Faculty of Health Sciences / Department of community medicine

Title: Social Workers' Beliefs towards Harm Reduction: A Cross-Sectional Study in Kathmandu, Nepal

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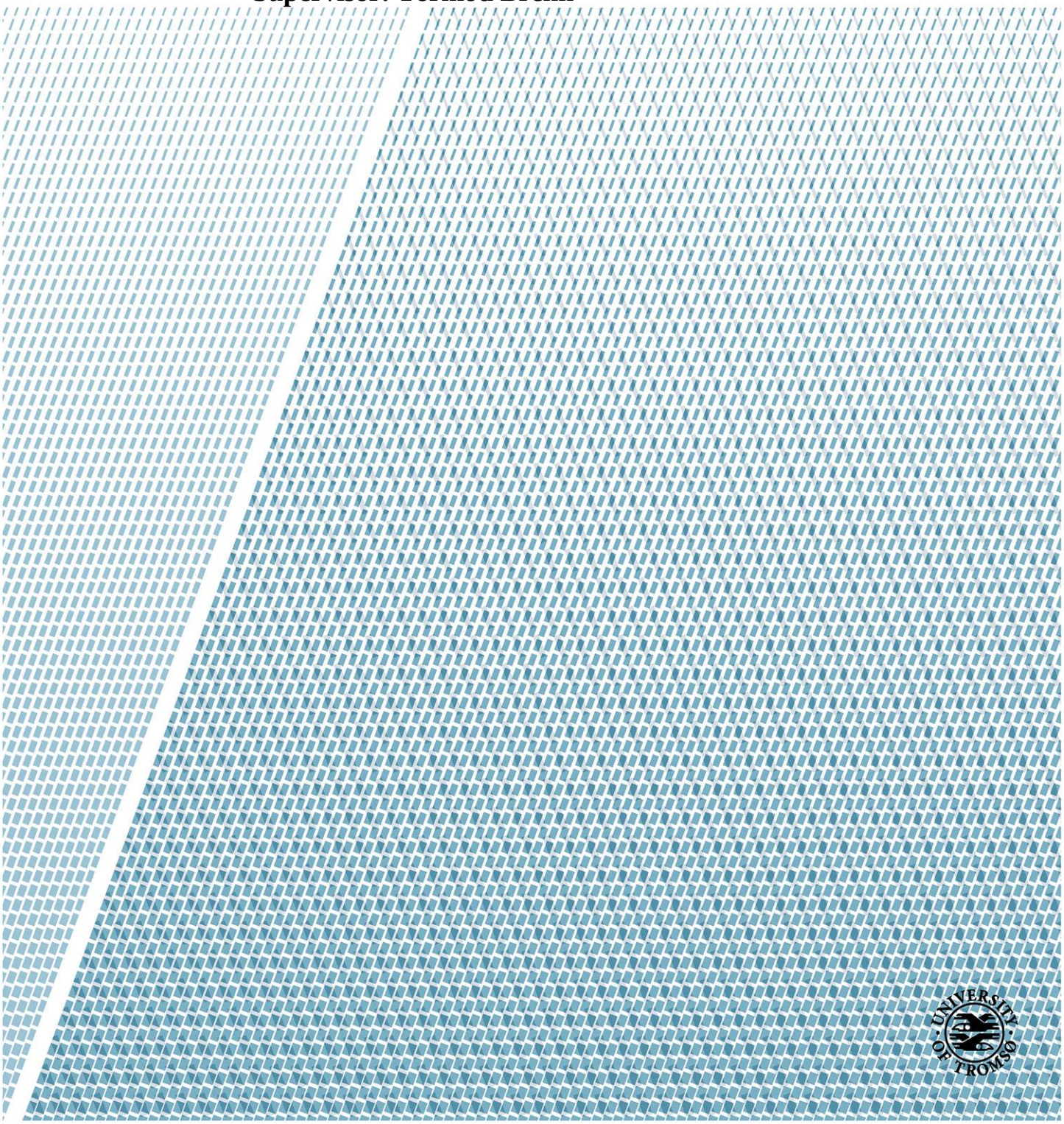

ABSTRACT

Background: Social workers work directly with the substance abusers in the frontline level and use harm reduction principles. Currently, there are no studies conducted in Nepal concerning social workers' beliefs towards harm reduction. **Methods:** A cross sectional study was conducted which covered 101 social workers from NGOs currently involved in two components of harm reduction program. Substance Abuse Treatment Survey (SATS) scale was utilized which specifically explored social workers' beliefs towards characteristics of substance users (BCU), beliefs towards substance abuse treatment options (SATB) and beliefs towards harm reduction (BHR). An analytical study was done to describe the association between the explanatory variables and social workers' beliefs towards harm reduction by using univariate and multivariate ANOVA test. Fisher's exact test was also used to test significant association between training in substance abuse and harm reduction and training sufficiency. **Results:** Most social workers were males and had previous drug use experience. Most of them had work experience in working with substance abusers and had received training in substance abuse field or harm reduction or both. Social workers had positive beliefs towards substance abuse treatment options and harm reduction whereas low beliefs towards characteristics of substance users. There was no significant association between training and beliefs towards harm reduction but, respondents who felt their training was sufficient had positive belief towards substance abuse treatment options than those who felt their training was insufficient. **Conclusion:** Social workers had positive beliefs towards harm reduction. Training was an important factor for social worker when working in harm reduction. A new approach in harm reduction program should focus on improving social workers' perception towards the characteristics, habits, and attributes of substance-abusing individuals.

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MPH

ACRONYMS

WHO	World Health Organization
HR	Harm Reduction
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IDU	Injecting Drug User
CBS	Central Bureau of Statistics
PWID	People Who Inject Drugs
UNODC	United Nations Office on Drugs and Crime
IBBS	Integrated Biological & Behavioral Surveillance
NGO	Non-Governmental Organization
UNAIDS	United Nations Program on HIV/AIDS
NSP	Needle and Syringe Programs
OST	Opioid Substitution Therapy
MMT	Methadone Maintenance Treatment
BMT	Buprenorphine Maintenance Treatment
STI	Sexually Transmitted Infections
ART	Antiretroviral therapy
DIC	Drop In Centre
SATS	Substance Abuse Treatment Survey
BCU	Beliefs about Characteristics of Substance Users
SATB	Substance Abuse Treatment Beliefs
BHR	Beliefs about Harm Reduction
SPSS	Statistical Package for the Social Sciences

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CHAPTER I

INTRODUCTION

1.1 Background

1.1.1 Concept of Harm reduction

The World Health Organization (WHO) has defined harm reduction (HR) in relation to injecting drug users (IDUs). It states that it is the comprehensive intervention package which aims to prevent the propagation of blood borne infections including HIV that occurs through sharing of contaminated injecting equipment and drug preparations. (1) HR has now evolved over time, from its initial identification in the 1980s, as an alternative to abstinence-only (eliminating drug use permanently) focused interventions for adults with substance abuse disorders. (2)

The emergence of the concept of HR began with the HIV/AIDS prevention programs by promoting condoms among sex workers. Since sexual intercourse is directly associated with the risk of sexually transmitted infections, it was thus important to promote the idea of safe sex, and condoms were an acceptable way of controlling sexually transmitted infections (STIs) and HIV. The idea was that even if one cannot provide the perfect solution, at least the damage could be controlled and/or reduced. Likewise, the similar principle of damage control is applied to the practice of injecting drug use and the risk of HIV. Drug users are often found sharing needles and syringes to inject drug which ultimately increase their risk of HIV infection, Hepatitis C etc. Giving drug users clean needles and syringes in exchange for the used ones or putting them on opioid substitution treatment (replacing illegal opioid with prescribed psychoactive substance to people with substance dependence under medical supervision) helps in reducing the harm linked to risk of HIV infection. (3)

HR is a pragmatic, non-judgmental set of strategies which help to reduce individual and community harm caused by drug use. The main emphasis of these strategies are on taking incremental steps to reduce harm rather than on eliminating drug use. (4) It focuses on promoting scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors. This includes condom distribution, access to sterile syringes, and medications for opioid dependence such as methadone and buprenorphine, and overdose prevention. (5)

1.1.2 Nepal's Context

IDUs have always been the key population of HIV transmission in Nepal. The Central Bureau of Statics (CBS) estimated that there were around 52,000 people who inject drugs (PWID) in Nepal in 2013 which is much higher than the previous size of 32,563 estimated in 2011. (5, 6) However, in 2011, HIV prevalence among PWID was recorded at 6.3% in Kathmandu valley and 4.6% in Pokhara representing a significant and consistent decline from 68% in 2002 in the Kathmandu valley and 22% in Pokhara in 2003. (7) Similar declines among IDUs have also been reported in Eastern Highway districts as well as Western Highway districts. HIV prevalence among IDUs in Eastern Highway districts dropped from 35% in 2002 to 8% in 2009 and remained around 8% since then (8% in 2012). Similarly, HIV prevalence in Western Highway districts declined from 8% in 2009 to 5% in 2012. HIV prevalence among females who inject drugs was reported at 4% in a United Nation Office on Drugs and Crime (UNODC) study, (8) and 15% of them were also found to be infected with Hepatitis C. Integrated Biological & Behavioral Surveillance (IBBS) 2012 revealed that prevalence of active syphilis is below 2% among IDUs in Eastern Highway districts as well as Western Highway districts. One specific concern of increased risks among female who inject drugs is the sub population who are also involved in sex work. Data among female IDUs who are also involved in sex work in Nepal is limited. (9)

Thus, this declining trend of the infection rate among IDUs has been through the focused effort of national program, the Non-Governmental Organization (NGO) interventions and support of various development partners.

Nepal was the first developing country to establish a HR program with needle exchange for IDUs. (10) The first such project in Asia was set up in Kathmandu, Nepal by the Life Saving and Life Giving Organization in 1991. Within the broader conceptual approach of HR for prevention of HIV, a comprehensive package of intervention as suggested by UNODC, WHO, and Joint United Nations Program on HIV/AIDS (UNAIDS) formed a basis for the nine packages of intervention for IDUs in Nepal. They are: i) Needle and Syringe Exchange Programs (NSEPs), ii) Opioid Substitution Therapy (OST) which includes Methadone Maintenance Treatment (MMT) Program and Buprenorphine Maintenance Treatment (BMT) Program, iii) HIV testing and counseling, iv) Condom distribution program, v) Prevention and treatment of STIs, vi) Information, education, and, communication for IDUs, vii) Antiretroviral Therapy (ART), viii) Vaccination, diagnosis and treatment of viral hepatitis, ix) Prevention, diagnosis, and treatment of tuberculosis. The last three services are delivered through the linkages with the existing services in the government or private health care system. Whereas, the remaining preventing service package for IDUs are provided directly or indirectly through the targeted intervention model. (3) Table 1.1.2.1 provides information on targeted intervention among PWIDs in Nepal as of July, 2014. (11)

Table 1.1.2.1 Targeted Intervention among PWIDs

Indicator	**Achievement**		
	16 July 2011-15 July 2012	**16 July 2012-15 July 2013**	**16 July 2013-15 July 2014**
Number of districts covered	23	23	23
Needle/Syringe exchanged/provided	159,892	2,033,101	1,731,095
Newly enrolled on Methadone	NA	421	404
Newly enrolled on Buprenorphine	NA	550	465
HIV tested and counseled	1,731	4,561	5,332
Condom distributed	226,258	535,824	610,557
STI diagnosed and treated	2,192	1,111	1,143
Reached through Behavior Communication Change	6,064	11,832	6,570

Source: National Centre for AIDS and STD Control, Ministry of Health and Population, Teku, Kathmandu

1.2 Rational of Study

Social work as a profession has a unique role in the prevention and treatment of drug use problem. (12) A social worker is an important contact for people who use drugs. They play a role as an advocate in a non-judgmental way and are consistent with the principles of HR. Social work and HR share many core beliefs and guiding principles, including client self-determination, knowledge about how people change, meeting clients where they are, and prioritizing accessibility of services by incorporating outreach in the clients' own settings. (13) Winkelstein suggested that most social workers practiced HR every day, even though they might not recognize their actions

as such or call them by this name. (14) Research conducted on social workers in substance abuse treatment setting indicated that social workers' belief can have a strong influence on treatment offered to clients. (15, 16) Thus, it could be a reasonable argument that social workers' belief toward HR may impact their use of the perspective in treatment. A study conducted on social work practice in substance abuse settings argued that "little empirical research exists . . . to indicate what belief systems or 'ideologies of care' prevail among social workers who provide substance abuse treatment. . . " (15) This belief could be attributed to job related training.

Good training about substance use disorders can positively impact social work practice. (17, 18) Hofschulte in her study concluded that employment history and training competencies in substance use disorders positively impact social workers' beliefs toward HR principles and interventions. (19) Amodeo found that social work professionals believed that without specific substance abuse training, many "non-specialists" come to their work with pessimistic views towards drug abusers and treatment options. (20) Thus, this study also examined social workers' demographic and professional characteristics for their impact on beliefs towards HR. Nevertheless, there are no existing empirical studies concerning social workers' beliefs towards HR especially in the context of Nepal. Therefore, this study tried to fill a gap between the existing literatures by exploring social workers' beliefs towards HR.

1.3 Research Objective

1.3.1 General Objective

- To determine social workers' beliefs towards HR

1.3.2 Specific objectives

- To identify the socio-demographic and professional characteristics of the social workers
- To describe social workers' beliefs towards HR
- To describe the association of social workers' socio-demographic and professional characteristics and belief towards HR.

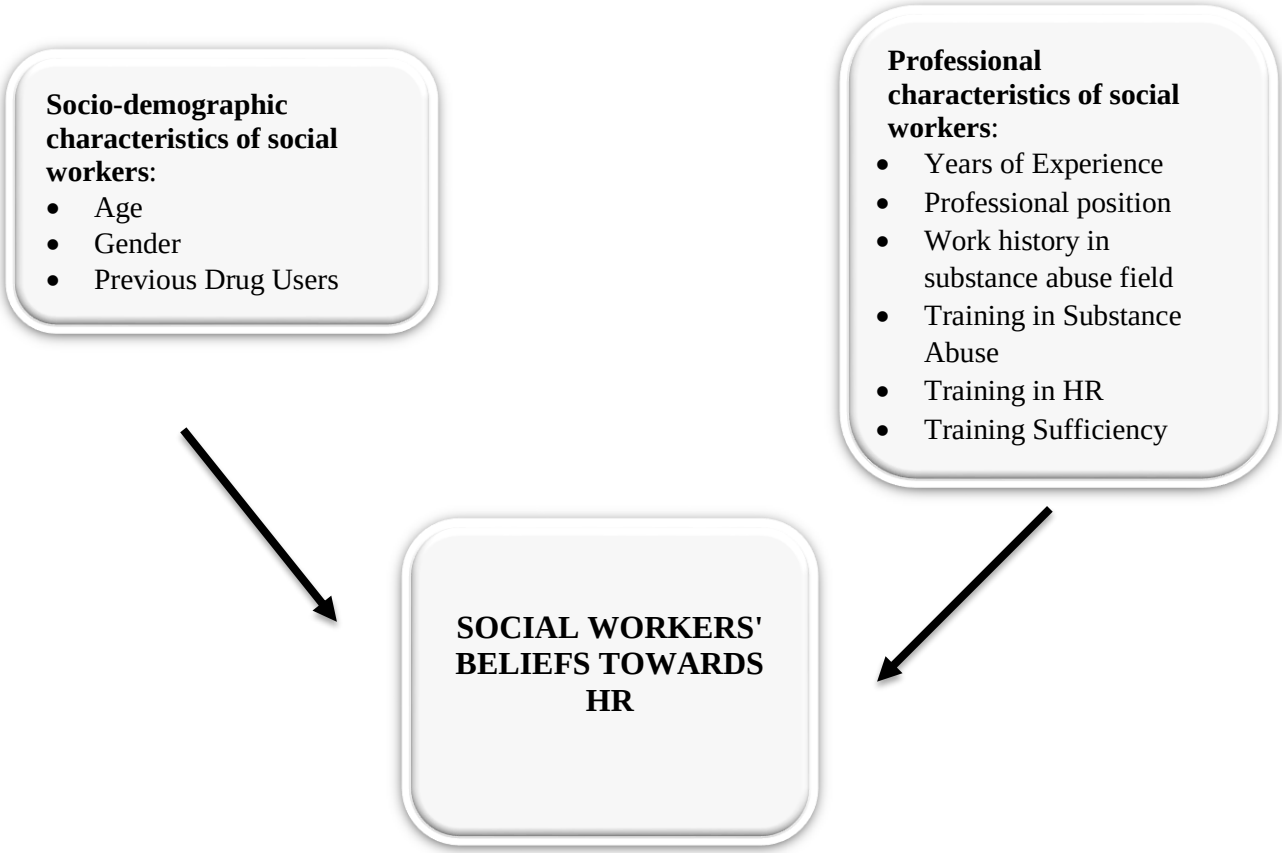
CHAPTER II

METHODOLOGY

2.1 Operational definition of social worker

Commonly, social workers are practitioners that are educated in social work. In the context of Nepal, social work as a subject matter in education is in its infancy. Considering this reality, for the purpose of this research the term social worker has been defined as "all practitioners irrespective of their educational background working within NGOs that conduct HR program"

Figure 2.1.1 Conceptual Framework



2.2 Study design and area

A Cross-sectional study was conducted to determine Social Workers' Beliefs towards HR in Kathmandu, Nepal.

2.3 Study Duration

The study was conducted from January to July, 2015

2.4 Data Collection Tools

Structured questionnaire (Appendix A) was used for the study. The questions were an extract of the Substance Abuse Treatment Survey (SATS) scale developed by Belinda Housenbold Seiger for her research "An Exploratory Study of Social Workers' Attitudes towards Harm Reduction with Substance Abusing Individuals Utilizing the Substance Abuse Treatment Survey". She developed this scale to specifically measure attitude towards HR in the treatment of substance abusers. Three sub scales were developed in SATS scale used in her study to describe the social workers' belief towards HR. They were: Beliefs about Harm Reduction (BHR), Beliefs about Characteristics of Substance Users (BCU), and Substance Abuse Treatment Beliefs (SATB). BHR consisted of 10 questions and was described as "techniques therapists can use to help abusing clients to reduce the use and harm of substance abuse while not being totally abstinent." BCU consisted of 13 questions and was defined as "therapists' beliefs about the characteristics, habits, and attributes of substance-abusing individuals." Similarly, SATB consisted of 12 questions and was defined as "therapist's or treatment staff's beliefs about the treatment of substance-abusing individuals." (21) Prior approval was sought from Seiger before using this scale in this study (Appendix B).

The original SATS scale consisted of 35 questions in the sub scales and three clinical vignettes (a brief anonymous composite description of a client's case who has different substance

abuse, social, and personal concerns reflecting those common to clients). Out of 35 questions in the three sub scales, only 5 questions from each sub scale was included in this study and all three clinical vignettes were left out. Since the clinical aspect of social workers was beyond the scope of this study, the clinical vignettes were completely left out of the questionnaires. Furthermore, some of the questions in the scale pertaining to substance use/abuse such as alcohol were left out, as this study focuses on NSP and OST components of HR program which involves drug users only. Seiger considered the length of the survey as one of the limitations of her study as it affected the response rate and the rate of unanswered questions increased as respondents progressed through the survey. Therefore, the questions were limited to 15 in the scale in order to achieve greater response rate along with completed questionnaire.

Seiger in her research, investigated the psychometric properties of SATS by completing a principal components analysis using both varimax and promax rotation to identify sub scales contained in the scale. It was then expected that the questions would load on the sub scales designed in the SATS scale. A Cronbach's alpha was used to evaluate the internal consistency of the questions in the sub scales. Factor analysis and reliability analysis was conducted at each stage of the analysis until the best arrangement and highest reliability was identified.

For this process, she reversed questions which had negative correlation with SATS scale in the reliability analysis. The questions which were initially scored as 1= Strongly Disagree, 2= Disagree, 3= Agree and 4= Strongly Agree were reversed as 1= Strongly Agree, 2= Agree, 3= Disagree and 4= Strongly Disagree so that all the questions go in the same direction and high scores reflect the high level of beliefs being measured by the questionnaire. The total scores of the scale were then calculated. However, this process doesn't change the original response, it only changes the score each response has been assigned which ultimately affect the total score The same

questions were also reversed in this study in order to compare the result of this study with the result of Seiger's study.

2.5 Data Collection Process

A list of NGOs currently working in two components of HR program i.e. NSP and OST in Kathmandu valley was compiled based on the information provided by key informant Mr. Bijay Pandey, President of Asian Network of People Who Use Drug who has more than 20 years' experience in working with substance users. Updates and additions were made to the list based on the recommendations from key informants from other organizations. The study covered only Drop-In-Centers (DICs) of NGOs.

Prior appointments were made with the key informant of each organization in the list prior to data collection. The central office of each NGO was visited to hand over questionnaires to circulate among their staffs in all DICs in Kathmandu. The central office of each NGO was visited on a week's interval in order to ascertain that all the staffs had been provided with the questionnaires.

The questionnaires were finally collected at the end of data collection period of one month from the head office of each organization except one. On site data collection was done for all the DICs of Namuna Integrated Development Services in Kathmandu, in person by the researcher.

2.6 Inclusion Criteria of Study Population

Social workers who were working in NGO currently involved in two components of HR program in Kathmandu and were willing to participate were included. These social workers fell into following professional positions:

- Executive Director/Manager

- Program Officer/ Coordinator
- Outreach Coordinator/Worker
- Counselor
- Volunteer

2.7 Sample Size

The primary goal of this study was to include all social workers' working in NGOs involved in HR program. A total of 101 participants responded to the study.

Table 2.7.1 Sample size of the study

Organization name	**Participants responded**	**No. of social workers**
Namuna Integrated Development Services	38	59
Sarathi Nepal	9	30
Sathi Samuha	21	21
Youth Vision	19	25
Aavash	7	7
Naya Goreto	9	11

Dristi Nepal, an organization solely working for female drug users was not included due to unavailability of time of the staffs during the data collection period. Similarly, 2 respondents, 1 from Aavash and 1 from Namuna were excluded from the study because the participants did not meet the inclusion criteria. Thus, the study achieved 66% response rate.

2.8 Ethical Consideration

- Verbal informed consent was sought from each organization to participate in the study. Names of respondents were not used in the report. The confidentiality of the information gathered was assured.
- Identification of researcher and purpose of the study was disclosed to each organization through the written letter from the University of Tromsø, Norway (Appendix C)
- Ethical approval was obtained from Nepal Health Research Council, Kathmandu, Nepal (Appendix D)
- Ethical approval was also obtained from Regionale Komite for Medisinsk og Helsefaglig Forskningsetikk. They replied the application and stated that: *"In this project, the aim is to describe the social worker's attitude related to harm reduction treatment of drug abusers. Based on the submitted information, the purpose of this project is outside the statutory area of Health Research Act. and do not require approval from REK. Letters are approved transmitted electronic without signature."*

2.9 Data processing and statistical analysis

Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 22. The association between independent variables and beliefs toward harm reduction were accessed using ANOVA test. Firstly, one-way ANOVA test was performed to compare means for univariate analysis by including only one single independent variable in the model at a time. Secondly, general linear model was used for multivariate ANOVA analysis with all independent variables included in the model at a time. Fisher's exact test was also used to test significant association between training in substance abuse and HR and training sufficiency.

CHAPTER III

RESULTS

3.1 Socio-demographic and professional characteristics of respondents

Table 3.1.1: Socio-demographic characteristics of social workers

Socio-demographic characteristics	**Frequency (n= 101)**	
Age		
19 years or less		2
20-29 years		48
30-39 years		38
40-49 years		12
50 years and above		1
Gender		
Male		84
Female		17
Previous drug user*	Male	Female
Yes	49	3
No	26	8

**no of response is 86 out of 101*

Table 3.3.1 depicts that most of the social workers were in age group 20-29 years and 30-39 years with 47.5% and 37.6% respectively. It was found that there were more men (83.2%) working in HR than women (16.8%).

Most of the social workers had previous drug use experience, out of which 65.3% were males where as 34.7% were females.

Table 3.1.2: Professional characteristics of social workers

Professional characteristics	**Frequency (n=101)**
Years of experience	
4 years or less	46
5-9 years	39
10-19 years	14
20 years or more	2
Professional position	
Manager/Executive director	3
Project coordinator/officer	6
Outreach coordinator/worker	66
Counselor	15
Volunteer	11
Work history in substance abuse field	
Yes	91
No	10
Training in substance abuse[a]	
Yes	76
No	23
Training in harm reduction	
Yes	74
No	27
Training sufficiency[b]	
Yes	30
No	57

Note: a= missing value is 2, b= missing value is 14

Table 3.1.2 reveals that 45.5% of respondents have 4 years or less work experience whereas very few (2%) have 20 years or more. Two thirds of respondents were outreach coordinator/worker followed by 14.9% counselor and 10.9% volunteers. Likewise, most of the respondents had work experience in substance abuse field (90.1%).It was also found that most of them received training in substance abuse and HR specifically (75.2% and 73.3% respectively).

When asked if the training was sufficient to work effectively in the HR program, 14 respondents did not answer. Out of 14 respondents, 13 did not receive any training in substance

abuse field or in HR specifically and 1 respondent did not respond to the question inspite of receiving training in both substance abuse field and HR. However, more than half of the respondents who received any of those training responded that their training is insufficient.

Table 3.1.3: Social workers' responses toward sufficiency of the training

Training in substance abuse	**Training sufficiency**		**Total**	**Fisher's exact test**
	Yes	**No**		
Yes	27 (36%)	48 (64%)	75 (100%)	P= 0.48
No	2 (20%)	8 (80%)	10 (100%)	
Total	29 (34.1%)	56 (65.9%)	85 (100%)	
Training in harm reduction specifically				
Yes	27 (37%)	46 (63%)	73 (100%)	P= 0.36
No	3 (21.4%)	11 (78.6%)	14 (100%)	
Total	30 (34.5%)	57 (65.5%)	87 (100%)	

Table 3.1.3 shows that both groups i.e. respondents receiving training and not receiving training felt that their training is insufficient to work effectively in both substance abuse field and harm reduction specifically. There is no statistically significant association between training in substance use and training sufficiency (p= 0.48). Likewise, there is also no significant association between training in harm reduction and training sufficiency (p=0.36).

3.2 Social workers' beliefs towards harm reduction

The SATS scale which comprises of 3 subscales i.e. BCU, SATB and BHR used in this study represents social workers' beliefs towards HR.

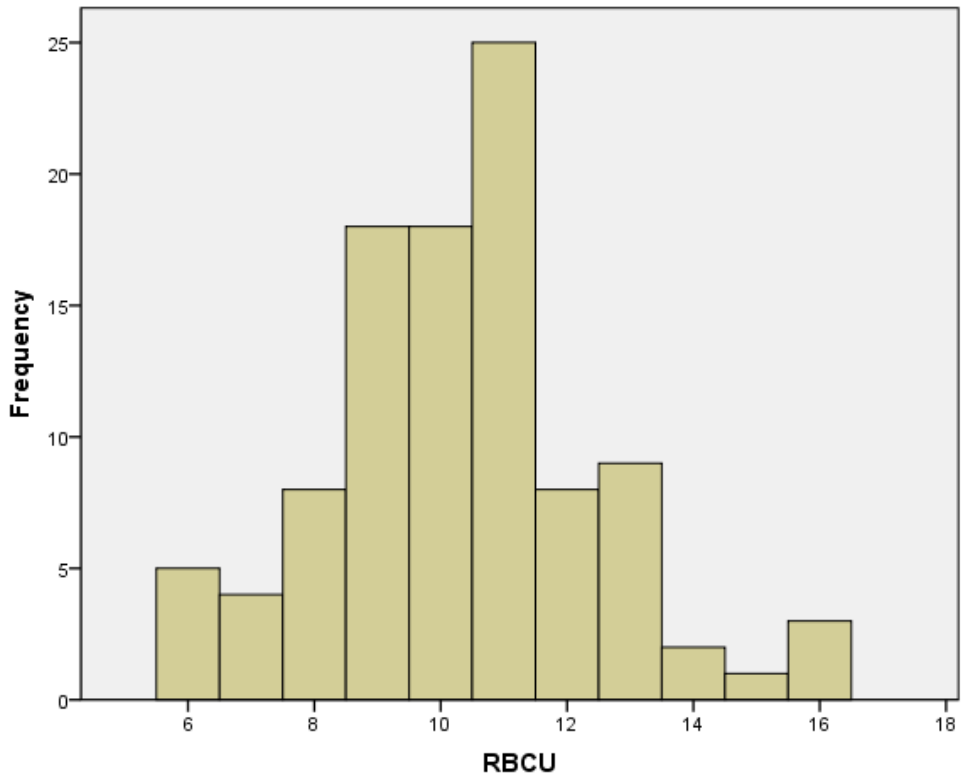
Table: 3.2.1: Total responses of all respondents for BCU subscale

Beliefs about Characteristics of Users	**Response (Percentage) (n=101)**			
	Strongly Disagree 1(4*)	**Disagree 2(3*)**	**Agree 3(2*)**	**Strongly Agree 4(1*)**
Therapist/social worker must confront clients about their substance use/abuse (R)	5.9	6.9	44.6	42.6
Substance abusing individuals who believe they can quit on their own are in denial (R)	5	24.8	56.4	13.9
Substance abuse is a disease (R)	5.9	13.9	54.5	25.7
Some drug users manage their use so well that there are no perceived problems	22.8	38.6	29.7	8.9
Most substance abusers have a co-morbid psychiatric disorder (R)	5	14.9	66.3	13.9

*R=reversed scale, * reversed scale value in brackets are used for total BCU scoring*

Table 3.2.1 shows the responses of social workers' beliefs towards characteristics of drug users. About 88% agreed or strongly agreed that drug users must be confronted about their substance abuse. On the other hand, they also agreed or strongly agreed that substance abuse is a disease (81%) and most substance abusers have a co-morbid psychiatric disorder (80%).

Fig 3.2.2 Sum score of responses of social workers in BCU subscale



**RBCU=reversed BCU*

The figure 3.2.2 depicts the scores of responses of social workers in BCU sub scale. The scores ranged from 6 to 16 and the mean value is 10.33 which indicated low agreement towards this sub scale. The actual score (before reversing) ranged from 9 to 18. The higher the mean score than the actual score range, the higher is the agreement towards BCU subscale.

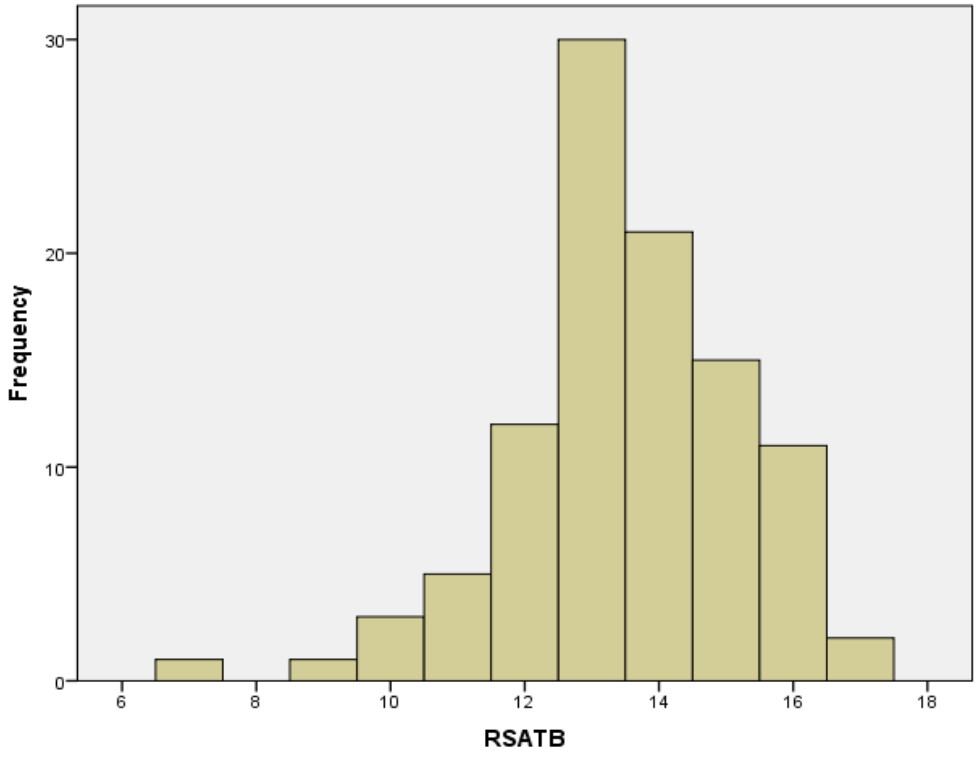
Table: 3.2.3: Total Responses of all respondents for SATB subscale

Substance Abuse Treatment Beliefs	**Response (Percentage) (n=101)**			
	Strongly Disagree 1(4*)	**Disagree 2(3*)**	**Agree 3(4*)**	**Strongly Agree 4(1*)**
The primary goal of treatment should be abstaining from all substances (R)	1	16.8	56.4	25.7
Therapists must treat substance abusers respectfully even if they are actively using drugs or alcohol	4	12.9	50.5	32.7
Some individuals can use drugs recreationally without being dependent	9.9	26.7	56.4	6.9
Relapsing individuals should be allowed to remain in treatment for substance abuse	7.9	5.9	61.4	24.8
Harm reduction is a synonymous with legalization of drugs (R)	27.7	34.7	29.7	7.9

*R=reversed scale, * reversed scale value in brackets are used for total SATB scoring*

Table 3.2.3 reveals social workers' beliefs towards substance abuse treatment options. About 84% of respondents agreed or strongly agreed that therapists should treat the substance abusers respectfully in the process of treatment despite of their drug use habits. Most of them also agreed that substance abusers who relapse should be allowed to remain in the treatment. This subscale exhibited some interesting beliefs. About 82% agreed or strongly agreed that the primary goal of treatment should be abstaining from all substances.

Fig 3.2.4 Sum score of responses of social workers in SATB subscale



**RSATB= reversed SATB*

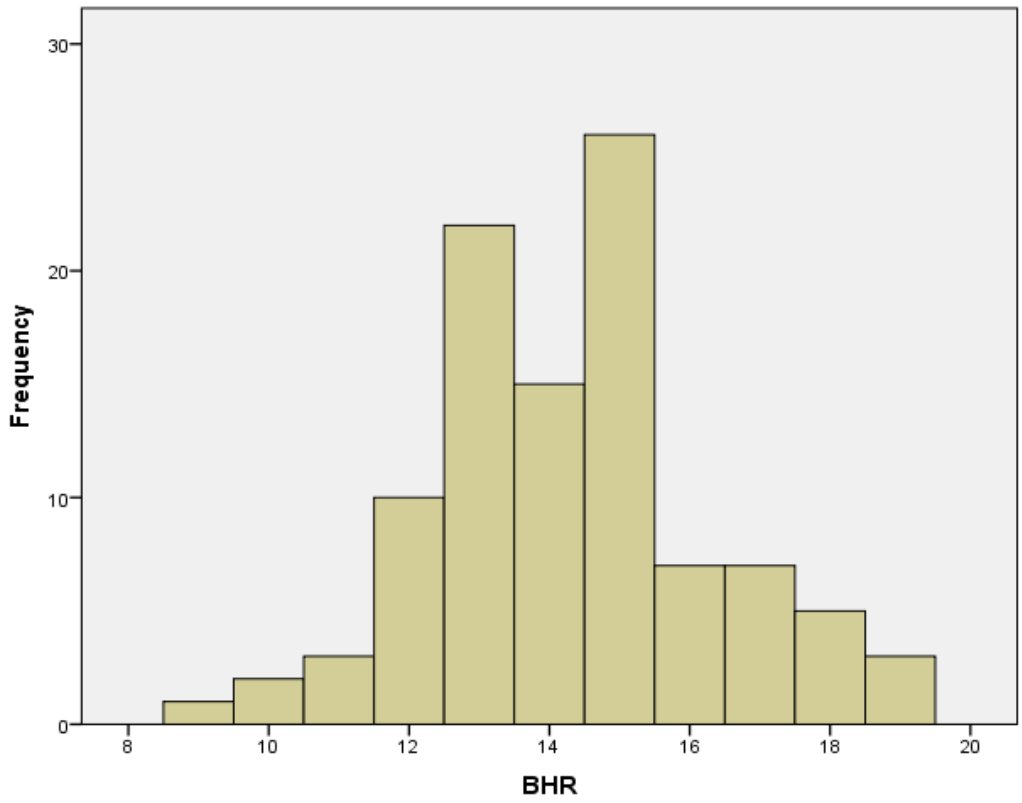
The figure 3.2.4 shows the sum score of responses of social workers in SATB subscale which. The scores ranged from 7 to 17 and the mean value is 13.5 which indicates moderate agreement towards this subscale. The actual score (before reversing) ranged from 9 to 18. The higher the mean score than the actual score range, the higher is the agreement towards SATB subscale.

Table 3.2.5: Total responses of all respondents for BHR subscale

Beliefs Towards Harm Reduction	**Response (Percentage) (n=101)**			
	Strongly Disagree (1)	**Disagree (2)**	**Agree (3)**	**Strongly Agree (4)**
Teaching drug users to clean their equipment is an important treatment goal.	1	9.9	52.5	36.6
Syringe exchange programs encourage illicit drug use.	38.6	38.6	12.9	9.9
All narcotics addicts wanting methadone services should receive them.	9.9	25.7	53.5	10.9
Reducing the harmful consequences of substance abuse is as important as achieving abstinence.	2	16.8	57.4	23.8
Teaching drug users to inject safely is a good social work practice.	1	4	44.6	50.5

The table 3.2.5 shows the responses of social workers' beliefs towards HR. About 89% of respondents agreed or strongly agreed that teaching drug users to clean their equipment is an important treatment goal. Similarly, they strongly agreed that teaching drug users to inject safely is a good social practice (95%). Respondents also agreed that reducing the harmful consequences of substance abuse is as important as achieving abstinence (81%).

Fig 3.2.6 Sum score of responses of social workers in BHR subscale



The figure 3.2.6 shows the sum score of responses of social workers in BHR subscale which ranged from 9 to 19 and the mean value is 14.3. No questions have been reversed in this subscale. The theoretical score range of the sub scale ranged from 5 to 20 with an average value of 12.5. Since the mean value is higher than 12.5, it can be regarded as high agreement towards BHR subscale.

3.3 Association between social workers' socio-demographic and professional characteristics and belief towards harm reduction.

3.3.1 Association between socio-demographic and professional characteristics and BCU

Table 3.3.1.1: Means and p-value of socio-demographic and professional variables in ANOVA test for BCU sub scale

Variable	Value	Mean Score	Univariate	Multivariate
Age	19 years or less	11.50	.853	.415
	20-29 years	10.20		
	30-39 years	10.52		
	40-49 years	10		
	50 years and above	10		
Gender	Male	10.28	.671	.960
	Female	10.52		
Previous Drug User	No	9.91	.196	.129
	Yes	10.51		
Professional Position	Manager/Executive Director	11	.038	.368
	Project Coordinator/Officer	11.66		
	Outreach Worker/Coordinator	9.90		
	Counselor	10.46		
	Volunteer	11.72		
Years of Experience	4 years or less	10.04	.573	.226
	5-9 years	10.43		
	10-19 years	10.92		
	20 years or more	10.50		
Work History in Substance Abuse Field	No	11.60	.047	.208
	Yes	10.18		
Training in Substance Abuse Field	No	10.69	.335	.800
	Yes	10.19		
Training in Harm Reduction	No	10.96	.071	.218
	Yes	10.09		
Training Sufficiency	No	10.52	.075	.433
	Yes	9.63		

Table 3.3.1.1 displays the mean value and p-value in ANOVA test performed to see the associations between respondents' socio-demographic and professional characteristics and BCU. There was significant association between professional positions and BCU in univariate analysis while the association was not found in multivariate analysis. Respondents who had no work history in substance abuse field had positive beliefs than those who had work history in substance abuse field ($p=0.047$). On contrary, independent variables such as age, gender, previous drug users, years of experience, training in substance abuse and harm reduction and its sufficiency showed no association with BCU in both univariate and multivariate analysis ($p> 0.05$). Nevertheless, the youngest social workers had higher mean score although they were few in numbers than those in other age groups. Respondents who answered that their training was insufficient had higher mean score than those who answered that their training was sufficient.

3.3.2 Association between socio-demographic and professional characteristics and SATB

Table 3.3.2.1: Means and p-value of socio-demographic and professional variables in ANOVA test for SATB sub scale

Variable	Value	Mean Score	Univariate	Multivariate
Age	less than 19 years	14.50	.490	.553
	20-29 years	13.5		
	30-39 years	13.18		
	40-49 years	14.08		
	50 years and above	14		
Gender	Male	13.44	.406	.058
	Female	13.82		
Previous Drug User	No	12.52	.001	.001
	Yes	13.82		
Professional Position	Manager/Executive Director	15	.254	.426
	Project Coordinator/Officer	14.33		
	Outreach Worker/Coordinator	13.28		
	Counselor	13.86		
	Volunteer	13.45		
Years of Experience	4 years or less	13.19	.236	.817
	5-9 years	13.71		
	10-19 years	14.07		
	20 years or more	12.50		
Work History in Substance Abuse Field	No	12.60	.080	.464
	Yes	13.60		
Training in Substance Abuse Field	No	13.04	.165	.718
	Yes	13.61		
Training in Harm Reduction	No	13.11	.167	.569
	Yes	13.64		
Training Sufficiency	No	13.28	.030	.041
	Yes	14.13		

Table 3.3.2.1 displays the mean value and p-value in ANOVA test performed to see the associations between respondents' socio-demographic and professional characteristics and SATB. Social workers who had previous drug use experience had positive beliefs towards substance abuse treatment than social workers with no drug use experience (p= 0.001). Similarly, respondents who felt their training was sufficient to work effectively had positive beliefs than those who felt their training was insufficient (p= 0.03 in univariate and p= 0.041 in multivariate analysis). There were no significant associations between remaining independent variables and SATB sub scale.

3.3.3 Association between socio-demographic and professional characteristics and BHR

Table 3.3.3.1: Means and p-value of socio-demographic and professional variables in ANOVA test for BHR sub scale

Variable	Value	Mean Score	Univariate	Multivariate
Age	less than 19 years	15.50	.858	.726
	20-29 years	14.39		
	30-39 years	14.18		
	40-49 years	14.33		
	50 years and above	13		
Gender	Male	14.15	.073	.204
	Female	15.11		
Previous Drug User	No	14.61	.039	.054
	Yes	13.78		
Professional Position	Manager/Executive Director	13	.408	.691
	Project Coordinator/Officer	13.33		
	Outreach Worker/Coordinator	14.43		
	Counselor	14.73		
	Volunteer	13.90		
Years of Experience	4 years or less	14.23	.789	.440
	5-9 years	14.53		
	10-19 years	13.92		
	20 years or more	14.50		
Work History in Substance Abuse Field	No	14	.604	.676
	Yes	14.35		
Training in Substance Abuse Field	No	14	.384	.959
	Yes	14.42		
Training in Harm Reduction	No	13.81	.132	.876
	Yes	14.50		
Training Sufficiency	No	14.19	.117	.276
	Yes	14.90		

Table 3.3.3.1 displays the mean value and p-value in ANOVA test performed to see the associations between respondents' socio-demographic and professional characteristics and BHR. Social workers who had no drug use experience had positive beliefs towards harm reduction than those with previous drug use experience (p=0.039 in univariate analysis). All the remaining independent variables showed no significant association with BHR sub scale.

CHAPTER IV

DISCUSSION

4.1 Socio-demographic and professional characteristics of social workers

An interesting result of this study was that most of the social workers were ex-drug users. These respondents had previous personal experiences with substance abuse and its harmful consequences and now are working for other substance abusers with a motive to do good social work. They also have knowledge about HR program. This could be regarded as one of the best possible ways to reduce the harm caused by drug use (socially, mentally and financially) by detaching them from social stigma and involving them in social work which could offer an economic opportunity to lead their life in a better way. Drug users are often the most effective public health messengers for reaching other drug users and after quitting can become excellent role models for other drug users. Employing them would demonstrate a program's commitment to improving the health and human rights of people who use drugs. (22) However, 15 respondents did not disclose their drug use status. While it was their own choice, it could also be due to the fear of disclosing their names and their past experience in the study or they may be embarrassed to share any such experience.

Most of the social workers (83%) were males in this study which is quite different from the findings from the study conducted in US by Hofschulte and Seiger where most social workers were females. (19, 21) In Nepal, it is still considered risky for females to work with substance abusers as it might be difficult to handle them in day-to-day activities. This may have resulted in more males than females in this study. As mentioned before, Dristi Nepal, an NGO working only for female drug users was not included in the study. The organization was founded by female ex drug users and has many female social workers working on it. This could have affected the sample

resulting in more males than females in this study. Similarly, this could also be the reason that there were more males ex drug users (65.3%) than females (34.7%).

The study showed that most of the respondents received training in substance abuse field and HR specifically. However, they still thought the training was insufficient for them to work effectively which was similar to the result found in the study conducted in US on clinical social workers' belief towards HR. (19) A study conducted by Loughran and colleagues also found out that half of the respondents felt that the training they received in substance abuse hasn't been sufficient for them. (18)

4.2 Social workers' beliefs towards harm reduction

There was different level of agreement in the SATS scale i.e. low level agreement in BCU, moderate level of agreement in SATB and high agreement on BHR sub scale which is different from the result of the study conducted by Seiger in which she used 13 questions in BCU subscale, 12 questions in SATB subscale and 10 questions in BHR subscale (altogether 35 questions). She found low-moderate level agreement on BCU sub scale, high level agreement on SATB sub scale and low level agreement on BHR sub scale.

Single stated about HR that "the concept is still poorly defined, as virtually any drug policy or program, even abstinence-oriented programs, attempt to reduce drug-related harm".(23) This might had an effect on how social workers understood and responded to the SATS questions.(21) Lemanski stated that social workers traditionally did not work with alcohol or substance using clients but when they started working, they by default worked according to the abstinence approach.(24) Reifel and Stillson also pointed out that social workers might face conflict when they feel they must choose between abstinence and harm reduction when intervening with substance abusers.(25) Such perception might have contributed to the some of the beliefs towards HR as reflected by the data in the study. For example, 81% of respondents agreed or strongly agreed

that substance abuse is a disease and that the primary goal of treatment should be abstaining from all substance.

About 80% of respondents agreed or strongly agreed that most substance abusers have a co-morbid psychiatric disorder. A study conducted on comorbid psychiatric disorders in substance dependence patients showed that almost one third of the patients were diagnosed having major depression. One third of the major depressive disorders included psychotic features. Schizophrenia was diagnosed in 11% and bipolar disorder in 16% of the patients, anxiety disorders were found in 6% of the cases; and personality and adjustment disorders in 9% and 13%, respectively. (26) Such disorders can occur before or during drug abuse and also influence the adherence to the physical and drug use treatment. (27)

Based on the responses, in my viewpoint, most respondents had positive belief towards HR despite having different level of agreement on three sub scales. 84% of respondents believed that social worker should treat the substance abusers respectfully in the process of treatment despite of their drug use habits. 86% agreed or strongly agreed that relapsing individuals should be allowed to remain in treatment for substance abuse. 82% of respondents also agreed that reducing the harmful consequences of substance abuse is as important as achieving abstinence. Most of them also agreed that teaching drug users to inject safely is a good social practice and is an important goal.

Thus, it can be noticed that there are inconsistencies in the responses of the social workers in SATS scale. As Clapp and Burke claimed that "ideology can have substantial influence on the types of practice Human Service Organization engage in",(28) social workers' belief towards HR might have been influenced more by the ideology of the organization where they are employed than their own experiences. (21)

4.3 Association between social workers' socio-demographic and professional characteristics and belief towards harm reduction

The study concludes that some socio demographic and professional variables are associated with beliefs towards HR. Age and gender of social workers did not influence their belief towards harm reduction. Respondents who were previous drug users had positive beliefs towards substance abuse treatment than non-drug user respondents. This may have possibly come out from their own personal experiences with the substance abuse and the treatment options. On the other hand, respondents who were non-drug users had positive belief towards HR than the respondents who were ex drug users in BHR scale. In BHR sub scale, 78% of social workers disagreed or strongly disagreed that syringe exchange programs encourage illicit drug use. The opponents of needle syringe programs have always argued that by providing sterile injection to the drug users will only encourage illicit drug use and drop outs from the treatment. (29) Most social workers with previous drug use experience disagreed or strongly disagreed to that statement which may have resulted in non-drug user social workers having positive belief towards HR than ex drug user social workers.

Professional positions were significantly associated with the beliefs towards characteristics of substance users. Respondents who had no work history in substance abuse field had positive beliefs towards substance users than those with work experience in substance abuse field. This result is completely different from the study conducted by Scheffler. He pointed out that people exposed to population dually diagnosed with substance abuse and HIV/AIDS for a long period of time increased acceptance of substance abusers.(30)

There was no significant association between training history and belief towards HR. This result differs from the study conducted by Hofschulte and Seiger in which the finding indicated that the training in substance abuse and HR have a significant impact on social worker's beliefs. On the other hand, respondents who felt their training was sufficient had positive belief towards

substance abuse treatment options than those who felt their training was insufficient. This result reflects that regardless of the amount of training, social workers that have acquired enough skill set view substance abuse treatment options in a positive light. This also reflects that training is an important factor in HR. Amodeo and Fassler described that training positively impacted social workers' practice with their substance using clients. Social workers with training worked with more substance abusing clients, self-rated themselves as more competent to work with the substance using population, and are more competent with their intervention abilities when serving substance abusing clients. (17) After studying issues like these in England, Cartwright (31, 32) and his colleagues (33-35), found that trained social workers perceived substance abuse as a legitimate part of social work practice and believed that they possess important skills to respond to it. Substance abuse training escalated social workers' sense of security in the therapeutic role with substance abusers. Magura also argued by putting the point forward that social workers with education and training have much to contribute to substance abuse practice with clients who face "multiple emotional, family, interpersonal, and environmental problems". (12)

4.4 Strengths

The SATS scale used in this study was originally developed by Belinda Housenbold Seiger who conducted three pre-tests prior to the administration of the SATS in her study which makes this scale a comprehensive tool to determine social workers' beliefs towards HR. Also, this type of study has never been conducted in Nepal where beliefs of social workers working in NGOs for HR have been examined.

4.5 Limitation

Seiger's SATS scale although quite comprehensive, is developed from the literatures from the late 90's and early 2000. Since then, the scale has not been revised. Also, the fact remains that her scale was developed to explore social workers' beliefs towards HR in United States. When applied in the context of Nepal or similar underdeveloped country, these concepts maybe interpreted in a completely different way, some of which are reflected in the results in this study. For example, in this scale, the question 'syringe exchange programs encourage illicit drug use' has not been reversed meaning that agreement with this item would result in increase in the scores and hence represent higher agreement/positive belief towards harm reduction. However, in the context of Nepal, people working in HR program have a positive view towards NSP and put more emphasis on implementing more programs like such rather than agreeing to the fact that it encourages illicit drug use. The study was also limited to 15 questions out of 35 questions and 3 clinical vignettes in the original SATS scale. The study covered NGOs working in only two components of HR which involved only drug users due to which some of the questions related to alcohol users were left out.

The data collection was done by self-administered structured questionnaire. The questionnaires were filled up by the respondents themselves who might not have understood the question properly and might not have given the accurate answer. Actual response rate could have been higher if the response rate did not differ from one NGO to another. This might have resulted into response bias which could have influenced the outcome of the study. Likewise, the study did not examine the type and length of substance abuse and harm reduction training.

CHAPTER V

CONCLUSION

In this study, most social workers were males and had previous drug use experience. Most of them had work experience in working with substance abusers and had received training in substance abuse field or harm reduction or both. Inspite of receiving training, they felt that their training was not sufficient for them to work effectively in HR program. There was no significant association between training and beliefs towards HR but, respondents who felt their training was sufficient had positive belief towards substance abuse treatment options than those who felt their training was insufficient. Thus, a future pre/posttest survey could be conducted after social workers attend a training program to measure the effectiveness of training on their beliefs.

Two out of the three sub scales of the SATS scale showed positive beliefs of the respondents towards HR (moderate level agreement on SATB and high level agreement on BHR). Also, observing the responses given by social workers to different questions in the scale, it can be said that the social workers had positive beliefs towards HR.

In the context of Nepal, the HR program was introduced in 1990 for prevention of HIV/AIDS and is still running on the same old model till date. Based on the suggestions given by respondents, the old model of implementing HR program should now be changed i.e. rather than collaborating it with HIV/AIDS prevention program, it should be introduced as a separate program on a national level. HR not only should focus on prevention of STIs but should also focus on other aspects of harms (mental, social, and economic) caused by drug use. This new approach in HR program should also focus on improving social workers' perception towards the characteristics, habits, and attributes of substance-abusing individuals which might also improve social workers' beliefs towards HR.

It is obvious that social work practice has changed drastically in recent years. So, it is very important that such changes is documented and updated. Social workers work in the frontline level and apply harm reduction strategies. Thus, further studies should be conducted on social workers, not only through beliefs surveys but also through behavioral assessment surveys.

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APPENDIX A

The following questions are about your demographic and professional information. Please tick the correct response:

1. Age:

   ☐ 19 years or less

   ☐ 20-29 years

   ☐ 30-39 years

   ☐ 40-49 years

   ☐ 50^{+} years

2. Gender:

   ☐ Male ☐ Female

3. Previous Drug Use Experience:

   ☐ Yes ☐ No

4. Years of experience in this field:

   ☐ 4 years or less

   ☐ 5-9 years

   ☐ 10-19 years

   ☐ 20 years or more

5. I view myself professionally as:

   ☐ Manager/Executive Director ☐ Counselor

   ☐ Project Coordinator/Officer ☐ Volunteers

☐ Outreach Coordinator/Worker

6. Have you ever worked in the substance abuse field?

☐ Yes ☐ No

7. Do you have any training in substance abuse?

☐ Yes ☐ No

8. Do you have any training in harm reduction specifically?

☐ Yes ☐ No

9. If received any training, do you feel the training you have received is sufficient for you to work effectively?

☐ Yes ☐ No

Please read the following statements carefully and answer how much do you agree or disagree:
*SD= Strongly Disagree, D= Disagree, SA= Strongly Agree, A= Agree

	SD	D	A	SA
1. Therapist/social worker must confront Clients about their substance use/abuse.	☐	☐	☐	☐
2. Substance abusing individuals who believe they can quit on their own are in denial.	☐	☐	☐	☐
3. Substance abuse is a disease.	☐	☐	☐	☐
4. Some drug users manage their use so well that there are no perceived problems.	☐	☐	☐	☐
5. Most substance abusers have a co-morbid psychiatric disorder.	☐	☐	☐	☐
6. The primary goal of treatment should be abstaining from all substances.	☐	☐	☐	☐
7. Therapists must treat substance abusers respectfully even if they are actively using drugs or alcohol.	☐	☐	☐	☐

8. Some individuals can use drugs recreationally without being dependent.

9. Relapsing individuals should be allowed to remain in treatment for substance abuse.

10. Harm reduction is a synonymous with legalization of drugs.

11. Teaching drug users to clean their equipment is an important treatment goal.

12. Syringe exchange programs encourage illicit drug use.

13. All narcotics addicts wanting methadone services should receive them.

14. Reducing the harmful consequences of substance abuse is as important as achieving abstinence.

15. Teaching drug users to inject safely is a good social work practice.

APPENDIX B

Permission to use SATS scale

From: Belinda Housenbold Seiger
To: Neha Pradhan
Dec 15, 2014

Dear Neha
I am happy to grant you permission to use the SATS, please feel free to adjust it so that it reflects the culture and language of the subjects you will assess. I would live to see the results if your study.

I wish you well
Belinda Seiger, PhD, LCSW

On Dec 13, 2014, at 8:34 AM, Neha Pradhan <nehapradhan20@yahoo.com> wrote:

Dear Belinda Housenbold Seiger,

My name is Neha Pradhan and I am currently enrolled in Masters in Public Health in University of Tromsø, Norway. While going through literature for my research, I found a thesis conducted by Rachel Hofschulte from St. Catherine University. I am currently working on my research project for the fulfillment of the requirement of my Master's program. My study of interest is also social workers' views towards harm reduction when working with substance abusers which i will conduct in Kathmandu, Nepal among social workers working in NGOs.

Therefore, I would like to request you to grant me permission to use your Substance Abuse Treatment Survey,
SATS, as part of my research study. I believe, the Substance Abuse Treatment Survey (SATS) which you utilized in your dissertation would be of great help for my project.
I will be looking forward for your response.

Regards,
Neha Pradhan

APPENDIX C

Letter of study approval from University of Tromsø, Norway

UiT
THE ARCTIC
UNIVERSITY
OF NORWAY

UNIVERSITY OF TROMSØ
Faculty of Health Sciences
Department of Community Medicine
N-9037 TROMSØ

Faculty of health sciences
Your reference.:
Our reference.:
Date: 09.01. 2015

Confirmation

To whom it may concern: Neha Pradhan (b.06. 06. 1989) is an active student at the Master's degree programme in Public Health at the Department of Community Medicine / Faculty of Health Sciences / UiT The Arctic University of Norway.

She was admitted in August 2013 and is on schedule to finish her master's degree in the summer of 2015. She will partake in field work/data collection in early 2015 in Nepal as part of her project for her Master's thesis in Public Health. Ms Pradhans supervisor, associate professor Tormod Brenn has approved her research project

Finishing her master's thesis is the final exam at the programme, and once approved she will be awarded the title of Master in Public Health.

Sincerely,

Tor Gisle Lorentzen
Higher executive officer

Tormod Brenn
Assoc. Professor - Supervisor

tor.g.lorentzen@uit.no
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APPENDIX D

Letter of ethical approval from Nepal Health Research Council (NHRC)

Nepal Health Research Council
Estd. 1991

Ref. No.: 1317

20 February 2015

Ms. Neha Pradhan
Principal Investigator
University of Tromso
Norway

Ref: **Approval of Research Proposal** entitled **Social workers' beliefs towards harm reduction when working with substance using clients, Kathmandu, Nepal**

Dear Ms. Pradhan,

It is my pleasure to inform you that the above-mentioned proposal submitted on 29 January 2015(**Reg. no. 31/2015** please use this Reg. No. during further correspondence) has been approved by NHRC Ethical Review Board on 18 February 2015 (2071- 11-6).

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, the total research amount is **US$ 1200.00** and accordingly the processing fee amounts to **US$.100.00.** It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the Ethical Review M &E section of NHRC.

Thanking you.

.....
Dr. Khem Bahadur Karki
Member-Secretary