



ROLE OF SOCIAL WORKER IN PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

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ABSTRACT

Social workers as a substance drug abuse counselor play a significant role in a different ways, including hospitals/institutions, rehabilitation Centre, community health care, special drug clinics treatment facilities and other health clinics. The substance includes tobacco, opioids, cannabinaoids, cocaine, alcohol and other illegal psychoactive substances. As a social worker, it's important to be aware of the potential for substance abuse in any client who seeks help and provide various Non-pharmacological management plans (Psychosocial management plan, Psycho therapies, assessment, referred services and home visits). They also help families to cope with the effects of addiction and refer patients to other social welfare service organizations. Social workers also often participate in academic research on the Institution/university level for substance abuse prevention research, such as helping with the development of empirically-validated intervention and treatment strategies. Social work researchers have conducted substance abuse research in recent years with support from a variety of governmental and non-government organizations, institutions and agencies, including the substance abuse and mental health services, national Institute on drug abuse for drug abuse prevention.

KEY WORDS: Substance abuse, Social welfare, Psycho-Social Management, Psychoactive, Rehabilitation

INTRODUCTION

Social work is a profession within human services. Its main goal is to assist individuals and families with their needs and solve their problems using a multidiscipline approach. In order to be effective, social workers work closely with many agencies and professionals. Social work provides an important service to society. Individuals and families in need of help are the focus of it, and are referred to as clients. As social workers, our goal is to help clients live a productive life in their own community. In order to reach this goal, we often enlist the assistance of family members. Social Workers are organized into local, national, continental and international professional bodies.

SOCIAL WORK IN COUNSELING FOR SUBSTANCE USERS

Counseling service forms the central part of the overall assistance given to the individual through

guidance program. Counseling is a process of enabling the individual to know himself and his present and possible future situations in order that he may make substantial contributions to the society and to solve his own problems through a face to face relationship with the counselor. "Counseling is a learning oriented process carried out in a social environment in which the professionally competent counselor attempts to assist the counselee using appropriate procedures to become a happy and productive member of the society by formulating realistic and purposeful goals for total personal growth.

Counseling deals with activities of living organisms whereas social work practices concerned with the situations where those activities take place. Counseling can make things easier for social worker in order to understand the situation. It helps the social worker to understand the abilities, attitudes, personality, motivation of the individual and also facilities available in the environment of the person with whom the worker is dealing with. It provides any innovative solutions to reduce potential problems faced by the social work professionals. Social workers can save time and energy to find out the root causes of societal problems by interacting with the person who seeks help, his/her family members, friends etc.

SUBSTANCE ABUSE

The term substance, when discussed in the context of substance abuse and dependence, refer to medications, drugs of abuse and toxins. People abuse substances such as drugs, alcohol and tobacco for varied and complicated reasons. It is clear that our society plays a significant cost.

Addiction has a wide range of consequences encompassing the individual, family, community and society at the large. It affects both standard of the living and quality of life. A trained professional social worker with his/her knowledge on method skill and techniques would certainly play a vital role in the specialized field of addiction and rehabilitation.

SUBSTANCE ADDICTION

Many factors are associated with the causation and maintenance of substance addiction, like biological-genetic, psychological, social and environmental. Many authors have delivered explanations to describe this issue. Factors like 'easy availability of narcotics and addictive substances in the community', 'lack of support from close relatives', 'presence of personality disorders', 'close proximity to other drug users and peddlers', 'addiction to close family members, especially family elders' (Andresson et al, 2006). In case of injectable substances addition social determinant like 'history of sexual abuse', is among the most significant predictors of needle borrowing and sharing frequently of syringe from other without looking for the risks of developing sexual disease. This factor could become the deleterious thing for the outcome of addiction (Strathdee et al., 2006). Alcohol abuse, other substance abuse and psychopathology have been

studied among family members. It is well known that having biological relatives with alcoholism increases the risk in unaffected individuals. Also, families with histories of psychological and social pathology, disrupted family conditions, families with limited positive coping and problem solving skills, lack of awareness about the detrimental effects of alcohol and above all cultural sanctions and ascertainment may be at increased risk for alcohol problems (WHO, 1993)

SUBSTANCE ABUSE-RELATED DISORDERS

Epidemiological studies from various parts of India have highlighted the prevalence of this problem. Clinic-based studies have been carried out with respect to the nosology, profile, aetiology, course and outcome, and management strategies. The major substances of focus have been alcohol, opioids and Cannabis (Murthy, 1998). Nationwide epidemiological research has provided us with figures for national-level prevalence; but some region specific or ethnicity or race specific studies also require to recognize the differences, specific characters and natures in prevalence, incidence and intake pattern of substance addiction. It is also prudent to recognize the dynamic nature of substance use. There is also a need for periodic national surveys to determine changing prevalence and incidence of substance use. Substance use is associated with significant mortality and morbidity. Substance use among women and children is increasingly becoming the focus of attention and merits further research. Pharmaceutical drug abuse and inhalant use are serious concerns. For illicit drug use, rapid assessment surveys have provided insights into patterns and required responses. Issues like drug related emergencies, dual diagnosis, co-dependency and role of greater socio-cultural factors in substance addiction have not been adequately studied in the Indian context. Biological makers and psychosocial vulnerabilities in relation to substance addiction are not adequately studied in India, so future researchers could take up these issues (Murthy et al., 2010).

REVIEW OF LITERATURE

PSYCHOACTIVE SUBSTANCE ABUSE RELATED RESEARCH

A large section of common people of India is at risk of developing pathological dependence as well as severe physical and psychological morbidity which may be emerged as secondary to substance addiction. It is interesting to note that substance use patterns are vulnerable for their ability to change over time. Both licit and illicit substance use cause serious public health problems. National level prevalence has been calculated for many substances of abuse, but regional variations are quite evident. Rapid assessment surveys have facilitated the understanding of changing patterns of use. Substance use among sections of population like women and children are increasing causes of concern to all civilized people (Murthy et al., 2010). In the last two decades, alcohol-related psychiatric problems have been studied through psychiatric morbidity surveys in general population and also through studies in specific populations. The prevalence of alcoholism in Vellore, Agra,

Hoogly district, was observed to be of 4.8/1,000, 1.4/1,000 and 13/1,000, respectively for alcoholism, habitual use of alcohol and alcohol addiction (Elnagar et al. 1971; Verghese, et al., 1973; Dube & Honda, 1971). Premarajan et al (1993) reported rates of 34.1/1,000 in Pondicherry for alcohol dependence syndrome. Verma et al (1980) in a survey of adults in urban and rural populations near Chandigarh observed that 23.7% reported regular use of alcohol. Sethi and Trivedi (1979) reported 50% of men above the age of 15 in rural areas were found to be consumers of alcohol. Ponnudurai et al (1991) in Chennai noticed a prevalence rate of 16.7% among men. The meta-analysis study by Reddy and Chandrashekar (1998) revealed an overall prevalence of 6.9/1,000 for India, with urban and rural rates of 5.8 and 7.3/1000 of the population. The rates among men and women were 11.9 and 1.7, respectively. In accordance with the growing abuse of alcohol, hospital admission rates in India are also increasing. Several studies indicate that nearly 20–30% of hospital admissions are due to alcohol related problems in mental care settings and interventional study and longitudinal study has been also increasing in this field (Babu & Sengupta, 1997). The National Household Survey of Drug Use in the country was the first large scale as well as systematic effort to record the nation-wide prevalence of drug use. In this survey alcohol (21.4%) was found as the primary substance used (apart from tobacco) followed by cannabis (3.0%) and opioids (0.7%). Seventeen to 26% of alcohol users qualified for ICD 10 diagnosis of dependence, translating to an average prevalence of about 4%. There was a marked variation in alcohol use prevalence in different states of India (current use ranged from a low of 7% in the western state of Gujarat (officially under Prohibition) to 75% in the North-eastern state of Arunachal Pradesh. Tobacco use prevalence was high at 55.8% among males, with maximum use in the age group 41-50 years (Ray, 2004).

SOCIAL WORK RESEARCH IN SUBSTANCE ABUSE

- To estimate the national prevalence rate for all mental disorders due to substance abuse.
- To estimate rural-urban differences in substance abuse.
- To see the influence of various socio-demographic and cultural variables on the course and outcome of different psychological problem due to substance abuse.
- To explain the dynamic interrelationship among psychological, physiological and environmental factors in the causation and maintenance of different psychological disorders due to substance abuse
- To examine the efficacy of different therapeutic mediums in the short and long term treatment of different psychological disorders due to substance abuse
- To examine the nature of the attitude being expressed by society towards individuals suffering from different psychological disorders due to substance abuse

- To devise effective intervention plans to alleviate problems like family's and community's negative attitude to psychologically ill people, dispelling stigma, prejudices, misconceptions and stereotypes about psychological illnesses, providing awareness about different psychological illnesses and their treatments, etc. due to substance abuse.

PREVENTIVE AND TREATMENT

De-addiction service is one of the many specialized areas where the application of social work practice has been long established. The following are the common interventions provided by social workers in de-addiction setting.

Curative interventions (assessment and diagnosis, treatment plan, motivational interventions, relapse prevention interventions, cognitive behavioral interventions, family intervention, group interventions, psycho educational, skill and capacity building interventions, psycho therapies interventions, occupational interventions and community care). Secondly it would require widening our understanding of including social workers and mental health professionals in mental health researches as well as putting efforts to develop efficient researchers in the field of mental health. Role of every branches of mental health such as psychiatry, clinical psychology, psychiatric social work, counselor, psychiatric nursing needs to be clearly well defined and development of a synergy among these professionals. At the same time recognition and inclusion of others professionals whose role can be very important in mental health, such as occupational therapist, speech therapist, special educators and teachers should be done. Nature and processes, external and efficacy of psychosocial intervention services children, adolescent, adults and the elderly, offered in the mental health institutions. De addiction centers, rehabilitation centers, family counseling center, child and adolescent mental health centers, neurology, neurosurgery and allied services. Evaluation of involvement of mental health professionals in training of Para- professionals and personal from voluntary agencies to extended their services to the needy in their areas. Exploratory, descriptive and experimental, intervention studied related to psychosocial aspect.

There are following suggestions

- We need to develop multi-faceted solutions to deal with mental health and substance abuse issues. This would include availing a range of services, such as, awareness generation, counseling, work with families, support groups, day-care centers, halfway homes, de-addiction centers, child guidance clinics, crisis centers for women victims of violence and a host of other supportive services such as shelters, vocational training centers, employment bureaus etc.
- Identification and assessment of mental health services associated with community mental health programmes' in rural, urban and slum areas based on the guidelines of National mental health programme and District Mental Health Programme.

- Scope of mental health professionals in agencies related to general health, mental health, development, education, welfare especially quantification of such activities.
- Formulation and evaluation of promotional /preventive activities like stress management programmes, school mental health programmes, effective parenting, and community based rehabilitation services.
- Differential impact of various strategies at micro and macro levels to encounter act the stigma attached to mental illness mainly dealing with materials, methods and time frame.
- Despite considerable research, data on other common substances, for example, nicotine, benzodiazepines and volatile solvents, are sparse. Development of etiological and treatment models on the basis of research is not the norm till date.

CONCLUSION

Indian clinicians have achieved a significant feat in the field of mental health researches after independence. They volunteered wide range of mental health and substance abuse researches in Indian population which include epidemiological, interventional, aetiological and diagnostic studies on severe psychosis, anxiety and stress related disorders, substance addiction, intellectual sub-normality, psychological co-morbidity in physiological disorders, suicide and self-harm and researches on various segments of common people, like women, child and adolescent, geriatric people, students, professionals etc. In India fruitful as well as well-designed research works in the field of mental and behavioural disorders are disproportionately low compared to Western countries or even some developed Asian countries. In India research and documentation works are miserably low because of few reasons like poor mental health infrastructure, lack of funding to bigger research projects as mental and behavioural problems have always been a low priority area to policy makers and executives. But slowly this situation has been changing thanks to intervention of judiciary in this sector and positive role playing of few enlightened advocacy organizations, media and individuals in this issue. Now mental health and substance abuse researches have to be more systematic and well-defined as over past several decades the model of mental health care has changed from the institutionalization of individuals suffering from mental disorders to a community care approach. The mental health research programmes have a very important role in making people aware about their roles and responsibilities and providing guidance to concerned professionals about various facets of illness, preventive and treatment as well as letting them well-acquainted with recent developments in psychiatry, psychological disorder and substance abuse related disorders.

REFERENCE

1. Elnagar, M.N, Maitra, P., Rao, M.N. (1971). Mental health in an Indian rural community. *British Journal of Psychiatry*, 118,499–503.
2. Dube, K.C. & Handa, S.K. (1971). Drug use in health and mental illness in an Indian population. *British Journal of Psychiatry*,118,345–349
3. Verghese, A., Dube, K.C., John, J., Menon, D.K., Menon, M.S., Rajkumar, S. (1985). Factor Associated with the Course and Outcom of Schizophrenia. *Indian Journal of Psychiatry*, 27, 201-207.
4. Verma, V.K, Singh, A., Singh, S., Malhotra, A. (1980). Extent and pattern of alcohol use and alcohol-related problems in north India. *Indian Journal of Psychiatry*, 22, 331–337. (Abstract)
5. Sethi, B.B. & Trivedi, J.K. (1979). Drug abuse in rural population. *Indian Journal of Psychiatry*, 21, 211–216.
6. Premarajan, K.C., Danabalan, M., Chandrashekar R., Srinivasa, B.K. (1993). Prevalence of psychiatric morbidity in an urban community of Pondicherry. *Indian Journal of Psychiatry*, 35(2), 99–102.
7. Ponnudurai, R, Jayakar, J., Raju, B., Pattamuthu R. (1991). An epidemiological study of alcoholism. *Indian Journal of Psychiatry*, 33,176–179.
8. Ray, R. (2004). The Extent, Pattern and Trends Of Drug Abuse In India, National Survey, Ministry Of Social Justice and Empowerment, Government Of India and United Nations Office On Drugs and Crime, Regional Office For South Asia
9. Chandrashekhar, C.R. & Reddy, M.V. (1998). Prevalence of mental and behavioural disorders in India: A meta-analysis, *Indian Journal of Psychiatry*, 40,149-157.
10. Babu, R.S. & Sengupta, S.N. (1997). A study of problem drinkers in general hospitals. *Indian Journal of Psychiatry*, 39, 13–17.
11. Murthy, R.S. (1998). Emerging aspects of psychiatry in India. *Indian Journal of Psychiatry*, 40, 307–310.
12. Murthy, P., Manjunatha, N., Subodh, B.N., Chand, P.K., Benegal, V. (2010). Substance use and addiction research in India. *Indian Journal of Psychiatry*, 52(7), 189-199.
13. Andreasson, S., Romelsjo, A., Allebeck, P. (2006). Alcohol, social factors and mortality among young men. *Addiction*, 86(7), 877-887.
14. Strathdee, S.A., Patrick, D.M., Archibald, C.P., Ofner, M., Cornelisse, P.G.A., Rekart, M., Schechter, M.V., O’Shaughnessy, M.V. (2006). Social determinants predict needle-sharing behaviour among injection drug users in Vancouver, Canada. *Addiction*, 92(10), 1339-1347.

15.World Health Organization (1993). Programme on Substance Abuse, Preventing substance abuse in families: A WHO position paper, Geneva.