

## Adolescent Drug Use, Trauma and Mental Health: Some Hidden Challenges for Community Workers

**Anand Prakash\***

*Chief Consultant and Professor - Clinical Psychology, Faculty of Medicine, Ibn Sina National College for Medical Studies, Jeddah, Saudi Arabia*

**\*Corresponding Author:** Anand Prakash, Chief Consultant and Professor - Clinical Psychology, Faculty of Medicine, Ibn Sina National College for Medical Studies, Jeddah, Saudi Arabia.

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Adolescence is a stage of rapid physical and psychological growth. This is period of joining high school or collegiate education; planning and deciding about professional career, prospective settlement and leading quality life. All these issues cause adolescents to face adjustment-related difficulties, tensions, troubles and trauma which are emotional and psychological in nature. It requires immediate and adequate guidance, support and intervention; otherwise, likely to be compelling to commit some undesirable acts or giving rise to psychological disorders at extreme level. In addition, they are not appreciated by elders, nor are approached by the younger in this stage. In consequence, they are confused, isolated from family, and feeling compelled to seek intellectual and emotional support outside where a little affection, false promise and vested interest of others trap them easily into emotional and social problems like traumatic experiences, outset of substance use and gradually leading them to its abuse and dependence (including alcohol and drugs), various types of behavioural problems and psychological disorders.

Researchers have found that adolescents experiencing trauma like physical and emotional abuse, disaster, criminal attacks, and are more vulnerable to use drug and alcohol in dealing with poor sleep, bad memories, low self-esteem, shame, stress, guilt, anxiety etc. In similar vein, adolescents with substance use sometimes find themselves in a vicious circle exposing them to traumatic experiences and resulting in increased consumption of alcohol and drugs up to stage of substance abuse, dependence and substance-induced mental health problems. This is called interplay among substance use, trauma and development of mental disorders. It has also been investigated that adolescents are nine times risky for using hard drugs, six times to marijuana, four times to alcohol in post-traumatic stress disorder (PTSD) and 4.5 times for alcohol and drug after experiencing sexual assault. Drug abuse causes violence and psychotic behaviours. Violence is used as means to procuring drugs. Recently, nearly 70% adolescent offenders have been found addicted to one drug at least and almost 50% criminals reported having consumed drugs at the time of crime. Such situations are worsening when drug is used with alcohol for which adolescents are at stake by 4.5 times in Australia.

The frontline community workers are essentially required to be taught and trained for such interplay and intervention. However, there are some deterring challenges in teaching and training community professionals, as well as, devastating their professional services to community welfare.

### Challenges in teaching and training to community workers

Needless to write that educational background of community workers is of pivotal importance in such training. Although, often teams of community workers comprise persons with different educational background, however, their non-clinical/ healthcare educational background cannot be helpful in getting them realize significance of such health services to adolescents despite comprehensive education and training. Similarly, lack of or inadequate knowledge of Psychology of Childhood and Adolescence refrain them from developing skills, acumen, devotion to service, professional loyalty and empathic realization of sense of care and welfare to adolescents who are future of society and nation.

It cannot be substituted and supported by short-term diploma in healthcare education or psychological sciences related to adolescents' behavioural and psychological healthcare in substance abuse. But, stringent criteria for selecting frontline community workers may not fulfill the purpose of services- both in quantity and quality. In addition, the community workers with other educational backgrounds engage themselves at shallow level in paper works just for securing employment and loafing in services, rather than, sensing, realizing and assimilating significance of professional involvement in education, training and interventional programme for adolescents.

Another relevant point is scarcity of qualified, loyal and ethical experts for training to frontline community workers. At first, since most of such experts are not well-paid for their services, therefore, they don't provide proper and adequate education and training. Secondly, they treat trainees and interns as their prospective professional rivals in their domain of expertise and geographical region. At third, since a large number of experts are from paramedical and allied health professions, therefore, they are not given due significance and respect by the administration, as compared to experts from core medical sciences, social celebrities, political figures etc.

### Challenges in professional services of community workers:

1. Dealing with adolescents of broken and pathological families (e.g. parental separation, divorce, marital discord, lack of familial cohesion and cooperation, marital schism and skew, faulty parenting, etc.) seems to be impossible as children of such families don't perceive hope in prospective life. Besides, it is also challenging then parents treat their adolescent children as adults and don't disclose reality in interventional services due to fear, social status, and stigma.
2. It is very difficult for a larger number of community workers to deal with traumatized adolescents offenders who additionally suffer from terminal health problems like HIV/AIDS, cancer etc. Similarly, it is challenging to deal with adolescent children of parents with substance abuse and dependence. Such children are more vulnerable to trauma, drug abuse, sexual deviance and psychological disorders.
3. Despite training, unskilled and workers lacking proper background in education cannot understand the dynamics of adolescents' trauma and drug use being caused by known people (e.g., siblings, peers, relative, neighbor etc.) to the victim. Furthermore, trauma-related event details and assessment could be difficult due to drug-induced memory loss, poor attention and concentration.
4. The well-qualified community workers don't like to work in short-term projects. The situation becomes more problematic when recruitment of new staff is required intermittently in long-term projects.
5. Inadequate administrative protection and support to adolescent clients and community staff during and after intervention programme for change make community services at stake to be damaged by impending threats of deviant peer-group and criminals.
6. Often the frontline community workers are supervised and administratively controlled by senior medical doctors/ consultants. My professional experience found that several medical and psychiatric consultants are involved in doctor shopping, disease mongering and trapping the clients of substance abuse (of any age-group) for their personal benefits from insurance and pharmaceutical companies for accumulating wealth rather than community welfare which cannot be controlled by the subordinate community workers. Rather, these workers also involve themselves in such practices for additional income and safety of employment. Thus, real community services are hung in air rather than helping adolescents.
7. Mainstreaming and rehabilitation of such adolescents in school, higher education, job etc are difficult for community workers due to invisible biasness of concerned authorities, deep-seated misconceptions and stigma in society.
8. Often, community services to substance use, abuse and dependence are perceived by inhabitants as threat to their culture. This is relevant to Aboriginal Australians, some tribal cultures in India and other parts of globe as well. In such scenario, community people are reluctant to take help from community services and offend community workers at times.
9. Stress, lack of recognition, intolerance of community workers to clients' emotional reactions, counter transference and authoritative dealings with adolescents lead to loss of sense of safety and security, disclosure of confidentiality duly affect intervention for relapse prevention of clients.
10. Procurement of drugs and self-medication are promoted and illegally supported by pharmacies and not communicated to the concerned agencies. Besides, lack of control over supermarkets selling drugs and alcohol at much low price than pubs and bars in locality duly ruin community services to substance abuse. Such provisions and arrangement are visible through investigating nexus between administration and smugglers at all levels.

Thus, challenges in teaching, training and services of the frontline community workers lie in several segments of social and political system of the country.

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