TRAINING COMMUNITY VOLUNTEERS IN PREVENTING ALCOHOLISM AND DRUG ADDICTION: A BASIC PROGRAMME AND ITS IMPACT ON CERTAIN VARIABLES

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ABSTRACT
A study was conducted on 19 community volunteers and the training module they underwent is presented. The subjects were given 7 days in-training with the objectives of imparting knowledge and skill to identify and motivate alcohol and drug dependent person, to motivate them and their family to seek treatment, to provide social support to them and to organise prevention programmes in the community. Their knowledge, skills and attitudes have shown significant improvement and change as a result to training. Extraversion was found to be significantly related to change in all the above variables, psychoticism was related to attitude and self-esteem was related to improvement in skills. Need for undertaking further research in this area is also emphasized.

Key words: Alcoholism, drug addiction, training community, volunteers

Substance Abuse is a multifaceted problem. Efforts have been made by the Government, professionals and the community to curb its health, economic, social and psychological hazards. Yet it continues to be a public health problem. Realizing the extent of substance abuse, Government of India sanctioned deaddiction hospitals and deaddiction counselling centres in different parts of all the states in the country (Manickam, 1994). Some of the treatment centres have developed new treatment approaches which are centre based (Chakravart et al., 1990; Chandrasekhar et al., 1996; Cherian, 1986; Manickam & Kuruvilla, 1990 & Manickam et al., 1994). Since the deaddiction centres are provided with facilities to reach the community, some have initiated innovative methods, like the camp approach with the involvement of the community.

Community has a major role in maintaining the drug free life of the addicted person. Valiant (1988) in his 18 year old follow up study of narcotic addicts and alcohol dependent persons observed that community's compulsory supervision, a substitute dependence, new relationship and inspirational group membership to be associated with long term abstinence, which is free from relapse. It has also been found that environment support contracting in the community to be positively related to the addiction free life style (Page & Badgett, 1984).

Professional management of alcoholism in a vast country like India has its limitations. Lack of sufficient number of professionals, inadequate number of hospital beds available and financial constraints make the situation worse. It has been observed that the counsellors of lay counsellors show the same improvement as that of the professionals (Charkhuff, 1968). Lay counselling training in India are on
the increase and studies have shown the helping potential of the trainees (Manickam & Kapur, 1985; Manickam, 1990; Cariappa & Kapoor 1978; Kapur et al., 1988). Some of the programmes focus on imparting counselling knowledge and skill to deal with general psychological problems and few other programmes are run with objective to help specific groups and specific problems. Lay people and community volunteers can be trained to identify and motivate addicted persons to seek treatment, to support them after deaddiction and counselling and to promote prevention messages to the community.

While evaluating the effectiveness of the lay counselling training programme, Tan (1987) suggested the need to study the personality variables also. Personality of the individuals determine the major patterns of behaviour. Eysenck & Eysenck (1975) identified three dimensions of personality viz. extraversion, neuroticism, and psychoticism which are fairly independent. EPQ is widely used by researchers in India, in order to assess personality (Abraham & Verghese, 1990; Lai, 1992).

Self-esteem is defined as "the integrated sum of self confidence and self respect". (Branden, 1969). Self-esteem has been found to be associated with high achievement. Possessing high regard for oneself is likely to be helpful in the process of care giving to the people in the community.

In this study a module of a basic programme for training community volunteers related to substance abuse is presented. Their knowledge in areas of addiction, skill in helping the addict and his family and their attitudes towards alcoholism before and after the training are evaluated. The relation between extraversion, neuroticism, psychoticism and the self-esteem of the trainees and their knowledge, skill and attitude are also explored.

MATERIAL AND METHOD

The sample comprised of 23 community volunteers who participated in one week residential training programme for prevention of alcoholism and drug addiction, organised by a voluntary agency at Thiruvannathapuram. Four out of these did not participate in the first days programme, and hence they were excluded from the study. The age range of the remaining 19 (14 males and 5 females) was between 17 and 35, and their mean age was 23.95. Three of the subjects had education up to 10th standard, 14 studied up to 12th standard and two were graduates. One of them had a skilled job, 4 were self employed and others were unemployed. All belonged to middle socioeconomic group, except four, who belonged to upper income group. There were 11 Hindus, 1 Muslim, and 1 Christian and 6 did not want to reveal their religious affiliation. All except one were unmarried. Three had no experience in community work, two had one year experience and the remaining 14 had 2 to 17 years of experience in some form of community work. Seven of them were associated with one or two social organisations like youth club, cultural or literary groups. Two did not have a organizational affiliation. Five of the subjects were workers of Kerala prohibition council.

The programme was as follows: Day 1, self introduction, participants' perception of the problem, pretesting, scope of the training, extent of the problem in community, group work: alcoholism as I understand. Day 2, illness concept of alcoholism, illness concept of substance abuse, psychological factors, role of voluntary agencies, group work: role play, identifying alcohol dependent person. Day 3, medical and psychiatric aspects, social implications, drug abuse among the youth, effects on family, panel discussion: the scene in the state (panel included police, legal and public health officials). Day 4, treatment of alcoholism, objectives of counselling, objectives of family counselling, need for follow up, social support and social support person, providing supports, role of
police, group work: (i) how to motivate an alcohol dependent person to consider treatment, (ii) how to motivate the family to seek help (separate, small groups). Day 5, treatment of drug dependence, rehabilitation of drug dependent, problems in the treatment of alcoholism and drug addiction, prohibition and prevention, group work: social activity and prevention (role of songs, folk dances, folk drama, street play and public demonstrations). Day 6, role of the community volunteers in the treatment programme and prevention, initiating self-help group, field visit to the self-help group, evaluation of the field visit, group work: exposure to video tape on alcoholism & drug addiction and discussion. Day 7, educational programme of prevention of alcoholism and drug addiction, post-testing, evaluation of the programme, group work: charting out future programme in the community.

The assessment was carried out on following tools:

1. **Knowledge Assessment Schedule**: This is a multiple choice 15 item test, which included the common physical and psychological aspects of substance abuse. A team of 2 psychiatrists, 1 clinical psychologist and 3 social workers developed the test. The maximum score was 15 and the minimum score was '0'.

2. **Skill Assessing Self-Report questionnaire**: The author developed a 18 item self-report questionnaire to assess the skills of the subjects to identify and motivate an alcohol dependent person, to motivate the family to seek professional help and the skills to provide social support network to the recovered person and family. It assesses ability to organise prevention programmes also. It is a 10 point scale with 0 at one end, denoting not at all, 5 at the middle denoting some/moderate ability and 10 at the other end denoting high/complete ability. The maximum score point was 180 and the minimum was '0'.

3. **Attitude Scale**: The attitude towards alcoholism (Manickam & Sanandaraj, 1991) scale has 20 Likert type, 10 are positive and 10 negative. The scale has established reliability and validity.

4. **Eysenck Personality Questionnaire**: A modified translated version, standardized on Kerala population was administered (Abraham & Varghese, 1990). It measures the personality dimension of extraversion, neuroticism and psychoticism.

5. **Self-Esteem Inventory** (Thomas & Sanandaraj, 1984): This is a modified 20 item inventory, standardized on Kerala population, and gives the measure of self-esteem.

All the trainees who were present on the first day of the training programme were administered all the above tools. The scores on knowledge, skill and attitude was taken as the pretest measure. On the last day of training programme the scale on knowledge, skill and attitude were administered again and the scores were considered as the post-test measure.

**RESULTS**

The following results were obtained comparing the pre and post test training scores using 't' test for correlated samples:

1. Knowledge related to alcohol dependence and drug addiction, pre $x=9$, post $x=10.74$, $t=6.46$ (p<0.001).

2. Skill in identifying and motivating alcohol dependent person and his family and organising

| TABLE 1 |
|-------------------------|-------|-------|-------|
|                         | Knowledge | Skill | Attitude |
| Extraversion ($x=14.63$) | 0.39   | 0.46*  | 0.18   |
| Neuroticism ($x=13.05$)  | 0.14   | 0.34   | 0.28   |
| Psychoticism ($x=5.68$)  | 0.21   | 0.11   | 0.62** |
| Self-esteem ($x=87.42$)  | 0.35   | 0.32   | 0.35   |

* p<.05, ** p<.01
prevention programme, \( \mu \text{pre} = 93.11 \) \( \mu \text{post} = 126.09 \), \( t = 8.75 \) (p<.001)

3. Attitude towards alcoholism, \( \mu \text{pre} = 49.58 \) \( \mu \text{post} = 42.53 \), \( t = -6.38 \) (p<.001). All the above variables have shown significant changes as a result of training.

The mean scores of \( E, N, \) and \( P \) was found to be 14.63, 13.05, 5.68 respectively. The subjects had a higher score when compared to the standardized norms available (Abraham & Varghese, 1990). The score of \( N \) and \( P \) was found to be within normal range. The mean self esteem score was found to be 87.42 and it is also high (Thomas & Sanandaraj, 1984).

**TABLE 2**

|                  | Knowledge | Skill | Attitude |
|------------------|-----------|-------|----------|
| Extraversion (\( \mu = 14.63 \)) | 0.47*     | 0.55* | 0.45*    |
| Neuroticism (\( \mu = 13.05 \)) | 0.15      | 0.23  | 0.38     |
| Psychoticism (\( \mu = 5.68 \))  | 0.23      | 0.11  | 0.64**   |
| Self-esteem      | 0.38      | 0.49* | 0.23     |

* p<.05**, **p<.01

Rank correlation was done to assess the association between the personality variables and pretest scores (table 1) and post scores (table 2) of knowledge, skill and attitude. Kendall’s Tau was calculated as there were more than three ties. Extraversion, was associated with skill in pre test and on post test it was found to be correlated to knowledge, skill and attitude, psychoticism on the other hand was related to attitude, both on pretest and post-test measures. Self esteem was significantly associated with skill, on post test measures only. None of the other associations were found to be significant.

**DISCUSSION**

The community volunteers, who attended the training programme had gained knowledge related to alcohol and drug addiction. Similarly they have developed skills to identity and motivate addicted persons in the community, apart from the skills to provide social support to the recovered persons and to organise preventive programmes in the community. But how far this added information and skill would get translated into actual behaviour is to be observed in the long run.

The attitude of the group has changed to the negative side. This may be due to the fact that the scale measured the attitude towards alcoholism and not their attitude towards the dependent persons. However attitude of the person in the helper role assume significant importance, in leading another person to sobriety (Manickam, 1988).

Extraversion of the subject was found to be positively related to their change in the dimension of knowledge, skill and attitude. This might imply that in future programmes, people with high \( E \) scores may be chosen, in order to achieve better change in the trainees. The positive association between psychoticism and attitude is an interesting finding. Psychoticism dimension which Eysenck & Eysenck (1975) proposed refers to unconventional attitudes and it may have lead to this positive association. Since the attitude scores have shown change after training, one would have expected a lower association between psychoticism score in the post-test score. But the association being high, one may have to conclude that the attitude of the subjects have not changed to the desirable level. Also it has to be noted the “independence” of psychoticism dimension from other scales of \( E \) & \( N \), especially in Indian situation has not been very supportive (Abraham & Varghese, 1990).

The findings of this study are preliminary. Involving a control group would have made the findings more strong. Whether the variables chosen undergo change even without exposing subjects to the present training module could have been verified. Similarly the personality variables could have also been evaluated at
the end of the programme to observe whether
the training makes any impact on these vari­
ables.

The volunteers may be better equipped
by making them familiar with screening sched­
ule like MAST or a shorter scale like Brief Ad­diction Rating Scale (BARS) (Janakiramaiah et al., 1995) to identify addicted person. Training
community workers chosen from different
panchayats around the deaddiction centres may
also help ease the task of follow-up of
deaddicted patients, which at present is a
major obstacle in treatment and in follow-up
studies (Mahadevappa et al., 1987).

Many professionals have raised several
issues including the accountability of the
increasing number of lay helpers (Collins, 1987). The above problem can be tackled by providing
supervision to the community volunteers,
by the professionals.

However there appears to be an increas­
ing need for more and more volunteers in the
community, in order to communicate information to those who are addicted. The community
helpers should also possess the skills to com­
municate to the 'right' persons at the 'right' time.

Prochaska et al. (1992) developed a
Transtheoretical Model which described how
people change their addictive behaviour. The
initial model had only 4 stages (Prochaska & Di
Clemente, 1984). But later they postulated five
stages (Prochaska et al., 1992). The addictive
person, in their opinion progresses through the
stages of precontemplation (there is no inten­
tion to change behaviour in the foreseeable fu­
ture), contemplation (is aware that a problem
exists and is seriously thinking about
overcoming it but has not made a commitment
to take action), preparation (intends to take ac­tion immediately and has unsuccessfully taken
action in the recent past), action (modifies the
behaviour, experiences an environment in or­
der to overcome the problem) and maintenance
(work to prevent relapse and consolidate the
gains attained during action). This model ac­
cording to Graeff et al. (1993)""...... is currently
the subject of many public health research
efforts in both chronic and infectious disease
control. The addicted person to the originators
of the model, recycles through these stages sev­
eral times before termination of addiction.
Therefore there is need for continuous and per­
sisting helpful contact with addicted person,
which the professional cannot provide. Graeff
et al. (1993) observed that,"...... imparting
information be the most effective approach to
influencing pre-contemplators, whereas skills
training and cues work best for moving contem­
plators to action and reinforcement keeps
mainteners from relapsing".

The trained volunteer, with adequate
information on addiction and skills to com­
municate the information to the addicted
person and family may prove useful on the
change process of the addictive person.
Further research on these volunteers may
provide useful feedback. Research may also
be undertaken in different parts of the country
to see how effective are the volunteer forces
available in the community in containing the
problem of addiction.

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