

# **ALCOHOL AND SUBSTANCE ABUSE INTERVENTION IN VULNERABLE POPULATION AFFECTED BY DISASTERS**



## **HANDBOOK**

Developed by  
**ALCOHOL & DRUG INFORMATION CENTRE (ADIC) · INDIA**

Supported by  
**WORLD HEALTH ORGANIZATION (WHO) · INDIA**

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# PREFACE

Natural disasters including earthquakes, floods, cyclones and hurricanes and human-caused disasters like terrorism, racial conflicts and war are striking with frightening regularity in various parts of the world causing large scale death and destructions. Studies and research has revealed that disaster survivors bear a substantial burden of mental health problems. Increased alcohol and substance abuse is a well documented co-morbid factor accompanying post-traumatic stress disorders and other psychological disorders.

The recent Tsunami disaster, which has claimed thousands of valuable lives, has created a panic in South & South East Asia. As an aftermath of the disaster an increased prevalence of alcohol and substance abuse has been witnessed among the affected population.

The Health Workers and Service Providers had great difficulty in managing the crisis due to lack of training resources and technical skills. There were seldom any training modules available for the Health Workers and Service Providers on effective intervention strategies in the disaster affected communities, nor Self Help Materials to address the general public about the menace of alcohol and substance abuse.

It is in this context that Alcohol & Drug Information Centre (ADIC) - India with the support of the World Health Organization (WHO) - India Office has taken the initiative to develop and publish a Training Kit which include a Training Manual and a Handbook for Health Workers and Service Providers, besides, Self Help Materials consisting of Educational Pamphlets, Posters and Fact Sheets for the General Public. This Handbook will help in imparting special skills and techniques to Health Workers and Service Providers in effectively dealing with the alcohol and substance abuse problem in vulnerable population affected by disasters. This Handbook has to be used along with the Training Manual and the Self Help Materials as an effective resource tool during intervention programmes in disaster affected communities. We hope this Handbook will help a lot in dealing with the menace of alcoholism and substance abuse in vulnerable population affected by disasters.

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# CONTENTS

<b>I</b>	INTRODUCTION	1
<b>II</b>	ALCOHOLISM & SUBSTANCE ABUSE AMONG DISASTER AFFECTED POPULATION	2
<b>III</b>	INTERVENTION SKILLS & APPROACHES	6



## Chapter I

### Introduction



Natural and human-caused disasters often occurs all of a sudden and every year millions of people are affected by it. The trauma associated with disasters usually last very long even after the event. Several psychological and behavioural problems are experienced among disaster stricken population. The populations mostly affected by disasters are the economically and socially backward people living in the densely populated coastal areas, tribal colonies and slums.

Studies conducted at the recent Tsunami affected localities has revealed that disaster survivors bear a substantial burden of Mental Health Problems, which include Post Traumatic Stress Disorders, anxiety, depression and suicidal tendencies. Increased alcohol and other substance abuse has been a well- documented co-morbid factor associated with traumatic and other psychological disorders in these affected populations.

The aggravation of the problem of

alcohol and substance abuse in the Tsunami affected communities hasn't come as a surprise as it is common knowledge that all kinds of detrimental and malevolent behaviours increase in the wake of disasters.

Alcoholism and substance abuse is an area, which is rather elusive to intervention programmes, by its very nature of being multifaceted, both etiologically and implication wise even among normal populations.

When it comes to populations affected by disasters, as in the case of the recent Tsunami, the whole scenario becomes all the more complicated. So, the formulation of an intervention protocol against this problem requires an in-depth understanding of the entire situation.

The main objective of this Handbook is to impart special skills and techniques to Health Workers and Service Providers in dealing with the alcohol and substance abuse problem in vulnerable population affected by disasters.

## Chapter II

# Alcoholism & Substance Abuse among Disaster affected Population



Researchers have long recognized the strong correlation between Post Traumatic Stress Disorders (PTSD) and Substance Abuse.

- Stressful events may influence profoundly the use of alcohol and other drugs.
- Stress is a major contributor to initiation and continuation of addiction to alcohol and other drugs.
- Stressful experiences increase the vulnerability of an individual to relapse to alcohol and other drugs even after prolonged period of abstinence.
- Adolescents and children exposed to severe stress may be more vulnerable to drug use. A number of clinical and epidemiological studies show a strong correlation between psychosocial stress early



in life (e.g., parental loss, child abuse). and an increased risk for

depression, anxiety, impulsive behaviour, and substance abuse in adulthood.

### Psychological Problems

People who go through traumatic experiences often have symptoms and problems afterward. The seriousness of the symptoms and problems depends on

several factors including a person's life experiences before the trauma, his natural ability



to cope with stress, the magnitude of the trauma and the nature of help and support a person gets from family, friends and professionals immediately following the trauma.

As most of the trauma survivors are not familiar with the effects of trauma, they often have trouble in understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with

them because other people who experienced the trauma don't appear to have the same problems. Survivors may turn to drugs or alcohol to make them feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better.



### Effects of Trauma

During a trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Since this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma.

### Alcohol & Substance Use

The recent Tsunami disaster affected population comprised mainly of the fishing community, who mostly belongs to the poorest socio-economic groups. These groups are noted to have a higher preponderance for developing alcoholism and substance abuse among



other unhealthy behaviours, even in the absence of any disasters. The problem of alcoholism and substance abuse has aggravated in all the disaster affected communities.

### Reasons for the Increase

Several reasons have been attributed for the increase in alcohol and substance abuse behaviour in the disaster stricken communities, which include:

#### 1. Stress & Grief

The trauma caused by the near and dear ones, loss of house, property and other belongings besides the loss of vocational means like fishing boats, nets, etc. may led to lot of stress. These people show a tendency to resort to alcohol and other substances as a stress reliever.



#### 2. Depression

It is a well-known psychiatric fact that alcoholism is an important manifestation on depression, especially among men. Disasters are highly 'depresso-genic' situations, and in turn lead to increased alcoholism and substance abuse. The helpless, hopeless and worthless feeling aggravates depression.

### 3. Low Educational Status

The educational status of these populations is so poor that they have very little understanding of the implications of their behaviours. Illiteracy also prevails among these populations.



### 4. Limited Rehabilitation

The rehabilitation measures in most areas are limited to mere supply of food packets and clothing and treatment of illness. The social, psychological and vocational components are most often missing. These had generated a sense of hopelessness and had led to abusive behaviours. Serious lack of coordination in the relief work is often noticed. Even though funds and resources may flow from various quarters, they are usually mal-directed, wasted or misused.



### 5. Poor Health System

Most of the disaster affected areas have underdeveloped health systems, which

could provide only basic facilities like, emergency drugs or sometimes antibiotics. Anti depressants and de-addiction facilities are rarely available. The grossly understaffed health system can rarely provide specialist care and counselling services.

### 6. Lax Regulations

The Governmental regulations over drug trafficking and alcohol sales usually go lax during the times of disasters and emergencies. This leads to wide spread availability of such substances.

### 7. Flow of Money

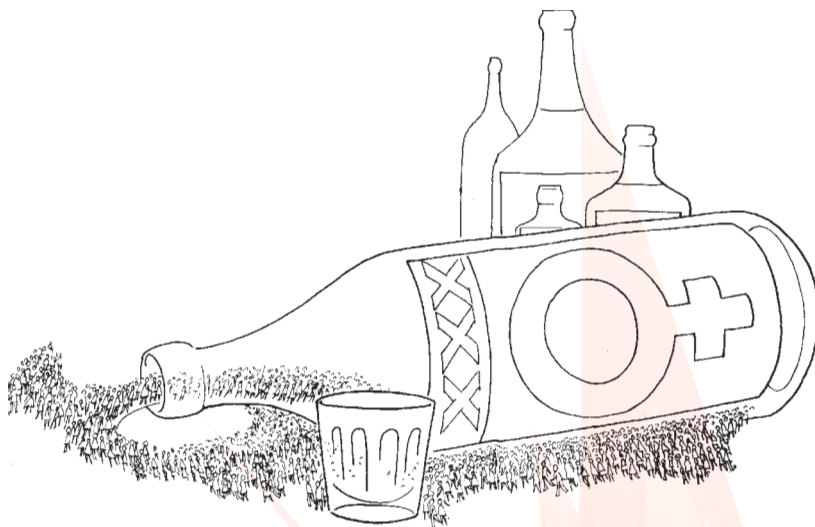
During disasters, Government and other Voluntary Agencies very often supply aid to victims in the form of money, which can very easily get misused. In addition many unaffected individuals also feign as victims of the disaster and obtain the aid and use it for unhealthy activities. There were even reported incidents of people selling the supplies they obtained for getting money for booze.



## 8. Exploitation

Eying the flow of money in the affected areas some people even promote the sale of alcohol and other substances in these areas, particularly spurious liquors. In these circumstances, it is a real challenge for

the Government as well as the Health and Social Welfare Agencies to implement suitable intervention strategies to counter the menace of alcoholism and substance abuse among the vulnerable population affected by disasters.



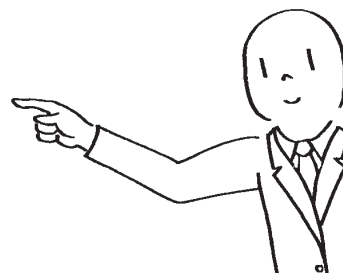
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## Chapter III

# Intervention Skills & Approaches



Mental health interventions have a vital role to play in the coordinated response to disaster in the community. Effective responses to disaster situations involve the government, non-government organisations and the community.

In order to be of assistance to disaster-affected communities, the care provider must be knowledgeable about the nature of the event, the post-event circumstances and the type and availability of relief and support services.

This chapter elaborates the intervention skills and approaches that need to be adopted to deal with the problem of alcohol and substance abuse in disaster stricken communities. The intervention approaches outlined here are derived in the light of global experiences and from feedbacks obtained from volunteers with disaster relief work experience.



### I. Assessing the Magnitude of the Problem

Even though researches show that there is a definite increase in the use of addictive substances in the aftermath of disasters, the nature and magnitude of the problem varies from community to community. Most of the scientific enquiries into the problem have been carried out in Western communities, and it is often difficult to extrapolate their findings to Indian settings. Hence it is very important to conduct well-planned studies among the disaster stricken local populations in order to draw customized intervention strategies and to streamline preventive measures. Quantitative methods like cross sectional sample surveys and qualitative methods like ethnography and indwelling can be used for this purpose. Voluntary Health Agencies or State Research Teams can carry out the studies.



## II. Dissemination of information

In many instances vulnerable people resort to unhealthy behaviors due non-availability of information that might help them to take a decision on the contrary. Hence it is very important for the health care



provider to serve as a medium for provision of adequate information. This should be aimed at creating awareness regarding the ill effects of drug and alcohol use and orienting them about the services that are available in the area to help them cope with their problems.

The most common forms of information dissemination are leaflets, fliers or posters containing clear and simple messages. However, the use of other mediums - such as fact-sheets, comics, street plays, theatre, public meetings, workshops, and video - can also be employed. One to one communication is very useful because it not only helps to get the message through, but also provides an opportunity for counselling and

identification of high risk individuals. It is important that people are given accurate and honest information that can allow them to make informed choices.

## III. Counselling

### Disaster Counselling Skills

Disaster counselling involves both listening and guiding. Survivors typically benefit from both talking about their disaster experiences and being assisted with problem-solving and referral to resources.

### Establishing Rapport

Survivors respond when workers offer caring eye contact, a calm presence, and are able to listen with their hearts. Rapport refers to the feelings of interest and understanding that develop when genuine concern is shown. Conveying respect and being nonjudgmental are necessary ingredients for building rapport.

### Listen Actively

Workers listen most effectively when they take in information



through their ears, eyes, and heart to better understand the survivor's situation and needs. Some tips for listening are:

- **Allow silence** - Silence gives the survivor time to reflect and become aware of feelings. Silence can prompt the survivor to elaborate. Simply “being with” the survivor and their experience is supportive.



- **Attend nonverbally** - Eye contact, head nodding, caring facial expressions, and occasional “uh-huhs” let the survivor know that the worker is in tune with them.
- **Paraphrase** - When the worker repeats portions of what the survivor has said, understanding, interest, and empathy are conveyed. Paraphrasing also checks for accuracy, clarifies misunderstandings, and lets the survivor know that he or she is being heard. Good lead-ins are: “So you are saying that . . .” or “I have heard you say that . . .”
- **Reflect feelings** - The worker may notice that the survivor’s tone of voice or nonverbal gestures suggests anger, sadness, or fear. Possible responses are, “You sound angry, scared etc., does that fit for you?” This helps the survivor identify and articulate his or her emotions.

- **Allow Expression of Emotions** - Expressing intense emotions through tears or angry venting is an important part of healing; it often helps the survivor work through feelings so that he or she can better engage in constructive problem solving. Workers should stay relaxed, breathe, and let the survivor know that it is OK to feel.

- **Provide Information** - All the relevant information that might be useful for the person, especially those regarding alcohol and drug use, should be provided in an interactive manner. His queries and concerns should be addressed with love and empathy.

#### IV. Identification and Referral of Problem Individuals

There is a strong association between severe stress, deteriorating mental health and substance



abuse among disaster survivors. It is important to identify such individuals and refer them for professional help.

#### Signs of Trauma Related Stress

Individuals who experience the following symptoms for more than a

month may be suffering from PTSD and should be referred for professional mental health assistance.

- Recurring thoughts or nightmares about the event
- Sleep problems
- Changes in appetite
- Anxiety, fear, and edginess
- Extended periods of sadness and depression and loss of energy
- Memory problems
- Inability to focus or make decisions
- Emotional numbness and withdrawal
- Spontaneous crying
- Extreme fear for the safety of loved ones
- Avoidance of activities, places, or people who remind of the event

### Signs of Deterioration of Mental Health

Individuals with the following signs should be referred for professional help.



- Disorientation (dazed, memory loss, unable to give date/time or recall recent events...)
- Depression (pervasive feeling of hopelessness & despair, withdrawal from others...)

- Anxiety (constantly on edge, restless, obsessive fear of another disaster...)
- Acute psychosis (hearing voices, seeing visions, delusional thinking...)
- Inability to care for self (not eating, bathing, changing clothing or handling daily life)
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse or elder abuse

### Signs of Alcohol and Substance Abuse

The following indicators are associated with alcohol and substance abuse. If several symptoms are present, the person should be referred for alcohol and drug assessment.

#### *Physical/Emotional Indicators*

- Has smell of alcohol on breath or marijuana on clothing
- Has burned fingers, burns on lips, or needle track marks on arms
- Slurs speech or stutters, is incoherent
- Has difficulty maintaining eye contact
- Has dilated (enlarged) or constricted (pinpoint) pupils
- Has tremors (shaking or twitching of hands and eyelids)
- Is hyperactive and overly energetic

- Appears lethargic or falls asleep easily
- Exhibits impaired coordination or unsteady gait (e.g., staggering, off balance)
- Speaks very rapidly or very slowly
- Experiences wide mood swings (highs and lows)
- Appears fearful or anxious; experiences panic attacks
- Appears impatient, agitated, or irritable
- Is increasingly angry or defiant

### *Personal Attitude/ Behavior Indicators*

- Talks about getting high, uses vocabulary typical among drug users
- Behaves in an impulsive or inappropriate manner
- Denies, lies, or covers up
- Takes unnecessary risks or acts in a reckless manner
- Breaks or bends rules, cheats

### *Cognitive/Mental Indicators*

- Has difficulty concentrating, focusing, or attending to a task
- Appears distracted or disoriented
- Makes inappropriate or unreasonable choices



- Has difficulty making decisions
- Experiences short-term memory loss
- Experiences blackout
- Needs directions repeated frequently
- Has difficulty recalling known details
- Needs repeated assistance completing ordinary paperwork (e.g., application forms)

### **V. Treatment Guidelines for Healthcare Professionals**

- Health care professionals must be alert to the fact that PTSD frequently co-occurs with depression, other anxiety disorders, and alcohol and other substance abuse. Patients who are experiencing the symptoms of PTSD need support from physicians and health care providers.
- The likelihood of treatment success increases when these concurrent disorders are appropriately identified and treated as well.

- For substance abuse there are effective medications and behavioral therapies.
- Treatment of patients with comorbid PTSD and addictions may vary, and for some patients, successful treatment may require initial inpatient hospitalization.
- Finally, support from family and friends can play an important role in recovery from both disorders.

## VI. Promotion of Alternative or Diversionary Activities

Aggravation of trauma and progression to PTSD and substance abuse occurs

mostly because people continuously dwell on thoughts of the traumatic experience.

Promotion of alternative or diversionary activities helps to avoid such thoughts to some extent and also imparts a sense of well-being. The following measures can be tried:

- Encourage them to get involved in some kind of regular physical activity, such as walking, gardening, playing games or other kinds of recreation.
- Get people involved in the relief work and encourage them to go



around carrying out errands along with the response volunteers.

- Create support groups of similarly affected individuals and encourage the members to help each other cope over the crisis.
- Encourage them to return to normal daily routines to the extent possible and to take control of their life.

## VII. Community Mobilisation

Community mobilisation is an important approach for producing concerted efforts in the direction of achieving any social goal. This is very much true in the aftermath of disasters also.

The seven stages of community mobilisation are as follows:



### Stage 1: Getting Started

- Help the community see why this effort is important from its perspective
- Help people feel that they have the power to make the necessary changes
- Help develop a core group of concerned citizens-informal and formal community leaders
- Cultivate hope for a better way
- Instill a desire for change

### *Stage 2: Identifying Issues and Setting Priorities*

- Identify important issues and commonly faced problems
- Define desired changes
- Rank problems and set priorities
- Develop a shared vision for problem resolution

### *Stage 3: Identifying Supporters*

- Identify people who are concerned about these issues, who are willing to work toward the desired change, and who have the ability to create the change



### *Stage 4: Planning for Action*

- Develop a plan of action to effectively address the presenting issue/problem
- Analyze the environment-examine the external and internal obstacles, external and internal opportunities, and resources

- Define the targets-those who are most affected by the problem and those who can help create the desired change
- Develop strategies for organizing the supporters into a group/organization to address the issue
- Design strategies for mobilizing the organized group to create the desired change

### *Stage 5: Organizing a Process Structure*

- Educate and energize people on the targeted issue
- Cultivate healthy relationships with supporters
- Design strong structural and communication links for addressing the identified problems, bringing the supporters together, and implementing the action strategies that will create the desired change
- Develop leaders to support the agenda and implement the action plan

### *Stage 6: Mobilizing the Group to Achieve Targets*

- Select the appropriate tactics
- Keep the actions simple and realistic
- Own the actions

- Use tactics that will achieve small victories to advance the desired change

### Stage 7: Continuing the Process

- Receive feedback
- Monitor actions
- Evaluate effectiveness of the strategy on overall goal
- Redefine actions
- Identify new problems, priorities, and strategies
- Implement revised action plan.

### VIII. Realizing Total Rehabilitation

Total rehabilitation is the most important component of successful intervention. The psycho-social needs of the people who have lost everything

in the disaster should be addressed.

Shelter

and other basic amenities should be provided. Provision of vocational aids like fishing boats and nets is very important for sustaining their motivational levels. Individuals with morbid fear to reside in the same area should be re-located.

The care provider should also play a vital role in facilitating Community participation and Local Self Government involvement in mobilizing the support of the Government and other Aids Agencies towards realizing total rehabilitation of the affected communities.



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- 2) "Disaster Mental Health for Responders: Key Principles, Issues and Questions" - Center for Disease Control, Post-traumatic Stress Disorder Vol. 110 / No. 5.
- 3) "Stress & Substance Abuse" - NIDA Community Drug Alert Bulletin, Washington DC, USA.

## Tips on Self-Care and Self-Help



The emotional effects of disasters are felt not only by the survivors, but also, by all those who had witnessed it and it may continue for a longer period. So it is important for the victims as well as the family members, friends, rescue workers, health care providers, volunteers, media personnel and those who had witnessed it even through the electronic media to practice few tips to cope with the problem. These include:

- ❖ Spend time with other people. Coping with stressful events is easier when people support each other.
- ❖ If it helps, talk about how you are feeling. Be willing to listen to others who need to talk about how they feel.
- ❖ Get back to your everyday routines. Familiar habits can be very comforting.
- ❖ Take time to grieve and cry if you need to. To feel better in the long run, you need to let these feelings out instead of pushing them away or hiding them.
- ❖ Ask for support and help from your family, friends, church, or other community resources. Join or develop support groups.
- ❖ Set small goals to tackle big problems. Take one thing at a time instead of trying to do everything at once.
- ❖ Eat healthy food and take time to walk, stretch, exercise, and relax, even if just for a few minutes at a time.
- ❖ Make sure you get enough rest and sleep. People often need more sleep than usual when they are very stressed.
- ❖ Do something that just feels good to you like taking a warm bath, taking a walk or sitting in the sun.
- ❖ If you are trying to do too much, try to cut back by putting off or giving up a few things that are not absolutely necessary.
- ❖ Find something positive you can do. Give blood. Donate money to help victims of the attack. Join efforts in your community to respond to this tragedy.
- ❖ Get away from the stress of the event sometimes. Turn off the TV news reports and distract yourself by doing something you enjoy.

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### Reference:

- 1) *“Alcoholism and Drug Dependency : An Advanced Master Guide for Professionals” - TTK Hospital, Chennai, India.*

# ALCOHOL AND SUBSTANCE ABUSE INTERVENTION IN VULNERABLE POPULATION AFFECTED BY DISASTERS

## Handbook for Health Workers & Service Providers

Natural and human-caused disasters are striking with frightening regularity in various parts of the World causing large scale death and destruction. The trauma associated with disasters usually lasts very long even after the event. Studies have revealed that increased alcohol and other substance abuse has been a co-morbid factor associated with traumatic and other psychological disorders among the disaster affected population. This Handbook is developed to impart special skills and techniques to Health Workers and Service Providers in dealing with the problems of alcohol and substance abuse in vulnerable population affected by disasters.

*"Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity" - WHO*

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