SOCIAL WORK IN THE PROCESS OF THERAPY AND RESOCIALIZATION OF DRUG ADDICTS

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Abstract:

The use of legal and illegal drugs represents a complex social phenomenon that affects individuals, families, and communities. The text focuses on the perspective of social work in addressing drug addiction, its theoretical foundations, methods, and approaches in working with individuals who are dependent on drugs. It analyzes four key theoretical models – psychiatric, sociocultural, moral, and medical – which determine specific intervention strategies used in practice. Attention is also given to the phases of resocialization, methods of social work, and the importance of multidisciplinary cooperation among professionals. The aim is to emphasize the necessity of acceptance, professional support, and a comprehensive approach to addicted individuals in the process of treatment

and resocialization.

Keywords: drug addiction, social work, resocialization, intervention, therapy, sociotherapeutic methods, therapeutic community

The use of both legal and illegal drugs is a natural part of the life of every society. It affects individuals and communities, and to varying degrees it permeates the family life cycle. In their practice, social workers are likely to encounter families that are greatly influenced by drug use. In order for workers to understand and effectively respond to the needs of individual family members and to be able to provide adequate professional services not only to individuals but also to the family as a system, they should perceive drug use from a different perspective. The issue of drug addiction needs to be viewed from the perspective of several scientific disciplines and perceived as a condition that is caused and influenced by many factors.

According to the author Oldřich Matoušek, drug addiction is multidisciplinary in nature.

Workers with qualifications in various helping professions, such as psychologists, psychiatrists, and special educators, work with drug users. The issue of drug addiction is addressed by several departments of state administration, state and non-state institutions, police, courts, etc. The target group for social workers working in the field of drug addiction are clients who use drugs in any way. They work primarily with clients who are regular drug users and are addicted to drugs. If the need for acceptance of clients is emphasized in helping professions, if drug users are to be provided with a comprehensive network of services and not be excluded from the official system of social services and from the social structure in general, it is more than desirable to talk openly about drugs and their use, about users. Lack of information about the issue can lead to denial and rejection of the problem (Vavrinčíková, 2009).

The target group of social work is users in general, not only drug addicts. Social workers professionally work with the general population, implement primary prevention activities, but as specialists they can provide qualified services in the field of work with risk groups and services aimed at reducing the harm caused by drug use. For the practice of social work with drug users, they create specific models of understanding drug use.

The four basic theories that condition specific interventions and methods of working with clients in contact with drugs include:

- Psychiatric theory and intervention model – in this theory, drug use or addiction is understood as a manifestation of a hidden emotional/psychological problem.

People who are drug users are considered emotionally disturbed personalities and require treatment. Intervention in the form of treatment consists of psychotherapy, in which psychotherapists focus on regaining mental balance. Drug use is understood as a manifestation of pathology (Rotgers, 1999)

- Sociocultural theory and intervention model – in this theory, the user is considered a victim of society and its prevailing unfavorable social conditions, as a result of which he reaches for drugs. Social workers provide social assistance and social services, the aim of which is to alleviate the social conditions that are the cause of drug use. The goal is to help the individual integrate into the social structure and institutional system to accept the norms of the majority society.
- Moral theory intervention model – in this theory, the drug user is understood as a morally weak or imperfect individual and drug use as immoral behavior. The problem with drug use lies in the individual himself and not in society. Interventions take the form of either punishment for inappropriate behavior or treatment in residential facilities
- Medical theory intervention model – in this theory, the user is understood as a person suffering from a disease in the medical sense, which is chronic, progressive and without treatment often leads to death. In this theory, drug addiction is considered a pathological disorder of brain function to some extent with hereditary dispositions. It is considered hereditary, with frequent relapses, problematically treatable or incurable. Treatment is usually provided in a hospital or facilities that cooperate with hospitals, such as resocialization facilities. There is only one acceptable goal, which is complete lifelong abstinence from all addictive substances. This theory does not recognize the possibility of controlled drug use.

The way we perceive drug users influences the approach to the client and determines the working methods that are used. If only one of the theories is preferred, this may reduce the possibilities of providing services.

Background and methods of social work with drug addicts

Oldřich Matoušek (2008, p. 11) defined it as follows: „Social work is a social science discipline and an area of practical activity, the aim of which is to detect, explain, mitigate and solve social problems (e.g. poverty, neglect of child upbringing, discrimination against certain groups, youth delinquency, unemployment). Social work is based on the framework of social solidarity and the ideal of fulfilling individual human potential. Social workers help individuals,

families and communities achieve or regain the ability to socialize. They help create favorable social conditions for their use." According to the author Anna Žilová (2000), the term social work has two basic meanings:

- social work as a name for practice, or a field of study,
- social work as a name for a scientific discipline. In practice, social work focuses on the barriers of inequality and injustice that exist in society. It responds to crises and emergencies, as well as to everyday personal and social problems. Social work uses a variety of skills, techniques and activities consistent with a focus on people and their environment. All of these activities are aimed at improving the mutual adaptation of the individual or group to the social environment in which they live.

In order for social work to be implemented professionally, conceptually, comprehensively and responsibly, it requires the creation of institutional foundations for social work, namely:

- at the global level, or within European structures (scientific conferences, professional congresses),
- at the level of the state, or state administration,
- at the level of other non-governmental social organizations, associations and foundations (retirement clubs, psychological counseling centers),
- through mutual cooperation between non-governmental institutions and the state, or local governments (Tokárová, 2009).

Social work as a scientific discipline has all the attributes of a modern, predominantly practically oriented social science discipline that analyzes social problems, procedures and results of solutions.

Several facts prove that social work is an accepted scientific discipline:

- it has a clarified subject of research – the subject is social reality, specific social phenomena – problem situations, social events and problems of individuals, groups and communities in the process of their development, solution and prevention,
- it has its own instrumental apparatus – it researches and develops its own methodology (theoretical foundations, terminology) and methodology of scientific research and practical social work,
- it has its own content structure and applies knowledge of other sciences in theoretical and empirical research of its own scientific questions,
- it performs important functions towards practice – it uses developed, proven methods of research and practical activity of other related sciences and applies

them in the theory and practice of social work (Tokárová, 2009). Social work is a theoretical-applied scientific discipline focused on the practice of the social sphere.

According to Anna Tokárová (2009), social work has an unquestionable place in the group of human and social sciences. Social work cannot be clearly classified into any social science field, because it does not have a monodisciplinary character; on the contrary, it is a multidisciplinary science by its nature. Social work as a multidisciplinary scientific field fills the space created by the division of social sciences from human sciences, which brings the study of social problems closer to the reality of everyday life, at the same time draws attention to discovered problems and relationships and proactively warns of undesirable development tendencies (Strieženec, 2006).

The performer of social work is a social worker. The author Anna Žilová (2000, p. 64) defined a social worker as follows: "a social worker is an expert, a professional who deals with social assistance to individuals, groups or communities when they are temporarily or permanently in a problem situation requiring social intervention. Through its activities at the level of practice and theory, it helps to improve, or rather saturate, the life functionality of an individual, group or community by contributing to the mobilization of resources necessary for such a solution. The demands of the social worker profession also require certain personal prerequisites, including emotional stability, flexibility, decisiveness, objectivity, critical thinking, initiative, the ability to overcome obstacles, high motivation and relationship to the assistance provided, resistance to stress. Also very important qualities are the ability to self-knowledge and self-reflection. The characteristics, skills and all competencies that every social worker should have are contained in the Social Worker's Code of Ethics.

The following topics are also part of the Social Worker's Code of Ethics:

- ethical responsibility towards oneself,
- ethical responsibility towards clients,
- ethical responsibility towards the workplace,
- ethical responsibility towards the profession,
- ethical responsibility towards society (Code of Ethics, 2021).

The natural support system is family, friends and acquaintances, community, employers, administrative and self-government bodies, educational and cultural institutions. It follows that if a social worker or A worker focused on a certain area or method cannot help a client as effectively as a worker who is prepared universally and oriented in all areas. Social work as a profession uses three basic

paradigms when working with clients to strengthen and manage their difficult life situations.

The author Pavel Navrátil (2001, p. 165) interpreted them as "paradigmatic models of intervention". The first of these paradigms is therapeutic assistance. Here, social work is understood as psycho-social assistance, mainly in the form of psychotherapy or other therapeutic methods. Its aim is to ensure social clients, especially individuals, psychological (mental) and subsequently social well-being. The emphasis is on communication and relationships. The professional equipment of a social worker is mainly based on psychological knowledge and therapeutic training.

The second paradigm is the counseling paradigm, which primarily concerns socio-legal assistance. Social functioning here depends on the ability to cope with problems and approaches corresponding to information and services. Proponents of this approach understand social work as one aspect of the social service system. This concept wants to meet individual needs and at the same time strives to improve the system of services offered. In practical activities, it is primarily about helping clients by providing information, qualified advice, making resources available and mediating other services. The knowledge of social workers should come from psychology, sociology and law.

Third is the reform paradigm – it is an effort to reform the social environment. Its representatives share the idea that by supporting cooperation and solidarity within a certain social group, they will help the oppressed gain influence over their own lives. Social work therefore focuses on empowering clients of social services so that they can authentically participate in the creation and change of institutions. Social workers must have knowledge of social policy, social philosophy and sociology. Social work as a field has developed its own theories and practices.

However, in some cases it shares theoretical assumptions with other helping professions and modifies practical principles according to its goals. The term social work method refers to work practices linked to:

- the target subject,
- the current situation of the subject,
- the relationship complex,
- systemic ties (Matoušek, 2008).

Drug treatment can be understood in terms of interventions and programs. The term intervention refers to specific techniques that aim to lead to change, some of which are directly focused on drug use, while others are focused on issues

such as social skills, family therapy, and medical care. In social work, a method is a way to achieve a predetermined goal through purposeful planned social activity when working with an individual, group, community, and institution (Strieženec, 2006. p. 79).

A method is a procedure for analyzing and solving a social problem of an individual or group. Through social work methods, all the knowledge of social work as a scientific discipline is applied to practice. Methods in social work are specific types of interventions and other activities that social workers use in their professional practice (Strieženec, 2006).

Drug therapy can be understood from the perspective of interventions, which represent specific techniques aimed at change, some of which are aimed directly at drug use and others at problems of social skills, family therapy, medical care. Addiction treatment affects all spheres of human life. In the entire treatment process, the client's motivation for treatment is the most important. Treatment will not be successful if the client does not cooperate. Not only the client's personal conviction should be the motivation for addiction treatment, but also social circumstances, such as loss of employment, loss of housing, separation from family.

The author Karel Nešpor (2000) cited thirteen principles of effective treatment. These principles represent a perfect state that it is appropriate to approach during treatment. The definition of the principles is as follows:

- not every treatment is suitable for everyone. It is necessary to choose the treatment that is most suitable for the client.,
- treatment should be quickly available,
- treatment should respond to the needs of the client,
- treatment should be sufficiently adaptable to the needs of the client,
- for the effectiveness of the treatment, its duration is necessary, the longer the treatment, the better the results,
- individual or group counseling should be part of the treatment,
- an important part of the treatment is the administration of appropriate/ necessary medications,
- for a client who also suffers from a mental disorder, treatment of both disorders is necessary,
- detoxification, which is the first stage of treatment, has little effect in itself,
- effective treatment does not have to be voluntary,
- it is necessary to monitor whether abstinence is violated during treatment,

- treatment should also include infectious examinations,
- overcoming addiction is a long-term process and may require a repeated process. We know the outpatient and stationary (hospitalization, inpatient) forms of treatment.

According to the author Lenka Vavrinčíková (2009), the outpatient form of treatment is a phase of clarifying the client's motives for treatment, with the aim of a clear decision and attitude towards treatment. The basic care provided to the client consists of individual visits to a doctor/psychiatrist several times a week. The role of social work in this phase is to provide information, support the client's responsible and rational decision whether to continue or stop using drugs.

According to Oldřich Matoušek (2010), outpatient treatment places certain demands on the client. At the beginning of treatment, an individual plan is prepared and its implementation is regularly reviewed with the client.

Family and couple therapy can also be part of this treatment. The stationary (inpatient) form of treatment is divided into three phases:

- detoxification phase,
- adaptation phase to a drug-free state,
- adaptation phase to the transition and adaptation to the home environment.

According to Ondrejkovič (1999), drug addiction therapy has four phases.

The first phase is called the contact phase, the main mission of which is to establish contact with a specialist who will be the mediator of the treatment phase itself. The second in order is the detoxification phase, the aim of which is to remove the drug from the addicted person and help him cope with the withdrawal syndrome.

The withdrawal phase is the third in order and its goal is to treat psychological addiction, which is carried out by professional experts. The last, fourth phase is the post-therapeutic phase and its goal is to maintain the results that the client achieved during treatment and ensure abstinence. Several experts such as doctors, social workers, families, self-help groups, friends form an important part of this phase. The main goal of this phase is resocialization. Social work methods also include social counseling, streetwork, and group psychotherapy.

Peter Ondrejkovič (2009) defined counseling as active participation in the lives of other people through the mutual exchange of information, experiences, and opinions that can be used in solving certain life tasks and situations. We know two types of social counseling, which include basic and professional social counseling.

Basic social counseling provides information about claims, services, and options that can solve a person's difficult life situation or alleviate it. Specifically, it concerns:

- providing information on the possibility of choosing other social and health services and other commonly available sources of support,
- providing information on the fundamental rights and obligations of a person, especially in connection with the provision of social services,
- providing information on other forms of assistance,
- mediating communication with authorities or other institutions. Professional counseling provides direct assistance to people in solving their social problems. Professional help is focused on specific assistance and practical solutions to a person's difficult life situation. Professional counseling also includes therapeutic activities and is carried out on a professional basis, by theoretically and practically prepared experts at a top level. Professionalization expresses the quality of the level of services provided.

Another method of social work is streetwork, which we can define as a specific mobile, field social work that includes a current low-threshold offer of social assistance to drug users and people living a risky lifestyle, in which it is assumed that they need or will need social assistance.

Streetwork is characterized as visiting social work that does not wait to be sought out by clients, but offers itself in places where social conflicts arise. The search function of streetwork is the first step in an active approach to clients. It consists of monitoring and contacting members of the target group. The social worker learns to understand the dynamics of the environment and to understand the peculiarities and adapt to the processes of life in a given target group. Streetwork is based primarily on trust, which would be disrupted if the social worker were to discover the client's identity (Bednářová, 2008).

Group psychotherapy is an effective form of psychotherapy that brings benefits. The group is a social microworld. It provides hope, not only in the beneficial effects of positive expectations, but also in the fact that each client sees the improvement of another person with a similar problem. In group therapy, a person avoids social isolation and loneliness, which increases the feeling of being different from others. Clients help each other, share similar problems with others, provide support, ideas, observations, insights and look for solutions. In the group, social skills are developed (such as providing feedback, talking face to face, understanding one's processes, imitating behavior, understanding how I contribute to my loneliness, etc.), which affect one's relationships with others. It is an opportunity to become useful. To be in a space that allows for knowledge

(Matoušek, 2008).

Phases of resocialization of drug addicts

Resocialization represents a set of specific procedures aimed at restoring the lost social balance in the treatment and especially in the after-treatment process of clients suffering from addictions of various kinds. It is also used to refer to (re)educational procedures aimed at eliminating undesirable behaviors of youth and adults who have violated criminal law norms. Their behavior manifests antisocial and even dissocial elements that it is desirable to modify with targeted educational and therapeutic procedures (Lukáč, 2015).

Matoušek (2008) understands resocialization as a return to a socially acceptable behavior in people who have deviated from it. This is a very broadly conceived perception of resocialization. Author Ctibor Határ (2012, p. 71) defined resocialization as: "the reintegration of a person into society and its microstructures, or the re-acquisition and internalization of social rules for the optimal functioning of an individual in the social system".

According to the content and goal of the resocialization process, resocialization is carried out similarly to treatment, in an outpatient or residential form. The outpatient form has the character of counseling activities or crisis intervention. In the hierarchy of services, after finding a client and field social work with them, it is the first offer of help to drug users. It focuses on intensive counseling, social, psychological, rehabilitation and support care.

The emphasis is mainly on maintaining motivation in treatment, but it does not solve other problems that arise in the life of the client, which may be loss of housing or loss of employment. Residential resocialization usually follows the completion of detoxification treatment and is implemented as residential follow-up treatment. It is a process of gradual integration of a former drug user into his/her normal life without drugs. It consists of a system of therapeutic activities that are part of the client's social rehabilitation. It is a process of re-adaptation to gradually changing living conditions. The re-adaptation itself is oriented towards changing the client's way of thinking, lifestyle, and actions to practice living alone and living in a group and for a group.

Resocialization lasts approximately 12 to 18 months and is divided into four phases. With the succession of phases, the demands on the client's independence and responsibility increase. The phases of resocialization include:

- adaptation-motivation lasts 2-3 months. During this phase, the client adapts to the protected environment of the facility, while adopting the daily routine and order of a specific community. This phase is characterized by limiting contact with the outside environment and focusing on their problems.
- correctional-educational lasts 4 months and is focused on restoring the client's social relations with his family and on coming to terms with drugs. It tries to teach the client responsibility for himself, but also for the group. In the facility, the client works independently and outside the facility in a collective.
- social-rehabilitation lasts 3 months and is mainly focused on strengthening the client's family relations, strengthening work habits, and developing rules of social behavior in order to gain social stability and restore social independence.
- re-integration lasts 3 months and the goal of this phase and therefore the conclusion of the resocialization process is the effort to ensure the client's smooth transition from the protected community to everyday life.
- The following methods can be included in the work process during resocialization:
- methods that guide activity - e.g. educational advice, work or physical exercises, persuasion and learning to cope with problematic and stressful situations,
- methods conditioning activity – e.g. personal influence or motivational training, using experience, strengthening self-confidence and various other therapies,
- methods based on the action of a social group – self-government, therapeutic community, self-help groups (Šrobárová 2023).

The most commonly used methods of resocialization in outpatient settings include: individual and group counseling, sociotherapy, psychological intervention, therapy of codependents (family therapy). The resocialization process is based on a comprehensive approach to increasing a person's potential to live a full life without an addictive substance. The resocialization process is based on the active acquisition of new forms of behavior, the foundations of which the treated addict acquired during the course of treatment, when, especially under the influence of psychotherapeutic intervention, the desired reconstruction of his values, attitudes and emotional experience should have occurred. In follow-up treatment, the emphasis is then placed on strengthening them in the process of social learning. In the process of resocialization of adults, health professionals, psychologists, psychiatrists, psychotherapists, as well as social workers and social andragogues have their place and mission. In the residential form (most often in resocialization centers), the following resocialization methods are most often used: individual and group social counseling, sociotherapy and social training, family

therapy, various types of therapies (e.g., occupational therapy, drama therapy, bibliotherapy, animotherapy), thematic educational groups, psychological methods aimed at individual personality development, as well as others aimed at creating conditions for a full-fledged life of the client (accommodation, meals, assistance with job placement, leisure activities, etc.).

The most complex and most widely used methods of working with addicts in resocialization are therapeutic community and sociotherapy. Jozef Kredátus (1999, p. 63) defined sociotherapy as: „help, instruction, learning and training for a new restructured way of life without drugs, with adequate solutions to stressful life situations, in which previous attitudes, escape mechanisms, renewal of communication patterns and social behavior are already corrected". In resocialization, sociotherapy is oriented towards the reintegration of socially and psychologically disintegrated persons into society and at the same time strives for broader social assistance to marginalized or socially maladaptive persons. In resocialization, sociotherapy has a key role as a method of consolidating changed attitudes and values in social behavior and actions, which are to become permanent personality changes of the abstainer. The second most used method in resocialization is the therapeutic community.

A therapeutic community is a residential social service for people who are addicted to addictive substances or for people with chronic mental illness who are interested in reintegrating into everyday life through so-called resocialization. A therapeutic community for addicts has specific features, including internal differentiation, which means that if a client has been in the community for a longer period of time and has proven himself, he gains certain advantages, but at the same time the demands on his person increase. In therapeutic communities for addicts, rules are clearly and strongly enforced, the violation of which may result in premature termination of treatment (Nešpor, 2003).

The goal of therapy in a therapeutic community is therefore to contribute to finding and accepting the meaning of life, responsibility, one's own freedom, acceptance of oneself, one's possibilities and limits, as well as to assist in personal growth, in expanding knowledge, skills and abilities to achieve individual goals, in finding one's place in society and in building a positive, creative and satisfied approach to life.

Conclusion

Social work in the field of drug addiction is a demanding but necessary part of the system of assistance to addicted persons. Its task is not only to address the consequences of addiction, but also to prevent its occurrence through prevention and education. Effective work with addicts requires a multidisciplinary approach, in which social workers, psychologists, psychiatrists and other experts play a key role. The process of treatment and resocialization of addicted persons is long-term and demanding, requiring an individual approach and respect for the client's needs. The goal of social work is to help the client restore his social functions, find the meaning of life without drugs and integrate into society as a full-fledged member.

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