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METHODOLOGICAL ASPECTS OF THE SOCIAL WORK WITH CLIENTS USING AND ADDICTED TO PSYCHOACTIVE SUBSTANCES

Abstract: *The presented article analyses issues of the use and addiction to psychoactive substances as serious social problems and dynamically manifesting forms of deviant behaviour, characterized by a negative impact on the formation and development of personality and its social functioning. In the context of the measures taken by European countries to tackle the use of psychoactive substances and their dependent behaviour the importance of social work stands out and related social and psychosocial rehabilitation and resocialization activities implemented in social services and rehabilitation centres. Conceptual, content and activity aspects of methods of social work with users and addicted to psychoactive substances clients with psychodynamic, behavioural and cognitive-behavioural orientation, methods taking into account the influence of social and cultural factors, outreach work and motivational interviewing are analysed. The functional specifics of certain institutional forms of social services for social and psychosocial rehabilitation and resocialization of clients addicted to psychoactive substances are revealed. The position of the author on the highlighted advantages and disadvantages of the analysed methods is presented as providing an opportunity for a constructive approach and choice of social work methods and for exploiting the opportunities of social and psychosocial rehabilitation with clients using and addicted to psychoactive substances through forms of social support in the community.*

Key words: *social work with clients using and addicted to psychoactive substances; social work methods with clients using and addicted to psychoactive substances; psychosocial rehabilitation of clients using and addicted to psychoactive substances; forms of social support in the community of substance-dependent clients.*

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Introduction

In the modern conditions we live in, the use and dependence on psychoactive substances are one of the most serious social problems, negatively affecting the functioning and development of the individual and the society. As dynamically occurring forms of deviant behaviour, they stand out with a tendency to reduce the age of the users and abusers. The psychoactive substance-dependent behaviour is characterized by a destructive orientation towards the organism of the given individual, the formation and development of his or her personality and the social functioning (self-destructive behaviour). In connection with the presented negative aspects, the efforts of the European countries to deal with the use and dependence on psychoactive substances are related to monitoring, research, development and implementation of certain policies, construction of models and methods and related to them practices [12]. The results reveal that the effectiveness of the support and assistance provided through social work to deal with behaviour dependent on psychoactive substances increases when they are implemented in specialized clinics, rehabilitation centres and social services through: replacement of the addictive behaviour by inclusion in positively oriented individual and group activities; achievement of personal change through inclusion in psychosocial rehabilitation and resocialization activities; use of appropriate medical therapy and psychotherapy, etc. [9; 24].

1. Social work methods for clients using and addicted to psychoactive substances

1.1. Psychodynamically oriented social work method for clients using and addicted to psychoactive substances

The essence of the psychodynamically oriented social work method for clients with psychoactive substance-dependent behaviour is expressed in providing help so they can realize and neutralize the impact of factors that psychologically underlie their addiction. Initially, clients are given the opportunity to express and understand the causes of their internal contradictions, after which the efforts are focused on helping them to change their lifestyle, determined by the effects of the substance abuse [19]. This method of social work is one of the used ones, but it has been criticized by opponents for not being effective enough due to the difficulties of clients with substance-dependent behaviour to understand independently the essence of the reasons for this behaviour and lifestyle without taking into account the influence of and the object of dependence [7; 16]. Researchers believe that the psychodynamically oriented social work method with psychoactive substance-dependent clients is more effective when applied in a complex of rehabilitation activities and in combination with cognitive methods and appropriate medication therapy [6; 14].

1.2. Behavioural-oriented social work methods for clients using and addicted to psychoactive substances

The behavioural-oriented social work methods with psychoactive substance-dependent clients are one of the preferred ones to use. In certain cases, they are administered in the form of aversion therapy, which involves taking medications (e.g. Disulfiram) that provoke unpleasant sensations and disgust to alcohol after exposure to certain reflexes. This method is also used in cases where alcohol abusers do not acknowledge their addiction and have not decided to deal with it [28]. In one of its variants, the aversion therapy is based on the association of alcohol use with nausea and vomiting, determined by the action of a specific medical substance [10]. In another variant, through the aversion therapy (hidden sensitization) in alcohol addicts, notions of unpleasant or frightening scenes are formed during its use [11]. It is assumed that in several unpleasant scenes accompanying the use of alcohol, negative reactions are formed in the clients. Another variant of the behavioural method of work with clients addicted to psychoactive substances (alcohol or drugs) is the training in the implementation of behaviour that is alternative to their use [3]. Training is conducted with the clients, so they can build self-confidence and confidence in their own abilities, to acquire communication skills that allow them to express their feelings and experiences and under the influence and help of the immediate environment to stop using the psychoactive substance [8]. The behavioural-oriented methods of social work with addicted to psychoactive substances (alcohol or drugs) clients are effective mainly in combination with cognitive methods and in the presence of strong motivation on their part to cope with their addiction, despite unpleasant experiences or pressing needs [31]

1.3. Cognitive-behavioural-oriented social work methods with clients using and addicted to psychoactive substances

The cognitive-behavioural-oriented methods of social work with psychoactive substance-dependent clients are oriented towards helping them to acquire knowledge and skills so they can control their behaviour in relation to the use of substances. This is done through training in order for them to acquire knowledge and skills for self-control [20]. At the beginning, the clients describe the time, place, feelings and experiences, physical manifestations and other details related to their dependence on the given psychoactive substance, thus with the support of the assisting specialist gradually they become aware of the risk situations in which it is possible to abuse it. They are then trained in the use of methods and models of behaviour that helps them to deal with such situations. The clients learn to gradually limit the use of the psychoactive substance and to use methods to deal with situations in which they usually resort to its use. Researchers note that in many cases, clients manage to make progress in overcoming their addiction [22]. Another variant of the cognitive-behavioural-oriented methods of social work with clients with psychoactive substance-dependent behaviour is associated with training in skills for planning an acceptable amount of psychoactive substance (alcohol) for use and circumstances in which it can be used. Such an approach significantly reduces the incidence of intoxication [17]. This method has been used with some success in the treatment of marijuana and cocaine addiction [6; 30].

1.4. Methods of social work with clients using and addicted to psychoactive substances, while taking into account the influence of social and cultural factors

Researchers who have developed these methods and the social workers who apply them adhere to the view that problems with substance-dependent behaviour arise in a particular social and cultural environment, which requires not only consideration of the factors in them, but also the use of the client's resources and the community. Many substance-dependent people live in poverty and face exploitation, violence, oppression and discrimination in their lives. In this regard, by taking into account the impact of the social and cultural factors people living in, such as poverty and unemployment and being part of oppressed, discriminated and marginalized minority ethnic groups that are spatially isolated in slum ghettos, the share of social work with psychoactive substance addicts is increasing, [15].

According to experts using these methods, helping clients from the mentioned vulnerable groups to cope with their social problems and overcome established stereotypes about them and their cultural community are one of the very good means of protection from frequent stressful and critical situations in their lives, which are forcing them to use psychoactive substances to escape the harsh reality.

1.5. Outreach work with clients using and addicted to psychoactive substances

The outreach work is a method of social work with groups of users and addicts of psychoactive substances (drugs) in their usual places of residence, which is oriented towards the establishment of contact and provision of assistance in the form of information, counselling and providing means for prevention of transmission of infectious diseases. It is characterized by compliance with the conditions and rhythm of the clients' life, which determines the time and duration of the assistance [27]. The target group of this social work method are people who use injecting drugs and live in an open street environment, gather in certain places and spend their daily lives in them. The basic principles of outreach work as a method of social work are expressed in:

- objective perception of the addiction of people who use drugs by injection. This does not mean that drug use is approved or encouraged. The activity carried out in accordance with the given principle is based on the view that at this stage the client has decided to continue the use of drugs. He or she is not forced to stop this use, but is motivated to take a similar step with the professional support of a social worker;
- the preventive care is defined as a service that is provided regardless of whether the client is under the influence of a psychoactive substance, and is expressed in information, counselling, giving free sterile syringes, condoms and other protective equipment;
- voluntariness – people who use injecting drugs decide for themselves whether to accept the help and resources provided to them;
- anonymity – the client who comes into contact with an outreach worker provides only the information about himself / herself defined as necessary;
- confidentiality of the information – the outreach worker keeps responsibly and does not disseminate the information acquired during the interaction with the client, for which such an agreement has been reached;
- non-condemnation of the injecting drug users, willing to work with each one of them, regardless of their values, beliefs and behaviour, and to help them minimize the harmful effects of the drug use.

The goals of the outreach work as a social work method include:

- minimizing the harm from the injecting drug use by protection against HIV/AIDS, hepatitis, sexually transmitted infections through counselling on how to avoid risky behaviour;
- organizing and coordinating interactions with injecting drug users and developing relationships of trust with them;
- providing different types of assistance and services depending on the scope of the outreach work;
- counselling, medico-social and psychosocial support; partnership with medical institutions (mental health centres, dermatological and venereological dispensaries, infectious disease wards at medical institutions, etc.), lawyers and legal institutions and creation of a social support network;
- documenting and evaluating the results of the accomplished outreach work.

In theory and practice, certain types of outreach work stand out as a method of social work: outreach work on ground - on the street, in abandoned buildings, in restaurants (cafes, bars, etc.), in clubs, railway stations, etc.; outreach work at the place of residence – regular visits to the homes of people who use drugs by injection; outreach work in places of temporary residence – arrests, prisons, etc.

1.5.1. Models of outreach work with clients using and addicted to injecting psychoactive substances

In the theory and practice of social work with clients who use injecting drugs, the following models of outreach work are derived:

1. A model of using leaders from groups of clients who use injecting drugs [32]. The model uses the capabilities of the group leaders whose members inject drugs to establish contact with them. The leader is seen as an authoritative figure whose patterns of behaviour, advice, and influence in the group have the potential to influence its members. In organizational and technological terms, the model includes the following main components: visit of the place where people who use injecting drugs are located; establishing contact with the leader or leaders of the group – independently or through an intermediary (friends, acquaintances, relatives, doctors, etc.); assessment of the risk behaviour of the leader or leaders; providing information to the leader; conducting preventive work in the group by the leader.

2. A model of creating a network of mentors from the environment of groups with clients using injecting drugs. The model was developed at Johns Hopkins University and is based on the view that there is a network of people who inject drugs depending on the type of the drug used [18]. It is structured by the components: establishing contacts with people injecting drugs from each network; study of the structure and characteristics of the injecting drug networks; selection of injecting drug users from the group environment who can perform the functions of

mentors; preparation of the mentors through training in the conditions of training within ten thematic classes; assessment of the acquired knowledge and skills of the mentors; conducting outreach work by the mentors among the network members; periodic interviewing of the network members by the mentors.

3. Peer-mentors outreach model. It was developed at the University of Connecticut and is based on the concept of enabling each person who is using injecting drugs to fight the spread of HIV in their community by attracting and training associates from their environment ("peers") [4]. In organizational and technological terms, the model includes the following main components: establishing contact and attracting one or two people using injecting drugs to participate in the outreach work; conducting an interview with the engaged clients and giving a reward for their participation in the interview; training of the engaged injecting drug clients in a training program on main topics; realization of preventive work by the mentors among the attracted injecting drug clients, for which they receive a reward; conducting a re-interview with the engaged injecting drug clients every three months.

4. An outreach-work model that includes a supervisor, a group leader, an outreach worker, and a mentor from within the group of injecting drug users. It was created in the 1980s in the Netherlands as a result of the activation and self-organization of people who used drugs [29]. The work on the model began with the self-organization of a group of drug users called "Junkienbond", whose goal is the prevention and regular check-ups of hepatitis among the injecting drug users by providing them with sterile syringes. With the gradual development of the model, professionals are involved in its activities, as well as people who have used or stopped using drugs. The model is widespread in a number of European Union countries. The following components are included in the organizational and technological scheme of the model:

A. Selection of supervisors. The supervisor is a competent specialist in the field, who provides the necessary advice and consultations to conduct effective outreach work. He or she is engaged in: selection of outreach workers; educating through trainings; identifying leaders from the environment of the trained outreach workers; together with the leaders forms groups of trained outreach workers.

B. Training of outreach workers in a special training program. The trainings are conducted by the supervisor, the leaders of the groups of outreach workers and by involved trainers. The knowledge and skills acquired by the outreach workers are checked and evaluated through a test.

C. Organizing and conducting outreach work. This component includes: development of internal documentation, consisting of: diaries, rules for outreach work, work responsibilities, type, frequency and duration of the outreach work;

D. Educating in the conditions of training of injecting drug users, engaged as mentors. The training is conducted by the leaders of the groups of outreach workers and by outreach workers under special guidance (European Peer Support Manual, Trimbos Institute, Utrecht, Netherlands).

E. Implementation of regular workshops for outreach workers (at least once a week). The workshops are held by the group leaders and are designed to exchange information between the outreach workers, analysis of the arising problems and development of information materials.

F. Conducting individual and group supervision (at least once a month). The supervision aims to analyse the outreach work, to increase the efficiency of the outreach workers, as well as to prevent the burnout syndrome. The supervisor helps outreach workers to transform lapses and mistakes, to overcome them by turning them into a source of important experience.

G. Carrying out periodic research of the behaviour of people using injecting drugs. The implementation of the outreach work models includes the stages: situation assessment; choice of outreach work model; selection and training of staff; creating an appropriate organization for conducting outreach work; implementation of outreach work; evaluation of the results of the outreach work and its effectiveness.

1.6. Motivational interviewing of clients using and addicted to psychoactive substances

The essence of the motivational interviewing of clients with alcohol problems was first presented in a publication by William Miller in 1983 [20]. The method was supplemented and refined in 1991 by William Miller and Stephen Rollnick in their book on motivational interviewing of people with addictive behaviour [21; 23]. The motivational interviewing in general aims to help addicted clients to analyse their behaviour and choices and to facilitate them in achieving change and success, based on their ability to change their harmful habits. The role of the interviewing social worker is to help the client by encouraging him to think about himself and his own dependent behaviour and makes it easier for him to come up with his own ideas for overcoming it. This approach is based on the view that real change can only be achieved by motivating the client, as the role of the social worker is expressed in creating the conditions for achieving this without exerting pressure and using coercion. In the motivational interviewing the focus is not on the authority and power positions of the social worker. The client is expected to be independent and make important decisions, sharing the view that the real driving force for change is in the client, not in an external source. This means that in this position the client is empowered and take

responsibility for his or her own decisions and overcome the drug dependent behaviour.

The effectiveness of the motivational interviewing as a method of dealing with problems related to the use of psychoactive substance was presented by Brian Burke and colleagues in a review of twenty-six researches, eleven of twelve of which revealed its usefulness in overcoming addiction of psychoactive substance [5]. The motivational interviewing is successfully applied alone and in combination with other methods and has the following advantages:

- low cost - its nature of advisory assistance implies minimal costs;
- effectiveness – scientific and practical evidence has been presented for the achievement of good results in dealing with high-risk addictive behaviour, such as drug injections; stimulating the client's resources to achieve change;
- compatibility with other methods – there is a possibility to use a motivational interview in both long-term and short-term rehabilitation and therapeutic programs;
- strengthening the client's motivation – the client's motivation is an important factor for the achievement of change. In this regard, he or she always receives support and is encouraged by a social worker, which is essential for the decisions made and the behaviour afterwards;
- increasing the readiness to adhere to the suggestions and recommendations of the social worker and other assisting specialists, which leads to increasing the quality of the achieved results.

Clients with psychoactive substance-dependent behaviour very often find themselves in a situation of hesitation whether or not to realize their intention to change. The social worker switches to active work with them when they have overcome their hesitations and decided to actively change [26]. Then the social worker has more options to help clients realize what they set out to do. This means that in order for the change in client behaviour to be successful, they need to be sufficiently motivated to implement it. When clients are in a situation of transition from intention to change to active change, it is appropriate to use motivational interviewing. In cases where the social worker has failed to help clients move towards change or even decide to change, this is considered from the positions of motivational interviewing as an acceptable result. The outlined direction shares the view that it is possible for clients to return to discussing the issue of change and dealing with addictive behaviour. The situation in question requires the social worker to maintain contact with such clients.

Table 1. Stages of work and tasks of the social worker in the motivational interviewing with clients with psychoactive substance-dependent behaviour

No	Stage of change and characteristics of the stage	Tasks of the social worker	Actions of the social worker in order to accomplish the tasks
1	Stage of considering an intention to change	Helping the client to realize the risks and problems associated with his or her behaviour	Achieving mutual understanding. Accepting the client's lack of readiness. Acceptance of the situation that the decision is made by the client. Offering and providing information in a neutral and non-judgmental manner. Explaining the risks and considering them in the context of the attitude towards the client. Providing information to minimize harm. Encourage the reassessment of the existing patterns of behaviour. Encourage self-analysis from the client, not on behalf of his or her behaviours.
2	Stage of expressed intention for change	Determining the reasons for change and the risks associated with the lack of change. Strengthening the independence and self-confidence of the client in order to achieve	Acceptance of some shortcomings in the expressed readiness. Acceptance of the situation that the decision is made by the client. Joint analysis with the client of the good and the bad, according to him/her, in drug use. Analysis of the scheme for a normal day to day activities.

		change in his or her behaviour	Encourage the analysis and evaluation of all the pros and cons of behavioural changes. Understanding, summarizing and presenting the client's hesitations and doubts regarding the change. Emphasising on the positive changes in perspective, found in the analysis and evaluation. Track, register and encourage the client's statements, through which he or she encourages itself. Avoiding arguments in favour of the changes. This requires the client to be encouraged to do so himself.
3	Stage of preparation for taking actions for change	Helping the client to outline an optimal plan for taking actions for change	Joint study of behavioural options and strategies. Identifying obstacles and problems and providing support to the client to overcome them. Assisting the client in identifying possible sources of social support. Helping the client believe in their own ability to make changes in the behaviour. Encouraging the initial steps of the client on the path to implement changes in his or her behaviour.
4	Stage of implementation of the actions for change	Assisting the client in the initial steps to implement changes in the behaviour	Assisting the client in the planning and setting goals. Providing support in dealing with the problem. Assisting the client in identifying obstacles to the implementation of change, as well as the factors supporting and affirming the change. Focus on the signs of the change and the social support. Strengthening the independence and self-confidence of the client in overcoming the obstacles. Assisting the client in overcoming the feeling of loss in relation to his or her previous lifestyle. Discuss and strengthen the understanding of the long-term nature of the benefits of the change.
5	Stage of maintaining the intentions for change	Providing support to the client in identifying failure factors and assisting him in the development and implementation of strategies for prevention of possible failures	Support of the client in his or her self-promotion. Discussion of options for counteracting to possible failures. Identify strategies for overcoming failures, which could possibly contribute to achieving a good result. Study and prediction of factors that are likely to cause a failure. Drawing up a support plan, close environment, self-help groups, consultant, etc.
6	Failure stage (this stage is presented as possible and is not compulsory) The client returns to previous patterns of behaviour	Helping the client to return to consideration and preparation of actions, so he or she does not become discouraged and does	Assisting the client in analysing the occurred failure. Supporting the client in viewing the failure as an instructive experience, not as necessarily something bad. Joint assessment of the high-risk situations.

		not return to previous patterns of behaviour	Focus on all the pros and cons and immediately return to attempts to change the behaviour.

2. Forms of social support in the community of clients addicted to psychoactive substances

With the decrease in the degree of mental and physical dependence of psychoactive substances, the support of clients, implemented through the social work-based institutional forms of social services, increases. An important component of them is the psychosocial rehabilitation, including psychosocial support of the process of remission, positivity and increase of the personal resources of psychoactive substance addicts.

The centre for psychosocial rehabilitation of the type Minnesota Model of Addiction Treatment [2], in contrast to self-help groups, relies on the help of professionals in dealing with addiction to psychoactive substances. In it, the principles of work in groups such as "Alcoholics Anonymous" or "Drug Addicts Anonymous" are appropriately combined with the achievements and capabilities of the psychology, psychiatry, sociology, social work and others. Created in the 1940s of the twentieth century in the United States, today it is developing intensively and a new approach is applied for the solution to the problem of addiction to psychoactive substances.

The Daytop Village Foundation Inc. program is one of the first and largest drug addiction treatment programs in the United States (http://www.daytopvillage.org), which is based on the model of the therapeutic community, is organized and operates on the principle of the "big family". It focuses on the formation of positive models of behaviour and the combination of individual counselling and group work, in which an analysis of one's own behaviour and mistakes is made and one takes responsibility for dealing with them. It is defined as one of the most successful in the field and is presented as contributing to the formation of an emotionally empathetic community in which the client feels safe and at the same time is under strict control and learns to behave responsibly [1; 13]. The program is characterized by its intensity and requires maximum involvement and "immersion" in the therapeutic process. It is designed for a wide range of services, which include providing assistance not only to clients but also to their families and loved ones. The assisting professionals facilitate the process of their adaptation to the behaviour of the addict, to the acquisition of knowledge and skills to help him or her cope with the addiction, to achieve change and return to a normal lifestyle.

Social services in the community of resident type (sheltered housing, transitional housing). In this type of social services for a certain period of time social and psychosocial rehabilitation and resocialization activities are carried out, including: individual and group social work and psychotherapy, occupational therapy, art therapy and sports activities; providing consultations for social, legal and educational purposes; conducting discussions and debates on various topics: health, daily routine, prevention of relapse, sports and hobbies, taking responsibilities, seeking and securing employment, acquiring and developing knowledge, skills and experience for positive and constructive communication; acquisition of knowledge, skills and experience for overcoming interpersonal conflicts in the conditions of the social service, with family members and in the community; preparation for integration into a family environment and building trust in the family; work with the family of the addict and with the close environment; providing assistance in finding work and housing.

Orthodox centre for spiritual care and support of addicts to psychoactive substances. In the city of Varna, Bulgaria, there is an Orthodox centre for spiritual care of drug addicts "St. Boyan Enravota". Its activity is based on a program for social and psychosocial rehabilitation and resocialization of drug addicts by a team of assisting specialists (social worker, psychologist, occupational therapist, art therapist, catechist), which is combined with spiritual care by priests. Within the rehabilitation work, individual and group spiritual therapy is carried out too [25].

The success of social and psychosocial rehabilitation is determined by the willingness of the client with drug dependent behaviour to cooperate with the team of assisting professionals. This requires from the very beginning of the joint activity that the social worker devotes sufficient time and uses the necessary professional approaches and resources in order to create a suitable work atmosphere and to achieve a very good level of trust. The realization of this goal takes different time and it is the longest in cases of clients addicted to psychoactive substances with pronounced personality changes. Building a cooperative relationship requires a clear delineation of the responsibility for the results of the work carried out by the both parties. In this regard, the social worker and the client reach an agreement, together they determine the purpose and objectives of the activities, draw up a work plan and deadlines for implementation and objectively assess the contribution of each in the process of dealing with addictive behaviour. In the work for overcoming the

addiction the social worker is based on the personal resources of the client, determines and discusses his or her resistance to change, models and predicts his/her future, both in the case of maintaining the dependent behaviour and in dealing with it.

The successful implementation of the social and psychosocial rehabilitation also relies on the interaction with the family of the client addicted to psychoactive substances by: providing in a clear and accessible way information about the purpose of the social and psychosocial rehabilitation and the methods used; periodic counselling of the family members by a social worker, psychologist, psychotherapist and psychiatrist, specializing in providing support and assistance to psychoactive substance addicts; organizing and involving family members in group work to acquire knowledge, skills and experience for interaction with a member of the family who is addicted to psychoactive substances; informing about the possibility of inclusion in self-help groups of families with drug addicts.

Conclusion

The presented theoretical and applied analysis of methods of social work with users and addicted to psychoactive substances clients allows to highlight their organizational and technological specifics, their practical abilities to provide professional support and assistance to this vulnerable group of people and deal with one of the serious and complex in nature social problems in modern society at national and European level [12]. The dynamic changes in the market and the use of psychoactive substances, and above all the challenges society is facing, require professionals in the field of social work through conducting research, analysis of theories and practices to deepen and develop their vision not only for prevention and counteraction to the spread and use of psychoactive substances, but also to apply effective methods of intervention and provide support to the clients so they can deal with their addiction. In the outlined context, highlighting the advantages and disadvantages of the considered methods will provide a certain opportunity for a constructive approach and choice of methods of social work with users and addicted to psychoactive substances clients, together with the utilization of the opportunities for social and psychosocial rehabilitation in the conditions of institutional forms of social services.

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