

## **Substance Abuse and Rehabilitations: Role of a Social Worker**

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*Abstract: Now a days substance abuse is a massive social problem in Bangladesh. Rehabilitations also take part a vital role in facing this pivotal social problem where social workers' role is needed to revise. Further to find out the inner background of the causes of substance abuse both the primary and secondary sources of data had been collected where a bunch of literature had been perused and few case studies of the abuser and psychiatrist and rehabilitation center had been taken. Social awareness buildup, livelihood pattern and attitudinal changes are the major findings to face the problem.*

*Keywords: Substance Abuse, Rehabilitations, Social Worker.*

### **1. Substance Abuse:**

Substance abuse, also known as drug abuse, is a brain, mental and social disease. It is a patterned misuse of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others. In some cases criminal or anti-social behavior occurs when the person is under the influence of a drug, and long term personality changes as well.<sup>i</sup> The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an abuser's self-control and interfere with his ability to resist intense urges to take drugs. The brain change can be persistent, for that reason drug addiction is considered a "relapsing" disease—people in recovery from substance abuse disorders are at increased risk for returning to abuse it even after years of not taking the drug. In addition to possible physical, social, and psychological harm, use of some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction.<sup>ii</sup> Drugs most often associated with this term include: alcohol (beer, whisky), Amphetamine (yaba), Caffeine (tea, coffee), Cannabis (ganja, choro, bhang), Cocaine, Inhalant (volatile), LSD (Lysergic Acid Diethylamide), Nicotine (cigarette), Opioid (heroin, pethidine, morphine, phensidyl). Generally, two theories have been advanced for the causes of substance abuse: either a genetic disposition which is learnt

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from other abusers or a habit which, if addiction develops, manifests itself as a chronic debilitating disease. It is basically multifactorial disease that is relevant to substance abuse. Moreover, various researches found out some other causes:

1. Reducing anxiety from hardships and failure in life;
2. Peer pressure, false socialization and licentious life style;
3. Spread of western bad culture;
4. Disappointment and affliction;
5. Altered consciousness;
6. Impatient mentality;
7. Availability of drugs;
8. Lack of awareness ;

Tendency of substance abuse is not a single fault; it is a fault of total system. So the treatment that seeks to follow the single unit of that system will not be the proper treatment against it. Besides, same treatment is not applicable for all patients. Addicted behavior also does not change suddenly; rather, changes take place slowly with some steps that are followed by most of the rehabilitation centers. These steps are of five types: pre contemplation, contemplation, preparation, action and maintenance. By keeping these steps in mind, it is necessary to continue the treatment roles of doctor, social worker and psychiatrist which run in parallel.

There are few psychological therapies that available to prevent substance abuse. These are listed below:

- i. Relapse Prevention and Psychotherapy
- ii. 12 Steps Facilitation
- iii. Motivational Technique.
- iv. Methadone Replacement Therapy
- v. Therapeutic Community (TC)

Social psychologist and social worker play vital role in executing such therapies. They jointly follow the therapies stated below:

- i. Feeling and developing empathy to them and demonstrating it from time to time.
- ii. Understand the controversy and letting them understand it.
- iii. Avoiding arguments
- iv. Keeping resistance with them
- v. Helping open up the self-ability
- vi. Social and educational help
- vii. Marginal help

To meet the above mentioned steps, it evolves rehabilitation centers. Rehabilitation is the process of helping others to achieve the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being. For this purpose, social workers play a vital role. However, different corners always raise few questions about their capacity, govt. tutelage, and state's role on it etc. There are 55 government addiction rehabilitation centers and 167 private addiction rehabilitation centers in Bangladesh.

This paper will seek to deal with how the young generation has been destroying not only their brains but also their future by misusing substances. The thrust of this paper will be menace of the substance abuse in Bangladesh, the role of rehabilitation centers in rehabilitating the patients and the equally important co-role of social workers in the overall rehabilitation process in the context of Bangladesh society.

## **2. Research Objectives:**

1. To assess the role of rehabilitation center
2. What type of role is needed from social worker in rehabilitation process?
3. Is the social worker playing an adequate role in the overall rehabilitation process or does hi/her role need revision
4. Role of social worker in demand reduction, harm reduction, and supply reduction of substances
5. How is the society viewing the overall rehabilitation process?

## **3. Research Methodology:**

The notion of research methodology has generated into two levels of data as sources, i.e. primary, and secondary. For primary data, four case studies have been conducted and for secondary data collection; periodicals, journals, books, government reports, laws and legislations, news papers, etc. have been used. A large amount of internet information has been collected as literature review. The research team visited three rehabilitation centers in Dhaka city viz, Support, Green Life, and Prottoy which were selected randomly. Four case studies were selected from different stakeholders' perspectives, i.e. substance abusers, drug sellers, psychiatrist, and rehabilitation Center. Both primary and secondary data have been collected to make it as authentic as possible. For better understanding, qualitative analysis technique has been followed to analyze the data. An objective oriented conclusion has been

drawn and relevant policy recommendations have been proposed for further development.

#### **4. Historical Background of Substances**

The history of substances is very ancient. It can be said that from when the people of world started to live in society, they started to use substance from then on. Ancient Chinese used cannabis as herbal treatment which was found there five thousand years ago. It was found in Europe 1000 years ago. Opium was found 3500 years ago in Europe. When British conquered Indian Sub-Continent, then they started exporting opium to China and importing tea to India. Coco leaves which were discovered in the 17<sup>th</sup> century were turned in cocaine in nineteenth century. Afterwards, morphine came out. Hallucination drug has been used from pre-historic period in the world. Drug control laws began to be formulated from the beginning of twentieth century in the world.

#### **5. Scenario of Substance Abuse in Bangladesh**

Drug addiction is not a recent problem in Bangladesh. In recent years it has increased significantly. It has become a serious problem among youths in our country both rich and poor. According to sources at different health care facilities, now a days nearly 10% of our patients are visiting the hospitals with cases of addiction related complications involving heroin, marijuana and phensidyl. The trend of substance consumption is higher among youth and teenagers, their ages spanning between 15 to 30 years.<sup>2</sup> The average age of drug addicts is 22.<sup>3</sup> Students are mostly falling victims to drug abuse which eventually lowers their standard of education and attendance at schools colleges and universities. Children as young as 10 years old are also experimenting with alchohol, phensidyl, heroin, yaba, ganza and other forms of available drugs. Though it is not possible to find out the exact drug users in the country, on the basis of different data and statistics, it is estimated that the number of addicts in Bangladesh is more than six million who spend over tk. 70 million everyday on illegal narcotics. Separate study conducted by the Journal of Health Population and Nutrition (JHPN) shows that in the capital 79.4 percent of the users are male and 20.6 percent are female. In our country there are border crossing points from where everyday millions of taka is being exchanged for drugs.

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<sup>2</sup> The Daily Star, 14<sup>th</sup> August, 2013

<sup>3</sup> Ibid

## **6. Role of Social Workers to Prevent Substance Abuse**

Social workers play a key role in working with those affected by substance abuse. From client treatment and recovery to working with families of the addicted persons, social workers are the largest providers of mental health services, so it is natural that they would be directly involved in treatment and recovery of addiction. Social workers are connected to the treatment and recovery for individuals with substance abuse and problem. Here are the ways that social workers advocate for their clients:

- connect client with assessment and referral services.
- help clients to get the access to treatment
- Work with clients who are suffering from both a substance abuse disorder and a mental health problem
- Support ongoing recovery

As a social worker it is important to be aware of the potential for substance abuse in any client who seeks help. For example a client may seek help for depression but conceal underlying alcohol or substance abuse or addiction. The role of social worker is to tease out these possible underlying issues and help the client of obtain proper assistance in whatever way necessary possible.

- Direct treatment:

Social workers act as substance abuse counselors in a variety of settings, including hospitals, drug treatment facilities and mental health clinics. Social workers not only provide identification and assessment services but also work directly with client suffering from substance abuse disorders, such as providing individual and group counseling, collecting urine sample if they work in a substance abuse facility or linking their client with other services such as food and housing.

- Education / outreach:

Social workers may act as substance abuse educators in a variety of settings, such as schools, community outreach centers and shelters. For example, social workers may help them connect with treatment centers or assist them with obtaining basic needs like food and shelter.

- Research:

Social workers also often participate in academic research at the university level. So social worker may decide to participate in substance abuse prevention research, such as helping with the development of empirically- validated invention and treatment strategies. According to social work policy institute, social work researchers have conducted substance abuse research in recent years with support from a variety of

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governmental agencies, including the substance abuse and mental health services administration, the national institute on drug abuse and the national institute on alcohol abuse.

## 7. Data Accumulation

### Case Study-1

(Abuser)

Personal and Family Information of the Respondent

Name of the Respondent : Md. Mizanur Rahman (Anonymous)

Father's Name : Gazi Mahmud (Anonymous)

Present Address : Gha-37/1 Thrish Acre, Baridhara, J-Block, Dhaka-1212

Age : 32 years

Religion : Islam

Educational Qualifications : Can somehow sign his name

Vocation : Repairman of Air Conditioner

Monthly Income : 80,000.00 (Eighty Thousand Taka)

Monthly Expenditure : Almost 75,000.00 (Seventy Five Thousand Taka)

Monthly Savings : A small amount

Bank Account : Available

Passport : Not available

Siblings : One brother and one sister

Monthly Rent for Residence : 12,000.00 (Twelve Thousand Taka)

Number of present Family Members : Three including husband, wife and a daughter.

### Family Status:

Sl. No	Member's Name	Age	Relationship with the Respondent	Marital Status	Vocation	Educational Qualifications	Monthly Income
01	Mizanur Rahman (Anonymous)	32	Self	Married	Business	Capable of signing Name	80,000.00 Taka
02	Anwara Begum (Anonymous)	25	Sister	Married	House Wife	Capable of Signing Name	

Mizanur Rahman (anonymous) said that he started taking drugs in 2008. He is used to taking all types of drugs and claimed that he did not see anybody like him taking all kinds of drugs. He blamed his friends for his joining the arena of drugs. He said, “Many of my friends used to take drugs and I used to socialize them. It happened many times that when they used to take drugs, they would request me. I also started taking a small amount of drugs as a way to honor their request. But slowly that small amount turned out to be the shape of a bottle.”

However, he said that he has stopped taking it for the last five months. But it is uncertain whether he will take it again or not. He is familiar with all kinds of drugs such as wine, marijuana, Yaba, Baba (tablet), Wine (local), cocaine, Phensedyl opium, heroine, pathedeine, hashish, bear, etc. He is used to taking all types of drugs. Asked to answer which drug does he likes most or feels good by taking it, he said that he likes marijuana most. What ten bottles of bear can do, ten times more powerful benefits can be drawn from the same amount of marijuana. Whole body react when marijuana is taken. One can think of flying by taking marijuana. One can also feel as the King of the world by taking it. It is available by spending a small amount of money. Its demand is also very high because of this.

#### **Present Family Structure**

Mizanur Rahman (anonymous) has a little daughter. He does business and earns well. Overall, he is having a nice time. He said that he used to take drug regularly in the past but he had reduced it to a certain extent. However, he will start taking it whenever he feels it.

#### **Socio-Economic Condition:**

By observing his house, it is found that he lives in a flat in which there is a developed and befitting environment. He pays his rent regularly. He never takes drugs at home. He mingles with friends in various addas (social gathering of informal friends) so that there is no change in his conduct. He further said, you will be afraid to questions those people who are used to taking drugs with us. But they are taking drugs regularly.

#### **Case Study-2**

(Seller)

Respondent's personal and familial information

Name of the Respondent : Badsha (anonymous)

Respondent

Father's Name : Olie Khan (anonymous)

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Present Address : Gha-130/5, Samat sarok, Badda, Dhaka-1212  
 Age : 23  
 Religion : Islam  
 Educational Qualifications : Capable of signing  
 Vocation : Driver of Auto-Rickshaw  
 Monthly Income : 20,000.00 (Twenty Thousand Taka)  
 Monthly Expenditure : 20,000.00 (Twenty Thousand Taka)  
 Monthly Savings : Negligible  
 Bank Account : Not Available  
 Passport : Not Available  
 Siblings : 3 brothers and 2 sisters  
 Monthly Rent for Residence : 6,000.00 (Six Thousand Taka)  
 Number of present Family Members : Persons. Self, father, two brothers and two sisters.

**Family Status:**

Sl. No	Member's Name	Age	Relationship with the Respondent	Marital Status	Profession	Educational Qualifications	Monthly Income
01	Badsha (anonymous)	23	Self	Married	Driver	Capable of signing Name	20,000/-
02	Olie Khan (anonymous)	55	Father	Married	None		None
03	Assaduzzamn	20	Brother	Unmarried	Driver	Capable of signing Name	None
04	Haider Ali	16	Brother	Unmarried	Education	Capable of signing Name	None
05	Sabina Yasmin	12	Sister	Unmarried	Education	Capable of signing Name	None
06	Runa	31	Sister	Married	House Wife	Capable of signing	None

Badsha (anonymous) said, he got an opportunity to earn extra money by selling these. Customers try to find him out. As a small customer he collects these from dealers and sells among customers. When asked from where do these come from, he responded that there are three international routes for drug transportation and trafficking. The Golden Triangle (Laos, Myanmar), Golden Crescent (Afghanistan and Pakistan) and Golden Ways are the sources of producing heroine. Cocaine is produced in Mexico, Yugoslavia, Hungary and Cyprus. Opium and Heroine are produced in Cyprus, Iran, Afghanistan, Pakistan, India,

Myanmar, Thailand, and Australia. Jamaica, Morocco, Jordan, Pakistan, Afghanistan, India and Nepal are much reported as the producers of Hashish. Marijuana is produced in this Sub-continent including Bangladesh. In fact, these enter Bangladesh from Myanmar. People in the higher echelon of the society bring hundreds of cut (one cut=12,000). These are packed differently once these enter Bangladesh. These are 100, 200 and in other numbers. Those small business people like us buy 100-200 from dealers. Once asked to know the classifications of the customers, he said that different types of people such as drivers, university students, unemployed youths, local youths, ricksha pullers, etc come and buy from him.

**Present Family Structure:**

They are five members in their family. Elder sister lives in the house of her father –in-law following her marriage. Younger brother is a driver under the ownership of a person and smaller brothers and sisters study. They, i. e, two brothers earn for the family. Their father is sick and disabled. They live in a small house by paying 6,000.00 Taka as rent. Every day he earns Taka 700.00 for his renting auto but have to pay Taka 250.00 as a fee for charging it per day. Overall, his monthly expenditure is more than 18,000.00 Taka on an average. He said ‘this explains why I have chosen selling drug as a supplementary profession’.

**Socio-Economic Condition:**

He said that he continues drug business which is unknown to his family and neighbors. He happens to get at this business because of his intimacy with friends as normal course of life. He is guiltless socially because only those who know it are his customers. Customers also kept it secret. That is why he is bad to a few people. But they always regard him as a friend because he stands by them whenever they are in trouble. He gets economic help from them as well. Sometimes, he also manages his own expenditure. No doubt, he has opened an avenue of earning money by selling drug.

**Case Study 3**

(Green Life Rehabilitation Center)

Addiction being a social disease disturbs familial peace, damages wealth and property and causes decadence in moral values that finally hampers social development. Drugs may sometimes be the cause of death. It results in immature addiction that disturbs peace, damages property and brings premature death.

**Remarkable Activities in the Rehabilitation Process:**

N. A. meeting, Meditation, Physical Exercise., Education and Re-training, Motivation, Occupational Therapy, Recreational therapy, Therapeutic community, Personal and Group counseling, Follow-up, Formation of Teams conducive to self-help, Indoor Games, Recreation, Religious Education and Religious Rules (Five Times Prayer/ Namaz and Fasting for Muslims). Green Life has chalked out a routine in a very efficient and easy manner. A patient can recover very fast by following daily routine.

**The following are the ways for the treatment of N.A.**

Rehabilitation-3 Months

Increased-2 Months (in Special cases)

From the 1st Day to Day Fifteen, it is noticed that the patient suffers from problems such as jerking, trouble in stomach and bodily pain. Doctors treat them for these physical problems. No medicine is administered for the remedy in drug addiction.

From Day Fifteen to Day 30<sup>th</sup>, our psychologists work for the mental treatment of patients. Thereafter, the rehabilitation process starts:

Stabilization

Motivation

Learn and Re-training

N. A Monitoring

Group Therapy

T.C. (Therapeutic Community)

Positive Peer Culture

Counseling/Family Counseling/ Family Therapy

Post-Treatment Services.

**What is N. A. Program?**

N. A was invented in the middle of 1930 as a sleep inducing process from wine like substance Alcohol Anonymous-Twelve Step Jimmy Kinon is the inventor of this process. NA came into being as a process in 1953 but it grew to be major agency from its small scale existence. Bill Wilson who is the founder of Alcohol Anonymous developed a separate fellowship at the beginning of 1944. Narco as program began in Lexington, Kentucky, the United States of America in 1947. A Narco member started a small fellowship in a New York prison in 1948. It is also named as Narcotics Anonymous (N. A).

#### Case Study 4

Dr. Zinat De. Laila, Psychiatrist

She has been working as a psychiatrist for last 16 years at National Institute of Mental Health. Other than this institute, she also works in two other rehabilitation centers. According to her, there are various types of mental patients in Bangladesh. Some are in severe mental condition, some are not such severe in nature, but basically substance abusers visit mostly in rehabilitation centers. As per her perception substance users affected in various manner. She also mentioned some causes of why the trend of substance abuse persists. These are: lack of parental love, availability of substances, social unawareness, bad-social company, curiosity, unemployment, mental pressure and derivation of idealism. She says now a days female younger also get addicted due to their curiosity and other mental problems. And about 80 percent of the total addicts get cured after proper treatment. In this regards, proper guideline and counseling are necessary. Dr. Zinat also has given us some guideline about the treatment. These are:

1. To inspire for treatment
2. Physical and mental test
3. To remove the harmful chemical element
4. To ensure nutrition and necessary drugs
5. To keep away from addiction
6. Afterwards, to inspire to keep substance free

#### 7. Conclusion and Recommendation:

Reducing substance abuse trend is long term residential procedure. It is observed that most of the private rehabilitation centers evolved from the previous abusers' initiative and from those who are philanthropists. But it is a kind of charity and social work. It is also observed that there are fewer rehabilitation centers which have engaged professional social workers. It should be pointed out here that the research team did not find it in their investigation. Anyway, these centers are using mostly 12 point method for their clients. But they kept it confined between the patron and client. As the recovered person also work there for recovering others, it is postulated that 'that confidence phenomena is only of curing purpose'.

Moreover, the need of social worker in such field is as necessary as that of a doctor or a psychiatrist. However, their job type much differs from each other. As substance abuse is a social disease, so it is needed to solve the problem socially. In other words, social work background

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professional personnel can do better. In this regard, the society's view is also needed to change. Society as a whole needs to feel the necessity of the service of social worker. The government has to take policy initiative in this regard. Otherwise, the role of social worker is impractical in the greater society. It is important to explore the professional social workers' service with a view to developing the standard of the society and to reach the upper echelon of social standard. This motivation and inspiration technique may help to reduce the necessity of this substance, while simultaneously developing the situation of harm deduction. Social workers who use scientific techniques also may help the rehabilitation centers which are dealing with substance abuse with a view to helping the society to get rid of this menace.

In this regard, as we are the citizens of 21<sup>st</sup> century we need to overview our perspective and welcome the professional social workers as the other people of developed country welcome them.

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