

Social Work Intervention in Drug De Addiction in Reference to Haryana

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Abstract

One of the main issues today is the drug addiction among young people in the Haryana valley. The same is true for drug addiction treatment. With this essay, an effort has been made to learn more about how much people in the Haryana valley are aware of the problem of addiction, how to address it, and which organisations and agencies are available to help treat or rehabilitate drug users there. The Ministry of Health and Family Welfare of the Government of India launched the Drug De-addiction Programmed (DDAP) in 1988 with the goal of treating SUDs. De-addiction centres (DACs) have been established in government hospitals through the DDAP, with the central government paying a one-time financial grant and the state governments covering ongoing costs. The creation of a "drug abuse monitoring system" to track drug use patterns and user profiles among those seeking treatment in DACs is another important area of work. The results of monitoring and evaluation procedures indicate that the current system of inpatient care and shared accountability between the federal and state governments is only partially successful.

Keywords: Social Work Intervention, Drug De Addiction, Haryana

1. Introduction

Substance misuse is a chronic and reoccurring disease. Many people attempt to use drugs once more after receiving addiction therapy. Stressful life events, work stress, interpersonal and intrapersonal conflict, dysfunctional families, peer pressure, and a sedentary lifestyle are the main causes of drug misuse. Relapse is a series of reactions that ultimately prompt drug use, according to research. Most addicts who relapse lament changes in their attitudes, feelings, and conduct towards themselves, their families, and society. The severity of relapse varies. After a single drug-related incident, some people who are experiencing drug relapse may seek professional assistance, but some people would rather not get help and continue using drugs on a daily basis. Relapsing triggers are connected to aspects that are crucial to an addict's recovery and stabilisation plan. Because psychological dependence is so severe during this time, recovery rates actually improve significantly after this time. There are fewer instances of relapse when the healing period is longer. The drug users could be dependant on multiple substances. So, the rehabilitation programmes are created based on the demands of the patient and the severity of the issues. In addition to societal and familial factors, the interdisciplinary team intervenes at both levels. Family members and the general public now expect addicts to live normal lives just like everyone else. They are ignorant of the difficulties addicts experience during their recovery. As with the addiction stage, the recovery stage is extremely difficult. Further modifications are required to make the transition from the drug-dependent phase to the drug-free phase. This could include a considerable deal of work, and the time period could be extremely traumatic. This study's primary goal is to investigate the factors that lead to drug relapse.

Drug addiction is a serious condition that can be managed. While using drugs is the first step on the road to addiction, over time a person's ability to make a conscious decision to abstain from using drugs erodes, making drug seeking and use compulsive. Compulsive drug use is only one aspect of addiction; it can also have far-reaching effects. In addition, substance misuse can lead to a wide range of dysfunctional behaviours that disrupt everyday life in the family, the workplace, and the larger community. Drug syndrome is another name for drug addiction because it has so many symptoms. Drug addiction is a lifestyle disorder that has recently spread throughout society and affected public health. No country is immune to the terrible effects of illegal drug use. The destruction of societal and family values has reached previously unheard-of heights. Treatment is not straightforward since substance abuse and addiction have so many facets and interfere with so many elements of a person's life. Successful treatment plans often include a number of components, each focusing on a different aspect of the condition and its effects. The long-term objective of drug addiction treatment is to help a patient achieve sustained sobriety, while the short-term objectives are to

lessen drug misuse, enhance function, and reduce medical and social consequences. Addiction therapy sessions may need to be repeated several times before lasting sobriety is attained because it is a chronic, recurrent illness.

Only when there is awareness of addiction, including its causes, symptoms, vulnerability, treatments, available support systems for the process of substance de-addiction, available facilities for treatment, etc., is therapy possible. Hence, the key component of the treatment is awareness.

1.1. Drug addiction defined

Drug addiction is one situation when a person finds it difficult to go without taking the next dose of the substance. It can also be referred to as a syndrome because it is a psychosocial condition with numerous symptoms. An addict is someone who has struggled with the dangers of addiction. The addict makes an effort to maintain their distance, abstains from socialising, and eventually develops a warped personality. Drug addiction can be treated with the right kind of expert care.

1.2. Risk factors associated with drug addiction

There is no one characteristic that can determine if a person would develop a drug addiction. A person's biology, social environment, age, or developmental stage all have an impact on their likelihood of developing an addiction. Risk variables and addiction are directly inversely correlated; the more risk factors a person possesses, the higher their likelihood of developing an addiction. Peer pressure, a lack of confidence in facing reality, broken families, the absence of supervisors during adolescence, easy access to drugs, negligent parents, the "try it once" mentality among today's youth, childhood abuse, and other factors are among the common risk factors linked to drug addiction.

1.3. Diagnosis of drug addiction

Weight loss is a common side effect of chronic and ongoing drug use. Sometimes, he puts on weight. Other physical side-effects of drug usage include irritation, enlarging of pupils, red, watery eyes, nausea, runny nose, blurred vision, lack of motor coordination, excessive sleeping, unexpected changes in daily routine, etc. A drug user frequently chooses not to attend social events and hardly ever takes part in them. He starts to prefer being by himself and his network of friends abruptly shifts. Things that used to bring him joy and pleasure are now something that anger him. He reaches unimaginable levels of forgetfulness.

2. Literature Review

E. Kabisa (2017). carried out a study on the "Determinants and Prevalence of Relapse Among Patients with Substance Use Disorders: Case of Icyizere Psychotherapeutic Centre, Rwanda." The major goals of this study were to determine the prevalence and contributing factors of substance abuse relapse. Several logistic regression models were utilised by the researcher to identify the elements that lead to recurrence in patients with substance use disorders. According to the multivariate analysis, patients are more likely to relapse when they live with other drug addicts or when their personal relationships are strained.

In their research paper titled "Factors linked with drug abuse relapse: A study on the clients of rehabilitation clinics," Bhandari, S. et al. The primary goal of this study was to investigate the causes of drug relapse. The respondents from the rehabilitation centre were enrolled using the census sample technique. Semi-structured questionnaires were used by the researcher to gather information. The researcher discovered that the biggest triggers for relapse were peer pressure and dysfunctional family dynamics. Positive co-correlations between drug use, age, and educational attainment were discovered. The likelihood of relapse is increased by low education. More than half of the respondents, according to the researchers, came from working-class backgrounds with poor educational attainment and medium to higher economic standing.

From Abstinence to Relapse: A Preliminary Qualitative Research of Drug Users at a Forced Drug Rehabilitation Facility in Changsha, China, by M. Yang (2015). This study's major goal was to shed light on drug users' experiences and relapse prevention barriers during abstinence periods. The qualitative in-depth interview was employed by the researcher. During a semi-structured interviewing process, the researcher gathered data. The findings showed that the

primary incidental causes of relapse in drug addicts are unpleasant sentiments, interpersonal problems, and stressful situations.

The Lian et al (2013). "A Qualitative Research on Substance Abuse Relapse in Haryana: Contributory Variables and Treatment Efficacy" was carried out. The purpose of the study is to investigate the causes of drug relapse and the efficacy of therapy among drug users in Haryana. The study was of a descriptive kind. The researchers used in-depth qualitative interviews to get their findings. Researchers discovered that the two main factors contributing to drug misuse were peer pressure and curiosity. The center's treatment programme was extremely successful. The majority of respondents have very little desire to use drugs after they are sober.

In a study titled "A review of school drug policies and their impact on juvenile substance use," Evans-Whipp et al. (2004) discovered that teenage substance use and the harm it causes are acknowledged as important global public health issues in today's society. Despite increased funding for various preventative measures, adolescent use of tobacco, alcohol, and other substances has increased during the past ten years. Adolescent substance use is linked to a variety of acute physical and social effects, including accidents, strained family and peer relationships, academic difficulties, and overdose. Adolescent substance use is also predictive of abuse later in life. Drug addiction is growing to be a significant health issue in India, according to a study by Gupta A. on "Drug/alcohol addiction in India - Worrying Trends," and the link between drug addiction and HIV/AIDS has been a big concern for Indian health authorities. The switch from smoking to injecting drugs represents a significant recent change in India's drug use habits. In the northeastern states, the drug problem and its effects have been particularly concerning.

According to Ana L. (2012), the study looks at how drinking affects how well high school pupils learn. Using information from the National Longitudinal Study of Adolescent Health, we estimate fixed-effects models. Our main metric for measuring academic success is the student's GPA as taken from their official school records. We discover that higher alcohol use causes statistically non-significant changes for female students but small but statistically significant reductions in GPA for male students. Higher drinking rates, however, are linked to self-reported academic problems in women. Because the fixed-effects results are significantly lower than OLS estimates, it is crucial to take individual heterogeneity that is not seen into account.

According to Robert L. (2013), RSDT programmes are frequently used in schools as a drug prevention method. This study compares students who understood they were subject to testing with students who understood they were not subject to testing from self-report surveys of students in eight secondary schools with well-established RSDT programmes. In comparison to children in the same schools who were not subject to testing, pupils who were, reported much reduced use of marijuana and other illegal drugs. They also expressed more favourable opinions towards testing. Alcohol consumption did not differ across groups in seven of the eight schools where it was not tested. This study provides proof that at schools with well-established RSDT programmes, drug usage is associated with lower rates of awareness of eligibility for drug testing.

According to Shaul Lev-(2013) Ran's research, the survey's low response rate requires that results be interpreted with care. They do, however, imply that, among medical specialisations, psychiatrists had higher levels of self-reported proficiency in treating addictions and lower rates of moralism towards addictions. The individuals with alcohol dependence had the greatest rates of moralism and the lowest assessments of treatment efficacy across all substances. While treating patients who are dependent on alcohol or drugs compared to other patients, doctors often reported feeling less satisfied and more aggressive. The treatment that addicts receive is significantly influenced by the attitudes of doctors concerning addiction. Israel's medical education programmes ought to include resources for training doctors about addictions.

3. The "Drug De-Addiction Programmer": Evolution

In India, throughout the 1980s, there were a number of significant breakthroughs in reaction

to the growing drug use issues. Experts and decision-makers felt that the MoHFW, Government of India, should be involved in the country's health-care systems to address the medical treatment of SUDs in addition to the MoSJE's (before mentioned) plan. It was planned that the MoHFW would be responsible for providing treatment, while the MoSJE would be in charge of prevention and rehabilitation. The "Drug De-addiction Programme (DDAP)" was introduced in 1988 as a result of recommendations made by a Cabinet subcommittee. The initiative called for the establishment of 30-bed "de-addiction centres" (DACs). Since the term "de-addiction" is still used in official government health sector communications, it is being used here as well. It should not be interpreted as the authors' endorsement of this phrase) in each of the top six medical facilities in the nation for treating SUD patients who are admitted for inpatient care. The initiative was subsequently expanded in the following few years in 1992–1993 under a plan for the creation of DACs in medical colleges/district hospitals in several states. The one-time costs associated with establishing DACs were covered by the central government through cooperation with state governments, while state governments were expected to cover ongoing expenses associated with providing DAC services. The agreement between the federal and state governments was reached with the understanding that, in accordance with the Indian Constitution, the "health" subject is a shared responsibility between the federal and state governments. As a result, the central government's aid was primarily restricted to the granting of a one-time grant for infrastructure, with the separate state governments responsible for paying for employees, supplies, and other ongoing costs.

The "DDAP" is a modestly sized programme that is managed by the MoHFW through a "section" in the Ministry. The Director, DDAP, who in turn reports to a Joint Secretary, is in charge of managing the day-to-day operations. There aren't any DDAP state counterparts in the majority of state administrations. A second member of staff in the form of an assistant programme officer/undersecretary is also offered. Yet, none of the senior administrative officials are solely in charge of this programme; they all have a variety of additional duties. As a result, there isn't a senior official at the Union Health Ministry of the Government of India who is solely responsible for handling the concerns related to addiction therapy.

4. METHODOLOGY

For conducting the study, both quantitative and qualitative research approaches were used. Since the study is exploratory in nature, a quantitative approach must be used to collect the respondents' feelings and perceptions throughout the research process. The 150 respondents were either drug users themselves or relatives of drug addicts. Purposive sampling was used to choose the respondents. One organisation that specialises in drug addiction was able to identify the respondents, and it was thanks to their persistence that 150 respondents were made accessible for the study. 150 respondents were interviewed using an interview schedule, and to prevent any information loss, the answers were immediately noted on the interview schedule.

4.1. Data analysis techniques

The Statistical Package for Social Sciences was used to analyse the gathered data (SPSS). Demographic data from respondents who took part in the research was examined using descriptive statistics. Inferential statistics were then used to further analyse the data that had been gathered. Under the title "results," are listed the outcomes that were thus acquired.

5. Results

Analysis of Table 1 provides information on respondents' knowledge of the drug addiction recovery procedure. Only 13.67% of respondents are ignorant of or have no knowledge how to overcome drug addiction, compared to 86.33% who are aware of the process.

Table: 1. Respondents' knowledge of drug addiction recovery

Do you know what is drug de-addiction	Respondents gender	No. of respondents	Percentage
Yes	Female	40	37
	Male	91	48.22
No	Female	7	3

	Male	8	9
No idea	Female		
	Male	4	2.78
	Total	150	100

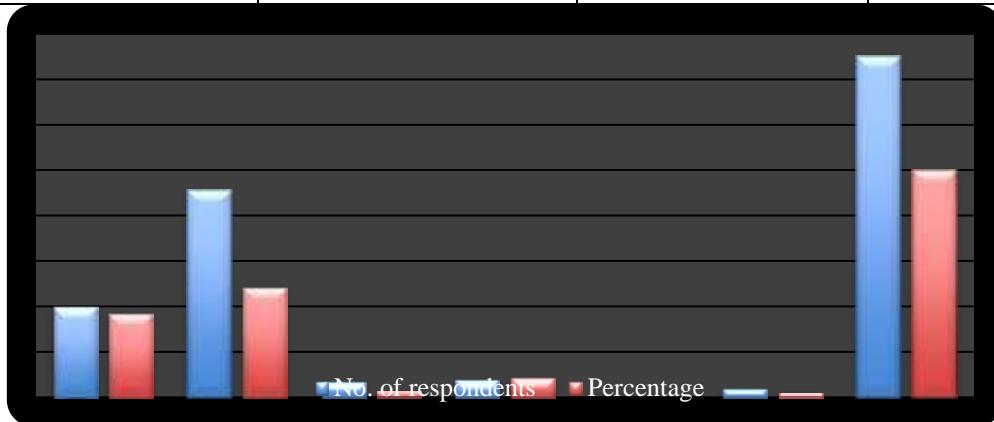


Figure: 1. Respondents' knowledge of drug addiction recovery

According to an analysis of Table 2, many respondents were unaware of the drug rehabilitation centers operating in Haryana. Only the respondents are aware of how the drug rehabilitation centers in Punjab summer capital operate. Furthermore, none of the respondents were aware of any Charity operating in Haryana city that provided drug users with therapy or rehabilitation. Only one responder was aware of NGOs operating in Haryana's drug addiction field, and even they were unaware of such organisations.

Table: 2. Knowledge of drug rehabilitation facilities

Question	Respondents gender	Response			
		Yes	No	No idea/Not known	Total
Do you know about drug de-addiction centers being run here in Haryana	Female	3	45		48
	Male	6	96		102
	Total	12	138		150
Can you name an NGO which works for the drug treatment/rehabilitation of drug addicts	Female	2	40	6	48
	Male	6	87	9	102
	Total	7	128	15	150

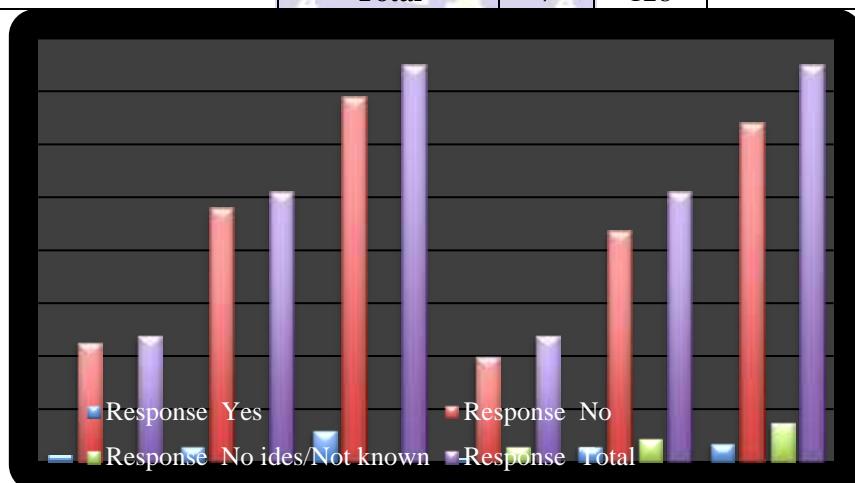


Figure: 2. Knowledge of drug rehabilitation facilities

6. Discussion

This study shows that despite the youth's knowledge of drug de-addiction, there is a lack of knowledge due to the facilities available for the treatment and rehabilitation of drug abusers. Particularly among young people, drug addiction is a major worry; hence it is urgently necessary to raise awareness of the problem. The awareness will be beneficial for treating addicts on the one hand, while on the other side, it will assist social workers in the valley turn their attention to the treatment and rehabilitation of drug users.

7. Conclusion

Substance addiction is a relapsing, chronic condition. To investigate the reasons behind drug

abuse and relapse, numerous studies have been carried out. The proportion of young adults in the current study was relatively high. Most of the interviewees came from rural areas and were married. More than half of the respondents were workers, and the nature of their jobs encouraged addiction in them. The majority of respondents said that they learned about drugs via friends, and that friends also encouraged them to use drugs. Death caused by drugs is a serious issue. Research show that drug usage and prevalence vary by gender. Women typically take drugs more quickly than males do, and they generally have less access to care for substance abuse. There are various theories that explain how substance use starts and continues. The socio cultural perspective emphasizes how the environment plays a part in drug addiction. Additionally, some risk and protective characteristics that either makes the person more susceptible to substance use or more resistive against it have been identified. While drug addiction can be treated psychologically and with drugs, prevention is a primary objective for programmers like those that offer normative education and competence development to teenagers. This study aimed to examine the critical relationship between drug addiction awareness and treatment, particularly for our society's youth. Therefore, there is a critical need to enhance both the number of service providers at the governmental and non-governmental levels as well as public awareness of the potential treatments.

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