



# Help and Support for Families with Alcohol Problems in Poland

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## Research Article

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## Abstract

**Purpose:** The aim of the study was to determine the forms of help and support offered to families with alcohol problems by social workers employed in social welfare institutions and self-help groups, as well as find out what types of support are most often used by the surveyed families.

**Method:** The text presents forms of help and support for families with alcohol problems. The survey was conducted with the use of proprietary research tools among 58 social workers and 105 people/ families with alcohol problems. Results: Research has shown that social workers offer families with alcohol problems various forms of help and support, as specified in the Social Welfare Act, the two most often declared being specialist counseling and financial assistance and support, while self-help groups offer families with alcohol problems joint conversations and exchange of life experiences of people attending self-help groups, a conversation with a therapist and, above all, the implementation of the 12 Step Program.

**Conclusions:** Families with an alcohol problem use various forms of help and support offered by social welfare institutions, as well as psychotherapeutic counseling centers and self-help groups, the most often used form of help and support belongs to the so-called 'unprofessional form of help', proposed by self-help groups, whose impact - in the opinion of respondents - provides the best results. At the end of the text there are conclusions and proposals for changes for the practice of social work.

**Keywords:** Help; Support; Family With An Alcohol Problem; Social Work

## Abbreviations

PARPA: Poly (ADP-Ribose) Polymerase; AA Alcoholics Anonymous; UFH: Unprofessional Form of Help.

## Introduction

In Poland, local governments are legally responsible for helping and supporting people affected by the alcohol problem. Their activities include, to a large extent, supporting individuals struggling with heavy drinking. While considering the above said forms of activities, it is mostly indicated here on: prevention, education, learning certain

skills (openness, cooperation and efficiency, expanding knowledge in the field of law, helping in the fight against addiction) etc. It is recommended that such activities be promoted as close as possible to people/families struggling with the alcohol problem. As the statistics show, the average alcohol consumption in Poland per capita in 2019 was 9.78 liters of pure ethyl alcohol (PARPA) [1]. On the other hand, data from WHO (2018) show that Poland is in the forefront of European countries in terms of the amount of alcohol consumed. 3-4 million people live in families with alcohol problems, including 1.5-2 million children. The cited statistics show that the problem of alcohol abuse that occurs in families is quite serious and requires many

interdisciplinary help and support activities. In providing support, cooperation between various specialist institutions (e.g. psychotherapeutic clinics, drug addiction clinics etc.), social welfare institutions and local services is important. The following entities are the ones that most often participate in supporting families with an alcohol problem: doctors, psychologists, psychotherapists, policemen, educators, probation officers and/or social workers. Family assistants can be a great help, but in order to be able to use this form of help, the family must meet certain requirements [2,3].

Help and support for families with alcohol problems are also provided by local services. municipal and communal social welfare centers, as institutions placed closest to the family's place of residence. Institutions of this type provide help and support as defined in the Act on Social Assistance of March 12, 2004. According to this Act, (...) social assistance is an institution of the social policy of the state, aimed at enabling individuals and families to overcome difficult life situations which they are unable to overcome, using their own rights, resources and possibilities (Article 1.1, Journal of Laws of 2020, item 1876). Pursuant to Art. 7 of the aforementioned Act (Journal of Laws of 2020, item 1876) [4], social assistance is addressed to people struggling with various types of problems, alcoholism included. It follows that people affected by alcoholism, who are not able to overcome difficulties on their own, should also seek support in social welfare. Any person struggling with an alcohol problem who has Polish citizenship or is a foreigner residing in the territory of the Republic of Poland, in the light of the current regulations, has the right to use this service. Pursuant to the Act on social assistance, all persons/families with alcohol problems may benefit from financial and non-monetary assistance. The first form of assistance includes various types of allowances (such as: permanent, periodic, purposeful, special purpose allowance, allowance for economic independence), but also assistance for: becoming independent and continuing education; learning Polish; and living costs for foreigners. The cash benefit is also available to persons who, by a court decision, provide custody. As part of this benefit, caregivers receive remuneration. On the other hand, the forms of non-pecuniary assistance include: social work, specialist counseling, crisis intervention, providing shelter, food and necessary clothes, providing housing and others (Journal of Laws of 2020, item 1876) [4]. The indicated forms of assistance and support can only be obtained on the basis of an administrative decision, with the exception of several forms of assistance: social work, specialist counseling, crisis intervention, participation in activities conducted as part of self-help clubs, shelter (only night shelters and heating facilities), arranging a funeral, but also in the form of granting a credited ticket. The decision is made on the basis of a family community interview. The exception is a negative decision on the granting of a credited

ticket and decisions regarding foreigners (Journal of Laws of 2020, item 1876) [4].

A family with an alcohol problem can also benefit from the help and support offered by self-help groups. Most often these are Alcoholics Anonymous (AA) groups aimed at people addicted to alcohol and Al-Anon and Alateen Family Groups, as well as abstainers clubs. Membership in these groups is free and voluntary. All members of these groups share a similar life situation, similar experiences and differences in society [5]. Self-help groups support people addicted to alcohol and their families through participation in group meetings, conversations and exchanging group members with their own life experiences, studying literature, talking to a therapist. However, the most often observed form of support is through the implementation of the 12 Step Program, on which non-professional therapy conducted by these groups is based. In Poland, these groups usually operate at churches.

### Methodological Assumptions

The aim of the research was to define forms of help and support for families with alcohol problems in Poland. As part of the main objective, the following specific problems were raised:

1. What forms of help and support are offered to families suffering from alcohol-related problems by social workers employed in social welfare institutions?
2. How do self-help groups support families with alcohol problems?
3. What types and forms of assistance are most often used by families with alcohol problems?

The research was carried out with the use of the diagnostic survey method. Two types of original questionnaires were used. The first questionnaire of the survey was addressed to social workers.; it consisted of 18 questions, which, among others, concerned types and forms of help offered to people with alcohol problems by social workers. The second questionnaire, on the other hand, was addressed to families with alcohol problems and consisted of 20 questions, which, among others, concerned types and forms of help that are most often used by people with alcohol problems and ways of supporting the family by self-help groups and their effectiveness.

163 respondents participated in the study. Among the respondents there were 58 social workers and 105 people with families with alcohol problems. The study was conducted in the Mazovia Province, which is located in central Poland. The selection of the sample for the research was deliberate and resulted from the methodological and research assumptions as well as the possibility of reaching the selected sample. Only those respondents who expressed a voluntary willingness to participate participated in the

survey. The survey with social workers was conducted using the internet platform on which the tool was posted. After its introduction, a cover letter with a link to the questionnaire was sent to all social welfare institutions fund to be active in the chosen research area. In the attached letter, social workers were invited to participate in the study, their consent was asked for and it was also assured that the study was anonymous. Ultimately, 58 social workers (36 women and 22 men) consented to participate in the study.

Reaching families with alcohol problems took place with the participation of self-help groups located in the indicated area. While doing the research we reached out to self-help groups, which in Poland are mainly located at churches. We contacted them and sent out a letter of invitation to all of them, assuring them that their decisions to take part in the research would remain voluntary and anonymous. A link to the survey was sent by e-mail to those who agreed to participate in the survey. Ultimately, 105 people participated in the study. There were 76 people addicted to alcohol who systematically participate in meetings of Alcoholics Anonymous self-help groups; apart from them, the remaining 29 people were members of families with an alcohol problem. Statistical analysis was performed with the use of the Statistica 13.1 statistical package. The research was conducted from April to the end of June 2021.

## Results and Discussion

The main legal act in Poland defining the forms of help and support for families with various problems, alcohol problems included, is the Act on Social Assistance of March 12, 2004. (Journal of Laws of 2020, item 1876) [4]. As part of this document, social workers offer families with alcohol problems the following forms of help and support: cash benefits (permanent, periodic, targeted), help in becoming independent, specialist counseling, crisis intervention, participation in self-help groups, shelter, providing a meal, organizing a funeral and a credited ticket (Journal of Laws of 2020, item 1876) [4]. The conducted research shows that social workers most often offer specialized counseling to families with alcohol problems - 34 of them (58.62%), indicating that this form of assistance is aimed at (...) understanding the complexity of the problem of alcohol abuse. 12 of social workers (i.e. 20.69%) indicated financial assistance in the form of various types of benefits, justifying it with the fact that this form of assistance (...) helps to get out of a difficult life situation, but only when concluding a social contract and enforcing certain actions from people suffering from alcohol problems. . Otherwise, the financial assistance offered is 'wasted' on alcohol. Families with an alcohol problem usually do not have a stable financial situation. In most of them the main breadwinner of the family is the spouse who does not abuse alcohol, and therefore the

maintenance of the whole family is not an easy activity. That is why families are forced to use the financial assistance offered by social welfare institutions. Less frequently, social workers indicated help in the form of crisis intervention (5 people), providing a meal (3 people), shelter (2 people) and participation in self-help groups (2 people). In the opinion of social workers, these forms of assistance are associated with various types of situations that also occur in families with alcohol problems. Thus, crisis intervention is about helping people overcome a crisis that is often the result of an alcohol problem in the family. Research [6-11] shows that members of families with alcohol problems undertake various actions to prevent this problem from being visible "outside" in the social environment. The effects of this experience are very carefully hidden by almost all family members. Therefore, crisis intervention is rarely offered by a social worker to families with alcohol problems. Providing food and shelter to people/families with alcohol problems is related to satisfying basic living needs. According to the opinions provided by many social workers, families with an alcohol problem expect from social welfare institutions a financial form of support, and not help in the form of a meal or shelter, because almost all persons under the care of these institutions have a 'flat' in which they live. In turn, the form of help, such as participation in self-help groups is - according to the social workers taking part in the research, - quite helpful in fighting the addiction experienced by an individual, not the whole family, as (...) it is people with an alcohol problem who need support and understanding, while what families with alcohol problems expect from social assistance institutions are other forms of assistance, such as cash, for example. None of the social workers indicated such items as help in gaining independence, arranging a funeral or granting a credit ticket. In the opinion of social workers, these forms of help and support for families with alcohol problems are related to the co-appearance of other problems in families, therefore, when necessary, such help and support is provided.

The forms of help and support provided by social workers depend on the life situation of the family affected by the alcohol problem. The help offered is not always satisfactory for the family, as well as many people struggling with the addiction, and social workers are not always able to offer the form of help they would like to offer. They are constrained by the laws that they must abide by. What many social workers would like to offer in the field of help and support, especially for people with alcohol problems, would be systematic and professional therapy as well as the possibility of referral to compulsory drug addiction treatment, but unfortunately the legislative provisions do not provide them with such a possibility.

The research shows that all families with an alcohol problem (including people addicted to alcohol) use the help

and support offered by self-help groups. In the research tool, there was a question in which the respondents were to identify the three most favorable, in their opinion, forms of help and support offered by self-help groups. Thus, the most frequently indicated forms of help and support included: conversation and exchange of shared life experiences - 98 people (93.33%), conversation with a therapist - 28 people (26.67%) and implementation of the 12 Step Program - 24 people (22.86%). The forms of help and support indicated by families with alcohol problems (including addicts) resulted mainly from the need to share their own experiences and experiences with people like themselves. The respondents counted mainly on the understanding and psychological support of the members of the self-help community. According to the respondents, these forms of help and support are the most effective for the life and psycho-social functioning of families found to have been struggling with an alcohol problem.

The research has shown that families with an alcohol problem use various forms of help and support offered by social welfare institutions, psychotherapeutic counseling centers and self-help groups. However, the forms of help and support that they most often use include: participation in activities conducted by self-help groups (93.3%), help and support from a social worker (84.7%), help and support from the family and/or relatives (81.9%), psychotherapy (74.3%) and financial assistance and support from social welfare institutions (61.9%).

The presented data indicate that - in the opinion of families with alcohol problems - the most successful and the most effective help and support are unprofessional help and support provided by participants of self-help groups. According to many researchers (Parkman & Lloyd & Splisbury [12]; Woronowicz [13]; Przybysz-Zaremba [10], Włodarczyk [5], Kieszowska [14]; Wnuk [15]; Hędzelek, Wnuk, Marcinkowski [16], this form of help gives incredible support to people addicted to alcohol and families with this problem, mainly because of its homogeneity (as members of a self-help group experience the same problems), striving for a common goal (which is to provide support and help to its participants) and relying on group members, not on external authorities. The effectiveness of the help and support offered to families with alcohol problems depends on the commitment, skills and knowledge of the members.

There are also many other positive values of the impact of self-help groups on families/people with alcohol problems. Some of them include, according to Woronowicz [17,18]: emotional and social support that helps manage the problem-related injury; control over fate, thanks to mutual support and satisfaction of similar needs and as a result of accepting the problem awakening one's own therapeutic

possibilities by recognizing and assimilating those that other group members use in coping with a specific problem; self-sufficiency, thanks to which it is possible to step out of the role of a helpless victim of fate (disease); achieving, through contact and joint activities with people who have the same problem, a psychosocial substitute for what has been lost due to their disability. The conducted research showed a high involvement of families with alcohol problems in the participation of therapy conducted by self-help groups (all respondents participated in the meetings of self-help groups), which confirms the previous research [10] on the effectiveness of their impact on people/families experiencing the analyzed problem.

### Conclusions and Suggestions for Practice

The research shows the following conclusions:

- social workers employed in social welfare institutions offer families with alcohol problems various forms of help and support, as defined in the Act on Social Assistance of March 12, 2004, but most often it is specialist counseling and financial assistance and support;
- self-help groups support families with alcohol-related problems through various interactions, but the most preferred support are joint conversations and the exchange of life experiences of people participating in self-help groups, a conversation with a therapist and the implementation of the 12 Steps Program;
- families with an alcohol problem use various forms of help and support offered by social welfare institutions, psychotherapeutic counseling centers and self-help groups, but most often they use the help and support of the so-called unprofessional form of help (UFH), proposed by self-help groups, the interaction of which provides the best results. In the opinion of families with alcohol problems, the help and support of a social worker and relatives (mainly the family) is also important [19,20].

On the basis of the results and the analysis of the conducted research, it is possible to outline some proposals for actions aimed at social workers that may be helpful in improving the help and support offered to families with alcohol problems. The research shows that social workers offer families with alcohol problems the forms of help and support specified in the Act on Social Assistance, but most often it is specialist counseling and financial support. In this situation, it would be advisable for social workers to diagnose the problems of the family, which, apart from the alcohol problem, is often observed to be struggling with other coexisting problems, which are not always taken into account when the social worker offers help and support. Suggestions may include an interview with a family that has applied to a social welfare institution for help or is a client (ward) of this

institution. If possible, it is also recommended to conduct a community interview about a given family and to cooperate with other social institutions located in the closest area of the family's place of residence. It is also very important for a social worker to have knowledge about self-help groups located in the place of residence of their charges, i.e. families under the care of social welfare institutions, in order to be able to provide information on where they are closest and what values of a positive impact they have. As research has shown, families with an alcohol problem (including addicts) most often use the help and support of these self-help groups, but obtain information about them from other sources.

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### References

1. (2020) PARPA.
2. Krasiejko I (2016) Family assistance. Methodological and organizational recommendations [Eng.: Family assistantship. Methodological and organizational recommendations], Warsaw: Publishing House of the Ministry of Family, Labor and Social Policy.
3. Świdarska M (2013) Family assistant - a modern form of family assistance. [Eng.: Family assistant - a modern form of family support.] In: Studia i Monografie [Eng.: Studies and Monographs], no. 40. Łódź: Wydawnictwo Społecznej Akademia Nauk, Łódź.
4. (2004) Act on social assistance of March 12, 2004. [Journal of Laws of 2020, item 1876] [Eng.: Act on Social Assistance of March 12, 2004 [Journal of Laws of 2020, item 1876]], pp: 593.
5. Włodarczyk E (2010) Self-help groups in experiencing alcohol abstinence [Eng.: Self-help groups in experiencing alcohol abstinence], In: Help-social support-counseling. From theory to practice [Eng.: Help - social support - counseling. From theory to practice] (M. Piorunek, ed.), Toruń: Wydawnictwo Adam Marszałek, pp: 535-565.
6. Gachoki JM (2021) Alcohol Abuse. Journal of Education Oral Studies and Human Sciences (JJEOSHS) 4(1): 1-17.
7. Vederhus JK, Timko Ch, Haugland SH (2021) Adverse childhood experiences and impact on quality of life in adulthood: development and validation of a short difficult childhood questionnaire in a large population-based health survey. *Quality of Life Research* 30: 1769-1778.
8. Kostandy HW (2019) Alcohol Abuse and Family Relationships: Is there a Reciprocal Effect between Alcohol Abuse and Family Dynamics?.
9. Koepsell FRTD, Jurkovich GJ, Soderberg R (1993) The effects of alcohol abuse on readmission for trauma. *The Journal of the American Medical Association* 270(16): 1962-1964.
10. Przybysz ZM (2006) Professional and self-help therapy in alcohol addiction, Toruń: Enea Communication Publishing House.
11. Sirera M, Mwenje M (2014) Effects of alcohol abuse on parental guidance of children. *IOSR Journal of Humanities and Social Science* 19(8): 15-23.
12. Parkman TJ, Lloyd CH, Splisbury K (2015) Self-Help Groups for Alcohol Dependency: A Scoping Review. *Journal of Groups in Addiction & Recovery* 10: 102-124.
13. Woronowicz BT (2002) Alcohol problems in the practice of a family doctor. Part II, Alcohol problems in the practice of a family doctor. Part II, In: *Medycyna Rodzinna* [Eng.: Family Medicine], 17/18: 26-30.
14. Kieszowska A (2017) The value of self-help groups in overcoming addiction and staying sober of punished persons-suggestions for socialization], In: *Resocialization Polska*, [Eng.: Polish Resocialization] 14: 59-72.
15. Wnuk M (2017) Duchowy charakter Programu Dwunastu Kroków a jakość życia Anonimowych Alkoholików [Eng.: The Spiritual Nature of the Twelve Step Program and the Quality of Life of Alcoholics Anonymous] In: *Alkoholizm i Narkomania* [Eng.: Alcoholism and Drug Addiction] 20: 289-301.
16. Hędzelek M, Wnuk M, Marcinkowski JT (2009) Choroba współzależnienia od alkoholu-diagnoza, konsekwencje, leczenie [Eng.: Alcohol co-addiction disease-diagnosis, consequences, treatment]. *Probl Hig Epidemiol* 90(3): 309-315.
17. Woronowicz BT (2002) Helping addicts and their families - the role of self-help movements In: *Health Service* 51-56: 28-30.

18. Woronowicz BT (1992) History of Alcoholics Anonymous and the therapeutic value of the Twelve Step Program, In: Postępy Psychiatrii i Neurologi [Eng.: Advances in Psychiatry and Neurology], 1(2) : 191-198.
19. WHO (2018) Global status report on alcohol and health 2018.
20. Zima T (2018) Alcohol Abuse. EJIFCC 29(4): 285-289.