

# Social Prescribing: A Community-centered Approach to Addiction Prevention

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Please cite this article as follows: Barati M, Goodarzi F. Social prescribing: a community-centered approach to addiction prevention. J Educ Community Health 2025;12(4):281-282. doi:10.34172/jech.7126

Received: December 10, 2025, Accepted: December 15, 2025, ePublished: December 31, 2025

## Introduction

Addiction prevention is one of the persistent challenges for health systems worldwide, especially in contexts where social isolation, economic pressures, and decreased social cohesion increase vulnerability to substance use (1). Traditional prevention efforts, which primarily focus on education, risk awareness, and screening, while necessary, are not sufficient on their own, as they rely more on enhancing individual awareness than addressing the social and behavioral determinants of risk (2, 3). In this complex context, social prescribing emerges as a promising yet underutilized community-centered strategy, as it can enhance protective factors against high-risk behaviors by strengthening social connections and leveraging local resources (4, 5). Social prescribing refers to structured referral pathways through which health professionals, social workers, or link workers guide individuals to non-medical community resources, including sports programs, youth clubs, volunteer activities, peer-support groups, skills workshops, and artistic activities (4, 5).

Although this approach has been widely applied in the promotion of mental health, reduction of loneliness, and management of chronic diseases, its potential role in addiction prevention, particularly among adolescents and young adults, has been less explored in the scientific literature. Effective mechanisms of social prescribing, such as strengthening social support, reducing social isolation, enhancing coping skills, and increasing meaning and engagement in social activities, are recognized as protective factors in preventing the initiation of substance use (1, 6). One of the fundamental principles of social prescribing is active participation and community voice; this means that individuals receive tailored and personalized referrals based on their needs, experiences, interests, and concerns. This people-centered model can reduce barriers such as mistrust,

social stigma, or the perception of service irrelevance, barriers that often hinder the effective implementation of early addiction prevention programs (7).

From a conceptual perspective, social prescribing aligns closely with the Ottawa Charter for Health Promotion. This approach shifts the focus from reactive addiction treatment toward proactive and preventive actions by reorganizing the health service delivery system. Furthermore, by strengthening collective action, it mobilizes existing social assets, including schools, youth centers, non-governmental organizations, and community groups, as active partners in health promotion (8). Social prescribing, through structured activities that enhance emotion regulation, interpersonal communication, and decision-making skills, contributes to the development of individual capacities, skills that play a key role in resilience and the prevention of high-risk behaviors. Moreover, it helps create a foundation for strengthening health-oriented policy-making by focusing on the social determinants of health and promoting intersectoral collaboration (8).

Despite this conceptual alignment, the implementation of social prescribing in addiction prevention requires adaptation to the contextual conditions of each society. Despite the considerable potential of social prescribing, it is crucial to acknowledge that substance use and relapse are influenced by a range of social, behavioral, and environmental factors, factors that remain challenging in many societies, including low- and middle-income countries. Evidence indicates that variables such as easy access to substances, association with peers who use substances, and the presence of addicted individuals within close social networks are among the most significant predictors of relapse (9). Furthermore, findings from domestic studies have shown that positive attitudes toward substance use, supportive social norms, and behavioral willingness play an important role in predicting substance-



related behaviors among adolescents (10).

This evidence emphasizes that prevention and intervention should not be limited to individual-focused actions but must be designed in a structural, community-centered, and support-network-based manner. From this perspective, social prescribing, aimed at strengthening social support, reducing social isolation, and fostering healthy community connections, can play a crucial role in mitigating social and environmental risk factors. Many societies, particularly in low- and middle-income countries, face challenges such as a lack of organized social resources, limited capacity of social prescribing link workers, and the persistence of social stigma associated with substance use. To ensure the sustainability and effectiveness of this approach, systematic mapping of social assets, the establishment of intersectoral partnerships, the development of standardized referral protocols, the use of digital systems for service coordination, and the provision of stable financial resources are essential (11).

Integrating social prescribing into educational settings provides a unique opportunity. Schools and universities can serve as key platforms for early identification and referral, while community health workers act as a bridge between the healthcare system and local social resources. Moreover, incorporating social prescribing education into public health and social work curricula can help institutionalize this approach and strengthen its sustainable implementation. Social prescribing should not be considered a replacement for evidence-based programs in addiction prevention; rather, it functions as a complementary approach that focuses on social contexts, interpersonal relationships, and environmental conditions where high-risk behaviors emerge. By leveraging existing social capital within the community and reintroducing people-centered principles into the planning and intervention process, this approach can provide a scalable, cost-effective, and adaptable framework suitable for diverse settings. From this perspective, social prescribing aligns well with international health promotion frameworks, including the Ottawa Charter, and contributes to strengthening actions based on the social determinants of health (8).

Strengthening the role of social prescribing in addiction prevention requires conducting systematic research, evidence-based evaluations, and integrating this approach into health policy processes. In contexts where health systems are seeking comprehensive, sustainable, and community-embedded strategies to reduce the risk of substance use, social prescribing can provide an effective, timely, and practical pathway to enhance preventive interventions while reinforcing the link between health services, social assets, and the real needs of individuals.

### Authors' Contribution

Conceptualization: Majid Barati, Fataneh Goodarzi.  
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Writing – Review & Editing: Majid Barati, Fataneh Goodarzi.

### Competing Interests

Authors declare that they have no conflict of interests.

### Ethical Approval

Not applicable.

### Funding

None.

### References

- Sattarifarid A, Boostani D, Shayegan F, Kaldi A. Investigating economic and social factors affecting the phenomenon of new industrial drug addiction among young boys in Kerman. *J Soc Probl Iran* 2025;16(1):241-60. doi:10.22059/ijsp.2025.390714.671295
- Crowley DM, Welsh J, Chilenski SM, Gayles J, Long E, Jones D, et al. Integrated prevention infrastructure: a framework for addressing social determinants of health in substance use policy making. *Focus (Am Psychiatr Publ)* 2024;22(4):483-91. doi:10.1176/appi.focus.20240017
- Lin C, Cousins SJ, Zhu Y, Clingan SE, Mooney LJ, Kan E, et al. A scoping review of social determinants of health's impact on substance use disorders over the life course. *J Subst Use Addict Treat* 2024;166:209484. doi:10.1016/j.josat.2024.209484
- Bickerdike L, Booth A, Wilson PM, Farley K, Wright K. Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *BMJ Open* 2017;7(4):e013384. doi:10.1136/bmjopen-2016-013384
- Husk K, Blockley K, Lovell R, Bethel A, Lang I, Byng R, et al. What approaches to social prescribing work, for whom, and in what circumstances? A realist review. *Health Soc Care Community* 2020;28(2):309-24. doi:10.1111/hsc.12839
- Ingram I, Kelly PJ, Deane FP, Baker AL, Goh MC, Raftery DK, et al. Loneliness among people with substance use problems: a narrative systematic review. *Drug Alcohol Rev* 2020;39(5):447-83. doi:10.1111/dar.13064
- Wildman JM, Moffatt S, Steer M, Laing K, Penn L, O'Brien N. Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. *BMC Public Health* 2019;19(1):98. doi:10.1186/s12889-018-6349-x
- Mulligan K, Card KG, Allison S. Social prescribing in Canada: linking the Ottawa Charter for Health Promotion with health care's quintuple aim for a collaborative approach to health. *Health Promot Chronic Dis Prev Can* 2024;44(9):355-7. doi:10.24095/hpcdp.44.9.01
- Mousali AA, Bashirian S, Barati M, Mohammadi Y, Moeini B, Moradveisi L, et al. Factors affecting substance use relapse among Iranian addicts. *J Educ Health Promot.* 2021;10:129. doi:10.4103/jehp.jehp\_984\_20
- Bashirian S, Barati M, Karami M, Hamzeh B, Ezati E. Predictors of shisha smoking among adolescent females in Western Iran in 2019: using the prototype-willingness model. *Tob Prev Cessat* 2020;6:50. doi:10.18332/tpc/125357
- Rafiei S, Honary M, Mezes B. Stakeholder views on addressing challenges to the implementation of social prescribing in the United Kingdom. *Front Health Serv* 2024;4:1413711. doi:10.3389/frhs.2024.1413711