

OPTIONS OF SOCIAL SERVICES FOR PEOPLE SUFFERING FROM ALCOHOLISM AND THEIR FAMILIES

Violeta Suboč Jegelevičienė

Department of Social Work, Faculty of Social Policy, Mykolas Romeris University, Vilnius, Lithuania

Małgorzata Przybysz-Zaremba

The Institute of Pedagogy and Languages, PWSZ in Elbląg, Poland

Agata Katkonienė

Department of Social Work, Faculty of Social Policy, Mykolas Romeris University, Vilnius, Lithuania

Social services are provided by a modern social security system, which includes eight social risks: sickness, invalidity, old age, widowhood, children, unemployment, housing and social exclusion. A person suffering from alcoholism, what is caused by biopsychosocial factors inevitably face psychological and social problems. The most pressing social problems are unemployment, public stigmatization and ignorance of addicted persons and their families. Major forms of social welfare are social services. Good management of social service brings social benefits, which is measured in ensuring human rights, social exclusion, and the guarantee of social stability, improvement in family relationships, increased autonomy, improvement of quality of life etc. Research purpose: to investigate the opportunities of social service provision for people suffering from alcoholism and their families. Research objectives: to discuss factors influencing addiction to alcohol and psychosocial problems arising; to analyze peculiarities of psychosocial support offered for a person suffering from alcoholism and his/her family; to study the opportunities of psychosocial services for people suffering from alcoholism and their families from the standpoint of specialists.

Keywords: Social services, social workers, alcoholism, family.

INTRODUCTION

The term social services are often used when it comes to the modern state social guarantees, commitments and help for people. The most frequently social services are defined as services provided to the public. Law on social services (Republic of Lithuania, 2006) states that social services shall be the services aimed at providing assistance to a person (family) who, by reason of his age, disability, social problems, partially or completely lacks, has not acquired or has lost the abilities or possibilities to independently care for his private (family) life and to participate in society.

The researchers (Žalimienė, 2003; 2006, pp. 183-189; Pieters 1998) note that social services are provided by a modern social security system, which includes eight social risks (sickness,

disability, old age, widowhood, family/children, unemployment, housing, social exclusion). It should be noted that by social services the state seeks to eliminate social exclusion as well as promote equality of individuals and their involvement in the community. In other words, the state attempts to offer services to the most vulnerable groups of people (Žalimienė, 2003; 2006, pp. 183-189). This suggests that social services can be interpreted as the principal form of organization of social work or social welfare in a modern state.

Hence, social services are a major tool for implementation of social work. This allows assuming that social services can be regarded as an organization and management of social work. It should be noted that social work is organized and carried out in the broader context of the activities

or assistance, while social services are a part of social work organized in a particular institution, community or for groups of clients according to the type of social risk and its particularity (Daszykowska, 2008b, pp. 247-248; Dudek, 2011, pp. 40-45).

It should be observed that the demand for social work and its significance is directly dependent on the negative social changes in the society, increasing the need for social service.

It is noted that the goal of institutions providing social services is to qualitatively meet the needs of socially excluded people aiming at their social integration (Republic of Lithuania, 2006). Therefore, the purpose of social services is an integration of the customers into the society and restoration and maintenance of their independence. Žalimienė (2003; 2006, pp. 183-189) stresses that in this context the aim of the institution is to provide the services that actually help the customer (e.g., to avoid social exclusion, to overcome drug addiction or find a job and thus be independent of social support). According to the scientist, the attainment of the objective of social service institutions is based on effective management.

Žalimienė (2003; 2006, pp. 183-189) notes that benefits of management of an institution of social services might first be treated as a “profit” to the public. Obviously, the provision of quality, timely and satisfactory services will reduce the number of socially isolated and dependent people requiring assistance. Therefore, it can raise the quality of family life, open up the opportunities of employment, improve community and public safety and so on.

Thus, efficient management of social services provides a particular kind of profit – social benefits, measured in terms of ensuring human rights, decreasing social exclusion, ensuring social stability, improvement in family relationships, increased self-sufficiency, reduction in crime and improvement of quality of life, etc. (Dudek, 2012, pp. 80-83).

Therefore, social workers act as intermediaries between the society and an individual. In general, a social worker’s role in providing social services can be described as a managerial mediation between social institutions and a client to solve problems. Social workers are considered to be the main providers of social services. Not only do they provide services, but they themselves are also organizers, coordinators and implementers.

Alcoholism is a chronic disease, caused by a prolonged period of abusing alcohol, characterized by a pathological craving for alcohol, mental and

physical dependence (Daszykowska, 2008a, pp. 159-161). According to the data from State Mental Health Centre (Lithuanian Department of Statistics, 2012; Przybysz-Zaremba, 2006; 2011, pp. 97-107; Jędrzejko [Ed.] 2006), in 2010 there were 798 people seeking treatment for alcoholic psychoses for the first time and 1.1 thousand seeking treatment for chronic alcoholism, which is, respectively, by 37 and 152 persons less than in 2009. At the end of 2010 there were 55.3 thousand people suffering from chronic alcoholism registered in the health care institutions. Comparing with 2009, the number decreased. In Lithuania (Lithuanian Department of Statistics, 2012) in 2011 alcohol consumption per capita, on average, equalled 11.9 litres, while alcohol consumption per person aged 15 and older – 14.1 litres of legal absolute alcohol (100%) (Lithuanian Department of Statistics, 2012).

Lithuanian scientists (Kubilienė, 2004, pp. 51-63) studying alcohol-related problems, highlight the problems of public health. For example, scientists (Grabauskas, 2006, pp. 12-25) classify alcoholism as a mental health disorder and assume that mental health is an integral part of general health care.

Other researchers (Cigasaitė, Dirsienė, Zajanckauskaitė-Staskevicienė, 2010, pp. 41-55) note that nowadays alcohol addiction is the most commonly treated as a biopsychosocial problem – a combination of biological and social factors. A particular attention is drawn to the personality factors. It is emphasized that self-esteem affects the formation and the process of the dependency, as well as the duration of remission period. It is typical for alcohol-dependent individuals to develop discrepancies between self-assessment and personal desires or possibilities. This difference increases as the disease progresses.

Therefore, it can be concluded that biological, psychological and social factors have direct impact on the problem of alcoholism. Biological factors – the genetic predisposition to alcohol abuse. The development of the addiction depends on the body’s biological tolerance to alcohol (Čaplinskas, 2010, pp. 385-407; Bulotaitė, 2004). Among the psychological factors scientists usually include: the desire to improve the mood, the need for excitement and positive experiences, a high level of anxiety, aggression, and so on (Nowakowski, 2006, pp. 13-14).

The set of social factors consists of social environment, advertising, cultural traditions, specific drug availability and so on. A person suffering from alcoholism, affected by biopsychosocial

factors is inevitably bound to face psychological and social problems. One of the most pressing social problems nowadays is unemployment as persons suffering from alcoholism are stigmatized and ignored by the society. The problems of psychosocial origin may include an inability to adapt to the community, the inability to achieve personal well-being legitimately, which is otherwise known as anti social system of values, poor communication skills and other psychological problems (Čaplinskas, 2010, pp. 385-407). The contextuality of psychosocial problems can be illustrated schematically.

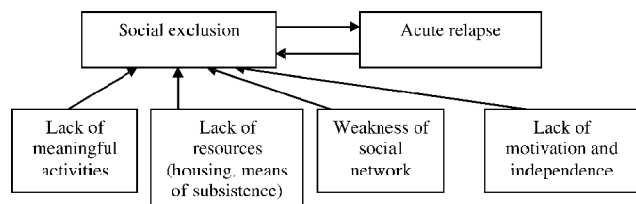


Figure 1: The Contextuality of Psychosocial Problems

Resource: http://www.esparama.lt/es_parama_pletra/failai/fm/failai/Ataskaitos/BPD_vertinimo_ataskaitos/liepa_SADM_vertinimo_ataskaita_2011.pdf

The scientific literature (Kubilienė, 2004, pp. 51-63) indicates that the members of the family of a person suffering from alcoholism become addicted to alcohol in the same way as a drinker. The most vulnerable group are children growing up in such families (Gudžinskienė & Gedminienė, 2011, pp. 45-54; Indrašienė, Merfeldaitė, Pivorienė, & Raudeliūnaitė, 2011). As reported by Lithuanian Department of Statistics (Lithuanian Department of Statistics, 2011), by the end of 2011 local children’s rights protection services had registered 5.4 thousand social risk families abusing alcohol. The number of children growing in such families is about 11.2 thousand. In case of Poland, according to a study by Truskolaska (2010, pp. 204, 227, 234, 326), alcoholism is the main cause of problems in the functioning of the family.

It is therefore absolutely necessary to talk about help for people suffering from alcoholism and their families. According to Law on Social Services (Republic of Lithuania, 2006), *social services* are divided into: *general* social services and *special* social services (social care).

According to the researcher (Žalimienė, 2003; 2006, pp. 183-189), *social services* in the narrow context are defined in terms of the system of social protection, as a part of this scheme, which aims to

fight social exclusion and promote equality of individuals and their involvement in the community by providing services to the most vulnerable groups of people. It should be emphasized that, according to this approach, social services aim at offering the services that actually help the client (e.g., to avoid social exclusion, to overcome drug addiction or find a job and become independent of social support).

The scientific literature (Žalimienė, 2003) identifies the following key principles of social service delivery: independence, adequacy, integrity, flexibility, continuity, normalization, principle of cooperation. Apart from social assistance, the importance of prospects of psychological support should be mentioned as well. The greatest contribution to dependent persons and members of their family psychologists make is to provide psychological counselling services, supply with information and counsel.

Analysing the mechanics of help, 4 phases of intervention can be distinguished (Čaplinskas, 2010, pp. 385-407):

1. *motivation* (incentive, which may help the addicted decide to start treatment);
2. *detoxification* (first and essential step towards a real medical process to achieve sobriety. It is body cleansing).
3. *rehabilitation* (at this stage it is important to change the dependent’s way of thinking, attitudes and behaviour);
4. *reintegration* (it is the final stage of help, during which addicts have to integrate into society).

Thus, it can be concluded that the crucial goal of social integration of addicts should be reducing the likelihood of relapse. In other words, remaining sober has to be seen as the key assumption to social integration.

RESULTS

The research was conveyed on the sample of 109 working professionals (31 psychologists and 78 social workers). In order to preserve the confidentiality of the survey participants, districts and settlements are not published.

It was found (Figure 2) that (n=47) of social workers have gained a university Bachelor’s degree, (n=20) – Master’s degree and (n=11) – a Bachelor’s degree acquired at a college. Similarly, (n=19) of psychologists have acquired a Master’s degree, (n=12) – a university Bachelor’s degree. The statistics suggest that the study covered highly qualified specialists.

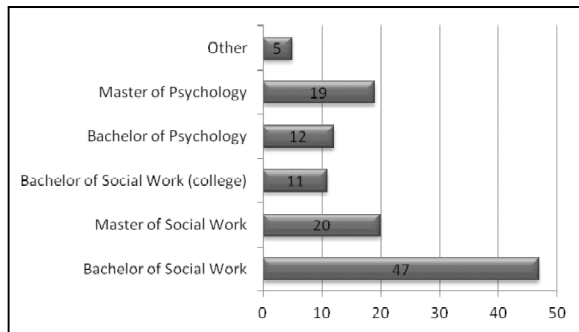


Figure 2: Specialist Qualification (n=109)

When asked who usually seeks assistance due to alcohol abuse in the family, (Figure 3) the majority of respondents (82%) noted that the first person to become concerned is a spouse. Whereas, people suffering from alcoholism rarely seek help themselves (25%). The significant number of respondents (38%) mention that neighbours and friends are not indifferent to the problem of dependence. However, it is a relatively rare case (7%), when the whole family comes together to seek help.

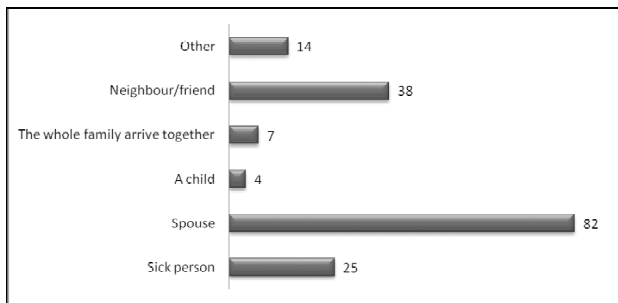


Figure 3: The Appeal for Help Due to Alcohol Problems in the Family, Experts' Opinion (%)

The study was aimed to find out what, according to experts, is the most needed psychosocial support for alcoholism sick person's family (Figure 4).

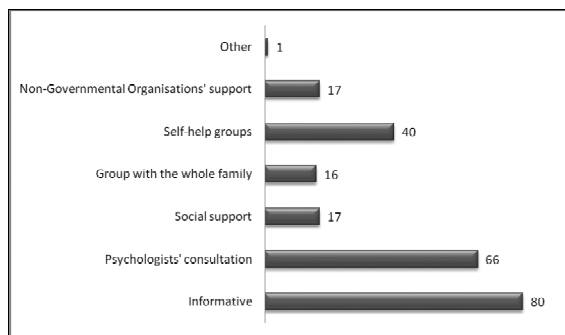


Figure 4: Respondents' Views on the Most Necessary Psychosocial Support for Family of a Person Dependant on Alcoholism (%)

According to the survey (see Figure 5) it was detected that (80%) specialists are unanimous and prefer information services. Fewer scientists (66%) point out that psychological counselling and self-help groups (40%) are also needed. At the same time attention must be drawn to social support, group work methods with the entire family and help from NGO which seem to be of a minor support.

Professionals were asked how according to their opinion, people suffering from alcoholism assess the availability of support (see Figure 5).

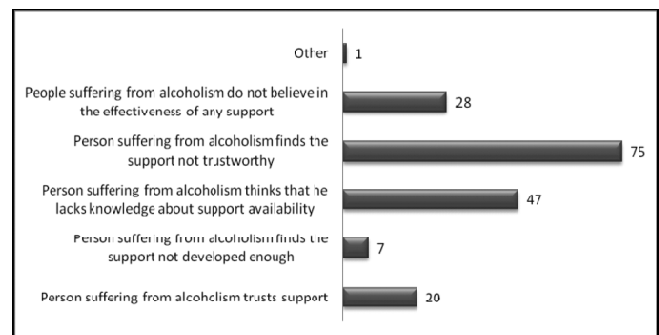


Figure 5: Specialists' Opinion About the Availability Support for a Person Suffering of Alcoholism (%)

Analysis of the data showed (Figure 5) that minority of practitioners (20%) claim that people suffering from alcoholism believe they are eligible for aid. Meanwhile, vast majority of experts (75%), note that people who suffer from alcoholism do not trust organised support, almost half of the respondents (47%) indicated that these individuals lack the knowledge about the availability of assistance, and (28%) two thirds of subjects indicated that people suffering from alcoholism do not believe in the effectiveness of any support.

In summary it can be supposed that assessments of accessibility of support for people suffering from alcoholism reflect the negative attitude to the help system and its effects.

Subjects were asked to provide their answers on aspect of assistance for the family of alcohol dependent individuals (see Figure 6).

It was found (Figure 6) that minority of experts (41%) state that the families trust aids. It should be emphasized that vast majority of subjects (61%) insist that the family rarely receives such help, which should be provided. Thus, it is possible to assume that it is not always aid the sick person from alcohol and family needs. On the other hand great number of experts (57%) believe that the families

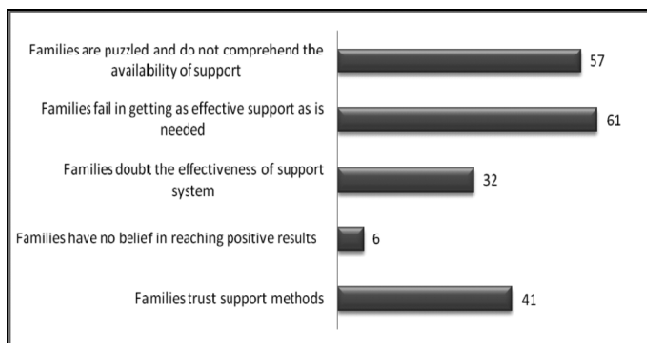


Figure 6: Respondents’ Opinion on Availability of Assistance for the Family of Individual Suffering from Alcoholism (%)

are usually confused and do not comprehend the help options. This question arises because of the assumption that such families lack awareness about the opportunities for assistance.

Thus it can be assumed that the process of assisting the people suffering from alcoholism is dominated by distrust from customers, questioning aid and its effectiveness.

Therefore, professionals were asked what weaknesses they had noticed in the provision of assistance to a person suffering from alcoholism and his family. Specialists voicing their opinions about the assistance drawbacks argue that there are no sufficient opportunities of providing the information that is there is too little public awareness of the possibilities of assistance: “there is a lack of information about the reintegration of alcohol addicts into public life . . . the media could more often encourage, motivate treatment and rely on specialists as professionals who are able to effectively help”, or “a lack of positive examples in the society. The more effective aid is the more successful cases and knowledge of them”.

The opportunities of provided assistance for dependent person are also influenced by the view of his employees on his family and public’s attitude. The respondents argue that not all employees properly serve customers, not all of them help them emphatically: “lack of a positive attitude towards those suffering from alcohol or other intoxicating substances dependence, which strongly influences not only an appeal for help, but help and the whole process”. Specialists note that there are cases when the patients/family members are reluctant to acknowledge the problem: “especially people suffering from alcoholism do not trust anyone when they are forced and are completely unwilling to . . .”, or: “It is important to acknowledge the a disease . . .”,

or “Family has to recognize the problem and has to rely on professionals working with the family”.

What is more, the lack of qualified specialists is another great drawback of appropriate assistance: “mostly there is lack of skilled professionals who are able to properly and according to the needs of personal services”, or the lack of knowledge to assist the dependent patients: “Employees, especially inexperienced, are unable to adequately adapt acquired knowledge”. Subjects claim that effectiveness of aid is directly impacted by service consistency: “it is missing the stability of the system in Lithuania; the purposefulness: “there is great lack of communication with the client and his family”. Also, specialists notice the imperfection of the legislation: “laws issued against alcohol consumption are neither properly implemented nor effectively realized”, “there is a deficiency of proper legislation which protects members of the family and especially the children”.

Thus, the main disadvantages of providing assistance to a person suffering from alcoholism and his family, according to experts would be: poor provision of information within society; is not always a positive attitude of both professionals and the publicity towards the patients suffering from alcoholism / their family members, non-recognition of the problem by dependents/family members; provided no consistency of services; gaps in the legal framework and shortage of employees’ knowledge and practical skills.

The study aimed at finding out the opinion of experts on the possibilities of assistance for person suffering from dependence of alcohol as well as his/her family.

According to experts, there ought to be more examples of good practice: “it would be helpful if there were any information in public media with public persuasion that there are people who are not indifferent to the problem and willing to help”, as well as explaining a variety of ways to help which would be a benefit for both a person suffering from alcoholism and his family: “wider information about assistance methods, treatment programs and their funding”.

According to target group, it is very important to empower the customer: “Professionals should express less negative emotions . . . some employees show dissatisfaction with their own problems”, or: “they should highlight the strengths of the people”. The opportunities include public tolerance: “the recognition of the society that alcohol dependence is a disease which requires treatment, such as any

other health impairment”, and the motivation of a person suffering from alcoholism: “Great will, determination, unstoppable effort from the person’s who is dependent of alcohol”.

In summary it can be claimed that opportunities to emerge support and aid for people suffering from alcoholism/their family are influenced by: the positive provision of information, positive opinion on treatment of service providers and publicity; greater customer’s openness to the system of aid.

CONCLUSION

1. Alcoholism is a problem included to mental health problems, which affect the biological (genetics, heredity), psychological (desire to reduce stress, elevate mood, etc.) and social factors (social environment, advertising etc.). Influenced by alcohol problems, a person is exposed to the psychological and social problems, such as facing with a lack of resources in volunteer activities, weakness of social networking, lack of motivation and independence, loss of social skills etc.
2. The study found out that providing assistance to a person suffering from alcoholism and his family usually is dominated by distrust from customers, doubting the aid and its effectiveness.
3. Analysis of the data showed that the main deficiencies in the provision of assistance to a person suffering from alcoholism, and his family, according to the experts’ opinion, would be the following: lack of provision of information in society; always a positive attitude of both professionals and the publicity towards the patients suffering from alcoholism / their family members, non-recognition of the problem by dependents/family members; provided no consistency of services; gaps in the legal framework and shortage of employees’ knowledge and practical skills.
4. The study found out that to emerge and become more trustworthy, support for people suffering from alcoholism/their family has to gain: the positive provision of information, positive opinion on treatment of service providers and publicity; greater customer’s openness to the system of aid.

References

- Bulotaitė, L. (2004), *Narkotikai ir narkomanija. Iliuzijos ir realybė*. Vilnius: Tyto alba.
- Cigasaitė, D., Diršienė, J., Zajanckauskaitė-Staskevicienė, L. (2010), Nuo alkoholio priklausomų asmenų sąvęs vertinimas ir jo kaita sveikstant. *Tarptautinis psichologijos žurnalas: biopsichosocialinis požiūris*, 6, pp. 41-55.
- Čaplinskas, S. (2010), Narkotikų vartotojai. *Socialinis darbas. Profesinė veikla, metodai ir klientai*, pp. 385-407.
- Daszykowska, J. (2011), Pomoc społeczna wobec “pozytywnego starzenia się i starości”. In: M. Klimek, J. Czerw (Eds.), *Współczesne kierunki rozwoju pomocy społecznej* (pp. 244-254). Stalowa Wola 2011: Katolicki Uniwersytet Lubelski Jana Pawła II.
- Daszykowska, J. (2008a), Jakość życia dorosłego dziecka alkoholika. In: E. Lisowska (Ed.), *Zagrożenia współczesnej rodziny* (pp. 159-166). Kielce: Uniwersytet Humanistyczno-Przyrodniczy Jana Kochanowskiego w Kielcach.
- Daszykowska, J. (2008b), Metoda empowermentu w poprawie jakości życia jednostek i grup marginalizowanych społecznie. In: J. Vašátková (Ed.), *Akční pole sociální práce II. Aktuálnotázky sociální práce a sociální pedagogiky* (pp. 247-254). Olomouc: Univerzita Palackého.
- Dudek, M. (2011), *Podstawy pracy socjalnej z rodziną*. Krasnystaw–Warszawa: Polianna.
- Dudek, M. (2012), Praca socjalna z rodziną. In: M. Dudek, E. Sawa-Czajka (Ed.), *Wybrane zagadnienia pracy socjalnej z rodziną* (pp. 80-83). Warszawa: Wydawnictwo WSSMiA.
- Grabauskas, V. (2006), Lietuvos gyventojų sveikata. Rodikliai ir tendencijos. *Nacionalinės sveikatos tarybos metinis pranešimas*, pp. 12-25.
- Gudžinskienė, V., Gedminienė, R. (2011), Alkoholizmo kaip šeimos ligos samprata. *Socialinis ugdymas*, 14(25), pp. 45-54.
- Indrašienė, V., Merfeldaitė, O., Pivorienė, J., Raudeliūnaitė, R. (2011), *Vaiko vidutinės priežiūros įgyvendinimas socializacijos centruose: socioeducacinis aspektas: monografija*. Vilnius: Mykolo Romerio universitetas.
- Jędrzejko, M. (Ed.) (2006), *Patologie społeczne*. Pułtusk: Wydawnictwo Wyższa Szkoła Humanistyczna im. Aleksandra Gieysztora.
- Klimek, M. (2009), Przeciwdziałanie wykluczeniu społecznemu w kontekście wdrażania Programu Operacyjnego Kapitał Ludzki na lata 2007-2013. In: M. Klimek (Ed.), *Dokąd zmierza pomoc społeczna? Perspektywy rozwoju po wstąpieniu Polski do Unii Europejskiej* (pp. 103-113). Stalowa Wola: Katolicki Uniwersytet Lubelski Jana Pawła II.
- Kubilienė, N. (2004), Vaiko socialinės adaptacijos problemos augant nuo alkoholio priklausomoje šeimoje. *Socialinis darbas*, 3 (2), pp. 51-63.
- Lithuanian Department of Statistics (2012), *Alcohol Consumption and Consequences in 2011*. Retrieved from <http://www.stat.gov.lt/en/news/view/?id=10958> on 9 September 2012.

- Lithuanian Department of Statistics (2011), *Alkoholio vartojimas ir jo padariniai 2010 m.* Retrieved from <http://www.stat.gov.lt/lt/news/view/?id=9052> on 9 September 2012.
- Nowakowski, P. T. (2006), *Co każdy powinien wiedzieć o alkoholu? Materiały pomocnicze.* Kraków: Dom Wydawniczy "Rafael".
- Pieters, D. (1998), *Įvadas į socialinės apsaugos principus.* Vilnius: Eugrimas.
- Przybysz-Zaremba, M. (2006), *Terapia profesjonalna i samopomocowa w uzależnieniu alkoholowym.* Toruń: Wydawnictwo Enea Communication.
- Przybysz-Zaremba, M. (2011), Adult Children of Alcoholics in Contemporary World – narrative Construction of Biography. *ACTA Facultatis Paedagogicae Universitatis Tyrnaviensis. Ser. D 15*, 97-107.
- Republic of Lithuania, *Law on Social Services.* Retrieved from http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=277880 on 19 January 2006.
- Rewera, M. (2011), Starość jako wyzwanie dla pomocy społecznej. In: M. Klimek, J. Czerw (Eds.), *Współczesne kierunki rozwoju pomocy społecznej* (pp. 255-271). Stalowa Wola: Katolicki Uniwersytet Lubelski Jana Pawła II.
- Truskołaska, J. (2010), *Opieka, wychowanie i partnerstwo w rodzinach wiejskich i miejskich województwa lubelskiego na początku XXI wieku.* Lublin: Wydawnictwo KUL.
- Więckiewicz, B. (2009), Problemy polskiej rodziny pod koniec pierwszej dekady XXI wieku. In: M. Klimek (Ed.), *Dokąd zmierza pomoc społeczna? Perspektywy rozwoju po wstąpieniu Polski do Unii Europejskiej* (pp. 192-200), Stalowa Wola: Katolicki Uniwersytet Lubelski Jana Pawła II.
- Žalimienė, L. (2003), *Socialinės paslaugos.* Vilnius: VU Specialiosios psichologijos laboratorija.
- Žalimienė, L. (2006), Socialinių paslaugų vadyba: balansavimas tarp socialinio teisingumo ir ekonominio racionalumo. *Ekonomika ir vadyba: aktualijos ir perspektyvos 1(6)*, pp. 183-189.