



A STUDY ON EFFECTIVENESS OF SOCIAL WORK COUNSELOR'S IN DE-ADDICTION CENTERS WITH SPECIAL REFERENCE TO SRI RAMAKRISHNA SEVA NILAYAM TENKASI, TRIUNELVELI DISTRICT

KEYWORDS

Alcoholism, impact of alcohol abuse, counselling and addiction

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ABSTRACT

Alcoholism is a severe problem in large number of families in India. In India nearly 30% of men and 5% of women are regular consumers of alcohol. India has been identified as the 3rd largest market for alcoholic beverages in the world and it is an attractive market for multi nationals. Sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% per year. Abuse of alcohol and the consequent problems accompanying it, have become one of the major issues of concern in Indian villages. Alcoholism results in deterioration in physical health, conflicts within the family, problems on the job, violence and breakdown of moral values, lack of awareness of magnitude of the problem, coupled with lack of the treatment facilities which results in the alarming growth of the problems in rural & urban areas. Now-a-days the de-addiction centres play a vital role towards the upliftment of alcoholic dependents by involving themselves in Detoxification, Intervention, Counselling, and Follow-up. The Objectives of the study intends to find out the role of social worker in de-addiction centres, to find out the awareness programmes in the centres, to study the screening and motivation of client to take help, to access the aftercare treatment through counselling and to provide suitable suggestions. Thus the researcher has made an attempt to study the Effectiveness of Social Work Counselor's in De-addiction Centers among the Alcoholic Dependent Individuals those who are getting treatment in the De-addiction Centres in Tamil Nadu. The researcher proposed to conduct this research in the Sri Ramakrishna Seva Nilayam Tenkasi, Triunelveli, De-addiction Centres of Tamil Nadu working under Ministry of Social Justice & Empowerment. Hence the researcher adopted Experimental Research Design for the study. By using Simple Random sampling the researcher intends to collect samples from the de-addiction centres. Based on the observations the findings and suggestions will be provided.

Introduction

Alcohol and drug abuse has been showing an increasing trend in India. Alcoholism remains a serious and prevalent health problem in contemporary society. The disease concept of alcoholism has gained popularity over the years. According to the variability of drinking all alcoholics pass through identifiable stage of the disease.

How true! Once man starts to drink, there is no end and then drink not only takes the man but it also takes the entire family along.

Alcoholism has been an important problem of global concern. The impact of alcohol not only disturbs the physical health of an individual it also affect the people who surround him.

Research has shown that men comprise a large proportion of the alcohol consuming population in our country. They may drink in order to relieve their stress, but the problem is that drinking to relieve stress may lead to further social, emotional and physical problem, also for people who surround. These become an added source of stress and further decrease a person's self esteem and confidence.

The World Health Organization (WHO) estimates that there are about 2 million people worldwide who consume alcoholic beverages and 76.3% million with diagnosable alcohol use disorder (2004). From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most part of the world. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence and other biochemical effects of alcohol. In addition to the chronic diseases that may affect drinkers after many years of heavy use, alcohol contrib-

utes to traumatic outcomes that kill or disable at are relatively young age, resulting in the loss of many years of life due to death or disability.

Symptoms of alcoholism

Typically, the last person to be aware that he/she has a serious drinking problem is the alcoholic himself/herself - they are in denial.

Some signs and symptoms of alcoholism, as well as alcohol abuse, include:

- Drinking alone.
- Drinking in secret.
- Not being able to limit how much alcohol is consumed.
- Blacking out - not being able to remember chunks of time.
- Having rituals and being irritated/annoyed when these rituals are disturbed or commented on. This could be drinks before/during/after meals, or after work.
- Dropping hobbies and activities the person used to enjoy; losing interest in them.
- Feeling an urge to drink.
- Feeling irritable when drinking times approach. This feeling is more intense if the alcohol is not available, or there appears to be a chance it may not be available.
- Having stashes of alcohol in unlikely places.
- Gulping drinks down in order to get drunk and then feel good.
- Having relationship problems (triggered by drinking).
- Having problems with the law.
- Having work problems.
- Having money problems.
- Requiring a larger quantity of alcohol to feel its effect.
- Nausea, sweating, or even shaking when not drinking.

De-addiction Centres

Considering this fact, the Ministry of Health and Family Welfare, Government of India, sanctioned de addiction centres in different parts of the country in 1988 (Manickam, 1994). The number of centres in 1988 was 18 and in 1998, there are 121 centers. In Kerala in 1988, there was only one centre and in 1998, there are 20 centres. Each centre has bed strength of 15 with additional facility for another three for relapse persons.

The total number of bed strength available at each centre for a year would depend on the number of days of stay of each person at the centre. Generally, each patient stays at a centre for 18 days. The approximate number of people being de addicted would be 255 in a year at one centre. Through all the centers, the number of people de addicted would be 308557. The facilities available at these centers are for a population of more than 90,00 Million, of which around 18 million are using or abusing alcohol. This figure does not include the drug addicts.

Apart from the de addiction centers referred above, both private and government mental health centers do help those who abuse substances. However, the number of centers and the effective bed strength of these places are difficult to gather due to the following reasons:

1. The centers mainly treat people with mental disorders. Hence, the number of people who undergo treatment for substance abuse may vary.
2. At present there is no system of collecting data of those who seeks treatment for alcohol related problems at the district or state level.

The figures show the extent and intensity of the need and the availability of services.

Counseling Centers

These centers are exclusively for the people who abuse the substances. The number of counseling centers in 1988 in the country was 15. In 1998, there are 217 centers in the whole country. In Kerala, in 1988 there was only one centre and in 1998 there are 19 centers.

Each Counseling Centre has 2 psychologists and 2 social workers. Some of the centers are given a vehicle for community extension work. The counselors have to visit the families of those who are de addicted, visit the dropouts and relapsed persons. In addition, they visit the community to motivate people who are addicted to seek treatment, and they organize prevention programmes in the community.

Methods & Material

Statement of the problem

Alcohol dependence has been identified as one of the significant disabling social and mental health problems suffered by individuals with serious implications in the family. The paradigm shift from individual to family focus in alcohol dependence came about with research studies identifying family attitudes, behaviour and coping as one of the major contributors in addiction treatment and rehabilitation. Since alcohol dependence contributes significantly to the burden of alcohol dependence syndrome, it is imperative to examine the families' response and its own coping strategies to overcome the difficulties posed by the person with alcohol dependence.

Aim: The main aim of the study is "the Effectiveness of Social Work Counselors in De-Addiction Center.

Objectives

- To study about the Socio-economic condition of the respondents in the alcoholic dependents.
- To find out the role of Social workers in de-addiction centers.
- To analyze the extent of quality of life of alcoholic dependents.
- To find out the follow-up treatments in counseling.
- To suggest suitable policies and recommendations.

Operational Definition

Alcoholics

When a person's drinking interferes with one or all areas of his life occupation, family, finance, and inter-personal relationship, physical and mental health and in spite of this he continues to drink, then he is an alcoholic. An alcoholic continues to drink because of physical and psychological dependence.

Counselling

A professional counsellor is a highly trained individual who is able to use a different range of counselling approaches with their clients.

Research Design: The researcher will adopt Experimental research design for the study, because the study aims at describing the Effectiveness of Social Work Counselor's In De-Addiction Centers.

Pilot Study: The pilot study will be conducted by the researcher to know whether the research will be done in the agency. This pilot study will be useful to understand the feasibility of conducting the study.

Universe

The universe of the present study is 1000 respondents from Sri Ramakrishna Seva Nilayam Tenkasi, Triunelveli District in Tamil Nadu.

Inclusion

- The respondents must be a MSJE.
- The respondents must be diagnosed as alcoholic as per criteria of DSM IV.
- The respondent must be completed the treatment.

Exclusion:

- The respondents admitted for detoxification
- The respondents with co-morbid symptoms
- The respondent who are not attending second time treatment.

Sampling: The researcher has collected the samples from the alcoholic dependents, which are coming under the treatment provided at MSJE de-addiction centre. For the purpose of analysis, 70 respondents were selected by using simple random sampling method.

Tools for data collection: The researcher uses the following tools for data collection

- Socio demographic profile
- Scale of Quality of life

Socio demographic profile

Self employing semi structure interview schedule will use to know about the socio economic and demographic condition's variables such as Age, Sex, Community, Education, Religion, Income, Family typology, Domicile, Occupation etc.

WHO Quality of Life-BREF (WHOQOL-BREF)

The World Health Organization Quality of Life (WHOQOL) project was initiated in 1991. The aim was to develop an interna-

tional cross-culturally comparable quality of life assessment instrument. It assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. The WHOQOL instruments were developed collaboratively in a number of centres worldwide, and have been widely field-tested.

The WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials.

Method of data collection:

The required information for the study will be collected by using the Interview schedule.

Results & Discussion

After the completion of data collection from the field were edited and coded and the data were feed in the computer. The data will use SPSS software and the appropriate statistical techniques namely Simple percentage analysis will be used.

Findings

- The majority of (70%) the respondents belongs to the age group of 19-49.
- The greater percentage (86%) the respondents are illiterates.
- A greater majority (95%) of the respondents are married
- 70% of them are having more than four family members.
- More than half of the (54%) of the respondents are following joint family system.
- About 52% percent of the respondent's children are married.
- Nearly 78% of the respondents are self employees.
- 43% of the respondent's family income is sufficient for their needs.
- 62% of the respondents are getting family support during the time of emergency.
- 54% of the respondents never compare the present status with previous experience.
- 65% of the respondents getting physically tired in the present job as well as in their previous job.
- 83% of the respondents fulfill their needs through family members.
- About 73% of the respondents are being cared by the family members during the time of illness.
- A little more than two-tenths (21%) of the respondents have lower level of Quality of life.
- 43% of the respondents belong to the Moderate level of Quality of life.
- 36% of the respondents belong to the High level of Quality of life

Suggestions

- To inculcate alcohol & drug awareness among younger adults and children.
- Need of Social worker Counselors in the de-addiction centre.
- To educate them & to accept that the addiction is a serious problem this requires professional help.
- To promote effective positive changes towards enhancing the quality of life of Alcohol dependents (Group Therapy).
- To promote regular Follow-up action through centre.
- The center has take Efforts to contact patients who do not maintain follow-up.
- To promote regular home visits and rehabilitation programmes.

Conclusion

Alcoholism is a severe problem in a large number of families in India. Abuse of alcohol and the consequent problems accompanying it, have become one of the major issues of concern especially in Indian villages. Alcoholism results in deterioration in physical health, conflicts within the family, problems on the job, violence and breakdown of the moral values, lack of awareness of magnitude of the problem, coupled with lack of the treatment facilities which results in the alarming growth of the problems in rural & urban areas. All these indicated that group therapy is effective in improving the psychological wellbeing of the alcohol dependents. Hence group therapy should be conducted for alcohol dependents in order to promote psychological wellbeing through the effort of Social work Counsellors as an Effectiveness of this study.

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