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Supporting Youth in Substance Addiction Recovery:

A Social Work Perspective on Preventive and Intervention Strategies in Canada and Hungary

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Erasmus Mundus Master's Program in Social Work with Children and Youth

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ABSTRACT

TITLE: Supporting Youth in Substance Addiction Recovery: A Social Work Perspective on Preventive and Intervention Strategies in Canada and Hungary

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KEY WORDS: addiction, social work, recovery, youth, intervention

Addiction is a concerning public health care issue that intersects public health, psychology, and social welfare. The study aimed to explore the roles, experiences, challenges, support systems, and recommendations of social workers in providing interventive and preventive strategies for substance addiction recovery in Canada and Hungary. This study incorporated a qualitative design, utilizing insights and knowledge from social workers. Key themes were explored and analyzed using a thematic analysis in MAXQDA (version 26.2.1). The study used purposive and snowball sampling, recruiting twelve social workers (Hungary n=4; Canada n=8) who were employed in various institutions. The interview method was semi-structured and conducted in-person in Hungary and through video conference software (Teams, Zoom) for Canadian participants.

Results: the thematic analysis revealed distinct personal and systemic challenges in cross-national contexts including burnout, inconsistent funding, policy changes, and stigma. Social workers stated their needs for more early intervention and prevention, coaching parents on youth detoxification, building healthier family relationships, establishing a centralized care service line, destigmatization of addiction, decriminalization of drugs, as well as reinstating supervised consumption sites for harm reduction.

ABSZTRAKT

CÍM: A fiatalok támogatása a szerhasználati függőségből való felépülésben: szociális munkás perspektívák a prevenciós és intervenciós stratégiákról Kanadában és Magyarországon

SZERZŐ: Tiffany Kotroczo

KULCSSZAVAK: addikció, szociális munka, felépülés, fiatalok, intervenció

A függőség egy aggasztó közegészségügyi probléma, amely a közegészségügy, a pszichológia és a szociális jólét határterületeit metszi. A tanulmány célja a szociális munkások szerepeinek, tapasztalatainak, kihívásainak, támogató rendszereinek és javaslatainak feltárása volt a szerfüggőségből való felépülést támogató intervenciós és prevenciós stratégiák biztosításában Kanadában és Magyarországon. A kutatás kvalitatív kutatási dizájnt alkalmazott, szociális munkások meglátásaira és szakmai tudására építve. A kulcstémák feltárása és elemzése tematikus elemzéssel történt a MAXQDA (26.2.1 verzió) szoftver használatával. A mintavétel célzott és hólabda mintavétellel történt, tizenkét szociális munkás bevonásával (Magyarország n=4; Kanada n=8), akik különböző intézményekben dolgoztak. Az interjúk félig strukturált formában készültek, Magyarországon személyesen, a kanadai résztvevők esetében pedig videókonferencia-platformokon (Teams, Zoom) keresztül.

Eredmények: A tematikus elemzés a transznacionális kontextusokban egyaránt jelen lévő, elkülönülő személyes és rendszerszintű kihívásokat azonosított, beleértve a kiégést, az inkonzisztens finanszírozást, a szakpolitikai változásokat és a stigmatizációt. A szociális munkások kiemelték az igényt a korai intervenció és prevenció erősítésére, a szülők támogatására a fiatalok detoxifikációs folyamatában, az egészségesebb családi kapcsolatok kialakítására, egy központosított ellátórendszer létrehozására, a függőséggel kapcsolatos stigma csökkentésére, a drogok dekriminalizációjára, valamint a felügyelt fogyasztói helyiségek visszaállítására a kárcsökkentés érdekében.

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Sincerely,

Tiffany Kotroczo

LIST OF ABBREVIATIONS

CBT: Cognitive Behavioural Therapy

DSM: The Diagnostic and Statistical Manual of Mental Disorders

ESPAD: European School Survey Project on Alcohol and other Drugs

MMT: Methadone Maintenance Treatment

OAT: Opioid Agonist Therapy

UN: United Nations

OPERATIONAL DEFINITIONS OF KEY TERMS

Addiction: a long-term and persistent use of a drug despite social harms and consequences (World Health Organization, 2019).

Social Work: is a profession with the purpose of helping people improve their lives as well as having dynamic roles in administration, casework, advocacy, research, counselling, and developing policies (National Association of Social Workers, n.d.).

Recovery: a non-linear process in which individuals strive to improve their wellbeing, health, and gain independence in their lives (Nation Institute on Drug Abuse, 2026).

Youth: The United Nations (UN) defines youth as individuals who are between the ages of 15 and 24 (United Nations, n.d.). Youth are a growing age group who require the necessary programs, services, and education to build skills in order to benefit society as productive members.

Prevention: community programs or social policies that focus on reducing the societal, health, and economic harms related to drug use (Recovery Research Institute, 2019).

Intervention: a course of action with the purpose of ceasing or modifying a behaviour or disorder, usually by a practitioner or counsellor working with a client (American Psychological Association Dictionary of Psychology, 2023).

CHAPTER ONE: BACKGROUND AND PROBLEM AREA

1.1 INTRODUCTION

Drug use worldwide has reached the highest levels in history and the prevalence of drug use increased by 6% in 2023 (World Drug Report, 2025). People use substances for several reasons, including for anxiety and stress relief, to escape trauma, fit in with peers, cope with poverty and negative circumstances, adrenaline, boredom, and are also influenced by family members and friends who use substances (Csiernik, Rowe, and Novotna, 2023). There is not one mechanism or theory that can predict problematic substance use, therefore, it is best to look at substance use and addiction through a biopsychosocial approach, that is, the theory that it develops from a combination of genetic, mental health, and environmental factors (Wangensteen & Hystad, 2021). It is still not fully understood why some individuals are more susceptible to developing addiction than others, but there are several factors that can predict future overuse, including: violent or aggressive behaviour in the family, experiencing traumatic events, abuse and neglect in childhood, and family deaths (Máte, 2012). Gábor Máte, a Hungarian-Canadian physician specializing in the field of addiction, theorized that childhood trauma, early attachment problems, and neglect can lead to brain abnormalities and an increased sensitivity to stress, ultimately leaving individuals using substances to cope (Máte, 2012). In contrast, psychologists such as Stanton Peele argue against the disease model of addiction and assert that clinical forms of addiction treatment are largely ineffective (Peele, 2016).

When individuals no longer use substances solely for recreational purposes, it can lead to dependency, overuse, and social harms (Volkow & Blanco, 2023). Dependency is often interchangeably used with ‘addiction’ itself and can be characterized by regular use of a drug to maintain normal bodily functions. Without the continued use of the drug, the body can start experiencing withdrawal symptoms, including body aches, anxiety, irritation, difficulty sleeping, and sweating (Health Canada, 2024). These symptoms are unpleasant for the user and usually leads to seeking out the drug again to relieve pain and associated uncomfortable feelings. The Diagnostic and Statistical Manual of Mental Disorders, also known as the DSM-5 (American Psychiatric Association [APA], 2013), is a major resource for diagnosing and classifying mental health related disorders in North America. In the manual, there is a section on ‘Substance

Related and Addictive Disorders' that lists the characteristics and criteria for when use becomes a concern. Drug tolerance can be defined as using more and more of a drug to achieve the desired results as the body has adapted to regular use with the same dosage (APA, 2013). Problematic substance use can be diagnosed and labelled as 'substance use disorder' and is characterized by the continued use of a substance despite problems associated with use including various physical, psychological, and behavioural symptoms (APA, 2013). Further, the criteria also includes overuse of the substance, unable to quit using despite efforts to do so, and spending large amounts of time recovering from substance effects and trying to obtain the drug. Essentially, the substance becomes the most important thing in the user's life, leading them to neglect their responsibilities and relationships. As compared to previous additions of the DSM, terminology such as 'abuse' and 'alcoholism' have been removed from the current edition, due to its stigmatizing connotation (Ashford et al., 2019; as cited by Csiernik et al., 2023). As well, previous literature discusses the eligibility criteria in the DSM-5 and assert that it may not be developmentally appropriate for youth as it is for adults (Csiernik et al., 2023), so it is still up to debate whether it should be used to diagnose youth with substance use disorder.

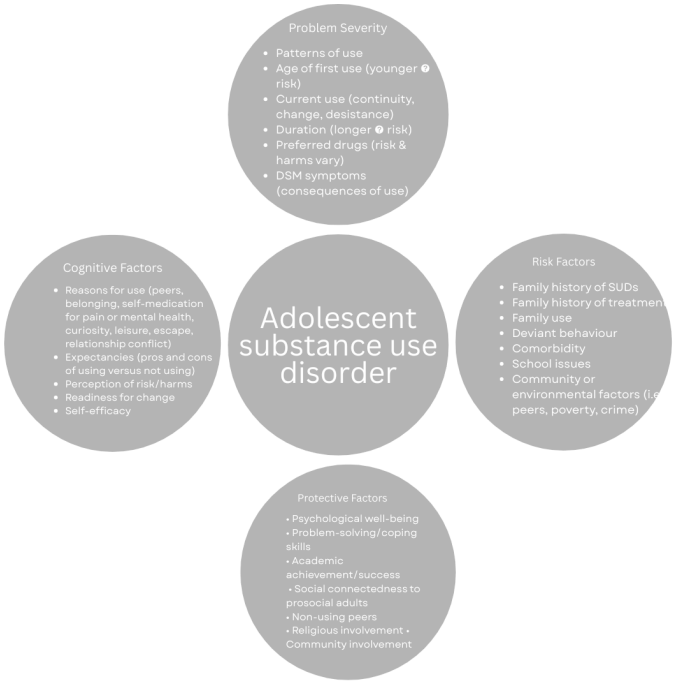


Figure 1: Source: Used from Csiernik et al., 2023, which was adapted from Winters, Latimer, & Stinchfield, 2001. Adolescent Substance Use Disorder: Risk Factors, Protective Factors, Cognitive Factors, Problem Severity.

Figure 1 above visualizes the risk and protective factors of predisposing substance use, as well as the cognitive factors that are involved and levels of problem severity. The risk factors for adolescent substance use disorder can include peer and family substance use and socioeconomic status (i.e., living in poverty), attesting to the fact that these influences are crucial in shaping a youth's personal development, identity, coping, and self-esteem. The protective factors for a youth can include community involvement, practicing religion, non-using peer groups, cultivating positive relationships with themselves and others, and academic success. The cognitive factors are also very important to consider as it explores more deeply the circumstances that influenced an adolescent to use drugs whether it was peers, a coping strategy, and exploring what stage they are at in wanting to reduce their use.

1.2 PROBLEM STATEMENT

Addiction and substance misuse is a major concern in Canada and in Hungary that requires careful study and attention. North America has the highest rates of drug use (World Drug Report, 2025) and Hungary is consistently in the highest rates of cigarette, synthetic cathinones, and alcohol use in Europe (The European School Survey Project and other Drugs, 2024). Additionally, in a 2020 report titled 'Hungarian Youth' , which received the input of 8,000 youth, drug problems were consistently listed in the top 7 most significant social problems in 2008, 2012, 2016, and 2020 (Domokos et al., 2021). Similarly, a 2018 report on conversations with 10,000 Canadian youth in the 'What We Heard' report listed drug overuse as one of the main issues concerning youth in Canada, particularly those living in rural communities (Government of Canada, 2022). Thus, drug use is an urgent problem affecting youth in both Canada and Hungary that needs to be studied and addressed to inform future policy, prevention, and interventions in social work.

1.3 RESEARCH OBJECTIVES

The specific objectives of the study are:

1. To examine the social worker's role in providing prevention and intervention strategies in both countries.

2. To examine the different therapeutic interventions, preventions, approaches that social workers utilize in their practice.

3. To identify the challenges and support systems of social workers in their practice.

4. To identify social worker perspectives and recommendations on systemic change in social work practice.

1.4 RESEARCH QUESTIONS

The research questions of the study are:

1. What is the social worker's role and experiences in providing addiction prevention and treatment in Canada and Hungary?

2. What are the main interventions, preventions, and approaches to providing support and care to youth in practice?

3. What challenges and support systems do social workers have in their practice?

4. What are the recommendations of social workers to improve social work practice on a systemic level?

1.5 SIGNIFICANCE OF THE STUDY

The present study intends to help inform future social work practice, bring new insights into global social work perspectives, identify recommendations for systemic change in the field, and contribute to social work and addiction research literature in Canada and Hungary.

1.6 RESEARCH AIM

This study is especially important because social work is an evolving profession that requires continuous training, cultural competency, and a capacity to provide specialized care when possible. The aim of comparing these two countries – Canada and Hungary – was to understand at a deeper level the roles, challenges, and perspectives of social workers working in addiction services and recovery settings. There is a lack of literature that examines and compares the perspectives of social workers and characteristics of addiction services in depth between nations. More specifically, there is a lack of present research analyzing and comparing the perspectives of social workers working in different types of care institutions in Hungary and Canada, even though Hungarian workers in the past have had addiction-related training in Canada that guided the implementation of rehabilitation centres (Drogkutató Intézet, 2025). The present study would bring a unique perspective from both countries and analyze the perspectives, perceived roles, support systems, and challenges of social workers who come from different backgrounds, lived experiences and cultures, and who also work with diverse clientele. Finally, the study also aims to identify the recommendations of social workers for systemic change in addiction services, which would help inform future social work research.

CHAPTER TWO: LITERATURE REVIEW

2.1 DEFINITION OF YOUTH

Although there is no national consensus on what constitutes a youth age group, The United Nations (UN) defines youth as individuals who are between the ages of 15 and 24 (United Nations, n.d.). The UN views youth as a growing age group who requires recreational programs, social services, and education to build crucial skills in order to benefit society as a productive member. In both Hungary and Canada, the youth age group is defined as being between the ages of 15 and 29 (Government of Canada, 2021; Youth Research Institute, 2023). This extension of youth age is due to spending a longer time in education and delaying parenthood and marriage, leading to a later onset of adulthood (Arnett et al., 2014). This age range can also be considered ‘emerging adulthood’, which is a relatively new term and institutions have not yet well adapted

their mental health programs and services to support this population as compared to support for older adults and children (Arnett et al., 2014). Thus, there are emerging issues concerning youth globally and drug addiction is a listed major concern. For instance, a report published in 2025 on youth affairs in Hungary listed common issues that impacted youth wellbeing including lack of sleep and exercise, poor self-image, unhealthy eating habits, and addictions, particularly to e-cigarettes, alcohol, and social media (Youth Research Institute, 2025). The report also cited cigarette smoking and alcohol consumption as among the top problematic behaviours among youth in Hungary, with 16 percent of youth being smokers and on average 76.5% of 15 year old boys and girls have already tried alcohol. There is no current national youth law in Hungary, and there are no government plans to implement one (European Commission, 2025). The ACT LXIV on Children and Youth Fund (1995) in Hungary supports services, initiatives, and programs for children and youth that benefit physical and mental health, education, voluntary participation, those with disabilities, and sports activities. The latest national youth strategy in Hungary was implemented from 2009 until its 2024 expiry year. However, the government is preparing to draft a new version, which will include the perspectives of nearly 4,000 youth across the country (European Commission, 2026). The previous 2009 strategy aimed to improve livelihood, support youth, foster cultural identity, advocate for sustainability, and discussed the responsibility of the state to create social programs and services to support all these goals (European Commission, 2026).

While in Canada, the issues that affected youth included being less hopeful about the future, housing insecurity, poor well-being, and higher levels of poverty as compared to other age groups (Statistics Canada, 2023). There is also no national youth law in Canada, as child protection laws are managed provincially and territorially (Thomas, 2005). For example, there is the Youth Protection Act (1991) in Quebec, Child, Youth and Family Services Act (2017) in Ontario. In 2019, Canada's first national youth policy was established (Government of Canada, 2019) with the collaboration of over 5,000 young Canadians. The strategy outlines objectives and guidelines on topics including health, wellbeing, climate change, education, employment, and reconciling with Indigenous peoples. The youth policy also included conversations with youth and published a report called 'What We Heard' which included drug overuse as one of the

main issues concerning youth in Canada, particularly those living in rural communities (Government of Canada, 2022).

2.2 ADDICTION: CANADIAN CONTEXT

Addiction, defined in a Canadian context, can be explained as a harmful pattern of behaviour that disrupts an individual's functioning in their daily life (Canadian Mental Health Association, 2025). Further, addictions can be substance or behaviour-based and can be characterized by the '4 C's': craving, loss of control, compulsion, and consequences. Some of the consequences of overuse include: development of mental health disorders (i.e., depression), injury, cognition problems, hopelessness, interactions with law enforcement, interpersonal conflicts, and financial issues (Centre for Addiction and Mental Health, n.d.). Substance addiction is one of the most common types of addictions in Canada, where youth between the ages of 15 and 24 are the most commonly affected (Pearson et al., 2013; as cited by Aderibigbe et al., 2022). It can be estimated that approximately 6 million Canadians will have an addiction at one point in their lives, with alcohol and marijuana being the most used substances (Health Canada, 2025). One study by Ali et al. (2022) examining the perspective of service providers and youth in harm reduction facilities, found that youth in Ontario, Canada were normalizing marijuana use as compared to other drugs. In the study, youth participants who used marijuana deemed it to be safe and low risk due to its legality and social acceptance in society, in line with the increase of use of the substance in the country.

In the Canadian Alcohol and Drugs Survey,conducted on grade 12 high school students in 2023, it was found that this specific group had the highest use of substances, especially for those living in rural areas. Further, individuals identifying as gender-diverse were more likely to use cigarettes, illegal drugs, and non-prescription medication (Health Canada, 2025). Thus, these groups may be more vulnerable to drug overuse. One study indicated risk factors for future substance use, which included experiencing traumatic events, self-harm, parents using substances, and having difficulties in school (Aderibigbe et al., 2022). These studies highlight the need for increased attention at specific vulnerable populations as well as social harms that may lead to an addiction. An additional Canadian study on methamphetamine use in

street-involved youth found that having been involved in sex work, being a previous victim of crime, injecting drugs, and being homeless were associated with current methamphetamine use (Uhlmann et al., 2014). Thus, there are several social and environmental harms that both influence and maintain the use of illicit drugs in youth. Further, prolonged drug use has its own social harms and negative outcomes. Health Canada (2023) outlined some drug-associated harms including physical health concerns, development of mental health issues and disorders, being fired from a job, and loss of housing. On a larger scale, substance-related problems have significant impairments and costs in Canada's economy. For instance, the highest costs are in lost productivity ($22.4 billion) due to injury and overdose, and in healthcare ($13.4 billion) due to factors such as emergency visits and hospitalizations (Canadian Substance Use Costs and Harms, 2020). Alcohol and tobacco contributed the most to overall costs, followed by opioids and cocaine. Cannabis, central nervous system depressants, and stimulants contributed the least to overall costs. Alcohol and cocaine contribute most to the criminal justice system costs, while alcohol, tobacco, and opioids contributed the most to lost productivity costs.

Perhaps one of the most concerning public health issues in Canada is the opioid crisis, which started in 2016 and had nearly 3,000 related deaths in the same year (Belzak & Halverson, 2018). Between 2016 and 2023, there have been over 38,000 deaths related to opioid use in Canada, highlighting a serious case of a public health emergency in the country (Health Canada, 2023). The Government of Canada (Health Canada) lists reasons for toxicity and deaths during this period including a dramatic increase of fentanyl mixed in with the drug supply, and a rise in the use of synthetic opioids (Health Canada, 2023). Fortunately, there has been a decline in opioid related deaths in Canada since 2024 due to several factors, including a reduction of fatal and illicit drugs in the supply, the increase in accessibility of naloxone, increased availability of harm reduction sites, a declining population who were previously at risk of overdose, and fewer opioid consumption by youth (Public Health Agency of Canada, 2025). However, there is still a gap between treatment programs and the amount of deaths due to overdose. Opioid Agonist Therapy (OAT), is an evidence-based treatment for opioid use disorder, however, provinces with the largest number of OAT programs still experienced several opioid-related deaths (Public Health Agency of Canada, 2025). The report in the Public Health Agency of Canada (2025) recommends that in combination with OAT therapy, there should be more combined treatments

utilized to promote recovery for opioid users as well as at-risk populations who use them. Although studies have shown that OAT is helpful in reducing dependence (Nairn et al., 2022), it may not be sufficient enough in combatting the extent of the opioid crisis, at least not on its own.

2.3 DRUG POLICIES

The Controlled Drug and Substances Act (CDSA), at the federal level, was implemented in 1996 and regulates the creation, distribution and when transporting of drugs in and out of the country (Legislative Services Branch, 2025; Ortiz & Preuss, 2024). As a nation, Canada addresses and manages addiction treatment at the provincial and territorial levels, thus, policies, regulations, and law differ in each region (Thomas, 2005). Addiction treatment and response is the responsibility of each province and they provide different types of services, however specific populations such as prison inmates and Indigenous peoples are supported at the national level. Addiction treatment programs in the province of Ontario have mainly been community-based. The most current policy change in Canada regarding addictions is the closure of several safe consumption sites across the provinces, where people with addictions could previously use substances safely under supervision, receive healthcare services, and obtain other resources (Magnuson et al., 2025). Magnuson et al. (2025) examined the effects of closing the most attended safe consumption site in Lethbridge, Alberta, Canada, and found that substance users viewed the site as a nonjudgmental and safe space, and that its closure was a detriment to other community resources and events that were simultaneously defunded. There were also themes of weakening relationships and lost trust between service providers and substance users, increase of deaths since the closure, and fewer accessible sterile supplies. Further, there was also the theme of harm reduction versus abstinence, and participants in the study viewed the provincial government (Alberta) as having an abstinence-based agenda. Service providers were also interviewed and stated that due to the closure of the site, many workers had uncertainty regarding employment, and experienced broken bonds with clients due to temporary positions in harm reduction sites. They also mentioned themes of possible racism against Indigenous peoples who use substances (by the government), stigma and controversy in the public, and a lack of community organizations wanting to fund harm reduction sites. Additionally, other studies have

also highlighted the importance of safe injection or drug checking sites to prevent drug overdose and give users information about possible fentanyl contamination (Karamouzian et al., 2018).

The Canadian Drug and Substance Strategy (CDSS) was implemented in 2016 and renewed in 2023 (Health Canada, 2016; Health Canada, 2023) as a replacement for the previous national drug strategy. The strategy places priority on education and spreading awareness on substance use, treatment and social services, data and research dissemination to inform policies, and safety regulations for use (Health Canada, 2023). Under the strategy, the Government of Canada developed a new Substance Use Prevention Program that targets youth at risk and provides funding for community-based initiatives (Health Canada, 2023). As well, a Harm Reduction Fund was developed to prevent disease spreading in people who inject. There were also several campaigns and awareness programs created to reduce stigma and educate the public on the consequences associated with substance use.

2.4 TREATMENTS, PREVENTION, AND INTERVENTION

Substance use treatment can be defined as several types of therapeutic or behavioural interventions, such as cognitive behavioural therapy (CBT), that have the aim of reducing or ceasing one's use of a substance (Health Canada, 2023). CBT is one of the most common interventions in social work and is the process of a client and practitioner working together to transform unhealthy cognitive distortions into healthier thoughts and to eventually produce these into prosocial behaviours (Turner, 2017). As well, practitioners in Canada normalize the experimental use of drugs in the developmental stages of adolescence but also advocate for the importance of educating school children about substances and their risks, rather than on punishing use (Csiernik 2021; Erickson, 1997; as cited by Csiernik et al., 2023). Clinical treatment requires the extensive intervention, support, and collaboration of frontline workers and policymakers to tackle illicit drug use in the nation, particularly in vulnerable populations (Nairn et al., 2022).

In Canada, it is also important to properly diagnose and assess when substance use becomes problematic instead of accidentally misdiagnosing or providing inappropriate treatment

interventions. On the other hand, it is also important that an individual's problematic behaviour and substance use be taken seriously and taken in for consultation as soon as possible. Nationally, many addiction recovery programs have started to include therapy for co-occurring mental health disorders (Csiernik et al., 2023) to target substance use and mental health concerns at once. Interventions such as individual counselling, motivational interviewing, and cognitive behavioural therapy (CBT) are commonly used in recovery programs with adolescents (Aydin et al., 2016; Csierkik et al., 2023).

Prevention and harm reduction strategies in Canada include the implementation of supervised injection sites and psychoeducation programs (Aydin et al., 2016; Karamouzian et al., 2018). To note, prevention can also mean reducing the amount of overdoses and other harms instead of preventing drug use entirely. Starting from 2015, there have been several different types of government funded prevention services, including school-based workshops across the country that focused on building interpersonal collaboration skills, life skills training, coaching parents on teachers on substance use prevention, teaching coping skills, and workshops for gender minority youth (Government of Canada, 2015; Public Safety Canada, 2021). Programs related to coaching parents on youth drug prevention are not yet well documented in the Canadian research literature, however there are a few studies that assess the efficacy of such programs and found positive results in reducing substance use and harms (Newton et al., 2017).

Ideally, interventions in Canada are client-centred, holistic, trauma-informed, and culturally sensitive. As well, harm reduction in addiction recovery has increasingly become the most popular approach in Canada (Bartram, 2020). However, although this seems promising, the reality is that there is high demand for admission into addiction treatment programs, long wait lists, financial issues, as well as several other variables that prevent young individuals from seeking out help (Kourgiantakis et al., 2023). One study by Phillips et al. (2014) found that identifying as Indigenous or homeless was associated with having difficulties in receiving treatment, showcasing the disparity in care for vulnerable populations. In another study by Kourgiantakis et al., (2023), health professionals remarked that addiction services are fragmented and bureaucratic, which is often confusing and overwhelming for youth when they attempt to navigate the system for support.

2.5 THE ROLE OF SOCIAL WORKERS IN ADDICTION RECOVERY

In Canada, social workers use a holistic and harm reduction approach to social work (Csiernik et al., 2023). Harm reduction can be defined as the reduction of social and health impacts that arise with the use of substances (Health Canada, 2023). Social workers view addiction development through a biopsychosocial lens, including biological, social, and environmental influences, as well as family and broader institutional systems. In terms of harm reduction approaches, it could look like policymakers implementing safe injection sites, providing clean needles, securing safe housing, improving food security, providing recreational opportunities, advocating for destigmatizing language, and providing emotional safety for vulnerable populations. Social workers working in recovery centres also have the important task of appropriately using language to describe addictions and people who have addictions, for example, using 'drug misuse' instead of 'abuse'. This is to prevent further stigma of the addiction and reiterate that it is an overuse of a substance. The term 'recovery' should also be perceived as a process, as it is non-linear and involves individuals seeking out varying supports to reduce their use and live a healthier lifestyle (Health Canada, 2023). Nonetheless, social workers experience a variety of personal and systemic challenges and barriers in their daily work, including societal stigma, a lack of addiction services catered to women, and privatization of addiction recovery programs, increasing disparities in accessing care (Ross et al., 2022).

Service providers in Ontario, Canada working in harm reduction sites stated that family values, expectations, and culture had an influence on first-generation Canadians who were using drugs (Ali et al., 2022). First generation youth felt internal shame, guilt, and feeling unable to open up about their substance use. Service providers found it of importance to have more open conversations about substance use in schools and at home and listed possible solutions including: school programs discussing the health consequences of drug use, shifting attitudes towards substance use as a public health issue instead of an illegal and criminal act, and social media campaigns to spread awareness. Overall, service providers and educators in Ontario found it crucial in their profession to provide a good balance of normalization, destigmatization, while also making sure that the consequences of drug overuse was being taught at the school-level.

2.6 ADDICTION: HUNGARIAN CONTEXT

In Hungary, addiction can be defined as an individual losing control due to a disruptive behaviour (i.e., substance use) that is harmful to themselves and others (Corvin Pszichológia, 2025). The European School Survey Project and other Drugs (ESPAD) collects data on the rates and prevalence of substance use, accessibility, and negative feelings and behaviours of students aged 15 to 16. According to a 2024 ESPAD report of 37 countries surveyed, Hungary was in the top 3 highest lifetime cigarette, synthetic cathinones, and alcohol use rates with a percentage of 51, 3.7, and 91, respectively (ESPAD, 2024). Further, students in Hungary reported a 22% rate of alcohol intoxication in the past month, which was once again, in the top 3 highest rates. More girls than boys in Hungary reported to have used synthetic cannabinoids, and the country also had a higher average use compared to other European countries. Currently, marijuana is the most commonly used substance in youth between the ages of 15 and 16 (Tihany et al., 2020) which is similar to the Canadian statistics. As well, Hungarian students were among the top 5 European countries to report the lowest mental well-being, indicating a score below the average according to the WHO-5 Wellbeing Index. Hungary was also one of the top countries where school students attended information sessions on the risks of illicit use. Thus, substance use in Hungary is an ongoing crisis that requires urgent attention and care at the micro, meso, and macro levels from healthcare practitioners, community advocates, and policymakers. As well, mental wellness should also be addressed in schools through information events and workshops to help students build coping skills for stress and learning about the risks of substance overuse. A study by Peterfi et al., (2014) also suggests that although there was a reduction in heroin use in 2010, synthetic cathinones (mephedrone) took its place as it became more widely available in Hungary at a cheaper cost. The rates of seizures due to synthetic cathinone use grew from just 2 in 2009 up to 874 in 2012, highlighting a serious public health issue.

One study by Rucska & Lakatos (2024) on adolescent drug patterns in Hungary found that an increased rate of consumption of alcohol was connected to living in more rural areas (in line with Canadian findings) as well as having more wealth. There was also a significant correlation between mothers' education levels and the participants' mental states, particularly that lower education levels of mothers were correlated with increased anxiety of participants. Thus, the

study indicated parent education levels and mental health problems as risk factors for substance use. Further, low mental health, living in poverty, and low education was related to a higher rate of substance misuse. In regards to gender differences, girls smoked more than boys, who drank more alcohol. The study researchers also highlighted the importance of implementing school outreach workshops and programs to tackle substance overuse and promote healthy behaviours. These results are also in line with another Hungarian study by Csák et al. (2020) that found that lower educational attainment, unemployment, and limited resources were related to increased substance use. In this population, reasons for use included being able to complete mundane tasks in daily life and to escape stress and anxiety. In Hungary, especially in rural villages in which there is a significant Roma population, there is increased poverty and psychoactive substance use related to stigma, poverty, and a lack of labour market involvement (Csák et al., 2020). Overall, the rates of substance overuse in Hungary are at high levels compared to other European countries and the reasons for use vary from daily recreation to coping with the hardships of everyday life.

A Hungarian study by Árva et al. (2004) stated that there is currently a lack of health and addiction education in primary and secondary schools. This is a cause of serious concern as based on the latest 2024 ESPAD report, Hungarian students reported heavy usage of drugs, higher than the average of other EU students. The study found that in addiction prevention programs surveyed in Hungary, the focus of discussions were largely on alcohol and nicotine (Árva et al., 2024). Further, smaller schools and private institutions were more likely to provide a more robust and safe learning environment for students, also through community activities. However, state schools were found to provide better quality addiction prevention programs than church funded or private schools. Teachers in the study also highlighted the importance of having increased education of healthy behaviours in schools, improving parent support, and increasing awareness of media manipulation and marketing of drugs towards youth.

2.6.1 DRUG POLICIES

In the 1960s, drug use in Hungary began to become a public health issue (Tihanyi et al., 2020). With the introduction of the world passport, new illicit drugs were exported and being smuggled

into the country, introducing new drug crimes. Prevention is mainly the responsibility of the Ministry of Human Resources, which directs non-governmental organizations to educate the public on drug use and its consequences. The first National Drug Strategy was introduced in 2000 and lasted until 2009 (Tihany et al., 2020). The strategy shaped addiction care services and detailed procedures and guidelines for law enforcement members to manage the increasing drug problems, mainly to decrease the accessibility of illicit drugs being trafficked throughout the country (Gazdag et al., 2012; Tihanyi et al., 2020). The next Hungarian National Anti-Drug Strategy that was implemented between 2013-2020 (European Crime Prevention Network, [EUCPN] 2019) took a more person-centred approach and adopted an attitude to decriminalize the individuals who were using substances. Further, the strategy placed emphasis on community action, human rights, health promotion, prevention and reduction of drug use. In Hungary, prevention activities are funded by the state and take place in various settings including schools, within families, child protection institutions, and within the community. For example, a drug prevention program called DADA (Smoking, Alcohol, Drugs, AIDS in English), was proven to be successful in helping school youth in Hungary learn more about the dangers of drugs (Danku et al., 2019). There are various other prevention measures in Hungary including teaching kindergarten-aged children safety behaviours, and the 'Ellen-Szer' program to teach critical thinking and social skills in high school (EUCPN, 2019). In the present research literature, illicit drugs are considered a threat to wellbeing and safety in Hungarian society, and prevention is a main focus (Tihanyi et al., 2020).

2.6.2 TREATMENTS, PREVENTION, AND INTERVENTION

Usually, addiction treatment services are provided through social care institutions and clinics in Hungary (Gazdag et al., 2012). The types of substance addiction treatments include: abstinence programs, counselling, information events, and harm reduction programs. In Hungary, it is not typical for there to be specific programs for only one type of substance addiction, however there are programs that target opiate addictions specifically, due to an increased need in the 1990s (Tihanyi et al., 2020). An example of a harm reduction intervention in Hungary is Methadone Maintenance Treatment, or MMT. MMT is a public health intervention that admits heroin users who are unable to be admitted to traditional care institutions (Rácz et al., 2012). A study on

MMT in Hungary found that abstinence, improving quality of living, and harm reduction were the main priorities of MMT programs (Racz et al., 2012). Respondents also posited that it was of importance to reduce health risks, use of illicit drugs, and of violent activity of substance users. Additionally, participants in the MMT program reported that upon completion, they felt better emotionally and engaged in fewer violent acts, showing a positive outcome of their participation.

2.6.3 THE ROLE OF SOCIAL WORKERS IN ADDICTION RECOVERY

Due to communist influence and the lack of attentiveness to social problems, the social work profession was very delayed in Hungary in comparison to the rest of Europe (Lakner, 2012; as cited by Temesváry & Drilling, 2022). As a result, other healthcare professionals such as nurses and physicians had to handle social problems in their communities, contributing to their already existing workload (Goncz, 1994; as cited by Temesváry & Drilling, 2022). Since other professionals could enter the field of social work without proper qualifications, it had a strong influence on the perception and value of the social work profession in Hungary (Csoba, 2025), namely stigmatization (Ács et al., 2019). In the 1980s, there were numerous revolts and advocates for the vulnerable population, but these were rejected and considered illegal by the socialist regime at the time. Despite these hardships, the social work profession in Hungary was established in the 1980s and people were starting to become trained as social workers in university programs (Fabian, Hüse, and Szoboszlai, 2014; Csoba 2025). After the socialist regime change, there was a demand for tackling drug use and rehabilitating people with addictions. Social service institutions were supported and run by the church and non-governmental organizations [NGOs] (Csizmadia et al., 2025) under programs that were centralized and decentralized. Since church programs and NGOs are funded by the state, the role of social workers is controlled by them as well as allocation of responsibilities (Csoba, 2025).

Csizmadia et al. (2025) outlined issues in the social care system in Hungary including, a lack of funded services, high burnout and turnover of staff, inability to appropriately meet patient needs, constant legislation shifts, and hefty administration burdens. An additional study by Ács et al. (2019) also highlighted issues in the provision of care in outdated and unsafe institutions, possibly leading to further health risks in both patients and staff. Due to constant government

legislation changes related to provision of care services and funding, social work is considered low priority and has been historically undervalued in Hungary. It is the responsibility of local governments and municipalities to provide social services to the Hungarian population (Csizmadia et al., 2025), however their efforts are restricted due to the conservative government's deprioritization, underfunding, and devaluing of the social services profession (Csoba, 2025). Both Ács et al. (2019) and Csoba (2025) discuss the consistency of 'paternalism' of Hungary, which perceives vulnerable people as dependent on the government for care but are also manipulated into doing what is best for the state's interests. Thus, there is not yet much room for social workers leading systemic changes in Hungary, as the government is holding the reins on resources, funding, and services.

In the addiction profession specifically, the quality of services vary by region in Hungary (Gazdag et al., 2012). In a study by Csizmadia et al., (2025) on professionals working in social services, the researchers found that there were fewer problems in providing care in addictions services as compared to the homeless populations in Hungary, based on questionnaire responses. The study gleaned that the main issues in providing care services were low wages, stress, administration overload, being underqualified, low funds and resources, increase of people with psychiatric problems, lack of specialized professionals, and an increase in the demand for services. The researchers concluded that there needs to be systematic change for care services to be improved, which included increasing wage, reducing casework, and providing counselling and emotional support to social services workers. Another study by Gazdag et al. (2012) found that professionals working in addiction services, (which included social workers) described issues with infrastructure, a need for increased specialized care for youth, heavy work tasks, burnout, and concerns over unstable funding and policy. Thus, the studies illustrate that heavy workload, the lack of specialized services and staff, as well as staff burnout are main challenges that social workers face in Hungary.

2.7 PORTAGE ADDICTION RECOVERY MODEL

Portage is based on the 'therapeutic community' model which allows clients to develop core interpersonal competencies and heal within a group of people who have similar lived experiences

(Portage, 2026). ‘Portage’ was founded by a group of residents in Montreal, Quebec, Canada in the 1960s who were concerned about increasing drug use in the community (Portage, 2023). Portage is a French word meaning to navigate and find a path on a journey that has barriers, which can symbolically relate to an addiction recovery journey. In the 1990s, addiction workers in Hungary were inspired by the Portage model of addiction recovery in Canada (Portage, 2017). The Canadian International Development Agency hosted large scale training programs for Hungarian law enforcement, addiction workers, and policymakers in the 1990s. In turn, the workers took what they learned from their training and established addiction rehabilitation centres in Hungary based on this model, and the results have been very successful. The first Portage addiction rehabilitation centre opened in Quebec in 1973, followed by one in Ontario in 1985, and in New Brunswick in 1996, and then the establishment of several addiction recovery centres across the country, spanning from the east to the west coast. Portage has several international connections and has been the inspiration for the establishment of addiction treatment programs and training of workers in Honduras, Hungary, the United States, Italy, Portugal, Belgium, Romania, Philippines, Bermuda, China, and in the Caribbean. In the present, Portage is a non-profit organization in Canada that hosts several programs for youth, adults, mothers, and Indigenous people who experience substance use issues. Portage supports its on-site residents through programs and services encompassing schooling, mental health counselling, group therapy sessions, involving family members in the recovery process, as well as promoting safety and personal development for individuals (Portage, 2026). Residents in the program go through phases of learning more about themselves, their competencies, how to be independent, and eventually become role models and mentors to new members. The philosophy and vision of their model views addiction through a person-centred lens, prioritizing community support, ongoing mentorship, and daily structured programs for rehabilitation residents (Drogkutato Intézet, 2025). Portage is a strengths-based treatment program that encourages and motivates youth to abstain from using substances, to become independent, improve their self esteem, collaborate well with others, and thrive in their daily lives.

According to the 2023-2024 Portage annual report, they supported 1037 youth and young adults in residential therapy. 62% of youth between 13 and 21 went on to pursue educational opportunities after graduating from the program and 83% of adults over 21 found employment

afterwards. Based on the 2024-2025 Portage annual report, it was found that more than seventy percent of residents in the centers used more than one substance and that for youth, cannabis was the most used substance, while for adults, it was cannabis, followed by alcohol (Portage, 2025). The graduates of the Portage program reported to have improved their interpersonal relationships, their mental health and wellbeing, and independence.

CHAPTER THREE: THEORETICAL FRAMEWORK

In this chapter, the ecological systems theory, strengths-based theory, and resilience theory in particular will be explored and discussed in regards to social work applications and understanding addiction. It is important to note that there are several robust theories encompassing biology, psychology and sociology that are applied in social work practice (Turner, 2017). Pertaining to substance use and addiction, the disease model as well as psychoanalytic and behavioural perspectives have historically been used to explain and further understand this phenomena (Tretter & Loeffler-Stastka, 2021), however, the former theories will be used to guide the study based on their relevance.

3.1 ECOLOGICAL SYSTEMS THEORY

The ecological systems theory was developed in 1979 by Urie Bronfenbrenner who stated that different environmental and societal structures, namely, the individual themselves, their family, peers, and the surrounding community all play a part to influence an individual's development and interplay with one another through the lifespan (Bronfenbrenner, 1979; Csiernik et al., 2023). Bronfenbrenner compares the ecological environment to that of a Russian doll (Matryoshka), as it has many layers and structures surrounding an inner core (Bronfenbrenner, 1979). He further proposed three levels of the human environment, the first being the individual's personal settings (inner element), second, the relationships between settings, and the third, which includes settings in which the individual may not even be present, but still has an affect on their development. Bronfenbrenner also made comparisons within and between cultures. He stated that the micro, meso, and macro systems within a culture were similar, however, comparing between different cultures, were going to look very different from one another.

Addiction development

Ecological systems theory can be applied well to addiction studies because there is not one single risk factor that leads to the development of substance use (Woodward et al., 2023), but a combination of factors at the individual, community, and systemic levels. Bronfenbrenner's ecological systems theory helps to understand and critically examine the micro, meso, and macro elements that lead to or protect against the consequences of problematic substance use. Figure 2 below shows Bronfenbrenner's broader original ecological map including the individual, microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

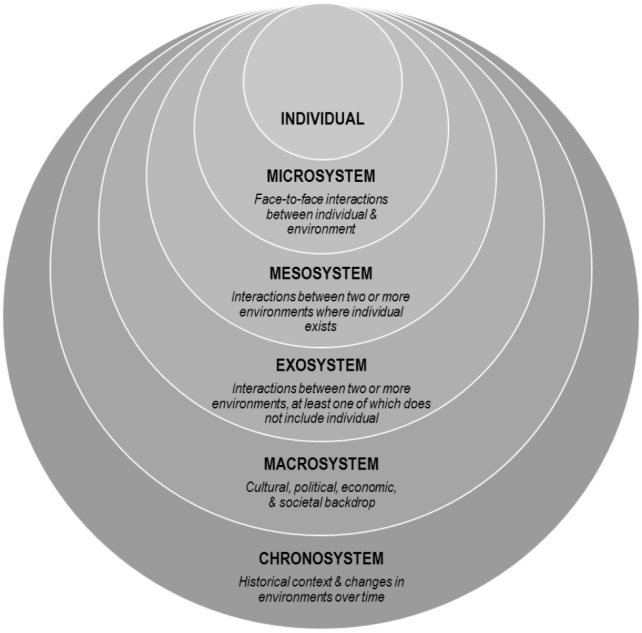


Figure 2: Bronfenbrenner's Ecological Model. Retrieved from Rogers et al. (2018).

Figure 3 below showcases the socioecological model of substance use, developed by Witkiewitz & Tucker, (2024), which was adapted from the initial ecological systems map. It is an excellent adaptation of the ecological systems theory specifically for substance use, as it highlights the different factors that are involved in preventing or contributing to drug use.

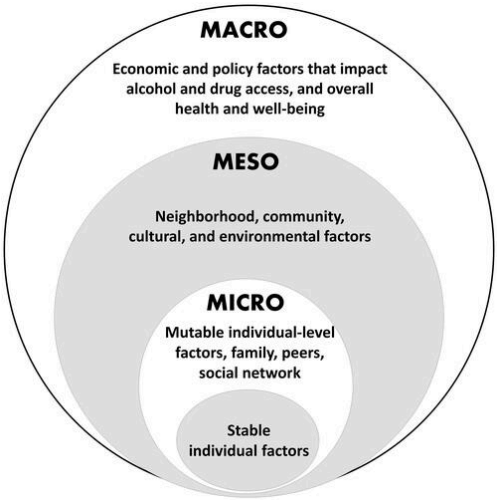


Figure 3: Socioecological model of protective and risk factors related to substance use. Source from Witkiewitz & Tucker, 2024.

Micro factors (first contacts)

Micro factors of the ecological map include places of first contact for an individual including the family, school, classmates, and neighbourhood, and these interactions have been most commonly studied compared to the other levels (Bronfenbrenner, 1994; as cited by Rogers et al., 2018). For instance, if family members are drug users, it can potentially lead to their children also using drugs. Or, if abuse was present in the family, then drug use can also be an individual coping strategy to manage stress and anxiety. Individual factors can also include genetic makeup and personality, which are not changeable. In turn, if adolescents have a secure and stable upbringing, this would be a protective factor against drug use, even if perhaps they are in an environment where drug use in peer groups is common.

Meso factors (Family, community)

Bronfenbrenner defined meso systems as the relations between settings in which individuals are present and that affects their development (Bronfenbrenner, 1979). For example, this could look like an individual playing recreational sports, being involved in theatre, cultural events, and other activities in their local community. Culture would also be a strong influence in the use of drugs. For example, if families have a more permissive attitude toward using drugs or perhaps use it for ceremonial reasons, then their children could be more accustomed to normalizing use. Where a

certain family's culture may be very strict against the use of drugs, their children may still use and experience significant self-shame.

Macro factors (Policy)

Macro systems can be defined as the general interconnectedness of systems that encompasses social institutions and organizations (Bronfenbrenner, 1979). Social policies and drug strategies might influence how an individual is able to access drugs. For instance, supervised consumption sites often provide drug users a safe and nonjudgmental environment for non-toxic drug use under guidance from a nurse or practitioner. As well, legalization or decriminalization of certain drugs may affect marketing of the drug and widen accessibility, leading to more people buying them. On a wider scale, nations with weaker social services and support systems for drug users would also contribute to lower wellbeing and health outcomes for persons with addictions.

Exosystems

Bronfenbrenner defined exo systems as settings in which individuals were not present directly, but that still had an influence on their development (Bronfenbrenner, 1979). For example, this can look like companies with strict hiring restrictions for well-educated and wealthy persons, excluding those with lower socio-economic status from participating (Rogers et al., 2018).

Chronosystems

The chronosystem can be defined as examining the significant changes and evolution of families over time as well as major historical events such as wars and disasters (Bronfenbrenner, 1994; as cited by Rogers et al., 2018).

Application of ecological systems theory in social work practice

In an addiction context, the ecological systems theory was further adapted to the socioecological model to better understand how changes could be made to micro, meso, and macro levels to reduce substance use and improve health outcomes (Witkiewitz & Tucker, 2024). A study by Selbekk et al. (2014) discusses the socioecological model in the context of addiction. In the socioecological model, addiction is understood in terms of isolating from social connections and breaking relationships rather than focusing on the addicted person's attributes or faults. Other

articles use a human ecology perspective in understanding addiction development. For example, Tretter and Loeffler-Stastka (2021) applied human ecology in a clinical treatment context, which included analyzing and exploring the person's beliefs, values, and background, learning more about the person's social environment and culture, and examining the person's interactions with their environment. This way, practitioners can determine a client's motivation for substance use, the factors that are contributing to use, and possible goals to help clients reduce their use.

3.2 STRENGTHS-BASED THEORY

The strengths-based theory can be defined as discovering and utilizing the skills, resources, and capabilities of an individual to promote their wellbeing, motivation, and fulfillment (Ezell et al., 2023). A team of social workers and scholars at the University of Kansas first conceptualized the strength-based approach in an academic article published in 1989 (Weick et al., 1989). The article discusses the consequential aspects of pathologizing individuals, particularly the fact that focusing solely on pathology ignores the unique strengths and abilities of that person. The authors further asserted that pathologization of the person isolates them from other people, places a significant focus on their problems and symptoms, and is very solution-oriented. Utilizing a strengths-based perspective in client support settings is crucial as it goes beyond solving problems to helping someone reach their full potential and achieve their goals, even after intervention is completed. When clients realize their capabilities and are encouraged to utilize their skills, it is easier for them to develop coping strategies for future stressful events. As well, Weick et al. (1989) asserted that the purpose of this theory is not to look for extraordinary talents in individuals or help them get to that point, rather it is to help them recognize capabilities that they can continue developing post therapy.

In social work practice, the theory places importance on focusing on strengths and positive aspects of the client, rather than on their weaknesses. For example, strengths and environmental resources could look like having supportive family members, having productive and creative hobbies, as well as activities that promote health and wellness, religious acceptance, and equal housing opportunities (Hills et al., 2010 as cited by; Caiels, Milne and Beadle-Brown, 2021). Utilizing a strength-based approach is in line with the social work values of promoting human rights, dignity and worth (Weick et al., 1989). Strengths-based theory is important in the context

of addiction because it seeks to utilize the client's skills, motivation, and strengths in therapy settings. The aim for social workers is to investigate the available resources in order to best support a client to achieve their recovery and personal goals (Caiels et al., 2021). However, for there to be adequate evidence-based treatments, the strengths-based model needs to be properly developed and tested in research experiments.

Application of strengths-based theory in social work practice

Unfortunately, there is currently a lack of research literature that studies the efficacy of strengths-based approaches in drug treatment settings (Ezell, 2023; Harris et al., 2012). Nonetheless, strengths-based therapies in substance use recovery contexts promote individual skills and strengths, improve group cohesion, increase self-awareness, as well as encourage clients to utilize the broader community network to improve feelings of low self-esteem and loneliness (Harris et al., 2012; Krentzman & Gass, 2024; Shaima & Narayanan, 2018).

Examples of strengths-based therapies include motivational interviewing, solution-focused therapy, and strengths-oriented family therapy (Shaima & Narayanan, 2018). Through motivational interviewing, the social worker can explore the client's reasons for drug use, and subsequently start drawing out internal motivations for change. Through this therapeutic style, practitioners can give clients insight into their motivations for wanting to change, and also give them an insight into what reducing use might look like, usually in measurable positive short and long term outcomes. Solution-focused therapy can be used in individual or family settings and commonly uses change talk, that is exploring the client's motivation for wanting to quit using substances, emphasizing the positive outcomes, and then building goals based off of that interest. Strengths-Oriented Family Therapy was developed by social workers in Iowa for supporting youth struggling with substance use concerns (Smith & Hall, 2008) and incorporates elements from both motivational interviewing and solution-focused therapy. The therapy includes discussing client strengths with parents present, taking into account family concerns, relaying successful techniques for change that have worked in the past, and developing a solution plan that incorporates the young client and their family working together to achieve set goals. Smith & Hall (2008) also examined the efficacy of Strengths-Oriented Family therapy and another intervention and found that both significantly reduced substance use rates and harms associated with use. Further, Strengths-Based Case Management (SBCM) is also a helpful tool that has

been used to support youth with substance use problems (Arnold et al., 2007). SBCM applies strengths-based theory into a practical method used between a practitioner and their client. The characteristics of this tool include working with the client to set goals, prioritize their strengths, and utilize informal support systems such as family and friends (Siegal et al. 1995; as cited by Vanderplasschen et al., 2007). Thus, strength-based theory is an essential framework to integrate into interventions to support youth experiencing addiction.

3.3 RESILIENCE THEORY

Although there have been several studies of resilience, the resilience theory was first conceptualized by Norman Garmezy (1991) who stated that resilience in children reflects a capacity to overcome stressful life events and achieve goals despite experiencing adversity. Anne Masten introduced a paradigm shift of the theory where she asserted that resilience developed from normal situations, wherein individual protective factors were being compromised (Masten, 2001). She asserted that if an individual had strong protective factors in place and it was maintained throughout development, then they would persevere through stressful life events. Without such protective mechanisms, individuals would have difficulty in adapting to adverse life circumstances. Adversity can include health problems, daily life stressors, and traumatic events (Rudzinski et al., 2017). Adversity can also have different impacts on individuals from low to high levels, can be one or many events, and can also have domino effects (Turner, 2017). For example, if a person experiences separation from their partner, they may be without a home and with only a single source of income, leading to higher food and housing insecurity, which is an example of adversity. Masten also differentiated resilience from an ‘extraordinaire’ as children who develop resilience do so from normal life circumstances rather than possessing a superior genetic trait or ability. Resilience itself is not a character trait, rather it is a process that has certain traits involved in it including intellect and positive self esteem (Fergus & Zimmerman, 2004). The study of resilience brings a unique perspective in understanding youth development as previous models placed a significant emphasis on individual weaknesses. As compared to other theories, resilience theory is a complex phenomena that focuses on the resources and assets in an individual’s environment, namely in an adolescent who has adverse life circumstances. Masten defines resilience as the proactive progress, achievements, and perseverance despite compromises to development (Masten, 2001). For the phenomena of

resilience to exist, there must be some level of risk and also protective factors present (Fergus & Zimmerman, 2004; Masten, 2001). Resilience theory states that individuals who are more likely to utilize coping strategies and have higher confidence and self esteem are less likely to use substances and develop an addiction (Csiernik et al., 2023). Further, protective factors such as stable parenting, good mental health, religion, and healthy self-esteem can help an individual adapt to develop competencies in at-risk conditions (Fergus & Zimmerman, 2004; Masten, 2001). Further, Fergus & Zimmerman (2004) conceptualized three models of resilience: 'compensatory', 'protective', and 'challenge'.

1. *Compensatory*

'Compensatory' operates when an internet resource acts in direct opposition to a risk factor, counteracting adverse impact.

2. *Protective*

'Protective' is present when an asset reduces the impact of risk on individual development.

3. *Challenge*

'Challenge' operates when an individual is exposed to a medium amount of risk, they are able to learn and develop coping strategies to adapt to it (Garmezy et al., 1984; Luthar & Bidwell, 2003; Rutter, 1985; Zimmerman & Arunkumar, 1994; as cited by Fergus & Zimmerman, 2004).

Fergus & Zimmerman (2004) also brought to attention the need for research studies to examine multiple risk factors concurrently, as individuals may experience resilience for particular contexts and not others. In the research literature, there is still much debate on the exact definition of resilience (Turner, 2017), particularly inconsistent terminology and understandings of the theory arguing whether resilience is a trait, process, or outcome as a result of experiencing adversity (Fergus & Zimmerman, 2004; Rudzinski et al., 2017).

Application of resilience theory in addiction literature

In a study by Rudzinski et al. (2017), the researchers went further to examine the unique characteristics and behaviours of individuals who use drugs in a scoping review. They argued that it was common in the research literature for a lack of drug use to be associated with having

'resilience', which they deemed to be a very limited viewpoint. Their second argument was that several articles reduced 'resilience' to possessing individual traits on a scale (i.e., self-esteem, intellect, coping strategies, mental health) rather than examining environmental factors of influence (family, school, community role models, social services supports). They asserted that although individual factors were emphasized in relation to drug use, environmental and systemic factors were largely not focused on. This is a significant gap in the scientific knowledge base because addiction is best studied through a holistic lens, which encompasses individual, social, and structural factors that contribute to use. The gap may be because there is still underlying stigma regarding individuals who use substances (even by researchers), thus explaining the overemphasis on problematic behaviours, rather than focusing on the social environment and external influences that contribute to addiction development and other harms. For instance, Wingo, Ressler, and Bradley (2014) conducted a study on men and women with a history of childhood abuse and found that those who had higher resilience scores were less likely to have an alcohol use disorder, thus highlighting the fact that those lacking substance use disorders are labelled to have resilience. This is especially problematic because it contributes to the continued stigma of individuals who use substances, focusing on socially unacceptable behaviours rather than their individual strengths and potential for developing resilience.

Implications in social work practice

Resilience theory is important to utilize in social work practice as it highlights the protective and risk factors that surround individuals who use drugs. A study by Roberts et al. (2002) highlights protective factors applying resilience theory in addiction in-patient settings which includes teaching positive bonding during group activities with other residents, boundary setting (i.e. respect and sobriety), building life skills (older residents mentoring newer ones in communication, job etiquette), and peer support (confronting inappropriate behaviour, teaching how to apply for jobs). The goal of such programs is to empower the residents to be independent, mentor others, to have hope in themselves, and to be motivated to work and build a thriving life upon graduating the program, building resilience against drug use along their recovery journey.

Applying resilience theory is especially important during the assessment phase in sessions when social workers are trying to understand the reasons behind the individual's drug use and working with the client to set goals that promote positive behaviours that reduce their use. It also focuses

less on individual deficits, and more on discovering what the potential resources, strengths, and supports are to benefit the individual's development, growth, and wellbeing even beyond the sessions. However, social workers should be aware of the fact that a higher number of adverse events in an individual's life could mean fewer support systems, lower self-efficacy, and in general, lower resilience (Turner, 2017). Nonetheless, the focus should be on identifying existing support systems or appropriate planning to make sure the individual has ways to feel safe, thrive, and be able to achieve their goals. This can look like social workers helping their clients learn coping strategies and breathing exercises for when they have cravings to use a drug. They can practice them with the client so the client will know how to use them when the situation arises, and also after the sessions have been completed. Furthermore, Rudzinski et al. (2017) asserted that practitioners working in substance use settings should not be quick to equate resilience with non substance use. Resilience should be viewed as a phenomena that is complex and multifaceted, especially since social work is a holistic practice.

CHAPTER FOUR: RESEARCH METHODOLOGY

This chapter focuses on the study area, research design of the study, positionality, sample size, method of recruitment, and eligibility criteria, that was developed in order to gain best responses for the study's research questions. As well, the data collection tools, analysis method, ethical considerations, declarations, and study impact will also be discussed.

4.1 Study Area

The study included participants from Hungary and Canada who worked in varying types of social service and health-care institutions. For a brief background, Canada has a population of 41 million, of which 12% are youth between the ages of 15 and 24 (Statistics Canada, 2024). Canada has a variety of addiction treatment services including outpatient and inpatient centres, detoxification centres, and drop-in day programs (Metamorphosis Centre, 2026). Hungary has a population of 9.5 million (Eurostat, 2026), of which youth make up 10.6% (Trading Economics, 2025). Hungary has a variety of organizations and programs that advocate for addiction prevention, education, and also provide services to assist in addiction recovery, particularly for smoking cessation (European Commission, 2026). For instance, Caritas Hungary manages 17

social services organizations that assist people with addictions, those facing homelessness, persons with disabilities, and the elderly (Caritas Hungary, 2025).

4.2 Research design

The study utilizes a qualitative research method as the researcher determined it is the best possible method to gain deep and personal insights into the complex roles, experiences, and challenges of a social worker in real time. It is the best research method to answer the researcher's interview questions that were categorized into the following to appropriately answer the four research questions: Professional role and practice foundation, contextual factors and cultural competence, influence of community and support systems, systemic challenges and gaps, organizational barriers, institutional influence, and policy recommendations.

4.3 Positionality and reflexivity

The researcher identifies as Hungarian – Canadian and understands that it is difficult to remain completely objective in terms of conducting research and interviews. With that being said, the researcher made sure that there was no conflict of interest when selecting participants (i.e., no participants were known beforehand to the researcher). As well, the researcher is aware of being raised with western values and norms which shapes their worldview, beliefs and perspectives. The researcher is also sensitive to the fact that although they have known others with lived experience with addiction, they don't personally have experience. The researcher also understood that there was also an underlying power dynamic in interview sessions as the interviewer can be perceived as an authority figure, however the researcher remained committed to be as open, friendly, and respectful as possible to participants. The researcher tried as much as possible to mitigate bias by taking notes during the research process and interviews to enhance recollection and reduce bias of answers, and critically reflecting on own biases, thoughts, and feelings after each session.

4.4 Sample size, population, and participation recruitment

The Hungarian sample consisted of 4 social workers from two different locations of an addictions rehabilitation centre for youth and young adults in a rural village in Hungary. The researcher conducted non-probability purposive sampling to recruit study participants, which included snowball sampling. Purposive sampling can be defined as recruiting interview participants with intention based on the research questions and the interviewees' characteristics, field of employment, and relevance (Tajik et al., 2024). The eligibility criteria for the interviewees (both in Canada and in Hungary) were as follows:

4.5 Eligibility criteria

1. Being employed as a social worker (Hungary) or being registered as a social worker (Canada).
2. Residing in Hungary or Canada.
3. Working or have previously worked in an addictions setting with young and/or young adults.

The method of interviewing was chosen to gain more in-depth perspectives in the daily work lives and experiences of social workers employed in an addictions services setting. In total, four interviews were conducted in Hungary from the same organization, which was an addictions rehabilitation centre for youth and young adults. Only a few were conducted due to time constraints and a lack of social workers on site. However, the researcher perceived these interviews sufficient enough to gain unique insights from social workers and prevent repetition of opinions. Cobern and Adams (2020) asserted that it is good practice for researchers to interview individuals until ‘saturation’ is reached, particularly when they feel that there can be no more unique insights gained from interviews in a specific context. In the Hungarian sample, interviewees were recruited by email that was sent from a head employee at the organization, and individuals who expressed their interest were thus invited for an interview by the researcher. The master’s topic and purpose was explained to all participants beforehand and verbal consent was received for the interviews and audio recordings.

For the Canadian sample, participants were invited across Canada by emails to addiction rehabilitation centres, direct messaging on social media platforms (i.e. LinkedIn), contacting personal networks, and posting on social media with a sign-up google form to generate a wider audience. Most Canadian participants were recruited from private messaging on LinkedIn and through snowball sampling, which is the process of attaining contacts of potential research participants through previous interviews who are in the same network (Naderifar et al., 2017). 8 Canadian participants were interviewed in total. Snowball sampling was also conducted as a method of recruitment as the target group was specific and it was necessary to gain a higher number of participants. The social workers interviewed worked in various institutions and locations across the country including in hospitals, in specialized public health services, in residential treatment centres, in health authorities, and in ambulance services.

4.6 Data collection tools

The first set of semi-structured interviews were conducted to collect data for the research in October 2025. 4 in-person interviews were conducted in private and quiet office spaces in two different locations of addiction rehabilitation organizations in Hungary. Each interview lasted between 23 and 30 minutes. The second set of semi-structured interviews with Canadian social workers were conducted virtually by means of Zoom and Teams conference software between March 2026 and April 2026. Each interview lasted between 25 minutes and 1 hour and 25 minutes.

Interview participants discussed their roles and experiences working with youth with addictions, the intervention and prevention strategies they used in treatment settings, the challenges and barriers they faced in their profession, their perceived support systems, as well as recommendations they had for implementing systemic changes in social work and addiction recovery settings.

4.7 Data analysis

Data analysis was conducted using MAXQDA qualitative analysis software (version 26.2.1). Interview transcripts and recordings were submitted into the software to create and analyze

patterns and themes that were emerging from the data. For ensured clarity and accuracy, transcripts were read and reviewed multiple times and highlighted for coding purposes. The researcher identified 5 main themes and 19 subthemes.

4.8 Ethical considerations

All research participants were informed about the researcher's identity and background, research topic, goals and objectives of the paper and the researcher gained verbal consent beforehand to have an interview and take audio recordings. Names, workplaces, locations, gender, and other identifying information was kept private and confidential. As well, participants were anonymized in the paper for further protection. Audio recordings and confidential information was kept secure in a password encrypted computer and was only accessible to the researcher. Upon completion of the thesis defence, audio recordings will be deleted. During coding, names were anonymized and coded into numerics and letters so that they would be non-identifiable (i.e., '1H'). Further, there may have been feelings of discomfort for participants when sharing about their personal experiences, however the researcher made sure that questions were not too personal and more related to the social worker's role and opinions working in an addictions setting. No specific experiences were asked of the social worker, unless they volunteered it themselves and wished to discuss it further in the interview. For the coded segments (quotations) included in the paper, identifying information such as specific locations were redacted for further privacy.

4.9 Ethical declarations

The researcher declares the use of artificial intelligence (i.e., CHATGPT) to assist in theme suggestions based on code groups. Further, using MAXQDA, the researcher grouped the codes, created themes and afterwards, used artificial intelligence to help with improving design and quality of the codemaps. The researcher also used artificial intelligence to translate the abstract from English into Hungarian as well as to translate quotations from Hungarian to English. There was complete data protection and privacy ensured, as no personal and identifying information was included. The researcher did not use artificial intelligence for any other part of the thesis (i.e., writing the text).

4.10 Study incentives and identified impact

Participants were not given an incentive to participate and there is no direct benefit on participants, however their insights, time and knowledge is considered highly important for the international social work field and to identify gaps, recommendations, and improvements to support and inform the future of social work and addiction recovery services.

CHAPTER FIVE: CROSS-NATIONAL FINDINGS, ANALYSIS, AND COMPARATIVE DISCUSSION

This chapter presents the qualitative findings from the interviews with Canadian and Hungarian social workers. Twelve (n=12) social worker responses and characteristics were recorded in total. Social worker years of experience ranged from 1 to 35 years. The results will be analyzed and discussed along with current academic literature in the addiction field. Table 1 below illustrates the sample's characteristics including their home country, profession and years of experience as a social worker.

5.1 Sample Characteristics and Overview of Themes

Interviewee Codes	Country	Profession	Years of experience as a social worker
1H	Hungary	Social Worker	15 years
2H	Hungary	Social Worker	10 years
3H	Hungary	Social Worker	9 years
4H	Hungary	Social Worker	22 years
5C	Canada	Social Worker	8 years
6C	Canada	Social Worker	10 years
7C	Canada	Social Worker	1 year

8C	Canada	Social Worker	5 years
9C	Canada	Social Worker	9 years
10C	Canada	Social Worker	35 years
11C	Canada	Social Worker	3 years
12C	Canada	Social Worker	10 years

Table 1: Demographic characteristics of participants. Source: author's own work.

5.2 Findings

In the study, 5 main themes emerged as well as 19 sub-themes. Through the themes and findings, the author aimed to answer the research questions: (1) What is the social worker's role and experiences in providing addiction prevention and treatment in Canada and Hungary? (2) What are the main interventions, preventions, and approaches to providing support and care to youth in practice? (3) What challenges and support systems do social workers have in their practice? (4) What are the recommendations of social workers to improve social work practice on a systemic level?

5.3: Main Themes and Sub-Themes

Main Themes	**Sub-Themes**
1. The Roles of a Social Worker in Intervention and Prevention in Addiction Settings	1. Identity and personal background 2. Work skills
2. Interventions, Preventions, and Approaches Utilized by Social Workers	1. Most common approaches in social work 2. Assessment and treatment planning 3. Creative and non-traditional therapies 4. Strengths-based and client-centred support 5. Traditional and western therapies

	6. Culture-oriented therapies
3. The Challenges and and Barriers of a Social Worker in Addiction Settings	1. Organizational instability and unpredictability 2. Resource constraints and service limitations 3. Tensions between care and self preservation 4. Breakdown in therapeutic alliance with youth 5. Broader Systemic Issues
4. The Perceived Support Systems and Assets of Social Workers	1. Multidisciplinary and community-based support 2. Systems collaboration and service coordination
5. The Recommendations of Social Workers for Micro, Meso, and Macro Changes in Service Provision	1. Early family and school intervention 2. Policy-level changes in providing care 3. Increased training and experiential learning for social workers 4. Knowledge translation and advocacy in social work

Table 2: The table illustrates the 5 main themes and 19 sub-themes that were derived from the semi-structured interviews with participants. Source: author's own work.

5.4 Theme 1: The Roles of a Social Worker in Intervention and Prevention in Addiction Settings

Figure 1 showcases the main theme which is 'professional role in social work', the subthemes 'personal background and identity and 'work skills' along with the associated codes which corresponds to the first research question of the study exploring the social worker's role in intervention and prevention.

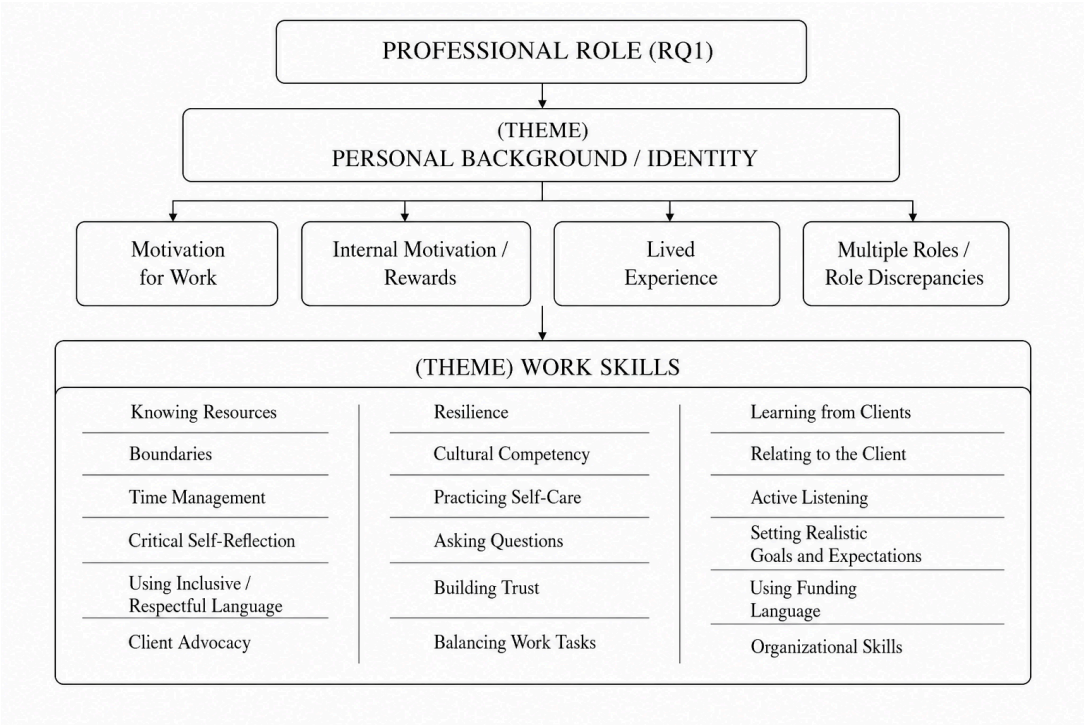


Figure 4: The perceived professional roles of social workers with the main theme, sub-themes, and codes. Source: author's own elaborated table created based on the codemap from MAXQDA in which an AI assisted tool - ChatGPT was used to improve design and quality.

5.4.1 Personal background and identity

Canadian and Hungarian social workers discussed their personal background and identity that influenced their work, including experiencing internal motivation and rewards from working with clients, and several having had lived experiences with addiction and recovery. Canadian social workers also discussed having multiple roles in their work. There were also several emerging themes, as many of the social worker participants in Canada and Hungary stated that they were very deeply satisfied with their role, finding meaning and purpose in their work helping young clients, and for those with lived experience, that it helped clients relate to them, bond, and build trust.

"I'm, I'm truly, you know, really honored with, you know, by every person that I work with and you know, their openness to working with me and, and I learned a lot from them. And we have fun doing it." (Participant 11C).

This statement by one social worker demonstrates how they also learn meaningful things from clients and also appreciate the client for opening up to them in sessions.

"Everyone has to wear multiple hats." (Participant 8C).

Another social worker discussed the fact that as a social worker, they often have to take multiple roles and tasks in case of understaffing or lack of specialized workers.

"Yeah, I bring also a lived experience lens to it." (Participant 6C).

"From one viewpoint, it's very easy because, uh, everything from my profession, uh, comes from my own recovery story. So I think the, you know, the, the basic elements of my everyday work and also my profession as a social worker is, is that I came out of my addiction." (Participant 4H)

The two quotations above demonstrate that they are able to apply their lived experiences to sessions with clients, which drives their motivation to help clients, who would be able to relate to them. Ultimately, these reflections demonstrate that a social worker's personal identity, lived experience, and internal motivations are foundational assets that shape how they approach their professional responsibilities.

5.4.2 Work skills

Social workers stated several work skills that were important to them to utilize and build upon in their practice, especially cultural competency, building trust with clients, maintaining professional boundaries, practicing self-care, critical self-reflection, knowing one's own capabilities and limitations, and client advocacy. Participants from Canada and Hungary

identified several overlapping meaningful work skills in their practice including: maintaining professional boundaries and self-care, identifying with lived experience when appropriate, relating to the client, building trust, learning from clients, cultural competency, and practicing critical self-reflection.

Several Canadian social workers noted that providing culturally-sensitive care was very important- for example, they discussed having Indigenous elders on-site to facilitate cultural classes such as incorporating drumming groups and smudging into recovery programs. Social workers also stated that it was crucial for them to learn as much as they could about a culture or to learn from a client themselves, as not to project their own assumptions.

> *"There's like an Indigenous diaspora where people travel everywhere. So it's important not to assume that they're Mi'kmaq because Moncton would be on like a traditional Mi'kmaq territory. Oftentimes people are Cree and like their family's actually from Alberta or their family's from Ontario. And so finding out like specifically what, what culture that they are." (Participant 12C)*

This social worker illustrates cultural competency in social work, where they understand the importance of understanding and learning about different tribes in the Indigenous population, as not to assume that clients would be from the same tribe. This is in line with findings from Ali et al., 2022) which demonstrate that family culture and background influence substance use and the individual's attitudes regarding drugs, thus it is crucial for social workers to better understand the functions of use in different cultures.

Social workers also discussed how self-care and knowing one's own triggers and limitations was important in boundary-setting with clients:

> *"Asking for help is very important, and recognizing which situations trigger me or activate things from my past. For example, when I was still an abused child myself, and then I meet a client here, say a 15- or 16-year-old who has also been abused, I should not react from my own experience of abuse. So I had to learn to create very strong*

boundaries. And if a situation comes up where, for example, I have worked with a boy for a year but he breaks the rules, then I can separate myself from it emotionally." (Participant 3H).

One social worker stated that recognizing their own triggers and thinking before reacting with clients helped for them to create boundaries and protect themselves in sessions.

"It's more when kids' needs are so high, social workers get activated. We want to be able to do more, but it's having to take that step down of we can't do it all and we can't overextend ourselves." (Participant 5C).

Another social worker discussed the fact that it was important for social workers to know their limitations in practice, despite the fact that they may want to do more in order to help a client, showcasing critical self-reflection and self- awareness skills.

"So I think often it's more important to ask questions. So coming with a relational approach, asking questions, listening, right, building trust, really important." (Participant 6C).

In the quotation above, a social worker states the interpersonal skills that they deemed important in counselling sessions with clients.

The sub-theme of social workers building trust with clients strongly aligns with the values of resilience theory, which describes resilience as a process that comes from having natural experiences, and can be strengthened through building positive self-esteem (Masten 2001; Fergus & Zimmerman, 2004).

5.5 Theme 2: Interventions, Preventions, and Approaches Utilized by Social Workers

Figure 2 below illustrates the main theme 'interventions, preventions, and approaches utilized by social workers' and the sub-themes 'most common approaches', 'assessment and treatment

planning', 'creative and non-traditional therapies', 'culture-oriented therapies', 'strengths-based and client-centred support', and 'traditional and western therapies' and the associated codes which corresponds to the second research question of the study that explores intervention and prevention strategies used by social workers.

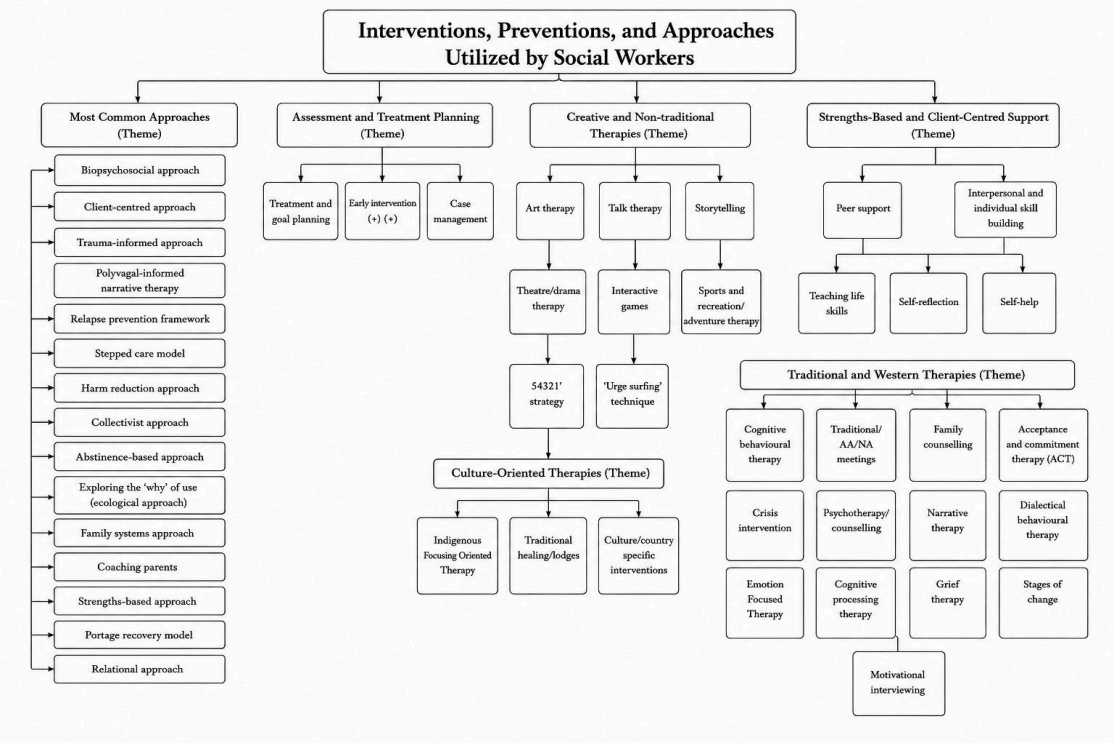


Figure 5: The intervention strategies and approaches of social workers with the main theme, sub-themes, and codes. Source: author's own elaborated table created based on the codemap from MAXQDA in which an AI assisted tool - ChatGPT was used to improve design and quality.

A majority of participants had an interventive role, rather than a preventive one. However, a significant portion also worked in preventive roles previously or in other contexts (i.e., giving speeches in schools, psychoeducation). For both countries, crisis management and peer support approaches were prioritized. For Canadian participants, a majority listed cognitive behavioural therapy, dialectical behavioural therapy, and motivational interviewing as main modes of treatment. Hungarian participants listed various therapies including group therapy and activities, as well as sports, storytelling, and drama therapy. The Hungarian participants also incorporated

spiritual and Christian religion as a source of therapy and support for youth in their recovery journey.

5.5.1 Most common approaches in social work

A majority of the Canadian social workers stated that they work from a harm reduction perspective. The Hungarian participants use group therapy motivation games and self-help as a recovery approach, thus advocacy for abstinence is more prominent. Social workers used numerous and diverse approaches in their practice, namely the harm reduction approach, trauma-informed approaches, and motivational approaches which the researcher coded as 'exploring the why' of drug use. This finding aligns closely with Bronfenbrenner's ecological systems theory (1979) as multiple levels of the ecological map including the client's family, background, personal goals, socioeconomic status, identity, and culture are all explored in sessions with clients. On an individual level, social workers remarked that it was common for young clients to use drugs as a coping mechanism, to manage feelings of stress and anxiety as demonstrated in the below quotation:

> *"And then you treat the anxiety and the marijuana use does go down. So it's like because they're using it as like maladactive coping." (Participant 12C).*

One social worker discusses the relationship between anxiety and using substances and the fact that when treating anxious feelings, then the client would have less dependence on a drug.

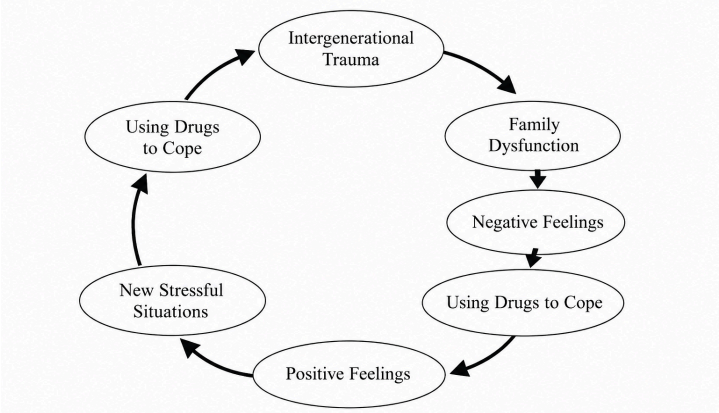
> *"You know, if I ask them, hey, like, you know, what, how often do you use? Like, you know, are you using it for coping? Is it for something else? Or, you know, a lot of them will come back with a response of, you know, it just kind of helps me to stay focused or it helps me out to deal with with the, you know, dealing with all these assignments, feeling stressed about school and expectations."(Participant 9C).*

In the above quotation, a social worker shows their exploratory approach to understanding a client's drug use whether it's for coping or being able to focus more in school.

"A lot of young people might be more likely to start using because they're part of a group and everybody else around them is using, and so you know when the joint comes to them, they might be more likely to do it or to grab booze." (Participant 10C).

Aligning well with the meso-level of the ecological systems theory, one social worker remarks about the power of peer influences in adolescence and how that can be a motivating factor in maintaining substance use.

Based on the study findings, the researcher developed a theoretical map of youth addiction development (Figure 3), which encompasses parts of the ecological systems theory including the individual's cognitions, family type, and external life events that may lead to substance use as a coping mechanism to ease feelings of stress and anxiety. The theoretical map shows the circular pattern of addiction starting from intergenerational trauma. Intergenerational trauma may lead to family dysfunction and abuse, thus the individual experiences negative feelings and seeks out drugs to cope. By using the drug, the individual may feel temporary happiness and positive feelings. Further, new life stresses arise and the individual knows from past experience that drugs have helped them feel better. They consume substances to cope with the new stressors and thus the cycle of addiction begins, and intergenerational trauma is passed on. Friends and family can be protective factors but they can also be risk factors if there is parental abuse, neglect, or drug use within friend groups.



Theoretical Map of Addiction Development

Figure 6: Theoretical map of addiction development created by the author for the present study based on interview findings. Source: author's own conceptual figure created based on the interview findings in which an AI assisted tool - ChatGPT was used to improve design and quality.

5.5.2 Assessment and treatment planning

Social workers also highlighted the importance of assessment and treatment planning through establishing goals with clients based on their motivation to reduce their substance use. Through the interviews, it was also noted that most social workers practiced client-centred care, that is going at the client's pace and understanding what goals they want to set for themselves, instead of the social worker imposing it upon them. This finding aligns well with previous studies on social workers using goal-setting as part of their treatment plans (Littrell, 2011). Goal-setting is also a way to tackle ambivalence in youth and promote skills including active listening, increasing empathy, and collaboration with others, which helps them repair damaged relationships with family and friends. These skills are related to the values of strength-based theory, as social workers harness clients' inner strengths for them to be able to reduce their use and build healthier relationships with others.

> *"And trying to identify practical goals and coping strategies that would help meet youth where they're at. So for instance, I know a lot of time goal breakdowns were a big piece. So using SMART goals was huge because it helps us sort of navigate, narrow down the goals of the youth in terms of how much they want to stop using alcohol or other substances." (Participant 9C).*

> *"Doing the treatment plan, doing the goals for them. Yeah, kind of just taking it where the person would like to go with it." (Participant 8C).*

Similar to the above findings, Littrell (2011) also discusses the importance for social workers to work at the client's pace and uncover their values and traits in themselves that make them happy or proud, which helps them come to realize their strengths and abilities capable of change. The study findings with the previous literature align well with the values of strengths-based theory applied to social work.

5.5.3 Creative and non-traditional therapies

Social workers discuss creative and non-traditional methods to provide therapy to youth, including art, sports, recreation, storytelling, animal therapy, and drama therapy.

> *"So I always know that we can go camping three times a year on a 7-day camp, it's like there's a bike tour around Lake Balaton, from there we ride down to Lake Balaton and then we camp at a different camp every day, it's for a week, the next camp after that is the canoe tour, on the Danube in such a beautiful environment, it's also a week, and then the boys camp there and then they canoe and then there's food in the pot, yes and then there's another camp which is quiet and there's the connection with faith." (Participant 3H).*

In the above quotation, a Hungarian social worker elaborates on the importance of sports activities such as rock-climbing to build trust between youth residents in an addiction rehabilitation centre. The residents would learn to trust one another and thus, build bonds and gain more confidence in themselves and each other through the recreational activities.

Connecting to social workers' personal background with lived experiences, social workers also mentioned that it helped them to utilize the tool of 'storytelling' with youth as highlighted in the quotation below:

"Very often I feel and it's a little bit about prevention too, that my colleagues and, and me, um, we often go to different places where we are invited to schools and different communities to talk about our own stories. And, you know, it's really powerful But it's not a fairy tale, let's say. But it's the true story of someone… I like very much storytelling. I believe in this method." (Participant 4H)

This further demonstrates that social workers sharing their lived experience can be a powerful tool to implement prevention strategies for youth with addiction.

5.5.4 Strengths-based and client-centred support

Several social workers mentioned the value of having peer support approaches or programs in recovery in order to motivate and encourage clients, and also help them be able to relate to others who also have lived experiences with addiction. There were a variety of peer-support approaches, including clients supporting each other through their recovery journeys in a group setting and also social workers (with lived experience) supporting clients directly.

> *"Often, it's important to keep a client here, so that they don't give up, so to motivate them or to shape compliance into conviction. So, this also goes hand in hand with the helping-support model, so that we help each other." (Participant 1H)*

Above, the Hungarian social worker demonstrates the importance of keeping a client motivated so that they remain in the rehabilitation centre. They also discussed group support models, where clients actively support other residents in their recovery, providing encouragement, feedback, and care. Alongside group support, a Hungarian social worker stated that to reduce the hierarchy between the social worker and client, they humanized themselves by sharing their personal recovery journeys with addiction, in order to inspire youth and relate to them:

> *"Quite often we, I think it's also very, very powerful tool that, uh, when we work with a group and these guys, we as mentors, we share our own actual difficulties because then they feel and see that we are human and we are also not only there, above them, you know, professionals, but somehow we are peers too. And uh, we also had, you know, many, many years ago, but we had therapy too, and we had to overcome all these, these problems, what they have to. So we have this, you know, solidarity feeling or something like that." (Participant 4H)*

As well, social workers who also recovered can inspire clients and show them that they can also get to that point, so they have something to aspire to. A Canadian social worker also shares similar remarks surrounding sharing lived experiences and building a sense of community with youth:

"Oftentimes folks can feel very isolated in their experience, like I'm the only person. Why can't I stop? Why can't I make changes? And in connecting with other peers with similar experiences, it really helps them to feel less alone." (Participant 11C)

5.5.5 Traditional and western therapies

Cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and motivational interviewing were the most common therapeutic interventions used by social workers in Canada. They deemed CBT as useful to change cognitive distortions, ease anxiety, reduce negative self-talk, and to help implement coping strategies. This study's finding is in line with traditional social work in western countries, including Canada, where CBT and motivational interviewing are popular and efficacious interventions in social work, particularly with clients who have addiction (Boyle et al., 2019; Turner, 2017).

In the study, social workers in Canada stated their use of CBT with clients and its positive effects:

"So I do find that like CBT, it tends to be like the first thing that we'll try just because it increases like self-awareness and it addresses like the thoughts and beliefs." (Participant 12C)

"It is still a lot of CBT based.... And it, you know, that's funny cause it's just like CBT is everything, isn't it?... that is usually what I will attempt first with a focus on like cognitive distortions and like changing some thinking, getting to know yourself, changing some like deep down beliefs that maybe you had about substance use. And then to increase coping." (Participant 12C)

In the quotations above, the social workers stated that cognitive behavioural therapy is very popular and commonly used among social workers in providing intervention, targeting negative self-beliefs and to help them practice coping strategies.

> *"This is where I might integrate more therapeutic modalities like dialectical behavioural therapy or cognitive behavioural therapy as a way for folks to then integrate strategies to help them feel empowered in using alternate strategies rather than feeling reliant on their use as a way to cope." (Participant 11C)*

As well, social workers stated that motivational interviewing was important for exploring more in-depth the motivating factors of a client's substance use. They would also ask questions to gain a better understanding of a client's motivation for wanting to change, whether it was for saving money or getting a job. When they could better understand the client's motivations for change, they could turn these motivations into measurable goals at the client's pace.

> *"As much as we could, I think, yeah, I think motivational interviewing is generally what you tend to use at first when you're first working with a client. I think that that's pretty much across the board because you're trying to find these like nuggets of like, why do they wanna change?" (Participant 12C)."*

A social worker discusses how motivational interviewing is commonly the first step in sessions with clients, where they ask questions to explore the client's goals and what influenced them to use substances in the first place.

> *"What are the motivators for change for that person? What are the negatives of use that's led them to wanting to make any changes? Oftentimes we work to explore the function of use." (Participant 11C).*

The social worker above suggests that clients know their substance use has negative consequences and that they work with the client to help them understand what is maintaining their use despite that fact.

"And then I'm talking to them and they're just like, yeah, well, my big thing is I need a job, you know, and you're like, OK, so that's what you're actually motivated to get done." (Participant 12C)

In the above quotation, the social worker discusses the underlying factors for clients wanting change, in this case, reducing use to gain employment.

These findings support the study by Boyle et al. (2019) that found motivational interviewing to be helpful in helping clients increase their motivation to change their behaviour, feel comfortable in sessions, and improve their health outcomes. This aligns well with the values of strength-based theory, where social workers explore deeper the skills, resources, and capabilities of an individual to promote their wellbeing and motivation for reducing their substance use (Ezell et al., 2023.) Therefore, motivational interviewing supported by a strengths-based approach is an efficacious tool that social workers use with young clients to motivate them to pursue their goals. Motivational interviewing in the context of Hungarian social work is not yet well studied in the literature, however there are previous studies that found motivational interviewing as an efficacious tool in public health settings (Pócs et al., 2017).

In contrast, social workers stated their preferences for other types of therapy, including group peer support, faith-based counselling, and emotion-focused therapy.

"This emotion-focused approach is very close to me, so we look at what kinds of feelings were present at home. I always tend to break it down this way. Exactly along the lines of the investigation, like what feelings were present in childhood at home, whether the atmosphere was tense, whether there was conflict between the parents, and how he always felt." (Participant 3H)

Thus, these findings demonstrate that both Canadian and Hungarian social workers understand addiction development through an ecological lens that focuses on family dynamics and dysfunction, while also taking an exploratory approach, addressing the underlying motivations and cognitive distortions of the client.

5.5.6 Culture-oriented therapies

Canadian social workers stated that they would often tailor intervention plans and sessions to clients based on their identified cultural background and identity. Several also mentioned working with Indigenous clients and the importance of having cultural activities and elders on site to support therapy and healing.

Another social worker in Hungary mentioned that it was difficult for them to explain their intervention strategy to an outsider as it could only be understood through a certain cultural and social context:

> *"My own thoughts and my own strategy cannot really be interpreted on their own. They can only be understood within the framework of the country in which I live- within that country's legal system, its social attitudes, and the financial and institutional recognition it provides. Through these factors, I am able to place myself within that society, and within that context, position myself inside it." (Participant 2H)*

It was also evident that social workers practiced client-centred care and deeply respected clients' cultural background and different views on drugs. Another social worker shared how they would integrate the client's culture, background, and family into their conversations with clients:

> *"So let me integrate that, you know, in our sessions and ask you those questions based on the words that you've shared with me and what you find meaningful and valuable based on your family upbringing and lived experiences." (Participant 11C).*

> *"I have a lot of clients who come from Indigenous communities, so a huge part of that is being able to integrate like their spiritual and cultural health." (Participant 7C).*

Thus, these findings demonstrate the necessity for social workers to build their cultural competency skills to learn more about the client's family, background, and recognize when clients needed culture-specific approaches integrated into their recovery plan. In Canada it is

especially important as marginalized individuals including Indigenous persons, have a lack of access to addiction treatment due to factors such as lack of access to transportation (Phillips et al. 2014; Lawford & Newman, 2022). In support of the above findings, a study by Gainsbury (2016) found that culturally-competent therapy for individuals with addiction was helpful in improving client participation, attendance, and health outcomes. However, it is important to note that the implementation of culturally-competent care is still a gap in therapy settings (Gainsbury, 2016) and social workers also have experienced difficulty in responding and understanding a client's cultural background even within Hungary (Győri & Ádám, 2024), therefore highlighting the importance of cultural-competent training in social work to be able to provide high-quality care.

5.6 Theme 3: The Perceived Challenges and and Barriers of a Social Worker in Addiction Settings

Figure 4 below showcases the main theme 'challenges and barriers' as well as the sub-themes 'organizational instability and unpredictability', 'resource constraints and service limitations'. 'Tension between care and self preservation', 'breakdown in therapeutic alliance with youth', and 'broader systemic issues' along with the associated codes which correspond to the third research question of the study that explores the challenges and barriers of social workers in their practice.

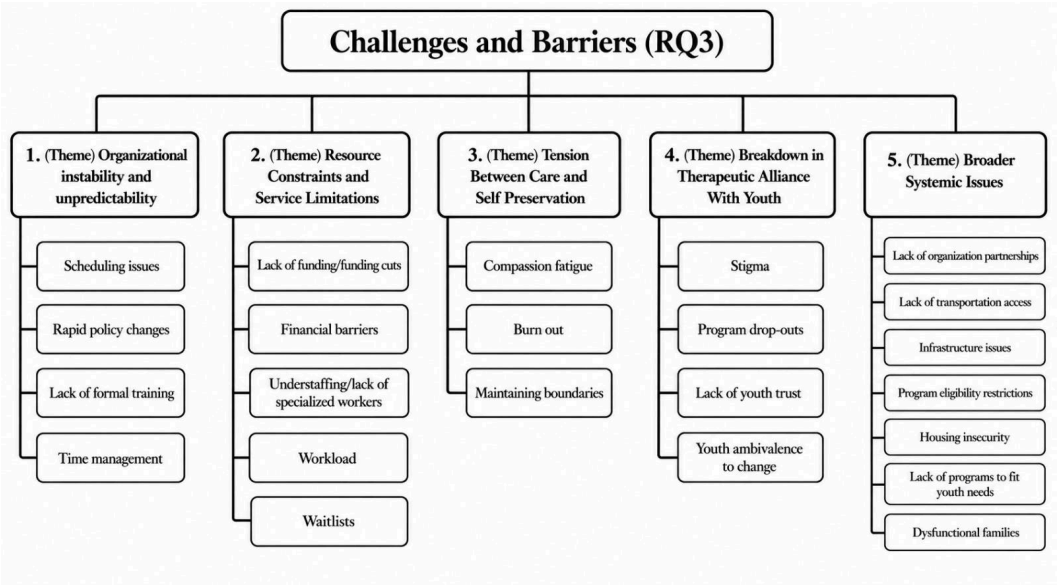


Figure 7: A visual map showing the perceived challenges and barriers that social workers experience with the main theme, sub-themes, and codes. Source: author's own elaborated table created based on the codemap from MAXQDA in which an AI assisted tool - ChatGPT was used to improve design and quality.

5.6.1 Organizational instability and unpredictability

Under this emerging sub-theme, social workers identified scheduling concerns, rapid policy changes, lack of formal training, and time management as factors that led to uncertain work conditions. Participants from Hungary stated that policy did not have a significant influence on practice due to the reason that it was underdeveloped in Hungary. Canadian participants noted that the closure of several supervised consumption sites across Canada was a significant barrier in providing harm reduction for people with addictions. For further context, 24 supervised consumption sites in Canada were either defunded or closed down, including the most populated one located in Lethbridge, Alberta (Magnuson et al., 2025; Substance Use Health Network, 2026) They discussed that it was a detrimental policy change for persons with addiction in terms of worsening their health outcomes, using unregulated contaminated drugs, and contributing to increased overdose:

> *"Because the substance use landscape changes very quickly and especially with the changes in government policies, for example, the closure of safe consumption sites…In some ways we're seeing folks come with more intense medical complications, which you know, understandably can be challenging to navigate." (Participant 11C)*

Canadian social workers stated that the closure of safe consumption sites negatively impacted harm reduction approaches:

> *"Safe consumption sites impacts harm reduction, you know, leads to people engaging in unsafe usage." (Participant 11)*

> *"So for youth, you know, for accessing those services, it's incredibly, incredibly impactful and harmful. For agencies that are tracking the harm, they've already reported increased deaths, increased violence…" (Participant 6C)*

This finding supports the studies by Magnuson et al. (2025) and Ali et al. (2025) which found that the closure of safe consumption sites in Canada led to client distrust of service workers, increased anxiety, and increasing risks of death and unsafe consumption of drugs in the communities. As well, after the closure of supervised consumption sites, the rates of non-fatal opioid overdose increased by 69.5% in Toronto, Canada (Toronto Overdose Information System, 2026) Thus, this is a social crisis contributing to increased drug toxicity and a very detrimental policy change that is a barrier for Canadian social workers in being able to work from a harm-reduction approach.

5.6.2 Resource constraints and service limitations

Under this emerging sub-theme, social workers identified that the lack of funding and funding cuts, financial barriers, understaffing/lack of specialized workers, heavy workload, and waitlists were limiting their scope of practice in being able to provide services for youth.

A few social workers mentioned that unstable and inconsistent funding for programs was a major barrier as programs could be cancelled which was outside of their control:

> *"So every now and then there's like a funding change and it affects our clients. Um, so either it affects them directly or it affects me cause I'm like, oh no, that was a service I really liked and now it's not there anymore." (Participant 12C)*

Another social worker stated that there were beneficial dialectical behavioural therapy groups that was funded but then discontinued:

> *"I know there were certain DBT [dialectical behavioural therapy] groups, for instance, that were funded for like non-profit organizations we partnered with…Now that they are discontinuing the program because there's a lack of funding." (Participant 9C)*

Several social workers stated that waitlists were also a significant barrier for individuals who wished to get access to free programs or treatments:

> *"A huge barrier I saw was that to get free services for youth, there was often long wait lists." (Participant 7C)*

In the quotation above, the social worker illustrates waitlists as preventing young clients from having access to free programs, also demonstrating financial constraints.

> *"When you refer to a great program, you're like, hey, you have to wait a year. Oh, that's, it's, it's, that's tough. That's the biggest one is the waitlist. So the demand of the population versus the amount of bodies that can provide that and, and federal or provincial funding is kind of a chronic gap that's there." (Participant 5C)*

The social worker in the above quotation remarks that although there are diverse and great programs, the waitlists are very long and there is a lack of funding support, so they still remain inaccessible for a lot of youth who wish to enroll in these programs. This finding aligns with previous literature that describes waitlists as a major barrier in receiving care (Kourgiantakis et al., 2023.

5.6.3 Tensions between care and self-preservation

Under this emerging sub-theme, several social workers from Canada and Hungary identified compassion fatigue, issues with maintaining boundaries, and burnout as the main difficulties in their work with clients. These findings are in line with the studies conducted by Csizmadia et al. (2025) and Győri and Ádám (2024) which found burnout and exhaustion to be one of the main challenges for social workers in Hungary. In Hungary, often lines were blurred between a parental and social worker role, which they deemed to be a significant challenge that would lead to burnout and compassion fatigue.

> *"And the challenge is that if we only continuously see that here someone relapses, falls, dies, or whatever, then burnout here, here it really burdens a person quite heavily." (Participant 2H)*

In the above quotation, the social worker remarks that it was common to see a pattern of clients relapsing and that it was a burden to their emotional health.

> *"And social workers, I think there is this expectation and for therapists that when you do therapy you'll be able to take care of yourself. But a lot of us often come together and realize like I have had so many years leave on mental health leave, all of that kind of stuff and again huge burn out." (Participant 7C)*

Another social work has similar feelings of burnout and that their expectation of being able to care for another person in the field is in contrast with the reality of the work, which is emotionally challenging. Beyond burnout, social workers also discussed factors leading to burnout, including having weak boundaries and experiencing compassion fatigue:

> *"And so the other piece that's really important about that too is from a long-term perspective, if your boundary starts slipping, it means you're probably developing compassion fatigue cause you're, you're letting your guard down." (Participant 10C)*

As well, a majority of Canadian and Hungarian participants discussed client ambivalence and lack of motivation as a barrier in keeping clients coming back to sessions. Social workers discussed that ambivalence developed due to long wait lists, short programs, and not wanting to lose something that was very important to them.

"Motivation or lack of motivation is always a challenge. How can I motivate the client?" (Participant 1H)

"So for youth who were homeless or didn't have access to a phone regularly or just like were ambivalent about seeking support and would want it one day and not want it the other." (Participant 7C)

In the above quotation, a Hungarian and Canadian social worker share similar remarks on youth ambivalence, and it being difficult to motivate them to be active and consistent in their recovery.

5.6.4 Breakdown in therapeutic alliance with youth

Under this emerging sub-theme, social workers commonly remarked that stigma, program drop-outs, and lack of youth trust contributed to a divide in the therapeutic relationship between the social worker and client.

> *"People are ignorant unfortunately, because this is what public opinion hammers into society, exclusion. And so they cannot really get help or ask for help, because when, for example, someone collapses on the street, the reaction is already basically to spit on them because they are a 'substance user'." (Participant 3H)*

This broader social stigma on addiction in Hungary can be viewed through the perspective of the meso-level of the ecological systems theory, where community attitudes prevent a user from seeking help as they may experience self-shame

> *"I think stigma is a huge, like, top word in addiction. Like stigma is a major thing that drives whether you know, how open people are gonna be to receiving treatment." (Participant 6C)*

A Canadian social worker echoes the previous social worker's statement on stigma and its effect on people being able to seek treatment. These findings are in line with the study by Ross et al. (2022) that found stigma to be one of the main reasons for clients to refrain from accessing addiction treatment.

Further, another social worker mentioned a significant barrier was the limited therapy sessions in their organization (i.e. 10) and then having the therapeutic relationship be cut off promptly afterwards:

> *"Yeah, a lot of the youth I worked with would just like, become shut down and closed off from healthcare providers because they're like, listen, I wanna trust you and build safety with you and then I'm gonna be re-abandoned by the nature of the program." (Participant 7C)*

Therefore, the structure and characteristics of programs can be a major barrier in clients' recovery journey, especially if the therapeutic relationship ceases and there is no more follow-up in regards to the client's recovery plan.

5.6.5 Broader systemic issues

Canadian Social workers stated that a lack of organization partnerships, housing insecurity, lack of transportation, program eligibility issues, infrastructural issues, and a lack of specialized programs to fit youth needs were a major concern in the addiction services field. These results, especially housing insecurity, are in line with the Canadian statistics on homelessness between 2020 and 2022 which found that 47% of Canadian unhoused youth experienced concurrent mental health and substance use issues (Government of Canada, 2024). They are also in line with the concerns of fragmented services in Canada, where youth have trouble finding the right support for them (Kourgiantakis et al., (2023).

One social worker states their frustration on the lack of programs to meet specific youth needs:

> *"So if I give you the example of a youth who is unable to go to school because of their mental health and their addictions, but the school is running at two times their capacity of students. They don't have the manpower to accommodate the student to have somebody work with them one on one throughout the day. So we would need, you know, a smaller school site, but that, that doesn't exist, right? So there's, it's, it's, it's, I would say it's lack*

of programs, but at the same time, it's not lack of programs because there's so there's so much diversity in the very unique needs that a lot of these kids need, need that they don't, they don't quite fit the systemic mold." (Participant 12C)

This illustrates that even in developed countries such as Canada, that have a variety of programming for vulnerable youth, there is still a gap in specialized services to support youth.

In contrast, Hungarian participants noted that the lack of drug strategy, social policy, and the devaluing of the social work profession was a barrier. Although they stated that it did not directly affect their work, these are structural barriers that limit their professional identity and ability to drive systemic change. This finding is in line with the statements from Csoba (2025) discussing the perception of social work in Hungary as low value, lacking professional methods, and being under strict control by the government. Therefore, it is extremely difficult for social workers in Hungary to make changes at the systemic level. Further showcasing the systemic challenges, one Hungarian social worker noted that social work is not well appreciated in Hungary and that there is some pay discrepancy compared to the amount of schooling that is required to be a social worker:

"Yes, I think that it is also a challenge that the social sphere in Hungary is not appreciated… Salary, well this is still better than the others, but compared to the fact that I went to college for six years, it's nothing. (Participant 2H)

Thus, this emphasizes the fact that although social work is not the lowest paid profession in Hungary, the field remains undervalued despite years of studying.

5.7 Theme 4: The Perceived Support Systems and Assets of Social Workers

In figure 5 below, it illustrates the main theme 'the perceived support systems and assets of social workers', and the sub-themes 'multidisciplinary and community-based support' and 'systems collaboration and service coordination' along with the associated codes which

corresponds to the third research question exploring the support systems and assets that social workers utilize in their work to support clients.

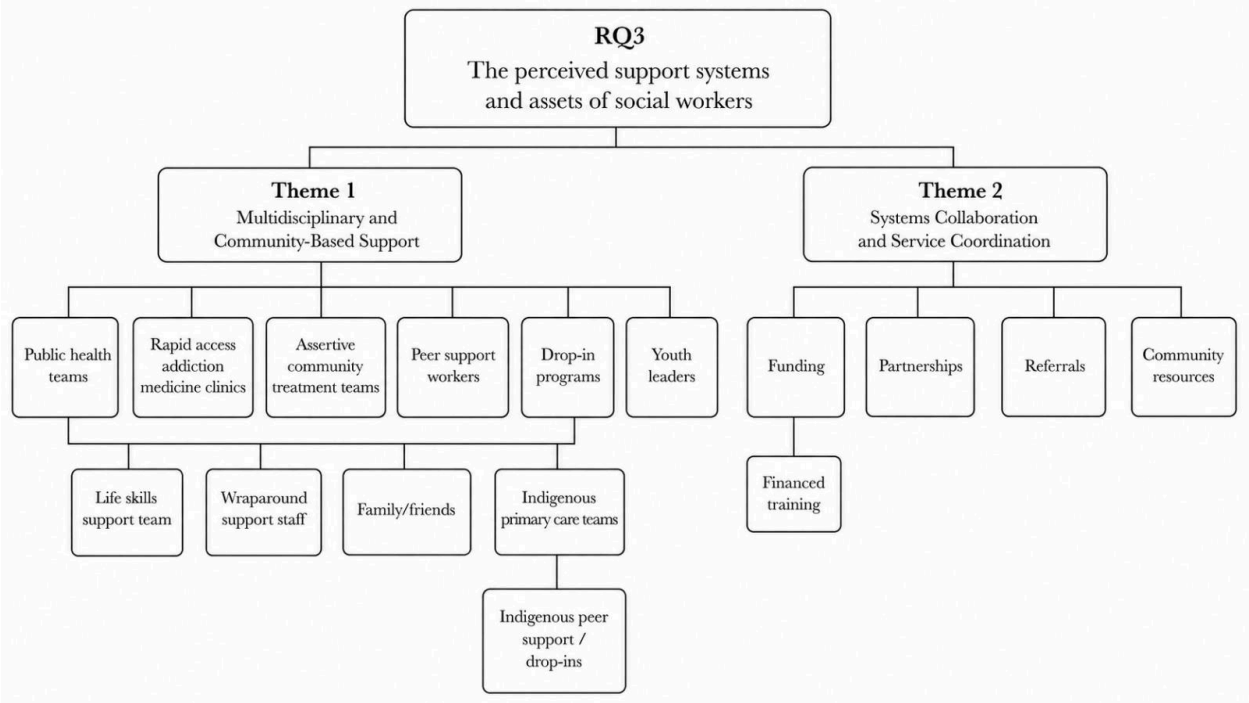


Figure 8: A visual map of the perceived support systems and assets of social workers with the main theme, sub-themes, and codes. Source: author's own elaborated table created based on the codemap from MAXQDA in which an AI assisted tool - ChatGPT was used to improve design and quality.

Overall, several participants from Hungary and Canada described their workplace as happy, supportive, having adequate funding, and allowing them flexibility in their roles as well as the opportunity to be creative. Participants also stated that their employer financially supported their educational and additional training pursuits in the field. Overall, participants from Hungary and Canada noted that they experienced good leadership and sufficient funding for them to be able to provide clients with resources and sign them up for programs and sports activities.

5.7.1 Multidisciplinary and community-based support

Social workers noted several multidisciplinary teams and staff who they deemed very helpful in their practice including life skills teams, public health teams, and community-based programs

such as drop-in programs. As well, Canadian social workers highly emphasized the importance of having peer support workers as an additional support mechanism for young clients facing addiction. Although peer support workers are understudied in the addiction literature, they are often crucial in a client's addiction recovery. They are paid employees, have lived experience with addiction (Du Plessis et al., 2019), and they can support clients with daily tasks such as cooking, exercising, and providing encouragement.

> *"Oh, one thing I love is peer support programs. Peer support workers have lived experience in mental health or addiction, who's sober and clean and is your age, like they have to be a youth. Yeah, and they get paid to outside of therapy. They can go and like walk your dog with you, talk to you on the phone, text." (Participant 7C)*

Thus, this highlights the importance of multidisciplinary and wraparound support and also reiterates the importance of sharing lived experiences (when appropriate) with clients in social work.

5.7.2 Systems collaboration and service coordination

Social workers perceived funding, community partnerships, referrals, community resources, additional training opportunities, and youth leaders as the main support systems in their community. Social workers in Canada and Hungary discussed the benefits of employers paying for their education and training in the field:

One Canadian social worker discussed that their employer was willing to fund their attendance in conferences and partaking in trainings so that they did not have to pay out of pocket:

> *"But what my employer will do is grant education time. So I'll pay for like a training or a conference and I might pay hundreds of dollars… and then my employer will pay my time, pay my hourly wage." (Participant 12C)*

In the quotations below, Hungarian social workers remark on the financial and training support that they received from their workplace in terms of education and trauma training:

"They always supported the schools and the developments as well, whether through study leave in terms of time or through financial things." (Participant 3H)

"There is always training... Recently there was trauma processing with a very good specialist here… then 2 years ago there was the mentalization [training], that was a 7-part training, well every two years there is always a longer training like this. Besides this, there is continuously an opportunity to receive training." (Participant 3H)

Thus, Canadian and Hungarian social workers perceived funded training opportunities and financing of their educational training to be very supportive assets in gaining work skills and a deeper understanding of addiction.

5.8 Theme 5: The Recommendations of Social Workers for Micro, Meso, and Macro Changes in Service Provision

Figure 6 below illustrates the main them 'recommendations of social workers for micro, meso, and macro changes in service provision' and the sub-themes 'early family and school intervention', 'policy-level changes in providing care', and 'knowledge translation and advocacy in social work' along with the associated codes which correspond the the fourth research question of the study which explores the recommendations of social workers to improve service provision in addiction recovery services.

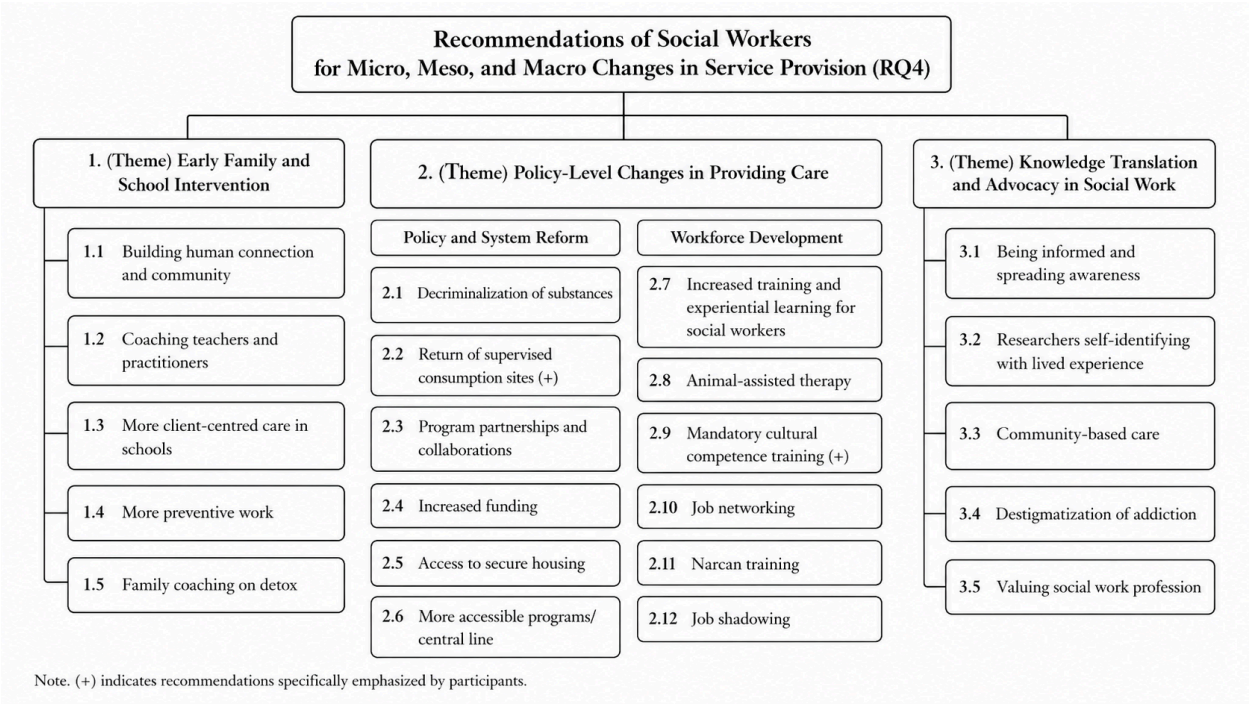


Figure 9: A visual map of the recommendations of social workers for micro, meso, and macro-level changes in service provision with the main theme, sub-themes, and codes. Source: author's own elaborated table created based on the codemap from MAXQDA in which an AI assisted tool - ChatGPT was used to improve design and quality.

5.8.1 Early family and school intervention

Social workers in both Canada and Hungary stated that it would be beneficial for there to be more prevention and early intervention programs implemented in schools, such as psychoeducation and teaching about the consequences of drugs. Further they also stated that coaching families and teachers on how to handle detoxification in youth as well as recognizing the warning signs would be beneficial, as well as connecting at-risk youth with the community to further prevent or reduce drug use. One social worker noted that early intervention could also look like spreading awareness about a workshop, service or event that could be of interest to young people:

> *"Sometimes it's just raising awareness that the service exists, so they're not really necessarily ready to to work on it at that time. They don't see it as an issue and that's ok.*

But sometimes it's just raising awareness that if you are struggling, then there is a service that exists." (Participant 12C)

Additionally, social workers stated that there was a substantial gap in parental training on youth detoxification and that it was crucial for them to learn to protect their children in case of drug overdose. Participants advocated for increased awareness and having open conversations starting in the family home:

"Parents aren't equipped to detox them at home as you can understand. And yeah, so or even like an at home nurse service like maybe that's the answer is that we have like like community nurses will like go in the home and be like here's like the medication, here's when you can get to like coach the parents and kind of like if this kid needs to like dry out for a few." (Participant 12C)

While Canadian social workers emphasized the importance of safety-planning and health-based solutions in regard to youth drug detoxification, Hungarian social workers stated that a socio-cultural shift and promoting healthier family bonds would be an effective intervention to help reduce substance use:

"Because I think prevention, as I said, should in every case begin within the family, in peer relationships, I think in openness, in honesty, in not sweeping anything under the table, whether in families, in the media, or somewhere else." (Participant 3H)

Thus, it was of significance for both Canadian and Hungarian social workers to have early intervention and prevention strategies in place starting in the family and in schools where youth spend most of their time and can be influenced by their peer groups. This findings is in line with previous literature, which found that drug intervention programs for youth and families showed positive results in reducing substance use (Newton et al., 2017). Canadian social workers emphasized community-based care (i.e., nurses) while Hungarian social workers discussed building healthier families, teaching healthier parenting styles, and more openness about addictions in the news media. This findings is very similar to the Hungarian study by Árva et al.

(2024) which discussed the importance of teaching healthy behavior in schools, incorporating parent support, and increasing student awareness of media manipulation and marketing of drugs.

5.8.2 Policy-level changes in providing care

On the policy-level, Canadian social workers remarked that it would be beneficial and life-saving for the government to return the supervised consumption sites where users could safely take drugs. Participants also mentioned that increased funding, improved program collaborations and partnerships, decriminalization of drugs, implementing secure housing for youth (i.e., Housing First program in Ontario), and having a central line of service provision would be helpful in improving easier access to resources and programs. Housing First programs in Canada have shown to be useful in maintaining long-term residence in provided housing, promoting harm reduction for youth who use drugs, including providing safe and sterilized drug supplies, promoting nonjudgment and empowerment, training on naloxone and overdose prevention, and referring youth to other community supports (Rozycki et al., 2025).

Further, several social workers stated that organization partnerships and more stable funding sources would be beneficial in improving service provision:

> *"To do multi-year funding so that an organization has a sense of they have a future so so they can invest in." (Interview 10C)*

> *"I hope that's something that could be done on a systemic level, just trying to create more of that interventional collaboration because I think a lot of time, you know, even when it comes to social work and having like supports for our youth. It can be very siloed at times, I think, and it's important to have like interprovincial and not just interprovincial, but like collaborative approaches in general so that we can come up with effective strategies that can help address these needs on a more practical level." (Participant 9C)*

5.8.3 Increased training and experiential learning for social workers

Social workers stated that cultural competency training, including immersing oneself in the community would be beneficial to best support diverse clients. Further, more specialized training such as narcan, addiction, and detox training was deemed to be essential in social work practice. This aligns well with previous literature findings that found that there was a lack of specialized services for youth in (Gazdag et al., 2012; Tihanyi et al., 2020), therefore specialized training and care is still constantly a barrier that needs to be addressed. Job shadowing and job networking were also suggested for improving work-related skills and competencies, particularly for social workers to observe a wide variety of tasks and duties, observe and be mentored by experienced staff, and also collaborate with other practitioners to improve wraparound support and be able to connect youth to employment and other experiential opportunities.

A Canadian social worker discusses a lack of addiction training in social work which they deem as harmful especially since they do not learn to critically reflect on their biases and preconceived notions about people with addictions.

> *"There's a serious lack of any addiction specific training in social work…If we don't get any education in school about it, we're going into the field with no education and therefore we're going to absorb sort of the dominant narrative again, which is very stigmatized." (Participant 6C)*

One social worker discussed the importance of interprofessional collaboration and networking to support clients and getting them easier access into programs:

"And I can just call [name]. [Name] I know usually there's this process, but can I get this kid in, you know, two days from now? And she'll be like, I will try. So it's like you kind of leverage those relationships." (Participant 12C)

Thus, this highlights the importance of job skills in networking and collaboration with other social workers in order to connect and refer clients to the best resources and services specific to their needs.

5.8.4 Knowledge translation and advocacy in social work

Since social workers mentioned that stigma was a major concern, it was also suggested that there be destigmatization of addiction itself, as well as social workers being informed, spreading awareness, normalizing addictions as a disease, valuing the social work profession, researchers identifying with lived experience, and continuing to incorporate community-based care for users.

> *"I would just love to see addiction less stigmatized. I would love us to treat it like any other, any other condition, any other identity, any other mundane sort of situation in life." (Participant 6C)*

In the quotation above, the social worker wants addiction to be more normalized in society and perceived as a health condition that can happen to anyone, which corresponds well with the strengths-based theory focusing on human-based strengths rather than deficits.

CHAPTER SIX: THEORETICAL IMPLICATIONS

This section focuses on connecting the cross-national data and the theoretical framework guiding the study, which are the ecological systems theory, strengths-based theory, and resilience theory. Firstly, through using an ecological lens and analyzing the findings, addiction development and social work practice is influenced by multiple levels of the ecological systems theory.

6.1 Bronfenbrenner's Ecological Systems Theory

Micro-system

In both Canada and Hungary, the immediate environment, including peers and family influences were identified as main factors that contributed to substance use in youth. The social workers from Hungary mainly discussed family dysfunction, abuse, and intergenerational trauma as influencing factors, while Canadian social workers stated that peer acceptance, coping with anxiety, and stress were main contributors. This is in line with the socioecological model discussed in the study by Selbekk et al. (2014) in which substance use is viewed in terms of breaking social connections, thus the social environment is crucial in shaping youth development.

Meso-system

The community was highlighted as a significant influence contributing to youth development. More specifically Hungarian social workers demonstrated the need for stronger community ties and promoting healthier parenting styles and families to reduce intergenerational trauma. Canadian social workers discussed the lack of community centres which would be useful for building self-esteem and bonding between youth, which would reduce anxiety and stress.

Exo-system

Through the data, indirect environments were also identified as contributors to substance use and social harms. Canadian social workers identified housing and financial insecurity and the overavailability of illicit drugs in the market, heightening the consequences of substance use including toxicity and overdose. In the Hungarian data, social workers mentioned the negative portrayals of addiction and people who use addiction in the media and societal attitudes and how that could influence individuals in accessing recovery support.

Macro-system

At a broader systemic level, the main macro-level barrier for Hungarian social workers was a weak and unstable drug policy, while for Canadian social workers it was funding changes and cuts and anti-harm reduction legislation, primarily in the closure of supervised consumption sites.

Overall, Bronfenbrenner's ecological systems theory applied to the cross-national data shows that there are systemic differences in Canada and Hungary that contribute to substance use while at the micro and meso level, there are similarities in family and peer factors in addiction development and a lack of community-based support and regulated drug legislation in both countries.

6.2 Strengths-Based Theory

Utilizing a strengths-based lens in application to the data, social workers in Canada and Hungary utilized relational interventions such as motivational interviewing and peer-support approaches, alongside building trust and rapport, highlighting client skills, and encouraging achieving goals and personal growth.

Motivational interviewing

Canadian social workers used motivational interviewing to assess client strengths, assets, and resources, including family and friends. They also practiced active listening and asking questions to explore the functions of substance use and goal-setting with the client to help them reflect on what they could achieve if they reduce their use.

Peer-support model

Hungarian social workers utilized a peer-support approach to support the strengths and personal growth of individuals in addiction rehabilitation settings. The peer support model was adapted from the Portage recovery model, which helps the client move through phases of recovery, and receive support from other residents while also helping others through group activities, critical self- reflection, and discussions on building competencies. Social workers in Hungary also leveraged their lived experiences to act as a role model and inspire youth to set goals and commit to their recovery.

Analyzing the cross-national data, it is evident that social workers undertake a client-centred and proactive approach in their practice by focusing not on deficits and weaknesses of individuals but on their personal strengths and how that can also be mobilized to motivate themselves and support others in recovering from addiction.

6.3 Resilience Theory

Resilience theory adapted to the cross-national data, explored how resilience is a process that naturally occurs from adversity. By analyzing the data through a resilience lens, it is evident that social workers explore protective factors within clients and themselves to effectively support youth.

Client resilience

Canadian and Hungarian Social workers identified protective factors in client-resilience including supportive family and friends, hobbies, and having community connections. Further, social workers in Canada also identified external protective factors which were having secure housing, funding, and access to employment and addiction services.

Social worker resilience

A unique insight from the study was also social workers who demonstrated resilience in their practice through critical self- reflection, utilizing breathing exercises and grounding techniques, identifying their own limitations and triggers, analyzing their pre-conceieved biases, and maintaining professional boundaries with clients.

Overall, it is evident through the data findings that resilience is a natural process that both social workers and clients experience and that can be leveraged to promote well-being, emotional health, and healing to maintain high-quality practice and client-centred care.

CHAPTER SEVEN: IMPLICATIONS, LIMITATIONS, CONCLUSIONS, FUTURE DIRECTIONS, AND RECOMMENDATIONS

7.1 IMPLICATIONS FOR SOCIAL WORK PRACTICE

Through analyzing the literature review and study data, the present study is important in that it highlighted the important roles of social workers in Canada and Hungary in providing intervention and prevention strategies to youth with addictions. The study also explored the challenges and barriers of social workers, and found that several factors can improve social work practice including implementing stable funding streams for therapy programs, strengthening early drug intervention and prevention at home and in schools, and reducing stigma surrounding addiction. The study also brought new insights into the crucial roles of specialized staff who work alongside social workers, especially peer support and life skills workers who directly support clients, identifying the need for wraparound support and specialized workers for additional client care. Overall, social workers are on the front line in providing intervention and prevention in communities, and are key in understanding client needs, thus policymakers should take into account the perspectives of social workers in implementing public health policy and developing funded and specialized addiction recovery programs for youth.

7.2 LIMITATIONS AND FUTURE DIRECTIONS

7.2.1 Limitations

Notably, although the researcher is fluent in Hungarian, it is not their native language compared to English. However, it was of utmost importance for the researcher to gather information in the interviewees' native language to gain the most genuine and detailed responses. Hungarian interview coded segments were translated from Hungarian to English for the purposes of the study, and some translations may not be 100% accurate. There were also only a few responses (4) from the Hungarian sample due to a lack of social workers on site (others were addiction counsellors, psychologists, pedagogists) and also time constraints were a barrier. Further, although it was of interest to the researcher to interview employees working at Portage addiction

rehabilitation sites in Canada to compare to the Hungarian sample, there were no registered social workers (to the researcher's knowledge), only addiction counsellors which did not fit the eligibility criteria. As well, there were no responses from employees at Portage by email or private messaging on LinkedIn despite the researcher's efforts, thus this is a limitation of the sample.

7.2.2 FUTURE DIRECTIONS

1. Exploring the experiences of youth and young adult clients and their perceptions on social workers in providing interventions and preventions and how it has shaped their recovery journey.

2. Exploring the roles and experiences of other specialists that work alongside social workers, such as peer support workers, life skills workers, and addiction counsellors who are understudied.

3. Comparing the health outcomes of clients at several different addiction rehabilitation institutions and exploring the approaches and methods in social work practice which are the most effective in promoting wellbeing.

4. Exploring more the roles and experiences of social workers in providing prevention programs to youth with addiction as in the present study, mainly all social workers worked in intervention settings.

7.3 CONCLUSIONS

The present study explored unique social worker perspectives in Canada and Hungary related to service provision in addiction recovery services, with objectives that aimed to explore the roles of social workers, the intervention and prevention strategies utilized, challenges and barriers in practice, support systems and assets, and recommendations for improving social work practice.

Research Question 1: What is the social worker's role and experiences in providing addiction prevention and treatment in Canada and Hungary?

In general, social workers were satisfied with their job roles, identified several work skills such as critical self-reflection, maintaining boundaries, and cultural competency that guided their practice and shared personal lived experiences that shaped their present role as a social worker. The lived experiences of social workers also shaped their resilience, and they found their work meaningful and rewarding. From both Canada and Hungary, social workers stated that they mainly worked in intervention, but that prevention was also a necessary strategy. The findings aligned with strengths-based theory and resilience theory as social workers emphasized the importance of building trust, harnessing client strengths, incorporating family, peer, and community support in fostering recovery, maintaining professional boundaries, and practicing critical self-reflection and self-care in order to provide high-quality care.

Research Question 2: What are the main interventions, preventions, and approaches to providing support and care to youth in practice?

Although social workers in both countries emphasized holistic and client-centred care, they described specific interventions related to the client's culture and their own organizational context within their home countries. Social workers in Canada used a harm reduction approach and used a variety of therapeutic interventions and preventions in which the main ones were cognitive behavioural therapy, dialectical behavior therapy, motivational interviewing and psychoeducation. Meanwhile, social workers in Hungary used an abstinence-based approach and utilized emotion-focused therapy, storytelling, drama and sports therapy, religious-based support, and the peer support recovery model. In both countries, social workers used an ecological and strengths-based approach to explore the function of a client's substance use in order to guide the session, motivate the client, and help them set goals.

Research Question 3: What challenges and support systems do social workers have in their practice?

From both Canada and Hungary, social workers identified multiple structural, individual, and systemic barriers that hindered the quality of care and access to recovery services for youth, including lack of specialized programming, housing insecurity, unstable funding, eligibility restrictions, long waitlists, intergenerational trauma, inaccessible programs, anti-harm reduction policy changes, stigma, youth ambivalence, and practitioner burnout. The initial findings align with previous literature where clients experienced personal and systemic barriers when accessing addiction recovery support (Gazdag et al., 2012; Ross et al., 2022). These findings are also reflected in Bronfenbrenner's ecological systems theory which suggest that youth addiction and recovery are shaped by peer relationships, family, cultural contexts, unregulated drug supply, and weak drug policy. In relation to support systems, social workers identified funding, financed educational training, families, and wraparound support staff such as peer support workers as their main assets in their work.

Research Question 4: What are the recommendations of social workers to improve social work practice on a systemic level?

Social workers from both Canada and Hungary recommended that there be more early intervention and prevention in schools and in families, including training families on drug detoxification. Social workers in Canada emphasized the importance of decriminalizing drugs, destigmatization and advocacy, stable funding streams, organization partnerships, the development of a centralized community-based referral system to connect youth with appropriate services and the reinstatement of supervised consumption sites to maintain harm reduction practices within Canada. Further, both countries emphasized the importance of promoting healthier family and peer relationships, establishing recreational centres and community involvement for youth to build a positive identity and self-esteem.

PRACTICE AND ORGANIZATIONAL RECOMMENDATIONS (MIRO AND MESO)

Based on the study's empirical findings, the following recommendations were developed by the researcher in order to address the challenges and barriers faced by social workers in supporting youth with addiction:

1. For social workers to engage in more early intervention and prevention practices, including coaching families and parents on appropriate detoxification strategies and being able to identify warning signs of addiction in youth.

2. For social workers to collaborate with housing first organizations (i.e., Homes First organization in Canada) and (other addiction recovery services) in the community to promote secure housing in order to reduce substance use as a coping mechanism for anxiety and stress related to being unhoused.

3. Employers should upskill social workers by implementing addiction-related training each quarter, including naloxone and narcan training to improve crisis management skills. As well, implementing cultural-competency and interpersonal skills by encouraging experiential training including visits to different communities and learning of different cultures, job shadowing and connecting with social workers working in a diverse range of settings to boost employment, health, and social outcomes for youth.

4. Contribute to the destigmatization of addiction by advocating for social workers to self-identify with lived experience if they feel comfortable doing so in their research studies and in practice with clients.

5. Social services organizations should collaborate to implement a central community line with a phone number or email that can be accessed even outside of traditional work hours. The purpose of this support line would be to connect youth with the necessary resources, support, programs or organizations that best fit their needs at the time, to ease anxiety regarding not knowing where to look for help.

SYSTEMIC AND POLICY RECOMMENDATIONS (MACRO)

6. Policymakers should destigmatize addictions by decriminalizing substances so that the drug supply is regulated and non-toxic for drug users.

7. Social workers should collaborate with educators in schools to facilitate harm reduction workshops related to safety planning, detoxification, consequences of drug use, inclusive language (i.e. person with an addiction) so that there is less stigma surrounding drugs and youth can keep themselves aware and safe.

8. Social workers and policymakers should advocate for the reinstatement of supervised consumption sites in Canada based on empirical government data and published reports that show evidence of increased harm for persons who use drugs due to their closures.

9. Policymakers should establish youth detoxification hubs and implement community and recreational centres for at-risk communities to promote healthy bonding and engagement with peers while reducing boredom, anxiety, and stress.

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APPENDIXES

APPENDIX A

INTERVIEW QUESTIONS (Hungarian)

1. Hány éve dolgozik szociális munkásként?

2. Hogyan írná le szociális munkásként betöltött szerepét a függőséggel küzdő fiatalokat célzó megelőzési és beavatkozási stratégiák végrehajtásában?

3. Meg tudna osztani példákat stratégiákra vagy megközelítésekre, amelyeket gyakran használ a megelőzésben vagy a beavatkozásban?

4. Milyen erőforrásokat vagy stratégiákat tart a leginkább hasznosnak, amikor függőséggel küzdő fiatalokkal dolgozik?

5. Milyen kihívások és akadályok vannak a munkájában?

6. Hogyan befolyásolják az olyan szempontok, mint a szervezeti struktúrák, a munkaterhelés, a munkakörnyezet és/vagy a képzési lehetőségek az Ön képességét a fiatalok függőségének kezelésére?

7. Milyen módon befolyásolják a szociálpolitikák a függőséggel küzdő fiatalokkal végzett napi munkáját? (Ha egyáltalán befolyásolják.)

8. Milyen módon támogatják vagy akadályozzák a közösségi források (pl. programok, finanszírozás, szponzorálás) a gyakorlati munkáját?

9. Véleménye szerint milyen irányelvi vagy intézményi változások javítanák jelentősen a megelőzési és beavatkozási programokat?

10. Van még valami, amit szeretne megosztani a tapasztalataival kapcsolatban, amiről nem volt szó?

APPENDIX B

INTERVIEW QUESTIONS (ENGLISH)

I. Introduction and Consent.

My master's research is examining the perspectives and experiences of social workers in providing prevention and intervention strategies to youth with addictions in Hungary and Canada. I will ask you some questions related to your role and experiences as a social worker.

The interview is expected to last approximately 30-60 minutes.

Do you consent to be interviewed and audio recorded?

II. Professional Role and Practice Foundation

1. For how many years have you worked as a social worker?

2. How would you describe your primary role in implementing prevention and intervention strategies for youth addiction?

· Possible probing question: Do you feel your role is more focused on intervention or prevention? Why?

3. Can you share examples of the primary strategies, models, or theoretical approaches that guide your work in prevention and intervention?

III. Contextual Factors and Cultural Competence

4. In your practice, how do cultural background and family values affect the way you implement prevention and intervention strategies?

IV. Influence of Family and Support Systems

5. What resources (formal training, professional networks, therapeutic tools) do you feel are the most helpful assets in your daily work with youth addiction?

Probing Question: Beyond professional resources, how do you utilize the youth's natural support systems (peers, mentors, community groups) in your intervention plans?

V. Systemic Challenges

6. How do aspects like organizational structures, workload, work environment, and/ or training opportunities influence your ability to address youth addiction?

VII. Organizational Barriers

7. In what ways do national and regional social policies affect your daily work and services you can provide to youth experiencing addiction?

8. What are the most significant challenges and barriers you face on a daily basis in this field of work? (If they mention systemic issues, proceed to Q8/9.)

VIII. Institutional Influence

9. What are ways that community resources (e.g., programs, funding, sponsorships) support or create barriers in your practice?

10. How do organizational factors such as workload demands, supervision structure, work environment, and training opportunities influence your capacity to address youth addiction effectively?

IX. Policy Recommendations and Conclusion

End/reflection

11. From your point of view, what policy or institutional changes would make the most significant difference in improving current prevention and intervention programs?

12 . Is there anything else you would like to share about your role, experiences, or the overall state of youth addiction services in your region that we haven’t discussed?

Thank you very much for your time and willingness to share your professional insights. Your perspectives are invaluable to this research.





APPENDIX C

Non-plagiarism declaration

Submitted to the Erasmus Mundus Master's Programme in Social Work with Child and Youth:

- Has not been submitted to any other Institute/University/College
- Contains proper references and citations for other scholarly work
- Contains proper citation and references from my own prior scholarly work
- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize and will result in a failing grade in the programme.

Date (dd/mm/yyyy):

29/05/2026

Signature: Tiffany Kotroczo

Name (in block letters): TIFFANY KOTROCZO