and never returning to addiction again.	38 %	35 %	18 %	9 %	51.3	0.001
5	An addicted person needs community support.	23 %	59 %	13 %	5 %	187.9	0.001
6	Addicts are still shunned by society even after recovering from addiction.	46 %	42 %	8 %	4 %	179.1	0.001
7	I don't deal with someone who has used drugs even after recovery.	42 %	32 %	14 %	12 %	78.4	001
8	The addict's personality does not change much even after he is completely recovered of the addiction.	54 %	29 %	11 %	6 %	108.4 %	001
9	A person who has overcome addiction should not deserve the negative perception of	45 %	40 %	9 %	6 %	123.3	001

	him by members of society.						
10	Refusing to recruit someone who has previously used drugs, even after they have recovered.	48 %	39 %	11 %	2 %	124.5	001
11	Society accepts addiction recoverer's as normal individuals.	57 %	26 %	13 %	4 %	159.4	001
12	It is difficult for society to embrace people who have completed addiction treatment, particularly if they are adults.	38 %	19 %	26 %	17 %	16.6	0.001
13	I feel uncomfortable dealing with someone who has previously used drugs and then stopped using them completely.	54 %	31 %	13 %	2 %	107.4	0.001
14	I am afraid to talk or deal with an addict even after recovering from addiction.	25 %	21 %	31 %	23 %	2.3	0.07 (No significance)
15	I believe that a recovering addict needs special dealing and support.	54 %	27 %	13 %	6 %	154.7	0.001

16	There is no risk and harm in engaging into a marriage relationship with a recovering addict.	27 %	19 %	33 %	21 %	3.3	0.08 (No significance)
17	The reintegration of a recovering addict into a professional life is important.	48 %	39 %	8 %	5 %	124.5	0.001
18	I do not accept that my children deal with drug addicts.	41 %	27 %	19 %	13 %	85.5	0.001
19	They should not be rejected by their family.	43 %	41 %	12 %	4 %	177.4	0.001
20	I may volunteer if I find the opportunity to help them and reintegrate them into society	52 %	37 %	8 %	3 %	122.6	0.001

The number of replies to the paragraphs showing positive patterns increased and ranged between 59 % as the highest value in the table (No. 2), indicating that the majority of the survey participants had positive attitudes toward recovering addicts, and we find it at Paragraph 5 and confirms that the individual needs complete care from the community without being disrespected or stigmatized. When it comes to paragraph 11, a rate of 57 percent indicates that the group accepts this naturally recovering addict. In paragraphs 15 and 13, they display positive social interaction and a lack of embarrassment or shame about dealing with a recovering addict but with great caution without dealing naturally and intuitively. But in a specific way based on respondents' answers, The sample in paragraph 15 is 54%, which is obviously inconsistent with Granfield, Cloud, 2001's report, which promotes constructive, normal, and stimulating treatment for

rehabilitation and recovery, and the opposite is evidenced by the sample responses, which show that a recovering addict needs some kind of special treatment.

In contrast, it agrees with Radcliffe & Stevens' (2008) analysis, in which the emphasis is placed on the propensity to change the identity, which may be due to the sample's preferred method of dealing.

The lowest value, 19 %, is found in paragraph 12, indicating the difficulty of dealing and interacting with a recovering addict, which is consistent with the high responses in the paragraph indicating the necessity of a special treatment for this recovering addict, followed by paragraph 15, indicating that there is no fear of lineage, intermarriage, or entering into a well-established social network.. By 19%, this is consistent with Weinber's 2000 research, which confirms that the atmosphere is one of the most difficult to integrate and build worlds of their own, where the less they are incorporated into society and accepted in all relationships, the less their ability to completely recover from addiction, and this is what the stigma theory specifically means in terms of dealing with addiction.

When using the chi-square test to detect differences in the frequency of responses of the sample members to the questionnaire items, it was found that there are significant differences at the level of 0.001 in favor of the positive trends in paragraphs “1,2” indicating tolerance and counseling of those recovering from addiction and paragraph (5,9,11), which is complemented among them to demonstrate that they need care and acceptance from society and not look at them in a negative and bad way and accept them as ordinary individuals without stigmatizing or rejecting them. In addition to paragraphs "13,16,17" which indicate the consolidation of social relations through descent and intermarriage with the recovered in addition to the need to integrate them into professional life and accept them in various actions. Finally, paragraphs "19 and 20" discuss their integration and admission to various families, as well as any support and involvement they may have received to help them integrate into society.

On the other hand, there is a statistically significant relationship between some negative paragraphs and the society’s view of the recovering addict and dealing with him, such as Paragraph (3), which indicates the lack of acceptance or desire to deal with a recovering addict because he is basically an addict, as we find paragraph (4.8) which they emphasize the lack of security and lack of confidence in dealing with a recovering addict. Also the paragraphs (6,7,10,12,14,15,18) are consistent, as the complete rejection of this recovering addict, in addition to societal ostracism, and the

unwillingness to deal with them in absolute terms with lack of professional integration and fear for those who are recovering from addiction. The previous paragraphs share the absence of the basics of forming a solid social network when dealing with a recovering addict and the lack of security, trust and cooperation, which makes community members prefer stigmatizing or rejecting it instead of accepting and trying to understand it, This is due to a lack of community awareness, which is completely consistent with the theory of stigma and social control, according to which the absence of acceptance, the prevalence of stigma, and the lack of engagement and commitment by the recovered person due to the negative reality in front of him makes them vulnerable to recidivism or complete ostracism from society makes him vulnerable to recidivism or complete ostracism from society. This is in accordance with Hreish's 2019 study, which emphasizes the importance of integrating the recovered individual, accepting him rather than dismissing him in order to promote his incorporation into society, and Bathish's Best study, which emphasizes the importance of accepting a recovering addict, even if it means completely changing his identity due to the stigma he faces, and this is in contrast to Saad, Novelli 2021, which indicates positive dealing in the aggregate from the recovering addict's social network.

The third axis represents the relationship between the survey participants' demographic characteristics and their societal perceptions of recovered addicts:

The two-way Anova test was used to determine if there is a main impact of the interaction of gender (male - female) and the level of education on the attitudes of the sample members toward recovering addicts in order to address the fourth question: Does the interaction of gender and age level have an effect on the attitudes of the sample members towards recovering addicts? The sample members' age on the basis of their patterns was divided into four levels, and the variable of the sample members' age level was divided into four levels as follows: the first level: from 19 to 29 years old, the second level: from 30 to 39 years old, the third level: from 40 to 49 years old and the fourth level: from 50 years and over.

Table No. 3: analysis of the influence of gender, age, and their interaction on the attitudes of the sample participants toward recovering addicts using binary variance analysis

Statement	Sqaures Total	Degree of Feedom	Squares average	"f"	Level of significance
Gender	9.9	1	9.9	0.162	0.638
Age	186	4	46.5	1.28	0.21
Interaction	326.9	4	81.73	.11	0.000
Inside groups	*16187.5* *1396272.5*	*105* *200*	78.39		

Table No. (3) indicates that there is a statistically significant correlation between sex and age and the disparity in perception toward the recovering addict, with the value of "P" exceeding the level of statistical significance (T = 1.1, the level of significance = 0.00). This refers to the differences in the social acceptance of recovered addicts based on gender (male or female) and age group (youth, maturity, and aging). As this reflects the influence of gender factors, cultural and social background, and it is expected that the more youth and females in the group will be more accepting and sympathetic to the recovering addict, in contrast to the elderly and male category, who will be more logical and rational in dealing with, This contradicts the results of a recent study (Hreish, Okkeh, 2019), which found no statistically significant relationships between perceptions of social reintegration, gender, age, years in college, field academic emphasis, and residency category.

The fourth dimension represents the opinions of those recovering from addiction on society's views of them, acceptance, and care of them:

It should be noted that the view is generally optimistic, but it is not without doubt, distrust, and uncertainty, which is followed by intense caution, as demonstrated by the review of previous results. We also note the differences in dealing, attitude, and acceptance with a range of demographic characteristics. In this regard, it is important for us to understand the viewpoints of addicts who have already completed the recovery process and returned to society with new personalities and cured of addiction.

The environmental lack of acceptance is expressed by the exclusion of the recovered from the surrounding or social background, where the lack of relationships and the lack of social value completely for the recovered after leaving this stage, as well as the financial or professional instability, and the societal view and the way of dealing in general after knowing that he is recovering. In this context, one of

the respondents tells us, "You don't feel that you are a normal person going back to your life. Getting out of jail or even the treatment center makes you worse than before, and blame yourself because no one wants you and no one accepts you until your family."

In the context of non-acceptance of those around him, he tells us by saying, "When you come out of prison, you will return alone .... No other friends will accept you like you are without screaming or reprimanding ..." And another says, "You feel that they are your world, this is your environment, and this is your place, not anywhere else.. No one understands that you have recovered, or that you have become like them.

In the same context, he says, "They know what you want or do not want ... Heh he was imprisoned, hey used drugs, no one wants to approach you and deal with you ..."

Refers to the financial aspect and the lack of income after completing recovery, whether in a treatment center or after undergoing a period of punishment in prison, we find that the opinions of the respondents centered on the absence of income other than trading in these materials to obtain an income and it is evident that they return to using them because they are under the influence of direct incentives, and not The presence of work and the refusal of employers to deal with them in the first place because they have a case or file in abuse, which makes them return or enter into depression because there is no income and their feeling of inferiority. This is evidenced by the statements of the respondents by saying, "Where do I go ... I got out, I don't have a place to go and I don't know where I'm going, and my family's house is already full... We are 8 and everyone has a story to tell and my two brothers are also using drugs ... I came back to my own work that I started 14 years ago without my will ... I returned and no one accepts me except the merchants."

This is in accordance with the study (Best, Bird, Hunton, 2015), which confirms that the integration of the recovered into society does not occur without changing the social identity of a person who has been socially rejected to one who can be assimilated into society, and confirms that recovery is contextually shaped and is present in society's culture and values, thus preventing social strife. As a consequence, social stigma and continued exclusion constitute a huge obstacle to recovery and long-term stability. As a result, identification becomes an obstacle in front of community acceptance and reintegration of the recovered into the social environment.

I did not find a job, nor did I have an income, and I went back to my family's house after I did not have my job, my privileges, my wife and my daughters .... I called my boss more than once, but he did not accept to return me to work.. I returned worse than before I started

taking stronger to forget everything ... ", another says ".... work! Where would we work if it were not for God, then the family, then the hospital? I would have stayed the same as I am. Nobody accepts your business now ... they don't say recovered ... they say he was addicted and treated.... "

This is inconsistent with the study of Lutman, Lynch, Monk-Turner, 2015, which shows the existence of self-acceptance and flexibility by employers and the perceived need for consistency in order to achieve success. The strong belief in giving recovered people a second chance and the need to develop recruitment strategies and skills to find a job. Despite the hesitation at first, and they justify this in the desire to help others and give back to society, and to help in the social reintegration of the recovered, and to put back the social stigma on them.

In terms of social relations, we discovered that the respondents were split between the positive and negative, with some embracing the number of relatives, former spouses, and even friends, while others declined to return from wives and permanently severed contact with friends, One of the respondents informs us on the positive side, saying, "… My wife is the one who is staying with me and she stayed with me and encouraged me to continue treatment and she is now pregnant ... It is true that she is the third wife .. And here is the fourth" child "I have three of the others, but she is the only one who stayed with me and supported me .. My relationship with the family is good now, thanks be to God... ", and another interviewee says," .... Are they the ones who understood me? Right after the treatment and after the words of the specialists in the first, it was as if I had something forbidden, forbidden, forbidden, and you know a girl who is not like the boy .... But Now, thanks be to God, I have my car, I will be able to find a job, as things get better ... ".

On the negative side, one of them tells us, "… My father, our relationship was damaged, and he did not fix it openly. I feel something from it was the reason for my presence here today in the situation of addicts.. My mother, may Allah bless her always tries to support me .." But I have no one to accept me other than my friends The bad, especially when I have no money .. I go to them involuntarily because I do not feel comfortable with family members and there you feel your world .... "And another tells us" .... Which people? And any relationships? My uncle is using drugs, my brothers are using, I don't know where to go ... Frankly, no one accepted me when I came back, only a nurse friend who stayed with me until now.... "

With regard to ostracism and social stigmatization by members of society, we see that the recovered people who have already returned

to addiction have suffered from it even from different treatment places and he tells us: "... you mean a user, a drug addict, there is no benefit from you, hey, they say more yet. ... I do not know whether they are intentionally or not, but they do not know that they are something that they involuntarily repel us to use drugs .... "And another says" .... as long as you look, I am a perverted and addicted, let me come back and complete these thoughts that were Tinny after I recovered more From a year .... everyone will give you a response, a response ... "And another helps us" .... It is enough at home after I was a role model and holder of the position "and the children" all of them want to insist like me ... then they are afraid and evade me .... "And one of them tells us in the same context" ... You know what I mean, the mate sits with me all the day, when I took shower she sat at the door of the bathroom ... It is not healthful, I became something like "crazy" ... What they say is something, but their behavior is all indicative to get away from me when I came to sit anywhere with them because I'm addict. ..... "

This is consistent with results of previous studies (Best, Lubman2012, Kathleen, 2005, Gideon, 2007), which show that those recovered addicts who relapse have lower incentive to leave due to a degree of hostility against the communities to which they belong, as well as a lack of adaptation and low self-confidence. It forces them back to addiction and failure to recover, and that marriage and family have a negative effect on the process of recovery and reintegration, especially in cases dating back to her previous married life, where perceptions of the position have collapsed and support systems have decreased.

Recovery can only be achieved through participation in community activities and engaging in groups and peer support activities, which requires a dual approach to recovery whereby individual recovery journeys must be allowed and supported, while environmental conditions must be established to facilitate and support the "social contagion" of recovery, where recovery is conveyed through supportive social networks.

This, of course, contradicts the positive implications listed in the negative and positive study scale, as it demonstrates the need to deal with and embrace them in the absence of security and trust, but the respondents' statements are completely opposite; according to them, social, professional, and environmental rejection, as well as social stigma, do not help anything. It is voluntary, and they do not want it because society pressures them to return in an unfair way, and society does not support the role of treatment centers and government policy in fighting the opiate addiction.

Conclusion

This study aimed to determine the societal perception of community members in the UAE society towards recovering addicts who completed recovery and returned to the community, as well as the extent of their acceptance of it and their pursuit of integrating or rejecting it in all sectors of society through an exploratory scale that contains a number of different positive and negative statements, starting from four axes:

The first is how the community members generally treat the recovering addict?

The second is the degree to which recovered addicts are accepted into society.

The presence of stigma or rejection by community members when dealing with a recovering addict is the third axes to consider.

Fourth, the effect of gender and age level on the sample's attitudes toward recovering addicts. The scale contained a number of variables related to the demographic data of the sample such as (age, gender, economic status, educational status, and work status), in addition to interviewing 10 recovering addicts who returned for treatment or follow-up at Al-Amal Private Hospital through an interview form which is started from the main question, "How do you see the society's view and acceptance of you after your recovery" and raised several questions:

First: The method of dealing with the recovering addict by the social milieu, second: accepting the recovered and not despising him within the social environment, third: helping the community to integrate him into the social environment (family, work, friends, studies, social life) and his feeling of exclusion or social stigma.

The results, which used a negative and positive scale to assess the extent of acceptance of the recovering addict within the social milieu, the manner in which he is dealt with, and the impact of demographic factors on the societal view of the recovering addict, revealed that the viewpoint is generally positive and sympathetic to the recovering addict, as the majority of the sample members show positive attitudes toward him.

And that is through the high rate of responses to the paragraphs that indicate positive trends such as "The addicted person needs community care, and society must accept those recovering from addiction as normal individuals. I do not find it embarrassing to deal with a person who previously used drugs and then abstained from using them completely, I think that a recovering addict needs special treatment "and it ranged between 59% as the highest value, followed by 57%, followed by 54%, and the lowest value we find in the paragraph" It is difficult for society to accept persons who have been

treated for addiction, especially if they are adult individuals "by 19%, followed by the paragraph "There is no harm if we enter into a relationship of lineage and marriage from a recovering addict", where there is no fear of lineage, intermarriage, and entering into a solid social network of 19%, which indicates positive interaction with recovered addicts but with a lot of caution and caution, and this is inconsistent with the view the recovering person himself regarding the society's acceptance of him and his reintegration into public life, according to the previous results, the majority of the sample members believe that they are socially, professionally and environmentally rejected.

In terms of preventing variations in the frequency of responses of sample participants to questionnaire items, indicating the existence of significant differences at the level of 0.001 in favor of positive trends toward tolerance, leading the recovered, caring for and integrating them in society, and not looking at them in a negative and bad way without stigmatizing or rejecting them. In addition to the importance of strengthening social relationships with the recovered during relapse and intermarriage, this is also incompatible with the stigmatization theory, which holds that violating the law causes a person not only a legal but also a social burden, as the sample of recovering addicts has already shown, contrary to community members.

With regard to the relationship between the negative paragraphs and the society's view of the recovering addict and dealing with him, we find that there are statistically significant relationships indicating the rejection of the recovering addict as being an addict in the first place, and the absence of safety and lack of confidence when dealing with him, where complete rejection, social rejection and unwillingness to deal with them in a manner. Absolute with lack of professional integration and fear of those around who recovered from addiction, and this result is consistent with the responses of recovered and returning respondents for follow-up or treatment after a relapse, where rejection, lack of acceptance and integration into different social milieus, especially "family, work environment".

As for the impact of demographic variables "gender / age" on the societal perception of those recovered from addiction, we find that there is a statistically significant relationship, which indicates the effect of gender variables (male / female) age (youth / maturity / elderly) on the attitudes and perception of individuals in the UAE society. That's something the respondents in the study do not recognize, as their comments show the presence of a perception of disrespect and lack of acceptance even from children in the family and youth, and the positive or negative view is not limited to a specific

age. Furthermore, the female respondents experienced the same view of females and males, especially females in their communities, indicating a conflict between the recovered addict's actual lived reality and what members of the community accept.

The study's results indicate that there is a significant difference in the perception of a recovering addict on all social, environmental, and professional levels. He raised awareness among Emirati society members of the disadvantages of not accepting him and denying him in all fields, which will inevitably be reflected in a set of policy and regulations related to the recovery of addicts and their rehabilitation centers, as well as the failure of recovery policies in the country and a decrease in the number of addicts, through the return of recovered addicts and the failure of recovery policies in the country.

In summary, it is evident from the results of the study that there is a deep gap between the reality that a recovering addict experiences on all social levels, and the formation of a social capital network that supports and establishes it in the recovery and environmental stage of it, its acceptance and mold within the environmental system of natural individuals and finally the professional and finding work for him after the recovery phase makes him He feels his value and his presence within the community and not rejecting it, rejecting it or stigmatizing it, which makes it undoubtedly return to where it was from addiction or abuse, and the awareness among members of the Emirati community of the danger of not accepting or accepting it only outwardly with its description and stigma in all sectors, which will undoubtedly be reflected in the set of policies And the legislations related to the recovery of addicts and their rehabilitation centers through the return of recovering addicts and the failure of recovery policies in the country and reducing the number of injured people, because the first step in rehabilitation, which is to inform community members about the best ways to deal with this important member of Emirati society, has not been activated.

Study recommendations:

Based on the findings of this study, we recommend the following:

- Conducting follow-up surveys on addicts after they leave rehabilitation centers to assess their level of integration and recognition by society.
- Individuals need to be more mindful of their role in resolving drug recovery or recurrence.
- Developing recovery services for addicts that provide physical, psychiatric, and social treatment, delivering aftercare for those

that have recovered, and improving his status in society by supporting him in finding jobs to help him solve his issues.

- Employing the rehabilitated people in voluntary service and community-beneficial programs that represent their interests and meet their patterns.
- Educating people suffering from addiction how to handle the stress and problems that they will face after they leave the therapeutic institutions, as well as how to deal with their friends who abuse drugs and how to resolve their tendency to relapse.
- Doing researches on community awareness of recovered addicts in the United Arab Emirates.
- Studying and evaluating aftercare services for people recovering from addiction in the UAE.

References:

A fresh approach to drugs, The final report of the UK Drug Policy Commission. October 2012, UKDPC.

Bathish, R., Best, D., Savic, M., Beckwith, M., Mackenzie, J., & Lubman, D. I. (2017). "Is it me or should my friends take the credit?" The role of social networks and social identity in recovery from addiction. Journal of Applied Social Psychology, 47(1), 35-46.

Best, D. W., & Lubman, D. I. (2012). The recovery paradigm: A model of hope and change for alcohol and drug addiction. Australian family physician, 41(8), 593-597.

Best, D., Bird, K., & Hunton, L. (2015). 14 Recovery as a social phenomenon. Positive criminology, 194.

Boundy, D. & Colello, T. (1998), Preventing relapse among minner – city recovering addicts. Research repot (Phase I) . National Institute on Drug Abuse.

Buckingham, S., Frings, D. & Albery, I. (2013) Group membership and social identity in addiction recovery, Psychology of Addictive Behaviors, 27(4), 1132-1140 doi: 10.1037/a0032480

Chandler,R.K.fletcher B.W.Volkow,N.D.(2009).Treating drug abuse and addiction the criminal justice system: Improving public health and safety.the journal of the Amercion Medial Association,301(2).183-190.

Cloud, W. & Granfield, G. (2008) Conceptualizing recovery capital: Expansion of a theoretical construct. Substance Use & Misuse, 43, 1971-1986

Crabtree, J. W., Haslam, S. A., Postmes, T., & Haslam, C. (2010). Mental health support groups, stigma and self-esteem: Positive and negative implications of group identification. Journal of Social Issues, 66, 553-569.

Cruwys, T., Dingle, G., Hornsey, M., Jetten, J., Oei, T. & Walter, T. (2014). Social isolation schema responds to positive social experiences: Longitudinal evidence from vulnerable populations, British Journal of Clinical Psychology, 53, 265-280.

Cruwys, T., Haslam, S. A., Dingle, G. A., Haslam, C., & Jetten, J. (2014). Depression and social identity: An integrative review. Personality and Social Psychology Review, 18(3), 215-238. doi: 10.1177/1088868314523839

Daley, D. C. & Marlatt, G. A. (1992) "Relapse Prevention", Research Monograph. Pittsburgh : Western Psychiatric Institute.

Daley, D. C. (1992). "Relapse : A guide for successful recovery. Bradenton , FL : Human Service Institute.

Gideon, L. (2007). Family role in the reintegration process of recovering drug addicts: A qualitative review of Israeli offenders. International Journal of Offender Therapy and Comparative Criminology, 51(2), 212-226.

Granfield, R., & Cloud, W. (2001). Social context and "natural recovery": The role of social capital in the resolution of drug-associated problems. Substance use & misuse, 36(11), 1543-1570.

Hreish, K., Okkeh, M., Fareed, A. J., & Byers, D. S. (2019). Attitudes among young adults in Palestine about peers with substance use problems: Challenges and opportunities for community intervention design. International Social Work, 62(2), 726-740.

Kubrn,C.E&Stewart.E.A(2006).predicting who reoffends: the rejected role of neighborhood context on recidivism studies criminology,44:165-197.

Laudet, A. B., Magura, S., Vogel, H. S., & Knight, E. (2000). Recovery challenges among dually diagnosed individuals. Journal of Substance Abuse Treatment, 18(4), 321-329.

LEmert, E, (1975). primary and Secondary, deviation, New York, deviation, New York, Mcgrouw, Hill.

Lutman, B., Lynch, C., & Monk-Turner, E. (2015). De-demonizing the 'Monstrous' drug addict: A qualitative look at social reintegration through rehabilitation and employment. Critical Criminology, 23(1), 57-72.

Nurco, D. N. ; Stephenson, P.E. and Hanlon, T. E. (1990). "Aftercare, Relapse prevention and the self – help movement". International Journal Of Addiction, 25 (Aug), 1179 – 1200.

Parker, Richard(2003).Medicine,Hiv and Aids-related stigma and discrimination a conceptual framework and implications for action. Vol. 57 Issue 1, p13, 12p

Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management

of stigmatised identities. Social science & medicine, 67(7), 1065-1073.

Recovering Drug Addicts". Humanity and Society, Volume 20, pp 25 –pp 43.

Sampson,R.J.& Laub.J.H.(2005).A Life course view of the development of crime annals , 602: 12-54

Tammy L. Anderson, Frank Ripullo (1996). "Social Setting, Stigma Management, and

Trovis,J.(2002).Invisible punishment : the collateral consequences of mass imprisonment(Eds) .

Weinberg, D. (2000). "Out there": The ecology of addiction in drug abuse treatment discourse. Social Problems, 47(4), 606-621.

White, W. L. (2009). The mobilization of community resources to support long-term addiction recovery. Journal of substance abuse treatment, 36(2), 146-158.

William Lee White (2007). "Addiction recovery: Its definition and conceptual boundaries". Journal of Substance Abuse Treatment 33(3):229-41, DOI: 10.1016/j.jsat.2007.04.015.