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Rehabilitation Process in Addictology: The Opinion of Social Service Professionals

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Abstract

The article summarizes the results of a sociological survey conducted among social workers, who along with doctors and psychologists are the main agents in the rehabilitation of drug addicts. The author states that the role of these agents is weakly interiorized by representatives of noted profession. Social workers intend to transfer care about drug addicts to addiction psychiatrist. At the same time the image of addiction psychiatrist in the eyes of social workers is very high that allows us to foresee good prospects for their cooperation in case of extending the field of social workers' activity in addictology. Their relations with addiction psychiatrist may be developed in accordance with the collegiate model of relations in medicine. At the present time, strengthening of social work in the sphere of addictology is prevented by the lack of clear targets on professional development in this area among representatives of the profession.

Keywords

Social worker; Addiction psychiatrist; Drug addicts; Rehabilitation; Medicalization; Healthcare institution

Introduction

During the past few years the social service professionals have begun to play the greater role in the rehabilitation process of drug-addicted patients that corresponds to the currently accepted paradigm of biopsychosocial rehabilitation [1-6]. This determined the feasibility of conducting survey among concerned professionals.

Method

Survey was conducted according to the prepared questionnaires.

Results and Discussion

Table 1 shows how social service professionals estimate the effectiveness of treatment and rehabilitation care of drug-addicted patients [6].

As is obvious from the data in Table 1, two-thirds of respondents (67.6%) believe that the treatment and rehabilitation care to drug-addicted patients is provided quite efficiently at present. The answers of the remaining one-third of respondents were distributed among the other three possible answers: 10.8% of respondents believe that care is provided inefficiently; 10.8% feel it's provided extremely inefficiently; and 10.8% found it difficult to answer [1].

The opinion of social service specialists concerning the institutions that currently deliver treatment and rehabilitation care to drug addicts is presented in Table 2.

Half of the surveyed specialists (54.1%) answered that necessary measures are provided by healthcare institutions; one-third of respondents (32.4%) believe that the measures are provided equally by medical institutions and public organizations; 10.8% found it difficult to answer; and only one person (2.7%) gave the priority to public organizations [2].

Concerning the question about patterns of ownership of healthcare institutions that provided treatment and rehabilitation care to drug-addicted patients, the answers were distributed as follows: three-fourths (78.4%) gave priority to state (municipal) healthcare institutions and

only one person (2.7%) to non-state ones; 10.8% of respondents believe that this activity is carried out in approximately the same amount by state and non-state healthcare institutions, while the remaining 8.1% found it difficult to answer.

The evaluation of the legal framework in the field of addiction by social service professionals is shown in Table 3.

The evaluation of legal framework in the field of addiction medicine by social service professionals was quite negative: just one person (2.7%) considered that it was perfect, whereas more than half (54.1%) of the respondents believed that there were certain gaps in legal framework; one-third (32.4%) considered it as extremely imperfect; the other respondents (10.8%) could not specify their opinion on this issue [7].

When carrying out professional activities, both social service specialists and medical (clinical) psychologists do not prescribe medication [6]. Though working at drug treatment and psychoneurological institutions the social service professionals are directly involved in rehabilitation measures, which involve the assignment of psychotropic drugs to patients and, accordingly, constantly "deal" in practice with such kinds of medications. Thus, the social service professionals, as well as medical psychologists, have (should have) certain ideas about psychopharmacotherapy and therefore their viewpoint about problems of medicinal therapy in addictology also seems interesting and important [7]. Table 4 presents the opinions of professionals in this field regarding the issues of medicinal therapy.

With the statement that existing treatment standards of narcologic diseases are not based on the principles of evidence-based medicine,

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	Social service professionals (n = 370)	
	Abs.	%
Currently, care and treatment and rehabilitation service of drug-addicted patients is provided		
a) quite efficiently	25	67.6
b) inefficiently	4	10.8
c) extremely inefficiently	4	10.8
d) cannot say	4	10.8

Table 1: Effectiveness of treatment and rehabilitation care of drug-addicted patients (evaluation of social service specialists)

	Social service professionals (n = 37)	
	Abs.	%
The measures are provided predominantly by		
a) healthcare institutions;	20	54.1
b) public organizations;	1	2.7
c) almost equally by the first and the second ones;	12	32.4
d) cannot say	4	10.8
Treatment and rehabilitation care to drug addicts is predominantly provided by		
a) state (municipal/healthcare institutions);	29	78.4
b) non-state healthcare institutions;	1	2.7
c) almost equally by state and non-state ones;	4	10.8
d) cannot say	3	8.1

Table 2: Who predominantly provides treatment and rehabilitation care to drug-addicted patients

	Social service professionals (n = 37)	
	Abs.	%
The legal framework in providing assistance to drug-addicted patients is		
a) perfect	1	2.7
b) there are some gaps	20	54.1
c) very imperfect	12	2.4
d) cannot say	4	10.8

Table 3: The evaluation of the legal framework in the field of addiction by social service professionals

	Social service professionals (n = 37)	
	Abs.	%
Existing treatment standards of narcological diseases are not grounded on the principles of evidence-based medicine. You		
a) fully agree	1	2.7
b) partly agree	15	40.6
c) do not agree	8	21.6
d) cannot say	13	35.1
Addiction medicine uses unreasonably broad range of drug substances. You		
a) fully agree	1	2.7
b) partly agree	7	18.9
c) do not agree	21	56.8
d) cannot say	8	21.6
The main cause of unreasonable treatment of drug-addicted patients with drug substances is the insufficient qualifications of doctors. You		
a) fully agree	1	2.7
b) partly agree	2	5.4
c) do not agree	27	73.0
d) cannot say	7	18.9

Table 4: The evaluation of medicinal therapy issues in addictology given by social service professionals

just one person (2.7%) agreed, 10.6% partly agreed, 21.6% did not agree and one-third of respondents (35.1%) found it difficult to answer.

With the statement that addictology uses unreasonably broad range of drug substances, just one person (2.7%) fully agreed, 18.9% partly agreed, more than half did not agree (56.8%), and one-fifth (21.6%) of respondents found it difficult to answer.

The answers of respondents to the first two questions proved their “respected” attitude to medicinal therapy in the contemporary native addictology.

The answers of professionals to the third question of this pool indirectly revealed unconditional recognition of the authority of the drug therapist in the implementation of treatment and rehabilitation process and the strategy of drug therapy. Thus, just one person (2.7%) fully agreed and two persons (5.4%) partly agreed with the statement that the main cause of unreasonable treatment of drug-addicted patients by drug substances is the insufficient qualification of doctor. Instead three-fourth (73.0%) of respondents absolutely didn’t agree with this statement. The other (18.9%) found it difficult to answer.

The next two questions of the questionnaire were focused on evaluations of social service institutions activity in addictology and cooperation of social service professionals with these institutions (Table 5).

One-third of social service professionals (32.4%) considered that social service institutions helped much to drug addicts; almost half of the respondents (46.0%) believed that their help is limited; and just 10.8% thought that social service institutions do not provide help. Thus we can state the positive attitude of social service professionals towards the activities of social service institutions in this sphere.

It is therefore not surprising that surveyed respondents are involved in active interaction with social service institutions: almost three-fourth of respondents (70.3%) informed about their constant cooperation with social service institutions; 18.9% had episodic contacts, while just 10.8% had no contacts at all.

Nevertheless, it may be justifiably assumed that in addition to “positive” attitude towards the activities of social service institutions, the very specificity of social service requires the active cooperation of professionals in this field with these institutions, which was confirmed in the conducted survey [5].

The evaluation of help provided by the religious organizations to drug addicts is shown in Table 6.

	Social service professionals (n = 37)	
	Abs.	%
Social service institutions provide to drug-addicted patients		
a) a lot of help	12	32.4
b) limited help	17	46.0
c) virtually no help	4	10.8
d) cannot say	4	10.8
Do you cooperate with social service institutions helping drug-addicted patients?		
a) yes, constantly	26	70.3
b) episodically, sometimes	7	18.9
c) do not cooperate at all	4	10.8

Table 5: The evaluation of social service institutions activity in addictology and cooperation with social service professionals

	Social service professionals (n = 37)	
	Abs.	%
Religious organizations provide drug addicts		
a) a lot of help	17	45.9
b) limited help	17	45.9
c) virtually no help	1	2.7
d) cannot say	2	5.5

Table 6: The evaluation of help provided by the religious organizations to drug addicts

	Social service professionals (n = 37)	
	Abs.	%
Currently there is a negative attitude in the society towards the level of drug treatment.		
You		
a) fully agree	5	13.5
b) partly agree	9	24.3
c) do not agree	23	62.2
d) cannot say	–	–

Table 7: The opinion of social service professionals with regard to the population attitudes towards drug treatment

	Social service professionals (n = 37)	
	Abs.	%
In case of diagnosed alcoholism (drug addiction/substance abuse) the main role in medical rehabilitation must be fulfilled by healthcare institutions (and the specialists working there). You		
a) fully agree	23	62.2
b) partly agree	6	16.2
c) completely disagree	6	16.2
d) cannot answer	2	5.4

Table 8: The attitude of social service professionals towards the role of healthcare institutions in patients' rehabilitation in case of severe addiction problems (diagnosed alcoholism/drug addiction/substance abuse)

According to the data presented in Table 6, the social service professionals highly estimated the activity of a given social institution: almost half of respondents (45.9%) believed that religious organizations helped much to drug addicts, and the same number of respondents (45.9%) noted that the help was limited. Just one person (2.7%) mentioned that virtually they do not help, and two more persons (5.5%) found it difficult to answer. In general, the help of religious organizations to drug addicts was estimated by respondents to be a little bit higher than that of the social service institutions [5].

The opinion of social service professionals with regard to the population attitudes towards drug treatment is given in Table 7.

With the statement that currently there is a negative attitude in the society towards the level of drug treatment, 13.5% of respondents fully agreed, 24.3% agreed partly and two-thirds (62.2%) totally disagreed. Thus, according to the opinion of most respondents, in general the society positively evaluated the level of drug treatment.

The attitude of social service professionals to the role of healthcare institutions in patients' rehabilitation in case of severe addiction (diagnosed alcoholism/drug addiction/substance abuse) is given in Table 8.

	Social service professionals (n = 37)	
	Abs.	%
The following are the most prospective avenues of further developments in addiction medicine (several answers were possible):		
a) the improvement of medical care (both at hospital and outpatient care) provided to patients;	1	43.2
b) increasing the availability of drug treatment;	16	43.2
c) improvement of preventive work, particularly among children and adolescents;	29	78.4
g) improvement of the ethical and legal provision of drug treatment;	21	56.8
d) greater involvement of psychologists and social service professionals in medical rehabilitation and prevention activities;	25	67.6
e) greater involvement of representatives from social service institutions in treatment, rehabilitation and prevention activities;	24	64.9
g) greater involvement of representatives from religious organizations in treatment, rehabilitation and prevention activities;	25	67.6
h) providing adequate modern diagnostic and medical equipment to drug treatment clinics;	22	59.5
i) staff training and retraining in the light of new technologies in addictology;	33	89.2
k) other;	–	–
l) cannot say	–	–

Table 9: The most prospective avenues of further developments in addictology

The statement that in case of diagnosed alcoholism (drug addiction/substance abuse) the main role in medical rehabilitation must be fulfilled by healthcare institutions (and the specialists working there) was fully accepted by two-thirds of specialists (62.2%), while 16.2% of respondents agreed only partially. Another 16.2% totally disagreed and 5.4% found it difficult to give a definite answer. Therefore, the respondents gave a clear priority to medical institutions in the implementation of the considered social practice – rehabilitation of patients with severe addiction problems (diagnosed alcoholism/drug addiction/substance abuse).

The opinion of social service professionals concerning the most prospective avenues of further developments in addictology is shown in Table 9.

The respondents were asked to give multiple answers to this question and, on average, each respondent made multiple choice selecting 6.4 answers. This indicates that the enhancement of the rehabilitation process efficiency in addictology requires further developments in a variety of areas. Accordingly, each of the areas was noted quite often (in half of the answers and even oftener).

From the viewpoint of social service professionals, the most prospective development avenues were staff training and retraining in the light of new technologies in addictology; this was pointed out by the vast majority of respondents (89.2%). It can be assumed that one reason for frequent mentioning of this development avenue is the fact that the respondents consider their own knowledge about peculiarities of social work with addicts insufficient.

Improvement of preventive work, particularly among children and adolescents, took second place in the respondents' preferences (78.4%). They also considered promising greater participation in treatment, rehabilitation and preventive activities of social agents, such as psychologists, social workers, representatives of religious organizations (67.6%) and social service institutions (64.9%).

	Social service professionals (n = 37)	
	Abs.	%
In the next 5-7 years the treatment of drug-addicted patients will		
a) improve	25	67.6
b) become worse	–	–
c) not change (everything will remain as it is)	5	13.5
d) cannot say	7	18.9

Table 10: The prospects of improving the efficiency of drug treatment

	Social service professionals (n = 37)	
	Abs	%
During the last 3 years you have		
a) not participated;	22	59.5
b) participated without contributing presentation;	9	24.3
c) participated with scientific presentation at the scientific conference focused on the provision of medical and social care to drug-addicted patients	6	16.2

Table 11: Participation of social service professionals in the topical research-to-practice conferences

It is worthy of note that the respondents quite frequently mentioned areas not related directly to the scope of their professional activity (social work). This refers to fully featured modern diagnostic and therapeutic equipment which must be provided to drug treatment institutions (59.5%) as well to improvements in providing patients with medical care in stationary and ambulatory conditions (43.2%).

The distribution of respondents' answers to the question about the prospects of improving the efficiency of drug treatment in the next 5-7 years is given in Table 10.

The opinion of social service professionals about the prospects for improving drug-addicted patients care was optimistic: two-thirds of them (57.6%) believed that in the next 5-7 years it will improve; 13.5% opined that the situation will not change essentially (everything will remain as it is) and 18.9% were undecided on this issue. At the same time, none of the respondents spoke about deterioration in the quality of care.

The last question concerned the participation of professionals in topical research-to-practice conferences (the results are shown in Table 11).

More than half of respondents (59.5%) replied that in the last 3 years they did not participate in any scientific conference focused on the medical and social care of drug-addicted patients. At that, 24.3% of respondents took passive part in such events, though not making any contributions, and just 16.2% of professionals attended conferences making scientific contribution. These results can be interpreted as the inactivity of respondents with regard to research activity and, therefore, weak expression of the desire to improve their professional knowledge.

Conclusion

Summarizing the survey data on social services, it is possible to draw the following main conclusion: the majority of respondents give priority to the rehabilitation of addiction patients at medical institutions and even emphasize the priority role of the addiction psychiatrist in the implementation of this social practice, as well as support the medicalization of drug-addicted patients, and do not strive to be actively involved in the process of their rehabilitation.

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