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# UNIT 2 EMPOWERING THROUGH EDUCATION, COUNSELLING, REFERRAL SERVICES AND COMMUNITY RESPONSES

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## 2.0 OBJECTIVES

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The purpose of this unit is to outline what action can be taken by various groups in the community to facilitate the prevention and treatment of drug abuse. Preventive education, counselling education for the parents and community leaders, motivating the family and addict for treatment and identifying the treatment programmes are means of empowering the community.

At the end of this unit, you will be able to:

- recognize the process of empowering;
- identify substance abuse prevention education programmes;
- familiarize yourselves with various means of identifying the addict; and
- learn the various possibilities of mobilizing community resources for drug abuse prevention.

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## 2.1 INTRODUCTION

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The previous unit has outlined different treatment programmes. Substance abuse is a treatable but not a curable disease. So, prevention of substance abuse is of maximum importance. This unit describes how to empower the communities to prevent substance abuse as well as how to motivate the addict and the family for

treatment. In many ways substance abuse is induced by the society, so, the society is to be made aware of the role it plays in promoting addiction and empower it to prevent recurrence.

Society has many organs. To organise an effective prevention and treatment strategy, the involvement of all these organs are essential. We shall be discussing how this balance can be achieved. There are certain areas of prevention and treatment, which may not be understood by the individual, family and the community. Due to ignorance, the prevention and treatment programmes may be met with resistance. A section on dealing with resistance is included in this unit to serve this purpose.

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## **2.2 THE EMPOWERING PROCESS**

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“No matter how ignorant the person is, there is one thing he knows better than anyone else, that is where the shoe pinches in his own feet, and because it is the individual that knows his own trouble, even if he is not literate or sophisticated in other aspects. Every individual must be consulted in such a way, actively, not passively, that he himself becomes a part of the process of authority, of the process of social control that his needs and wants have chance to be registered in a way where they count in determining the social policy”.

These are the words of the famous social thinker and educationist John Dewey. If a change or modification in the attitude and functioning of the society is expected, the members of the society must feel it to be their need and make the necessary modifications in their social structures and interactions. The lasting social changes are those which people themselves create. People support what they build up.

Drug abuse prevention and treatment methods were considered to be the fields of doctors and psychiatrists. To some extent this is true. On the other hand, addiction is a socially induced disease. Addiction is a coping mechanism as far as the addict is concerned, though a negative and destructive one. The addict, by the use of the chemical, is trying to balance his own personality vis-a-vis the expectations and demands of the society. The more diseased the society, the greater its potential to produce addicts.

Empowering is a participatory process. Participatory action is for human development rather than physical targets. It is training personnel for continuing effort rather than for technical knowledge. Participatory development allows the people to shape their own development. The people themselves identify the problems, address the problems and provide feasible solutions. It is a democratic and cooperative method.

### **Empowerment and Participation**

Empowerment is achieved through participatory action. Participatory action is made possible through conscientisation. It is the process by which an individual or a group is made aware of the true nature of the problem that affects the concerned individual or the group. Conscientization increases the understanding of the people about the problem and its possible solutions. This process gives them a sense of control. Integrity, culture, personal values and self-identity are the foundations of empowerment. The aim of empowerment is to tap collective power. For power to be most effective, it should be collective. The whole community should become empowered with self-reliant individuals, who are ready to challenge the present situation, and look for other solutions.

### Check Your Progress I

**Note:** Space is given below for your answer.

1) What is your understanding of empowering communities?

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## 2.3 PREVENTIVE EDUCATION

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“A stitch in time saves nine”. This is more than true about drug abuse, because drug abuse can only be prevented and not cured. Experience has taught us that prevention is a crucial element in the long-range goal of eliminating drug abuse. There is a section of the world population that is unrealistic to think that there can be a drug free world. But experience has taught us that it is not possible to make the world drug free. However, with concerted effort, we can minimise its misuse to some extent.

Drug abuse is a world phenomenon. Drug abuse prevention should be therefore a world-wide activity reaching every nation, society, school, family and business. It must bring awareness to everyone and motivate all to participate in the fight against illegal drugs and their use. Prevention includes education both to halt drug use and to convince those who use drugs to quit using it.

Educational programmes play a vital role in the overall fight against drug abuse. For those who have started to use drugs, proper education provides a pathway to successful intervention and treatment by increasing the users awareness of the dangers connected with drug abuse and by helping them make the choice to stop. Education is also critical in helping parents and educators understand the nature of the problem and consider the best way to respond to a particular situation.

Prevention programmes provide a basis for teaching young people to develop healthy behavioural patterns which do not include drug taking, and for instilling in them a sense of responsibility. Drug abuse education should be fully integrated into public and private, religious or secular, school curricula, with emphasis on the destructive effects of drugs use, the encouragement of excellence in teaching, health and overall personal well-being.

Preventive education programme should have the following main objectives:

- To value and maintain sound personal health,
- To respect laws and rules prohibiting drug use,
- To resist peer pressures to abuse drugs,
- To promote student activities that are drug free and offer healthy avenues for student interests, and
- To promote religious and cultural values which strengthen drug free life-styles.

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## **2.4 PREVENTION STRATEGIES**

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All are aware of the need of preventing substance abuse. It is important to know how one should go about this important activity. There are various factors that induce drug addiction. Prevention should effectively tackle and produce positive results on those areas helping the individual to live a healthy life. Thus we can identify the following strategies:

- Strategies focused on the individual,
- Strategies to educate the family,
- Prevention through school based programmes,
- Prevention through mass media, and
- Prevention by strengthening law enforcement.

### **Strategies Focused on the Individual**

This is the most often used method. It is aimed at imparting the correct attitudes, knowledge and moral standards to the individual. Correct knowledge, accurate information about the drugs and their effect on the individual will lessen the possibility of drug abuse. This strategy should have the following elements: It should provide factual information about alcohol and other drugs. It should provide the means to meet the emotional, social and psychological needs of the young people. It should also help them to understand that addiction can happen to anyone. The programme should have elements that teach coping skills and address the antisocial behaviour of the individual.

### **Strategies to Educate the Family**

Family includes the parents, siblings, and close relations. We have explained earlier that addiction is a family disease. Family is an important agent in building up a drug free society.

The strategy should have the following elements to make it effective in combating drug abuse:

- Parents should be given accurate information about drugs like alcohol, cigarettes etc.
- Parents should be helped do develop skills in building up healthy family relations.

- Parents should be helped to implement drug prevention strategies at home by being role models, helping the child to have creative activities, and resist peer pressure.
- Clear family norms should be established for the use of alcohol or tobacco by the elders in the family.

### **Prevention Through School Based Programmes**



The school is the second home of the child. Broadly the school-based programmes should be with the involvement of the parents. Some of the important points for a school-based programme are:

- Having clear policies regarding use of alcohol, tobacco and other drugs. It should be clear to the students that violation will invite certain sanctions.
- Develop a curriculum to impart drug prevention education. They should be clear and easy to understand. They should be appropriate for the target group's needs and interests.
- The school can establish a *Students Assistance Programme*. This is to identify and assist students who are already having problems and helping them out.
- Helping the teachers to develop skills and knowledge to handle the education for drug resistance as well as for helping out those students who 'have already become addicts.'
- Assisting the teachers to identify their attitudes and beliefs about alcohol and drug use.

### **Prevention Through Mass Media**

Mass media includes printed materials like newspapers, radio, television, Internet, films and folk arts. These have decisive influence on young person. They can be positive and negative.

Media approach includes radio, television, billboards, booklets, posters, public events etc. To be effective the programme should:

- have person who are credible to impart the message. The message should be appealing and appropriate for the target group.
- involve the public both in the planning and execution.
- be culturally acceptable for the target group.

### **Prevention by Strengthening Law Enforcement**

All the countries and governments will have laws related to drug abuse. Due to the indifference of the public, or because of the inefficiency of the law enforcing mechanism itself, drug abuse will continue to increase some of the possible actions in this regard are mentioned below:

- increase of sales tax on alcohol,
- enforcement of minimum drinking age,
- discouragement of setting up of liquor shops,
- prohibition of alcohol and tobacco advertising,
- elimination of sponsorship of sport and social events by the alcohol industry.

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## **2.5 COMMUNITY RESPONSE TO ADDICTION**

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Drug abuse is a social problem as well. Communities respond to it in different ways. The response of the community to the prevention effort will depend on the attitude to the problem of drug abuse. Prevention strategies should take into consideration the attitude of the community to the existing problem in the community.

To make the anti drug policy and implement the programmes, it is essential to reach out to the community for support and assistance. Any prevention effort needs to get the community behind its effort by taking action to:

- increase community understanding of the problem through meetings, media coverage, and education programmes,
- build public support for the policy and develop agreement on the goals of prevention and enforcement,
- educate the community about the effects and extent of the drug problem,
- call on the local professionals such as doctors to share their experience, and
- mobilize the resources of community groups and local business to support the programme.

### **Community Involvement in Prevention and Treatment**

Addiction looks like the problem of one individual initially. Gradually it spreads and becomes the problem of the whole community. Addiction leads to violence and insecurity in the community. It encourages petty thefts, crime and at times even dacoity. Since the community wants to enjoy peace and security it will get involved in dealing with the problem of addiction as a group. All segments of the

community must be motivated to promote drug free environment in the community. These include the doctors, primary health workers, teachers, police, religious heads and Panchayat leaders.

Involving the community members will have certain definite advantages:

- Both the common man and the professionals will come together to share their experiences.
- Community leaders will become more acquainted with the problem of addiction.
- Belongingness in the community will increase.
- Community members will be able to support the recovering addicts' actively in their recovery.
- It will rebuild the social contacts and social life of the recovering addict.

Although community involvement is essential and helpful in prevention and treatment of drug abuse, it has certain hurdles to be overcome:

- In some communities drinking and use of some kind of drugs may be a socially acceptable custom at the time of marriages and festivals. Thus, drug use may not be considered as a problem.
- Production of alcoholic drinks and some drugs like ganja may be a livelihood for many in the village. Such people may refuse to cooperate or may even actively oppose the move.
- Some communities, due to their ignorance, may consider addicts to be criminals who do not deserve any help.
- If the organisers of prevention or treatment programme themselves are drug users, the movement will have no credibility.
- Organising community involvement calls for long-term planning and sustained commitment.

### **Check Your Progress II**

**Note:** Space is given below for your answer.

1) Why are prevention strategies important?

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## 2.6 MOTIVATING THE ADDICT AND THE FAMILY FOR TREATMENT

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Motivating means influencing a person to change his functional behaviour and in treatment it means changing his dysfunctional behaviour. Motivation plays an important part in treatment of addicts. Unlike other diseases, the addict and his family often will not seek treatment due to the denial syndrome. Refusal for treatment can also be due to the lack of sufficient knowledge about addiction. Motivating the addict would include:

- encouraging him to give up drugs,
- awakening the desire to make changes in one's life-style,
- creating the realization that it is essential to take an active part in the treatment programme, and
- thereby willingness to make adjustments in order to recover.

An addict usually does not come for treatment, unless forced by circumstances. The force can be from relations or due to factors like life-threatening illness, loss of job, a police case or even a threat of divorce or divorce itself. Even under such conditions, the addict comes to a counsellor only for getting temporary relief. The person will not admit that his problem is the drug. He would talk about his illness, the court case, or hide the fact that his wife has left him.

The focus of motivation is to make the person realize that his real problem is the drug, and other problems are the results of his drug use. The addict will have very low motivation for treatment.

He will also be having fear about withdrawal and anxiety about the nature of the treatment.

To motivate a client successfully, the following points will be useful:

- Accept the addict as a person, and not as an addict or a drunkard. This will strengthen his self-esteem and trust in the counsellor.
- Feel with the person, compassion and understanding. Instead of reasoning and argument; build up trust in the treatment process. Do not preach or admonish.
- Be non-judgmental. Do not label the person or his actions as good or bad.
- Build up a relationship and keep the relationship even when the client does not cooperate.
- Maintain confidentiality about the client's affairs. This helps to strengthen the trust between the client and the counsellor.

Even though the addict may be brought for treatment, the family members will not be ready to take active part in the treatment. As we have discussed earlier, the addict's family needs treatment as much as the addict himself. Families often want the addict to change and they refuse to accept their share in the family disease. Motivating the family members for treatment would require the counsellor to:

- help them to breakthrough the wall of delusion,
- build up their inner strength to accept the family disease, and
- identify and recognize the feelings of the family members.



The family of the addict lives in a make believe world of their own, which we have described in Block 2, Unit 3. The family members suffer from denial syndrome. They will also have built up many defense systems to cope with the problem of addiction in the family. The belief that everything is alright except the addict's behaviour in the family prevents them from actively getting involved in the treatment process.

Accepting the family disease calls for admitting vulnerability on the part of the family members. The family members will have to be encouraged to identify their share in helping the addict to give up his addictive habit.

Addiction of one member of the family will have hurt the feelings of all other members of the family. Mostly these feelings remain unexpressed. In case they are expressed, that is done in an aggressive and unhealthy manner. Admitting the exact nature of feelings and the expression of it by the family members prepares the ground for the addict to reveal his feelings to the family members.

### Dealing with Resistance

Treatment and recovery is a process of change. It is natural to expect resistance to change. Change means facing the unknown. Healthy persons find it easy to face change. Addicts and co-addicts find change threatening. Due to addiction the self worth of the family is damaged. Treatment and recovery requires honesty in admitting ones feelings and sharing them with others. The rule of the addictive, thinking is 'do not feel', 'do not trust' and 'do not talk'. The recovery process requires that the individual breakthrough this destructive programming. Certain guidelines can be helpful in dealing with the resistance to change. These include:

- helping the family to develop realistic expectations about the addict and of their own effort establishing rapport with each family member, so as to support them in the recovery process.
- bringing up to the surface the hidden interactions of the family which enables the addict to continue his addiction by manipulating others.
- identifying and reducing over activity by certain members in the family by educating them about addiction.
- co-opt in to the team family, the members who have gone through similar crisis, who can act as role models.

#### Check Your Progress III

**Note:** Space is given below for your answer.

1) What are the important aspects of motivating the client, and the family of the addict for treatment?

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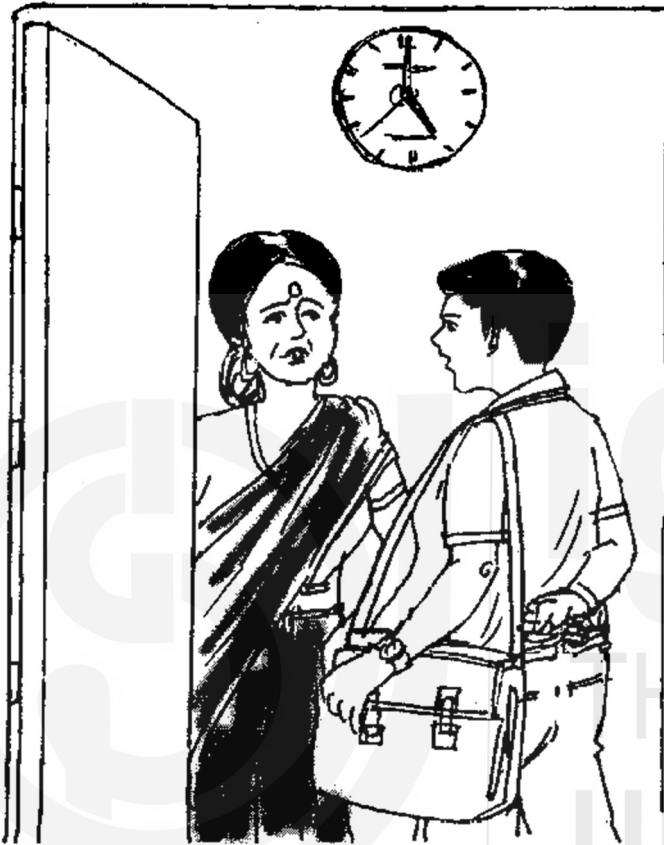
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## 2.7 IDENTIFICATION OF AN ADDICT

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It is easy to identify an 'addict'. It is not easy to identify addiction in its early stages. When it is alcoholism, it is even more difficult. The addict is capable of concealing his habit from the family members easily. There are certain external signs noticeable in his behaviour and appearances. Most of these are applicable to students or adolescents:

### At Home



- The addict comes home late.
- He will have new friends.
- He will be unwilling to tell who the friends are.
- The old friends who are not using drugs or alcohol discard him.
- He often misses family meals.
- He is often found closed up in the room and remains aloof, not talking to any member of the family.
- He goes to bed late and gets up late.
- The addict spends a long time in the bathroom, if he is an injecting drug user.
- Syringes, and other paraphernalia related to drug abuse may be found in his room.
- Demand for money increases.

- Valuables from home like tape recorders, watches, fans, jewellery of other family members and dresses will start disappearing (theft),
- Refuses to go for religious services, social functions etc.

#### **At School**

- Poor attendance in the school.
- Sudden decline in the academic performance.
- Asks for leave during school hours.
- Picks up quarrels in the school.
- Refuses to go to school or finds fault with school authorities or teachers.

**Physical Changes:** Addiction changes the personality of the addict. It is primarily noticed in the physical appearances of the addict. Neglect of personal appearance, cleanliness, stained fingertips, cigarette burns, skin rash, needle marks on the forearm, slurred speech, sweating, loss of appetite, fatigue, restlessness, drowsiness, drooping eyelids, blank facial expressions with dark circles under the eyes (clearly noticeable in case of alcoholics), redness of eyes, use of dark glasses to cover the redness of the eyes, unsteady gait, sudden weight loss, uses long sleeved shirt to cover the pock marks on the arm, withdrawal syndromes may be noticed like vomiting, diarrhoea, muscle cramps, sleeplessness etc. are some of the changes easily noticeable if one is an addict.

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## **2.8 SCHOOL BASED PREVENTION PROGRAMMES**

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School plays a very important part in the formation of an individual's personality. Drug abuse prevention should start early in life. This normally happens in the family set up. The second step of preventive education takes place in the schools.

An effective drug prevention programme in the school covers a broad set of education objectives. The programme consists of four objectives:

**Objective 1:** To value and maintain sound personal health

To understand how drugs affect health. An effective drug prevention education program instills respect for a healthy body and mind and imparts knowledge of how the body functions, how personal habits contribute to good health and how drugs affect the body.

At the primary level, children learn how to care for their bodies. Knowledge about habits, medicine and poisons lays the foundation for learning about drugs. Older children begin to learn about the drug problem and study those drugs to which they are most likely to be exposed. Children are present-oriented and are likely to feel invulnerable to long-term effects of drugs. For this reason, they should be taught about the short-term effects of drug use, such as impact on appearance, alertness, and coordination.

**Objective 2:** To respect laws and rules prohibiting drug use

The second objective teaches children to respect rules and laws as the embodiment of social values and as tools for protecting individuals and society. It provides

specific instructions about laws concerning drugs. While students in the early grades learn to identify rules and to understand their importance, the older students learn about the school drug code and laws regulating drugs. This can include topics like what rules are, and what will happen if there are no rules in society, legal and social consequences of drug use, penalties for driving under the influence of alcohol or drugs, relationship between drugs and other crimes, etc.

**Objective 3:** To recognize and resist the pressure to use drugs

Social influences play a key role in encouraging children to try drugs. Pressures to use drugs come from internal sources, such as a child's desire to feel included in a group or to demonstrate independence, and external influences, such as the opinions and example of friends, older children, and adults and media messages.

Students must learn to identify these pressures. They must then learn how to counteract messages to use drugs and practice saying 'NO'. The education program emphasises influences on behaviour, responsible decision making, and techniques for resisting pressures to use drugs.

Sample topics for these objectives are: influence of popular culture, peers, pressure on the students, ways to make responsible decisions, ways to resist peer pressure, and other situations in which students may be pressured into using drugs.

**Objective 4:** To promote activities that reinforces the positive, drug-free elements of student life

School activities may aim to provide students opportunities to have fun without drugs and to contribute to the school community — build momentum for peer pressure not to use drugs. These school activities also nurture positive examples by giving older students opportunities for leadership related to drug prevention.

Some of the activities suggested to help attain the above objectives are: Provide leadership opportunities to students, provide leadership training to be peer leaders, encourage literary activities promoting drug free life, like painting, writing plays etc, encourage role models who are not connected with drug use, form study groups in the school about drug abuse, drug trafficking, crime etc, provide sports facility in the school and encourage the Scout Movement, and the NCC.

### **Referral Services**

Referral services means guiding an individual to an expert or specialist for advice, (especially directing of the patient to a psychiatrist medical specialist). Most people are able to identify the problem of addiction in their own lives or in the family. Some will have enough skills and knowledge to motivate the addict for treatment. When one's ability to handle the problem effectively is limited, it is better to refer the person to a more competent person or organisation.

Referrals can be of three kinds: (i) Self-referral; (ii) Referral by parents, friends or other voluntary organisations; and (iii) Compulsory referral.

**Self Referral:** The main source of self referral may include information received from a recovering addict, a friend, or seek voluntary agencies. This induces the addict to come for treatment or other help voluntarily. The person may have a high degree of motivation.

**Referral by Parents, Friends or Other Voluntary Organizations:** This referral is also of voluntary nature. Someone refers the client for treatment to anyone of

the several known options. For example, the person making the referral may tell the counsellor about a suspected case of alcohol or drug abuse. He may provide the name of the user and chooses to remain anonymous, thus leaving the counsellor to get in touch with the person. The person making the referral may be the parent, spouse or any other concerned individual. The person may permit his or her name to be used.

**Compulsory Referral:** (Also known as mandatory referral). In this case the referring party actually introduces the addict to the counsellor, or to the treatment facility. This can happen in an educational institution where a student is identified as being under the influence of alcohol, or other drugs and the principal or any other authorized person orders the student to go for treatment or to meet the counsellor, if there is one in the school/college. A person arrested for intoxication may be compulsorily referred for treatment by a judge.

**Networking with Other Agencies:** Creating a drug free world is not left to one individual, one agency, or one nation. It has to be a collaborative effort. An individual effort can have only limited outcome. It has limitation in terms of resources and experiences.

A net is different from the bars of a window. Though the bars are stronger they are connected only at two points. The net is connected to other threads, at a number of points though they are not so strong as the bars. What gives strength to the net is its close connectedness. Networking is possible with different groups.

The strategies to be adopted can include:

- 1) Involve local law enforcement agencies in all aspects of prevention. Police and courts would have well established and mutually supportive relationship with other agencies working for prevention of drug abuse.
- 2) Involve student organisations in prevention of drug abuse. They will have enthusiasm and manpower. What is required to put that into action will be the expertise from other agencies.
- 3) Engage cultural organisations in prevention activities. Culture is a powerful binding and educational tool.
- 4) Get the support of religious organisations to work for a drug free society. All religions condemn abuse of alcohol and other drugs. Besides, religion is a powerful agent for self-discipline. Most recovery programmes are based on the intervention strategies.

**Check Your Progress III**

**Note:** Space is given below for your answer.

- 1) What are some of the ways of identifying an addict?

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## 2.9 LET US SUM UP

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Drug addiction cannot be cured, so it is best to prevent it. Education is the chief tool for preventing drug abuse. Education for avoiding drugs should start from home at an early age and continue through school and college.

The community is an effective agent in the prevention and treatment of drug abuse. Communities need to be empowered to do it. Involving communities in prevention and treatment of abuse has multiple benefits. There will be more learning, more participation and more responsibility on the part of the community members in making the community drug-free.

Treatment is possible only if the addict and his family find it useful and necessary. Motivating the family and the individual is of prime importance. An addict can be identified by observing him at home, in the school and by his physical appearance.

Drug education and treatment is a collaborative effort. Therefore various social and governmental agencies should work together to obtain optimum results.

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## 2.11 SUGGESTED READINGS

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U.S. Department of *Health and Human Services*, New York, (1984).  
Preventing Alcohol Problems through Students Assistance Program.

WHO/ TISS Workshop (1996), *Involvement of Youth in Health Promotion*,  
Tata Institute of Social Work, Mumbai.

B.K. Mahajan & M.C. Gupta (1991), *Textbook of Preventive and Social  
Medicine*, J. P Brothers, New Delhi.