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SOCIAL WORK FOR THE RESOCIALISATION OF DRUG ADDICTS IN REHABILITATION CENTRES

Abstract. The escalating issue of drug dependency within Ukrainian society and the imperative for effective resocialisation of affected individuals underpins the significance of this research. Rehabilitation centres play a pivotal role in the process of reintegrating drug addicts into fully functional societal participation; however, their operational frameworks necessitate continual refinement and a systematic approach. The article examines the characteristics of social work regarding the resocialisation of drug addicts within rehabilitation centre environments, with a particular focus on identifying efficacious methodological strategies and interventional approaches. Methods of research: comprehensive methodological framework for data acquisition, encompassing a thorough theoretical analysis of extant literature germane to the research's subject matter and investigative objectives. The research findings substantiate that effective resocialisation of individuals struggling with drug dependency mandates a multidimensional intervention strategy, integrating psychosocial, medical, and educational initiatives. Specialised programmes focusing on social adaptation, vocational training, and post-centre supportive mechanisms are particularly significant. It has been determined that addictive behaviour has the following characteristics: persistent physical and psychological dependence of the individual on psychoactive substances; disorders of physical, mental, emotional-behavioural functions of the personality; difficulties or even impossibility of establishing social connections and adaptation both in macro- and microsocial environments. To overcome the problem, comprehensive support is necessary, which includes both medical-psychological (or psychiatric) intervention and measures for resocialisation and rehabilitation of persons with drug addiction, particularly in specialised rehabilitation centres. A promising direction for further research is the systematisation of social work methodologies aimed at the resocialisation of persons with drug addiction within rehabilitation centres.

Keywords: social work, drug addicts, addictive behaviour, rehabilitation centre, resocialization.

Introduction. The problem of drug addiction in contemporary Ukrainian society has drawn attention for several decades not only from scholars and specialists in the fields of healthcare, social work, psychology, and psychiatry but also from the general public. Firstly, drug addiction is rapidly spreading among young people. Secondly, new, synthetic, more dangerous psychoactive substances are appearing on the criminal market. Thirdly, martial law and the Russo-Ukrainian war have negatively affected the psycho-emotional state of the population, which has led to the spread of destructive emotional disturbances (depression, fears, anxiety), which in turn has been reflected in behavioural disorders, particularly alcoholism and drug addiction. In today's challenging conditions, there is an urgent need to develop new approaches to the treatment, rehabilitation, and resocialisation of drug addicts and to create a professional network of institutions and rehabilitation centres for drug addicts.

Analysis of recent research and publications. The issue of resocialisation and rehabilitation of drug addicts has been the subject of extensive scientific research by numerous scholars. Notably, L.Beheza and V. Halych

emphasise the necessity of a comprehensive approach to resocialisation, which integrates medical, psychological, and social support. Research by A.Bertiukh and H.Prib demonstrates the significance of individualised rehabilitation programmes that account for the personal characteristics of dependent individuals.

Yu.Nomyrovska and Ts.Korolenko examines the issues of psychosocial adaptation and the efficacy of various social work methodologies for drug addicts. They underscore the importance of social environment support in reintegrating such individuals into society. O.Onypchenko and L.Romanovska research the role of state and non-state rehabilitation centres in assisting those with drug addiction, as well as the challenges related to normative-legal provisions governing such activities.

Overall, contemporary scientific approaches to the resocialisation of drug addicts indicate the necessity of a multidisciplinary framework that combines social work, psychotherapy, and legal and regulatory mechanisms. However, the effectiveness of various rehabilitation models in the context of contemporary challenges remains open and requires further scientific investigation.

The **aim** of the article is to present a model of social work for the resocialisation of drug addicts in rehabilitation centres. **Methods of research:** methods of scientific source analysis were applied for theoretical substantiation of the resocialisation problem of drug addicts. A comparative analysis of rehabilitation practices enabled the identification of effective social work models. Questionnaire surveys and interviews with rehabilitation centre specialists were conducted to ascertain primary challenges and evaluate the efficacy of applied resocialisation methods. Implementing these methodological approaches facilitated an objective assessment of the resocialisation status in rehabilitation centres and the development of recommendations for enhancing its effectiveness.

Results and discussion. The issue of drug addiction is the object of attention in interdisciplinary research. Its complexity lies in its multi-component nature, which is determined by the interaction of biological, genetic, psychological, and social factors. At the same time, today, there exists a significant number of scientific studies that focus on examining addictive behaviour, individual psychological characteristics of people with such dependence, as well as the role of the social environment in the formation of drug addiction.

The term «addictive behaviour» was first introduced by V. Miller, who interpreted it as the abuse of psychoactive substances that alter the mental state of an individual, as a physiological and psychological dependence [9, p.156]. Ya. Halych notes that addictive behaviour is characterised as «the desire to avoid reality by using various methods to alter one's mental state artificially. These methods become stereotyped, generalised, and act as restrictive barriers to interaction with the environment for specific individuals» [1, p. 64]. Ts. Korolenko provided the following definition: «Addictive (dependent) behaviour is one of the varieties of deviant behaviour with the formation of a desire to escape from reality by taking certain substances or constantly fixating attention on certain activities to develop intense emotions» [4].

In the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), dependence syndrome is defined as a cluster of physiological, behavioural and cognitive phenomena in which the use of a psychoactive substance or class of psychoactive substances takes on a much higher priority for a given individual than other behaviours that were previously of greater value to them [9, p.156].

T. Shlapko notes: «Dependence on addictive substances (narcotic drugs and psychotropic substances) is a biological, psychological, social and spiritual disorder of the personality, which requires treatment first and foremost, particularly for physical dependence (if present), and subsequently rehabilitation of the person as a fully functioning member of society» [12, p.109].

Thus, addictive behaviour is characterised by physical and psychological dependence on psychoactive substances. It is accompanied by a complex of biological, psychological, and behavioural disorders that complicate the individual's social interaction. Overcoming such problems requires both medical-psychological or psychiatric intervention, as well as processes of resocialisation and rehabilitation, particularly in specialised rehabilitation centres. These centres, established predominantly in the 2000s, possess certain experience and have developed proprietary programmes aimed at the resocialisation and recovery of drug-dependent individuals [10, p.766]. Ukraine has more than 40 territorial centres for addiction treatment services and 4 specialised (addiction treatment) hospitals. In total, the country has approximately 4,000

institutions, establishments and non-governmental organisations that directly or indirectly engage in the rehabilitation and resocialisation of persons with drug dependence [6, p.134].

For developing a programme of resocialisation for people with drug addiction in rehabilitation centres, it is appropriate to analyse in detail the concept of «resocialisation of drug addicts». The term «resocialisation» acquired scientific significance in the 1980s and became widely used in scientific literature of the Soviet, post-Soviet, and contemporary Ukrainian periods. From a terminological perspective, resocialisation means the restoration of the individual's socialisation process after a period of maladaptation or existence in crisis, traumatic, or extraordinary situations. Generally, this concept is understood as a «return to the social environment with acceptance of its norms, values and behavioural models which are considered socially acceptable». In the English-language literature, the synonym for this term is often the concept of «reintegration», which describes the process of an individual's return to social life. In scientific and encyclopaedic sources, resocialisation is defined as the process of acquiring new knowledge, values, social roles, and skills that replace previous ones. This phenomenon is also described as repeated socialisation aimed at adapting the individual to their usual environment, restoring social connections, and correcting life goals, attitudes, norms, and values [11, p.141]. The foundation of many definitions of resocialisation is restoring the individual in society, adapting to the value-normative system of social interaction, and acquiring new social experiences. This process contributes to forming a model for the return of the drug addict to society at the macro, meso, and micro levels within the framework of a rehabilitation centre.

L. Romanovska notes that the content of social and socio-pedagogical work with drug addicts in rehabilitation centres encompasses psychodiagnostic of personality and social relations, social learning and education, psycho-corrective work, psychological and social rehabilitation, and social adaptation, which function as a complex of general resocialisation of drug addicts [8, p.153].

In our view, the most apt definition of the concept «resocialisation of drug addicts» is the definition proposed by Y. Chernetska in the fundamental work (doctoral dissertation) «Theory and Practice of Socio-pedagogical Work on Resocialisation of Drug Addicts in Rehabilitation Centres»: «restoration, preservation and development of socially beneficial connections and relationships of the drug addicts with the social environment, formation of new socially approved behavioural models, norms and values, positive social experience and subjectivity for the purpose of full functioning in society» [11, p.145], wherein the author understands the aim of resocialisation of drug addicts as «changing norms and values, behavioural models of the drug-dependent person, acquisition of positive social experience and subjectivity to realise the possibility of full functioning in society, preventing return to chemical addiction, forming experience of resistance to situations that are risky from the perspective of returning to drug use» [11, p.146].

Y. Chernetska, empirically researching the process of resocialisation of drug addicts, identified criteria and indicators of resocialisation of drug-dependent persons: «cognitive-knowledge (social knowledge, perceptions regarding the use of acquired socially positive experience, social intelligence); value-emotional (social maturity (responsibility), communicative tolerance, formation of social values); need-motivational (motivation to

achieve success, aspiration for creative and professional self-realisation, assertiveness); activity-behavioural (self-efficacy, social activity, communication skills); personal-reflexive (self-reflection, empathy, self-attitude)» [11, p.413], and defined social rehabilitation, social adaptation and social integration as components of resocialisation, which served as a structural scheme for developing a social work programme for the resocialisation of drug addicts in rehabilitation centres.

The World Health Organisation considers the rehabilitation of drug addicts as a process that helps an individual who uses narcotic substances to achieve the maximum level of physical health, psycho-emotional state, and social adaptation. Rehabilitation is the next stage after initial treatment, which may include detoxification, application of medications, and psychiatric assistance [14].

In a specialised encyclopaedia for social sector workers, it is emphasised that social rehabilitation aims at restoring social experience and establishing interconnections, behavioural norms and communication, achieving emotional balance, active participation in social life, restoring status in society, and integrating into open society. An important goal is the expansion and strengthening of social contacts, engagement in the cultural environment, restoration of professional abilities and skills, and reconstruction of social experience and functions. The process encompasses improving the mental, physical, and spiritual (moral) state of individuals who have experienced maladaptation. Social rehabilitation entails not only restoring the individual's ability to live fully in society but also facilitating the improvement of the very conditions of the social environment that have been disrupted for various reasons [2, p.69].

According to A.Kapska, social rehabilitation is a complex of measures oriented towards restoring destroyed or lost social connections and relationships, as well as socially and personally significant characteristics, properties, and capabilities of the subject. It is a conscious, purposeful, internally organised process [3, p.17]. Y.Chernetska identifies the following components of social rehabilitation of drug addicts [11, p.165-166]: diagnostic and restorative therapy; restoration and correction of psychological qualities and properties of the drug-dependent person; restoration of social experience and establishment of social connections, behavioural norms, communication, emotional stability, active social life, renewal of social status, integration into open society; restoration (compensation) of impaired bodily functions of the drug-dependent personality; prevention of repeated drug use, formation of moral values and principles, positive experience of socially approved behaviour; restoration of the individual's legal rights through the cancellation of previously acknowledged guilt, consultative legal assistance, and support of the drug addict during court proceedings (as needed), which constitute legal rehabilitation.

The most widespread and effective models of socio-psychological rehabilitation for individuals with drug addiction today are:

- therapeutic communities (model of social learning for a healthy lifestyle);
- organisation of addiction rehabilitation centres within the structure of various religious denominations;
- the Minnesota model of inpatient and outpatient 12-step rehabilitation programme – self-help and mutual aid groups (rehabilitation model based on scientific achievements in psychology, psychiatry, sociology and other sciences, and the '12 steps' model);
- T.Gorski's developmental model (model built on long-term professional work with the dependent person,

combined with attendance at mutual aid groups);

– D.Pita's developmental model (recovery within this model is viewed as an evolutionary change in the addict's personality within the framework of E. Erikson's stage concept of psychosocial development) [1; 9].

In psychological literature, researchers define the concept of «social adaptation» as «...a process of forming the most acceptable strategies/models of behaviour in conditions of a changing microsocial environment» [7, p.160]. In general, in scientific literature, the concept of «social adaptation» is considered as follows: adjustment to the conditions of the social environment; acceptance of values, norms and behavioural models in society; interaction of the individual with the social surroundings and acquisition of positive social experience; a short-term process of entering the social macro- and micro-social environment.

The success of the social adaptation of individuals with drug addiction is significantly determined by the support of their families, which in such cases acquire the status of codependent families. This is precisely why the system of socio-pedagogical support for such families in rehabilitation centres is aimed at facilitating the social adaptation of dependent individuals. According to A. Oberemok, this system represents a complex of interconnected and interdependent components, united by a common goal- overcoming difficult life circumstances associated with codependency and drug addiction and learning effective interaction both in the family and social environment [5, p.82].

The resocialisation of persons with drug addiction should occur with the active participation of family members. This refers to the restoration of family relationships, development of effective communication skills with the drug-dependent person, and acceptance of their altered personality. Research allows us to state that adaptation is a process of an individual entering society, which has an individualised character and is significantly determined by their previous experience. While adaptation consists of accepting and adjusting to social norms, integration facilitates the emergence of new formations that correspond to personal and group development needs.

Thus, according to G.Esser, the social integration of an individual/group has four aspects: acculturation, placement, interaction, and identification. Acculturation (or cultural integration) is the process of an actor acquiring knowledge, assimilating cultural standards, and developing competencies necessary for successful existence in society. Placement (or structural integration) means a person finds their place in society and establishes rights in educational or economic contexts, in professional or civic spheres. Interaction (or interactive integration) involves establishing friendly, romantic or marital relationships with other people and acquiring membership in social groups. Identification (or identificational integration) results from a person's identification with the social system as a whole or with specific groups [13]. Therefore, according to Y.Chernetska, «the success of the integration of drug addicts will be ensured by establishing social interaction of drug addicts, organising socio-pedagogical support for drug addicts entering the social environment, as well as by preventing repeated drug use by former dependent individuals» [11, p.173]. Thus, social integration of drug addicts is a long-lasting process compared with social adaptation. It includes establishing interaction in society with the participation of close associates, obtaining education, professional development, and other aspects.

Therefore, considering the above stated, we present a model of social work for the resocialisation of drug addicts in rehabilitation centres (Fig.1).

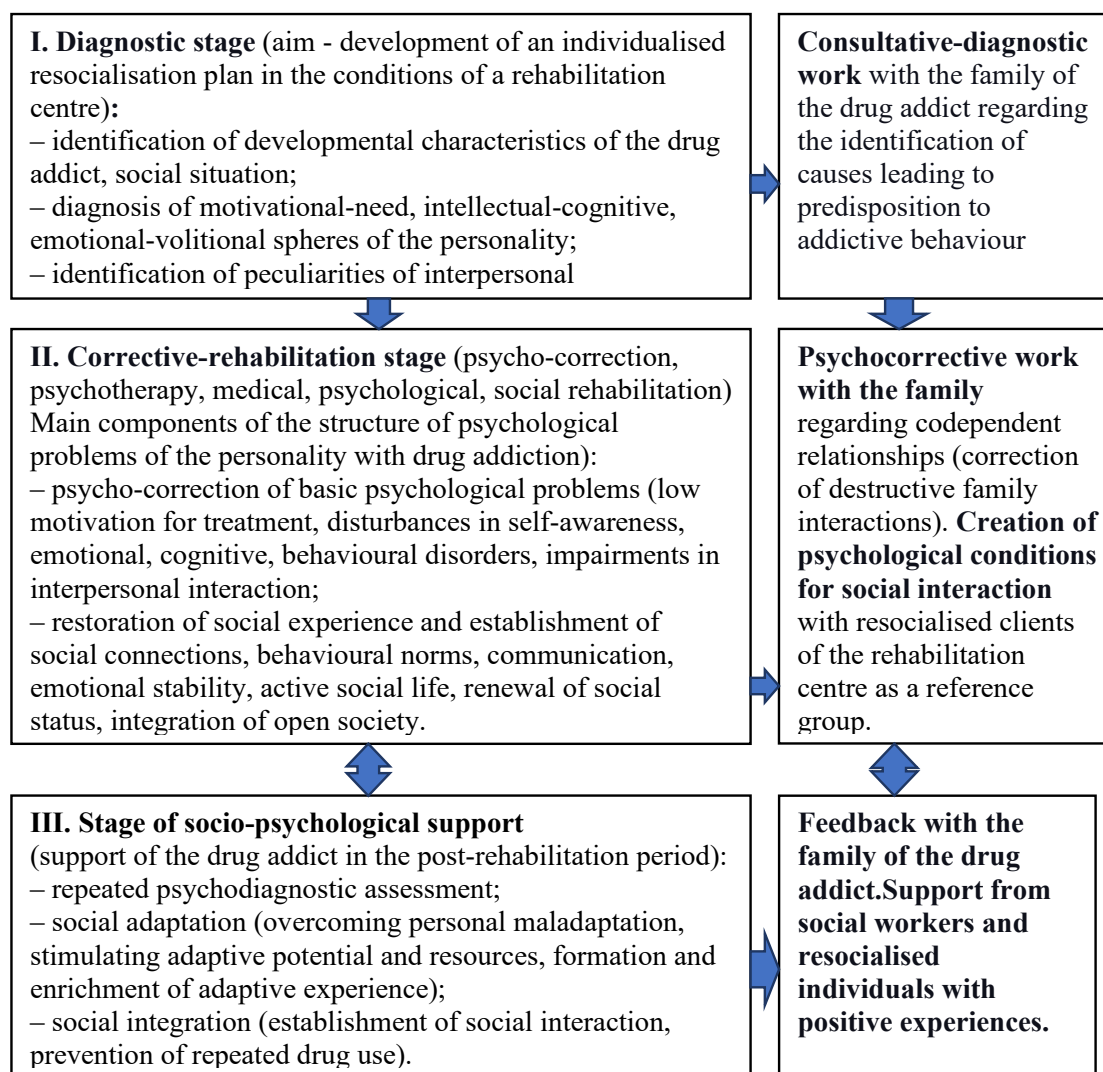


Fig.1. Model of social work for resocialisation of drug addicts in rehabilitation centres [author]

Conclusions. It has been determined that addictive behaviour has the following characteristics: persistent physical and psychological dependence of the individual on psychoactive substances; disorders of physical, mental, emotional-behavioural functions of the personality; difficulties or even impossibility of establishing social connections and adaptation both in macro- and microsocial environments. Furthermore, to overcome the problem, comprehensive support is necessary, which includes both medical-psychological (or psychiatric) intervention and measures for resocialisation and rehabilitation of persons with drug addiction, particularly in specialised rehabilitation centres. The resocialisation of persons with drug addiction in rehabilitation centres is a process of restoring their personality in society, mastering the value-normative system of social interaction, and acquiring new social experiences. The key components of this process include social rehabilitation, adaptation, and integration, which function as sequential stages of the general resocialisation of the drug-dependent person. The three-stage model of social work is developed for the resocialisation of persons with drug addiction in rehabilitation centres:

1. Diagnostic stage. Its primary aim is to develop an individualised resocialisation plan for the stay in the rehabilitation centre. Key steps of this stage include: analysis of the development characteristics of the drug addict and their social situation; diagnosis of

motivational-need, intellectual-cognitive and emotional-volitional spheres of the personality; study of the specifics of interpersonal relationships; conducting consultative-diagnostic work with the family of the drug addict to identify causes of predisposition to addictive behaviour.

2. The corrective-rehabilitation stage encompasses psycho-correction, psychotherapy, as well as medical, psychological, and social rehabilitation. This stage focuses on resolving the main psychological problems, such as low level of motivation for treatment, disturbances in self-awareness, emotional, cognitive and behavioural disorders, and difficulties in interpersonal interaction. During this period, the restoration of social experience, behavioural norms, communication skills, emotional stability, and active social life is carried out. Particular attention is paid to correcting destructive family relationships and dependencies in the family. In the created conditions, clients of the rehabilitation centre can engage in constructive interaction with other resocialised individuals who act as a reference group.

3. The stage of socio-psychological support involves supporting persons with drug addiction in the post-rehabilitation period. Among the tasks of this stage are repeated psychodiagnostic assessment, facilitating social adaptation through overcoming personal maladaptation, and stimulating adaptive potential and resources. Considerable attention is also paid to expanding adaptive experience, establishing effective social interaction,

and preventing repeated drug use. An important aspect is maintaining feedback with the client's family and ensuring support from social workers and resocialised individuals with positive experiences.

A promising direction for further research is the systematisation of social work methodologies aimed at the resocialisation of persons with drug addiction within rehabilitation centres.

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СОЦІАЛЬНА РОБОТА З РЕСОЦІАЛІЗАЦІЇ НАРКОЗАЛЕЖНИХ ОСІБ В УМОВАХ РЕАБІЛІТАЦІЙНИХ ЦЕНТРІВ

Анотація. Ескаляція проблеми наркозалежності в українському суспільстві та необхідність ефективної ресоціалізації постраждалих осіб підкреслюють важливість цього дослідження. Реабілітаційні центри відіграють ключову роль у процесі реінтеграції наркозалежних до повноцінної участі в суспільстві; однак їх операційні рамки вимагають постійного вдосконалення та систематичного підходу. У статті розглядаються аспекти соціальної роботи щодо ресоціалізації наркозалежних у середовищі реабілітаційних центрів, з особливим акцентом на визначенні ефективних методологічних стратегій та інтервенційних підходів. Методи дослідження: комплексна методологічна основа для збору даних, що включає ретельний теоретичний аналіз існуючої літератури, що стосується предмета дослідження та цілей дослідження. Результати дослідження підтверджують, що ефективна ресоціалізація осіб, які борються із залежністю від наркотиків, потребує багатовимірної стратегії втручання, яка включає психосоціальні, медичні та освітні ініціативи. Особливе значення мають спеціалізовані програми, спрямовані на соціальну адаптацію, професійне навчання та механізми постцентральної підтримки. Встановлено, що адиктивна поведінка має такі ознаки: стійка фізична та психологічна залежність особистості від психоактивних речовин; розлади фізичних, психічних, емоційно-поведінкових функцій особистості; труднощі або навіть неможливість встановлення соціальних зв'язків та адаптації як у макро-, так і в мікросоціальному середовищі. Крім того, для подолання проблеми необхідна комплексна підтримка, яка включає як медико-психологічне (або психіатричне) втручання, так і заходи щодо ресоціалізації та реабілітації осіб з наркотичною залежністю, зокрема в спеціалізованих реабілітаційних центрах. Перспективним напрямком подальших досліджень є систематизація методології соціальної роботи, спрямованої на ресоціалізацію осіб з наркотичною залежністю в реабілітаційних центрах.

Ключові слова: соціальна робота, наркозалежні особи, адиктивна поведінка, реабілітаційний центр, ресоціалізація.