

**CHALLENGES FACED BY PSYCHOSOCIAL SUPPORT ORGANIZATIONS IN
PROVIDING SERVICES TO PERSONS WITH SUBSTANCE
ABUSE EXPERIENCE**

BY

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF APPLIED
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UNIVERSITY**

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DECLARATION

I **ORECH UMAR**, hereby declare that this is my original work and has not been presented to any university or any award of a degree.

Sign :----------

Date :-----10.7.2012-----

APPROVAL

This is to certify that the research report of **ORECH UMAR** has been under my supervision and is now ready for submission to the School of Social Work and Social Administration for the Award of the Degree of Social Work and Social Administration of Kampala International University.


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Date : 12 July 2012

Signature :-----

DEDICATION

This work is dedicated to my father Mr. Abdul Otwal and the family at large for bringing me up and equipping me with professional and academic skills in this universe.

It is also dedicated to my wife Mrs. Safina Umar and the children Ismael Umar, Jafar Umar and Zahara Umar with love for their untiring patience and perseverance during my absence.

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ABSTRACT

The research study was based on "***The Challenges faced by Psychosocial Support Organizations in Providing Services to Persons With Substance Abuse Experience in Amolatar Town Council In Amolataor District***".

The research was carried out in 5 wards of the Town Council.

The researcher used 30 respondents who were selected on random basis

The research was intended to:

- Find out challenges faced by psychosocial support organizations in providing services to persons with substance abuse and the strategies that these organizations (PSOs) use in order to continue providing their services to persons with substance abuse.
- Consider the conditions that induce the individuals to misuse drugs.
- See how the organizations can be helped to offer better services.

The following research instruments were used;

- Oral interviews
- Questionnaires
- Focus group discussion

The research was a descriptive type, real figures and percentages were used to identify the major aspects.

The major services provided to PWSA in ATC were;

- Guidance and counseling
- Free education to persons with substance abuse
- Medical support to persons with substance abuse
- Encouraging income generating activities to persons with substance abuse.

The major challenges were;

- Financial constrain.
- Poor communication.
- Failure of persons with substance abuse experience to adhere to treatment.

The coping strategies were;

- Sensitization.
- Lobbying and advocacy.
- Family involvement in PSOs activities.
- Volunteering in PSOs activities.

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LIST OF ABBREVIATIONS/ACROYNMYS

ATC	-	Amolatar Town Council
PWSA	-	Persons with Substance Abuse
PSOs	-	Psychosocial Support Organizations
NDSH	-	The National Drug Survey and Health
AA	-	Alcohol Abstinence
TPO	-	Trans Cultural Psychosocial Support Organizations
NGO	-	Non-Governmental Organization
CBO	-	Community Based Organization
AYDA	-	Abaler Youth Development Association
AID	-	Acquired Immuno Deficiency Syndrome
AIC	-	Aids Information Centre
CAO	-	Chief Administrative Officer
TASO	-	The Aids Support Organization
IGA	-	Income Generating Activities.

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CHAPTER ONE

The Perception of the Problem

1.1 Background to the Study

This chapter focused on Challenges that psychosocial support organizations face in provision of services to persons with substance abuse in Amolatar Town Council- Amolatar District.

Psychosocial support organizations (PSO) refer to those organizations that restore self sufficiency and promote resilience and normal functioning to persons with substance abuse (PWSA)

Substance abuse refers to psycho actives which are substance people take to change their feeling , thinking and behaviours examples of these substances include alcohol , cocaine, heroine , cannabis or marijuana, mairungi and nicotine opiates to mention but a few

In Amolatar Town Council, the use of drugs especially alcohol and Khad is on the increase. This has resulted into mental retardation that deteriorates people's health. Some of the substances mentioned above such a alcohol for example is a legal and socially accepted drug but problems do arise from it's over consumption. It should therefore be noted that the misuse of substances by people in the area requires psychosocial support services to help people involved to get emotional comfort through guidance and counseling to help them restore their potentials in their lines and their roles in society.

According to the information from alcohol focus Scotland (2008) , 90-95% of adults choose to drink alcohol which is very high percentage. When the demand for drugs is high in any given society, the victims normally resort to intimate partners violence which requires psychosocial support services as is the case already in Amolatar Town Council (ATC).

As a result of drug abuse PWSA face the following physical problems.

General weakness of the body, swelling of the face and others result into mental illness. Socially, they engage in domestic violence, uttering abusive language to the members of the society thus resulting into fights. Because of the above problem in the area there is need for research to address the issues.

1.2 Statement of the Problem

Psychosocial support organizations play a big role in promoting resilience and normal functioning among adults and youths with substance abuse in Amolatar Town Council. For example the Trans- cultural Psychosocial Organization (TPO) in the district. However as a resident of that area I have noted that the organizations encounter challenges while executing its duties to persons suffering from substance abuse. This research will consider the conditions that induce individuals to misuse drugs and see how the organizations can be helped to offer better services.

1.3 Purpose of the Study

The first purpose of the study was to find out challenges faced by psychosocial support organizations face in providing services to persons with substance abuse and the strategies that these organizations (PSOs) use in order to continue providing their services to the Persons with substance abuse in Amalatar Town Council (ATC).

The second purpose was to consider the conditions that induce the individuals to misuse drugs.

The third purpose was to see how the organizations can be helped to offer better services.

1.4 Research Questions

The following research questions facilitated the study

1. What services do PSOs in Amolatar Town Council provide to PWSA?
2. What challenges do psychosocial support organizations encounter in providing their services to PWSA?
3. What strategies do psychosocial support organizations use to improve their capacity to support PWSA in Amolatar Town Council?

1.5 Significance of the Study

The findings of the study will be significant to various stakeholders like: policy makers, community leaders and religious leaders to formulate policies that support PSOs

The findings will also help in provision of hints to further research in the area by other researchers

The findings will also act as a basis for designing programs that will help to mitigate effects of substance abuse

The findings of the study will help councilors with information on how to help PWSA in Amolatar Town Council using the locally available resources

1.6 Scope of the Study

The study was carried out in Amolatar Town Council on challenges faced by psychosocial support organizations.

1.7 Limitations

Community expectations of financial assistance made data collection difficult

The period in which the study was carried out was short and amidst which were other commitment by the employers. This was a complicating motive to the researcher.

1.8 Delimitations

The researcher stated out clearly the purpose of carrying out the research study to the community and respondents which helped the researcher acquire the relevant information for the research study.

The researcher also maximized the little time granted to him to carry out the research especially during the data collection period which has successfully enabled the researcher to do the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter was concerned with review of related literature from different authors on the research topic and great emphasis will be put the services PSOs provide PWSA, the challenges they encounter and the solutions to these challenges.

2.1 Explanations of Concepts

The National Drug Survey and Health (NDSH) (2008) defines substance abuse as the overindulgence in and dependence of a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health or the welfare of others

And it defines addition and addiction related as all substance related problems including dependence on alcohol, illicit drugs, or nicotine as well as being in close relationship with a person who has such problems (eg a spouse or parent)

Barett AE , Turner RJ (2006) defines substance dependence as a syndrome involving compulsive use with or without tolerance and withdrawal whereas substance abuse is problematic use without compulsive use can be harmful to your health and may even be deadly in certain scenario.

2.2 What services do PSOs in Amolatar Town Council Provide to PWSA?

James Davy (2006) stated that one of the services rendered by PSOs to PWSA is giving clients adaptive living skills and training for example considered persons with substance abuse are helped by an organization called Joseph Kohn Rehabilitation centre

These skills help the PWSA to provide themselves with the necessary basic needs they were not enjoying before. These needs include physiological , social , psychological and spiritual

Humhreys K,D Tucker J (2002) cited the following services are provided by PSOs to persons suffering from substance abuse, managing emergency pandemic grants and funds including reporting emergency behavioural health service, provision , funding acquisition and expenditure and the outcome of service provision.

More so, overseeing the quality of case provided by behavioral health authorities, maintaining surveillance of behavioral health needs and efforts undertaken in order to adjust behavioural health services provision to meet the workforce demand and to provide guidance on development and appropriate behavioural health information messages to the person with substance abuse.

Fletcher , A (2001) mentioned that PSOs also play roles in sharing of information and available tools and systems , encouraging the use of tools and techniques for supporting staff and their families during times of crisis as the helps the staff to do the needful for the PWSA

Patricia (2000) said that PSOs carry out management training for state and local staff . This training focuses on behavioral interventions to help persons suffering from substance abuse cope with grief, stress, exhaustion, anger and fear during an emergency, encouraging the local health departments to establish partnerships and participate in any rehabilitation outreach activities to the emergency respond community

The purpose of this outreach is to inform these individuals on how to sue as well as receive suggestions on how to improve the crisis response system.

Mc Auliffe (1990) mentioned that PSOs are engaged in educating and infoming persons suffering from substance abuse about emotional response that they experience or observe in their colleagues and families (including children during a serious exhibition of general suffering and weakness as a result of symptoms of the substance abuse and techniques for coping with these emotions , educate them about the importance of developing family communication plans, so that family members can maintain contact during an emergency

According to Micheal Portally (2003) , PSOs provide resources for self help programmes making public facilities and institutions friendly to PWSA, disseminate information or self help groups adapting the principles of information parity creating and supporting innovative services that promote self help group involvement, credentialing and training health care professionals in linking patients to self help groups and expanding opportunities for self help organizations in criminal justice settings , discouraging the use of self help groups as a replacement for treatment, expanding research on drug and alcohol abuse and finally supporting opportunities for family members of addicted people to be involved in mutual help of the individual in helping persons suffering from substance abuse .

2.3 What challenges do PSOs face in providing services to PWSA?

Nathaniel O. Oloo (2007) said that when individuals who have been abusing drugs stop suddenly, their bodies tend to react by demanding its usual level of drugs such persons may experience nausea, fatigue depression , headache and many other symptoms caused by the withdrawal from the blood stream which can easily drive a person back to abuse of substances hence posing a great challenge to the PSOs as their efforts to curb substance abuse will be diminished

Bonefansi Bandikubi (2008) cited limited institutional and financial capacity of the districts and other institutions like local NGOs /CBOs in implementing PSOs

intervention that cover all parishes, sub countries and the country at large so as to help people suffering from substance abuse

Most of the PSOs have limited capacity to deliver intergrated and comprehensive services . the majority are concentrated around Town Council and subcounty in several districts with limited capacity to expand and reach out to most drug abusers in other parts of the sub counties.

According to Norwinski J, Baker S and Carroll (1995) lack of steady funding is the major challenges faced by PSOs leading to failure to meet their objective within the stipulated time frame and the vastness of target community and all the logistic thus proving major challenges to PSOs. They further added that effectiveness of interventions to substance abuse must be understood in light of two facts.

First like other chronic health problems addictive disorders are difficult to resolve and no intervention produces complete and permanent abstinence in all cases or even in a majority of them.

Second, financial resources for addiction treatment are always constrained such that any judgment about whether an intervention is valuable needs to consider its cost as well as its effectiveness. The "effectiveness of PSO can be

conceptualized in a number of ways for example how fast are organizations growing, how it handles change and whether its members are satisfied with it

Robert Mathias & Neil Swan (2007) stated that another key challenge for PSOs is in identifying the physical and psychological mechanisms and risk factors that promotes progression from experimental drug use to full fledged drug dependence

Several mechanisms that lead at risk people to become drug dependent have been studied recently or are currently under study. They include attention deficits in childhood , aggressive impulsive behaviour in adolescents and adults and the process involved in becoming " conditioned" to drug use, individual differences in responses to drug use incentives abnormal responses to common drugs, and the consequences of easy access to drugs

Kieller HD (2000) stated that lack of enough competent skilled man power to help in restoration of hope among the desolate substance abusers, is the most challenge PSOs face. Some PSOs have the skilled man power but then, they are insufficient

He further illustrated that challenges does not only stop at having unsufficient staff but also there are changing clinical guidelines that the PSOs have to keep retraining to gain the concepts which would be helpful to PSWA

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He further illustrated that challenges does not only stop at having insufficient staff but also there are changing clinical guidelines that the PSOs have to keep retraining to gain the concepts which would be helpful to PSWA.

He said that in addition to changing PWSA behaviour, efforts to promote self help group affiliation must also consider PSOs beliefs that influence patients transition from treatment to self help groups. For some treatment providers see self help group negatively, pointing that they may foster unhealthy dependence or detract from personal autonomy. Other providers think that AYDA is the only self help organization that exists or is the only intervention of any value. Other misconceptions include the belief that all self help organizations must be central for every member of AYDA.

2.4 Coping strategies for challenges faced in psychosocial support services

According to Mclellan et al (2000) coping strategies to PSOs services provided to persons suffering from substance abuse include encouraging the local health departments to establish partnerships and participate in any rehabilitation outreach program activities to the emergency respondent community. The purpose of this outreach is to inform these individuals on how to use as well as receive suggestions on how to improve the crisis response system. More so , they further state that managing contracts with behavioral health service provision, funding expenditure and re-imbursment in PSOs services.

Barba S. McCray (2003) says that the most frequently accessed resource for alcohol and other drug problems is to set up more PSOs over six million adults a year have contact with addiction self help groups. Organizations based on "twelve steps" (For example, Alcoholic anonymous are larger and more available

than non 12 step organizations. Important alternatives to traditional drug and alcohol self help groups should exist for both individuals desiring a different approach and for individual experiencing a serious psychotic disorder due to over use of substances.

Robert Mathias & Neil Swan (2007) said that the best solution to treating substance abuse is to first of all carry out laboratory studies of the behaviour characteristics of drug takers and their responses to drugs which can help PSOs find centrally important determinants of drug taking. Through research carried out previously it was concluded that behavioural, psychological and other responses can be used as markers in predicting vulnerability to drug dependence.

Efforts to train PSO about facilitating self help group involvement should include incentives for changing clinical practice and should be sensitive to cultural diversity. Effective referrals to addiction self help groups should occur in both non speciality and especially health care programs.

PSOs should recognise and communicate to patients that many individuals recover through AA, but others recover through self help groups other than AA, or without attending any self help group at all. Even treatment programs that label and represent themselves as " 12 -step oriented should evaluate whether their current program practices actively support involvement in 12 step self groups , room and Green field (1993).

Holmbeck G. N (1997) said that effort should also be made to provide education PSOs in order to address both attitudes and behaviours of PWSA in order to create successful interface of PSOs with a broad self help group network. Any professional education strategy along these lines must recognize two important points . First, most investigations have focused on speciality substance abuse treatment providers and change PSOs behaviour regardless of treatment speciality concerned, PSOs must be sensitive concerned PSOs must be sensitive to the diversity of patient some substance abuse self help organizations, for example SMART recovery, women for sobriety and modernization management have an almost entirely concession, middle class membership. The membership of AA and NA includes a higher value.

Ohnnessian , C.M , Hasselbrock V.M (1999) said that administration of medical treatment to persons who abuse substance such as drugs is yet one of the solutions to substance abuse provided by PSOs. When medical drugs are administered onto a body of a person who takes alcohol, the individual develops a psychological fear or hatred for alcohol as such the drug can also be administered deliberately to produce an effect and help the individual overcome the urge or desire for alcohol. Another strategy that aimed at medical attention in addressing substance abuse is administering a drug called diazepam to help in management of withdrawal syndromes. This drug helps in reduce the level of bad feeling that occur after stopping the abuse drugs by substance abusers.

The AIDS support Organizations (TASO) in Kampala suggested need for enough funding of humanitarian organizations as such organizations strive for improving the quality of human life in different perspectives and training enough man power to help in delivering psychosocial services to persons with substance abuse in the whole country.

In view of the literature reviewed above, most of the authors cited that PSOs provide training in adaptive skills to PWSA

There is a huge challenge of inadequate finding by PSOs in providing their services to PSWA and the best coping strategy to the challenges faced by PSOs in service provision to PWSA is first carry out laboratory study on the behaviour characteristics of the substance abusers.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presented the research design of the study, scope of the study, study population and sample techniques research methods and instruments , procedures of the study and data analysis

3.1 Area of the study

The study was carried out in Amolatar Town Council. This was chosen purposely because of many persons with substance abuse that are found there and availability of the psychosocial support organizations in the area, such as TPO, and social amenities in the area where most leisure activities are carried out such as entertainment to mention but a few.

3.2 Research Design

A qualitative research design was adapted for the study. It was adapted because it examines the quality of the relationship, activity event situation and material. It was chosen because it strives to understand the phenomena in their natural setting.

Qualitative research was used observational techniques and interview method on small samples to the target population.

Qualitative research helped the research to analyze data inductively that is from particular to the general.

Qualitative research was used because it enabled the researcher to use purposive sampling in which the researcher was to determine the subjects of the study using his own judgment.

3.3 Target Population

The target population for the study was mainly the medical personnel, PSOs staff, health workers, guardians of PWSA and persons with substance abuse.

3.4 Sample Size and Sampling Techniques

The sample size for the study was 30 respondents which included 10 PSOs who provide services to persons suffering from substance abuse, these people were chosen because they provided relevant information on what kind of services they provide and the challenges they encountered in this field, 10 people suffering from substance abuse. They will be identified by the medical personnel and random sampling technique will be used.

Persons with substance abuse were chosen because they provided relevant information about what psychosocial support services they got from psychosocial support organizations and challenges they face as a result of the substance they take , four (4) medical personnel were also chosen because they would provide relevant knowledge on effects of substance abuse and the challenges they face in trying to mitigate the problem of substance misuse in the area and

six (6) parents were also chosen since they stay with their children who abuse substance thus they would provide relevant information on challenges that are brought by the misuse of substances by their children.

The sampling procedure was purposive because the study addresses respondents who were in position to provide useful information about the research study.

Table 1: Illustrating the sample size for the study

Category	Expected number	Actual number
Persons with substance abuse	10	6
PSOs	10	8
Medical Personnel	5	10
Parents	5	6
Total	30	30

3.5 Data Collection Methods and Instruments

The researcher's primary methods of data collection is etiquette survey method. A survey is a collection of information in a systematic way in a wide range of cases. That is to say, to see a particular thing from a high place these methods are chosen because.

It helped to gather well organized information on a particular problem

The researcher would be able to be in direct contact with respondents which helps to attain the relevant data required for the study.

Questionnaire guides and interview guides were used to collect data for the study

A questionnaire consist of well designed short and precise set of questions. The questionnaire that was adapted here was open ended. This instrument was selected because it was less expensive and easier to administer, in terms of distribution, time saving and gives relevant information regarding the research study.

An interview guide which is a dialogue between interviewers and interviewees was also adapted for the research study. This was because it enabled the researcher to get detailed information about the research topic. It also had a higher response from respondents, probed deeper response and ambiguous points were ably clarified by the researcher. Hence acquire the relevant information concerning people suffering from substance abuse and the challenges faced by psychosocial support organizations in service provision to persons with substance abuse at the town council.

3.6 Procedures for Data Collection

The researcher requested for an introduction letter from the Department of Social Works and Social Administration, Kampala International University and submitted to the CAO Amolatar District for permission to carry out the research in the area and the researcher further wrote a letter requesting the respondents to provide the necessary information needed for the study and presented to the

respondents together with the questionnaire guides which were then collected from the respondents immediately they would fill in and then peruse through for correction of mistake before data was analyzed.

3.7 Data Analysis

The data was collected , edited and analyzed using SPSS and then presented it using tabulations and percentages.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.0 Introduction

This chapter presents the analysis of the findings. The analysis has been presented according to the research questions presented in chapter one. The findings are presented in tables and description and percentages are used as part of the analysis.

4.1 Background Information on Respondents

During the study 30 respondents were involved in which 8 of them were social workers making percentage of 26%, 10 medical personnel which represents 36%, 6 were guardians of persons with substance abuse making 20%, and 6 of the respondents were PWSA also making 20%. Among the 10 medical personnel, 6 were nurses and 4 doctors who all work in public service providing psychosocial support, and the 6 guardians of PWSA making 20%, and 6 of respondents were PWSA who were students in senior three. The social workers provided information on sanitation and mental related cases where they would refer them to Amai hospital.

Table 2: Showing Categories of the Respondents

CATEGORY	MALE	FEMALE	TOTAL
Social workers	5	3	8
Doctors	3	1	4
Guardians	5	1	6
PWSA	5	1	6
Nurses	2	4	6
TOTAL	20	10	30

Table3: Showing services provided by PSOs to PWSA in ATC.

Services	Frequency	Percentages
Guidance and counseling	8	26.6%
Free education	4	13.3%
Medical support	5	16.6%
Encourage IGAS	6	20%
Moral support	5	16.6%
Awareness raising	2	6.6%
Total	30	100

According to the table above 26.6% of the respondents said that guidance and Counseling is a major service provided by PSOs to PWSA in Amolatar town Council, 13.3% indicated that PSOs encourage free education for PWSA 16.6% cited that medical support is provided to PWSAs, 20% said that PSOs encourage income generating activities to enable PWSA acquire economic self reliance. It is

also through IGAs that support groups are formed and to help PWSA plan for their own income generating activities in ATC 16.6% said that PSOs also render moral support to PWSA in ATC. This is intended to improve on the poor relationship among PWSA with the other members of the society in ATC and 7% of the respondents said that PSOs also help in creating awareness especially on the dangers of substance abuse since many people especially the illiterate do not know the effects of substance abuse in the area.

This according to them is done through organizing seminars for the local people. However the turn up for guidance and counseling services is at times not good since some PWSA fear that they would be imprisoned. This makes the PSOs not to reach out to reach out to many PWSA because they associate such services to government initiatives aimed at punishing them.

Comment

As shown on the table above the major service provided by PSOS to PWSA in Amolatar town council is guidance and counseling.

Table 4 showing the challenges faced by PSOs in provision of their services to PWSA.

Challenges	Frequency	Percentages
Financial constraint	10	33.3%
Poor communication	4	13.3%
Lack of interest	3	10%
Failure to adhere to treatment	3	10%
Lack of respect	1	3.3%

Poor mobilization	3	10%
Stigmatization	2	6.7%
Insufficient man power	2	6.7%
Limited support	2	6.7%
Total	30	100

The above table showed that financial constrain is the major challenges faced by PSOs in Amolatar Town Council. This is represented by 33.3% of the respondents, this may explain why the PSOs services are only concentrated with in the town council. 13.3% of the respondents said poor communication has been a challenge since some of the workers in the organizations are not people from Amotartar town council who are not well versed with the local language.

This makes outreach programs difficult especially when interpreters are not around. 10% of the respondents cited lack of interest among PWSA, they justified this by low turn up for PSOs services in the town council. Another 10% of the respondents said that PWSA do not adhere to treatment. This makes it hard for them to adjust to the withdrawal effects of substance abuses 3.3% of the respondents indicated lack of respect by the PWSA to PSOs staff at the town council and where respect does not prevail, co-operation becomes difficult to attain. Yet another 10% of the respondents said there is poor mobilization especially of the local people to come for PSOs services. This according to them is brought about by the fact that the settlement in the area is sparse sort of

6.7% said there is stigmatization among the PWSA. This at times makes them not come for the PSOs services willingly.

There is also insufficient man power which makes execution of PSOs service difficult to accomplish in the area. This is shown by 6.7% of the respondents.

Limited support by the government was cited as well. This was represented by yet another 6.7% of the respondents. This was seen in areas like inadequate training of more PSOs staff hence making service delivery difficult in Amolatar town council especially to the rural people who stay in sub countries like Muntu , Agikdak , Awelo and Namasale respectively. Where the majority of the respondents said that the problem is very serious.

Comment

As shown in table 4 above the major challenge facing PSOs in Amalotar town council in providing services to PWSA is financial constraint.

Table 5 showing the coping strategies used by PSOS to over come the challenges in ATC

Coping Strategies	Frequency	Percentage
Sensitization	6	20%
Lobby and advocacy	6	20%
Use of local authority	2	7%
Victims to form clubs	2	7%
Encourage family involvement	5	17%
Use of already existing institutions	2	7%
Motivation of facilitators	2	7%
Volunteering	5	17%
Total	30	100

The findings in table 5 above indicated that the most common strategies used by PSOs in Amolatar town council are sensitization of the people and lobby and advocacy which are both represented by 20% each of the total number of respondents. Sensitization according to the respondents involved giving all the people the necessary information about chances drug addicts are likely to suffer from and other preventive measures. On the other hand, lobby and advocacy is a primarily concept which means to mobilize, speak for the voice less and above all delivering messages to the policy makers in order that both the PSOs and PWSA would receiver help at various angles. 7% of the respondents suggested the use of local authority such as the local councilors 1, 3 and 5 respectively so as to enforce the existing laws to guard against too much consumption of substance especially by the youth in the town council.

Another 17% of the respondents said that there is need for family involvement in the PSO services to help their family members who are drug addicts to cope successfully since stigmatization most often results from the family in particular and the community at large. 7% of the respondents cited use of already existing institutions such as schools churches, police stations and other groups in Amolatar town council. This is to minimize the problem of inadequate resources since setting up new once means too much spending which can not easily be realized in the district. 7% of the respondents said there is need for motivation of the few skilled labour to minimize resignation of PSOs employees in the town

council and this can be done by government and other humanitarian bodies not only in Amolatar town council but also in the whole nation.

Last but not least 17% of the respondents said that there is need for volunteering in the PSOs. Volunteering would solve the problem of inadequate man power since those involved value the need for social services other than money

Comment

As shown in the table above, three major strategies used by PSOs in Amolatar town council to over come the challenges PSOs face in service provision to PWSA identified are sensitization, lobbying and advocacy.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

1.0 Introduction

This study sought to establish the challenges faced by PSOs in providing their services to persons with substance abuse experience in Amolartar town council Amolartar district.

The findings presented in chapter four are discussed here. The discussion is done in accordance with the research questions

1.1 Discussion

Research Question One

1.1.1 What services do PSOS in ATC provide to persons with substance abuse?

As shown in table three (3) in chapter four one, of the major services provided by PSOs to PWSA in ATC is guidance and counseling. Guidance is basically concerned with the best development of an individual in principles of guidance Jones .A (2000) defined guidance as the help given by one person to another in making choices and adjustments, and in solving problems.

According to Brake B.G (2002), counseling is a process of enabling the individual to know him or herself and his or her present and possible future situations in order that he or she may make substantial contributions to the society and solve her or his own problems through a face to face personal relationship with the counselor

This service is provided to address psychosocial or emotional stress. This services is in line with Gudela (2003) who says that the major role of PSOs is to provide guidance and counseling to persons with substance abuse so as to reduce stigmatization and other ills arising from over consumption of drugs and other toxicants.

Similarly Gudela (2003) observes that PSOS also provides free education to persons with substance abuse which is also stated in table three (3) chapter four. This service involves training and giving information to PWSA to avoid unpleasant behavior and to learn to live a meaning full life

Table three (3) refereed to above also indicates training in income generating activities as a service provided by PSOs to PWSA in ATC. This service is provide by PSOs to enable recipient acquire skills of self help reliance to improve on their socio- economic status. A number of income generating activities are used as poultry keeping, making of mats and baskets to mention but a few. This is in line with Portly (2003), who asserts that PSOS provide resources to PWSA to help them live an independent life through initiation of self help income generating projects. This improves acceptance of such people by their communities and also improves the quality of their lives.

Another service provided by PSOs to PWSA as indicated in table three (3) in chapters four is medical support.

This service involves transporting clients with substance abuse to hospitals like

Lira regional referral hospital in Lira district and providing medication in some cases. This is provided to improve the health of the clients.

Table 3 in chapter four also indicates that moral support and awareness raising are other services provided by PSOs to PWSA in ATC

This involves appreciating the conditions of PWSA , willingness to support them and sensitization on the dangers of substance abuse. Raising awareness of the community enables members of the community to guard against such illness as substance abuse.

The provision of these services indicates the concern PSOs have for not only PWSA but also their families and communities.

By addressing the psychosocial needs of PWSAs , PSOs help the country to be aware of the risks of substance abuse and the proper ways of enhancing the quality of life of the people.

The findings in this section (table 3 in chapter 4) addresses research question, one of the studies as indicated above.

Research Question Two

5.1.2 What challenges do PSOs face in providing services to PWSA in ATC?

As indicated in table 4 in chapter four one of the major challenges faced by PSOs in providing services to PWSA in Amolartar Town council is financial constraints. Just as many other organizations PSOs do not have enough funds thus will result

in poor employer – employee relationship. This makes it difficult for PSOs to meet their objectives within stipulated time frame. This services is in line with Norvinskhi (1995) who asserts that there is lack of steady finding in PSOs within the stipulated time frame and vastness of the target community and all the necessary logistics PSOs need to run their services similarly Nowinskki (1995) , observes the effectiveness of interventions for substance abuse is not understood because like any other chronic health problems, addictive disorders are difficult to resolve and no intervention produces complete and permanent abstinence in all cases given the mega resources. This is because financial resources for addiction treatment are always constrained such that any judgment about whether an intervention is valuable needs to consider its costs as well as well as its effectiveness. The effectiveness of PSOs can be conceptualized in a number of ways for instance, how fast an organization grows and how it handles changes and whether its members are satisfied with it

Table 4 referred to above also indicates poor communication for any good relationship between the PSOs staff and their clients , communication needs to be effective enough, however this is true in ATC where some PSOs staff could not speak the indigenous language (Lango) especially during community sessions.

On the other hand, many substance abusers could not speak English since a few of them continued with education up to primary seven. This makes PWSA not

develop interest in PSOs because of lack of mutual relationship between PSOs staff and the PWSA as indicated in table 4 in chapter four.

Another major challenge faced by PSOs in providing services to PWSA in ATC is failure of PWSA to adhere to treatment. Some clients who are already so much addicted find it so hard to do without substance abuse such as local waragi , opium , mairungi to mention but a few. They take the substances on daily basis so that means all the effort of PSOs in restoring among them becomes diminishing. This is in line with Nathaniel (2007) who asserts that individuals who have been abusing drugs are one made to stop suddenly, their bodies tend to react by demanding its usual level of drugs. Such persons may experience nausea, fatigue, depression, headache and may other symptoms caused by the withdrawal from the blood stream which can easily drive a person back to abuse of substances, hence posing a great challenges to the PSOs services as their effort to crab down substance abuse is undermined.

Other challenges faced by PSOs in providing services to PWSAs indicated in table 4 of chapter four include, poor mobilization, stigmatization , insufficient man power and limited support from other humanitarian organizations. This implies that PSOs do not find it easy to meet their goals within the stipulated time. Some of the challenges like insufficient manpower limits decentralization of PSO services up to local people. This is in line with Bandakubi (2008) who observes that limited institutional financial capacity of the districts and institutions like

community based organizations in implementing PSOs intervention that cover all sub-counties and parishes and the country at large makes it difficult for PSOs to realize their targets. Most of the PSOs have limited capacity to deliver integrated and comprehensive services to expand and reach out to most PWSA in other parts of the sub counties.

The persistence of the above challenges indicates that although PSOs have the concern for all people in the communities to live a stress free lives; steady funding is needed to help them address the psychosocial needs of persons with substance abuse experience not only experience not only in Amolartar Town council but also in the whole country at large.

Research Question Three

5.1.3 What coping strategies do PSOs use to reduce the challenges they encounter in providing services to persons with substance abuse?

As shown in table 5 in chapter four, the common coping strategies used by PSOs in addressing the challenges faced in providing services to PWSA are lobbying and advocacy and sensitization. Sensitization involves giving people information that is considered useful in a give situation so as to improve that situation for the better. This involves mobilizing the community members and talking to them about health issues that needs intervention. For example the effects of smoking to pregnant mothers and the fetus. This helps the pregnant mothers make useful decisions especially those ones who smoke

On the other hand lobbying and advocacy is a concept which means influencing, convincing, persuading and sensitizing upon people particularly those in positions of influence to support ones course and advocacy refers to acting, speaking, or writing in support of ones course

The above strategies help PSOs to improve on their services because many organizations can come together and work for a common purpose which in this case is better community life.

These coping strategies are in line with Mathias (2007) who asserts that the best solution for treating substance abuse is to first of all carry out laboratory studies on the behavioural characteristics of drug takers and their responses to drugs which can help PSOs find centrally important determinants of drug taking. This can be done through lobbying and advocacy since it is a process that involves many stake holders in our communities. Lobbying and advocacy further helps the development agencies to prioritize the needs of the local people depending on what affects them most. This leads to improved quality of life. Other coping strategies as indicated in table 5 of chapter four include use of local authority to help enforce law and order among persons with substance abuse, formation of clubs to help donors sponsor PWSA projects, encouraging family involvement since it is cheap and available most of the time compared to hired labour use of already existing institutions, motivation of PSOs facilitations volunteering.

All the cited coping strategies would help PSOs and PWSA work hand and hand since its labour may not be paid for compared to relying on skilled professionals

whose labour is paid for hence minimizing the problem of financial constraints and other emotional disturbances among PWSA in ATC. Similarly these existing institutions such as hospitals, schools , churches and the local courts of law like the local council one (LCI) office help the PSOS to meet their objective within the stipulated time frame. This is inline with Hossel Brock . V (1999) who observes that administration of medical treatment to persons with abuse substances such as drugs is yet another solution to substance abuse

Therefore, there is need to encourage PWSA to use the available institutions like the hospitals where the treatment can be got from.

Holmbeck G.N (1997) asserts that efforts should also be made to provide education to PWSA and PSOs in order to address both the attitudes and behaviour of PWSA so as to create successful interface of PSOs with a broad self help group net work. PSOs can do this by sensitizing the people about the importance of education on the impacts of substance abuse to our health and how we can make the community a better place to live in.

Similarly, Holmbeck G.N (1997) observes that effort to brain PSOs about facilitating self help group involvement should include incentives for changing clinical practical and should be sensitive to cultural diversity. This explains why family involvement is being emphasized by the PSOs

The continuous use of the above coping strategies in table 5 in chapter four would promote effective services delivery to PWSA in ATC so as to improve the

quality of life and behaviour of PWSA experience and above all minimize financial constraints which hinders service delivery greatly in ATC.

5.2 Conclusion

In the view of the findings discussed above the researcher concludes that, the major service provided to PWSA ATC are;

Guidance and counseling , free education to PWSA , medical support to PWSA, encouraging income generating activities to PWSA and the whole community of ATC and moral support.

The major challenges faced by PSOs in providing services to PWSA are;

Financial constraints, poor communication, lack of interest by PWSA in PSOs services failure of PWSA to adhere to treatment, lack of respect to PSOs staff by PWSA poor mobilization, stigmatization, insufficient man power and limited social support

The coping strategies are;

Sensitization, lobbying and advocacy, use of already existing institutions , use of local authority , encouraging formation of clubs by PWSA, family involvement in PSOs activities , motivation of PSOs staff and volunteering in PSOs services

5.3 Recommendations

The researcher recommends that; PSOs should improve the scope and quality of services rendered to PWSA so that even the local man who lives far away from Amolatar Town council can benefit equally;

- There is need for adequate finding of social service providers organizations such as the PSOs by the government to help them meet their objectives that would in turn lead to improved quality of life people.
- Families play key roles in mitigation of substance abuse in our communities. Therefore, there is need for massive health education regarding the dangers of all toxicants especially to the family members.
- The locally available resource should be used maximally to minimize the of financial constraints which hinder PSOS in delivering their services to PWSA not only in ATC but also in other district in Uganda.
- Net working among PSOs need to strengthened to promote team work in the whole of Northern Uganda districts and the whole country since the problem of substance abuse cuts across among the young generation in Uganda.

REFERENCES

- Babor & Delboca, (2000). Treatment matching in alcoholism cambridge , UK:
Cambridge University Press
- Baron & Kenny. (1986). The moderator – Mediator variable distinction in social
psychological research : conceptual . strategic and statistical
considerations . Journal of personality and social psychology, 51,1173-
1182
- Brundsma, Manltby, & Welsh, (1980): Outpatinet treatment of Alcholism : a
review and comparative study : Baltinaore , university park press : walsh
DC
- Ditman, Crawford, Forgy, Markowitz, & Mac Andrew, (1967) a controlled
experiment of the use of court probation for drunk arrests, American Journal of
psychtry, 124, 64-67
- Fetcher, A (2001). Sober for Good : New Solutions for drinking problems
- Hingson et al (1991). A randomised trial of treatment for alcohol a bsuing
workers . The new England Journal of medicine, 325, 775-782.
- Psychiatric serie , 47, 709-713 Holm Brok (1997). Towards terminological ,
conceptual and statistical clarity in the study of mediators and nioderators
journal of consulting and clinical psychology, 65,599-610

- Humhreys K. (2001) circles of recovery: self help organization for addictions .
international research monographs and addiction , Cambridge university
press UK
- Kessler, Mickelson & Zhao S (1997) Patterns and correlates of self help group
membership in the United States . Social Policy , 27-46
- Kingree, J, & Thompson M (2000) Mutual groups, perceived status benefits and
well being. A test with adult children of alcoholics with personal substance
abuse problems. American journal of community psychology , 28, 325-
342
- MC Auliffe, W.E (1990) A randomized clinical trial of recovery training and self
help for opium addicts . New England and Hongkon. Journal of
psychoactive Drugs , 22, 197-209
- Mc Lellan, Lwesi, OBrien & Kleber (2000) Drug dependence , a chronic medical
illness. Implications for treatment, insurance and outcomes evaluation
journal of the american medical association , 284, 1689-1695
- Morgenstern M & Gray (1993) Cognitive process and change in disease model
treatment (pp 153-166) New Brunswick, NJ
- Nowinski J. Baker, S & Carroll K (1995) Twelve step facilitation therapy manual
: A clinical research guide for therapists . Rockville, MD
- Ohannessian & Hassel Brock (1999) Predictors of substance abuse and affective
diagnosis: Applied development science, 3239-247
- Room R & Greenfield (1993) alcoholics anonymous, other 12 step movements and
psychotherapy in the US population , addiction 88,555-562

Schlenburg, Omalley, Bachman & Johnston (2006)“ mediators and moderators of parental involvements on substance use . A national study of adolescents
Cambridge university press.

Siqueland L, Blaine J et al (1999) Psychosocial treatment for Cocaine dependence
: Cambridge UK University press

White & Madara , (1998). The self help source book: your guide to community
and online support groups. Denville: American self-help clearing house.

QUESTIONNAIRES FOR DOCTORS

Dear respondents, the purpose of this research is to find the challenges psychosocial organizations face in providing services to persons with substance abuse. Please kindly answer the questions below.

Bio- data of the respondents

Age group

Below 20 years ☐ 20-30 year ☐ 30-40 years ☐ 40-50 years ☐

Above 50 years ☐

Gender

Male ☐

Female ☐

Marital status

Married ☐

Single ☐

Divorced ☐

Widowed ☐

What services do psychosocial support organizations provide to person with substance abuse?

What kind of support do these organizations render to persons who suffer from substance abuse?

How do persons suffering from substance abuse respond to psychosocial support services rendered to them?

SECTION B

What kind of challenges do you face in providing psychosocial support services to persons with substance abuse?

How serious is the problem suffered by person with substance abuse?

What are the challenges these persons suffering from substance abuse face?

SECTION C

What kind of coping strategies can you suggest to overcome the challenges mentioned above?

Are these strategies effective and efficient in problem solving?

Yes ☐ No ☐

If yes how are they effective?

If No why?

Thank you for your time to respond effectively

QUESTIONNAIRE FOR GUARDIANS

Dear respondent this questionnaire is to find out your experience in caring for persons with substance abuse. Kindly answer the following questions.

Bio data of the respondents

Age group

Below 20 years ☐

20-30 years ☐

30-40 years ☐

40-50 years ☐

above 50 years ☐

Gender

Male ☐

Female ☐

Marital status

Married ☐

Divorced ☐

Single ☐

Windowed ☐

SECTION A

What services do psychosocial support organizations offer to persons with substance abuse in your area?

What kind of support do these organizations render to person who suffer from substance abuse?

How do person suffering from substance abuse respond to psychosocial support services rendered to them?

SECTION B

What kind of challenges do you think psychosocial support organizations take while rendering their services to persons with substance abuse?

How serious is the problem suffered by persons with substance abuse?

What are the challenges these persons suffering from substance abuse face?

SECTION C

What kind of coping strategies can you suggest to overcome the challenges mentioned above?

Are these strategies effective and efficient in problem solving?

Yes

☐

No

☐

If Yes how are they affective?

If No why ?

THANK YOU VERY MUCH FOR YOUR COOPERATION

QUESTIONNAIRE FOR SOCIAL WORKERS

Dear respondents this questionnaire is to find out your experience in dealing with psychosocial organizations which provide services to persons with substance abuse. Kindly answer the following questions.

Bio data of respondents

Age group

Below 20 years ☐ 20-30 years ☐ 40-40 years

40-50 years ☐ above 50 years ☐

Gender

Male ☐ Female ☐

Marital status

Married ☐ Divorced ☐ Single ☐ Widowed ☐

SECTION A

What services do psychosocial support organizations provide to persons with substance abuse?

How do persons suffering from substance abuse respond to psychosocial support services rendered to them?

SECTION B

What kind of challenges do you face in providing psychosocial support services to persons with substance abuse?

How serious is the problem suffered by persons with substance abuse?

What kind of challenge do persons with substance abuse face in your area?

What are the challenges these persons suffering from substance abuse face that you have observed ?

SECTION C

What kind of coping strategies are you using to overcome challenges mentioned above?

In what ways are the challenges faced by persons with substance abuse being addressed?

Are the strategies effective and efficient in problem solving

Yes ☐

No ☐

If yes how have you made them effective?

If No, Why?

Thank you for giving me your time and response.

QUESTIONNAIRE FOR NURSES

Dear respondent this questionnaire is to find out your experience in dealing with clients with substance abuse and psychosocial support organizations. Kindly answer the following questions.

Bio-data of the respondents

Age group

Below 20 years ☐ 20-30 years ☐ 30-40 years ☐ 40-50 years ☐

above 50 years ☐

Gender

Male ☐

Female ☐

Marital status

Married ☐

Single ☐

Divorced ☐

Widowed ☐

SECTION A

What factors influence the capacity of psychosocial support organizations in providing services to persons with substance abuse?

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What kind of support do these organizations render to persons who suffer from substance abuse?

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How do persons suffering from substance abuse respond to psychosocial services rendered to them?

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SECTION B

What kind of challenges do you face in providing psychosocial support services to persons with substance abuse?

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How serious is the problem suffered by persons with substance abuse?

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What are the challenges these persons suffering from substance abuse face that you have observed?

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SECTION C

What kind coping strategies are you using to overcome the challenges mentioned above?

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In what ways are the challenges faced by persons with substance abuse being addressed?

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Are these strategies effective and efficient in problem solving?

Yes ☐ No ☐

If yes, how have you made them effective?

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If No, why?

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Thank you

INTERVIEW GUIDE

2. What services do psychosocial support organizations provide to persons with substance abuse?
3. How do persons suffering from substance abuse respond to psychosocial support organizations rendered to them?
4. How serious is the problem suffered by persons with substance abuse?
5. What kind of challenges do persons with substance abuse face in your area?
6. What kind of coping strategies are you using overcome the challenges above?

Observation guide

1. Communication
2. Confidentiality
3. Time Management
4. Team work