Chapter III

Methods and Materials
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In this chapter it has been proposed to describe different tools and techniques adopted in the present study.

The study was undertaken to find out the adjustment of recovering addicts i.e. the drug abusers who have undergone treatment at a clinic and after undergoing treatment for two months, they have gone back to their respective families. The main objects of the study are:

1. To find out the impact of treatment on various addiction pattern during recovering period
2. To find out relapse frequency on various addiction pattern
3. To find out the personal and social adjustment of recovering addicts that may hamper his complete recovery.

However, before discussing the universe and the sampling procedure, it may be important to note some of the problems that were encountered during collection of data.

The first and most important problem was the scattered population of the study. The treated addicts were from different places of Assam and from both urban and rural areas. Therefore, it was very time consuming to collect information.
The second problem encountered was the reluctance of respondents specially the relapsed group to provide information.

To investigate the adjustment problems of deaddicted persons, the purposive sampling method was used, as the main aim of the study was to see the adjustment level of drug abusers after undergoing a treatment for deaddiction in a particular centre. The necessary data were collected by a schedule. Secondary data were collected from the centre's office record.

In the preparation of the schedule great care were taken to include question related to personal and social adjustment. There were forty-one items on personal and thirty-nine on social adjustment. There was a table showing adjustment on the items. If the answer shows adjustment the respondent gets one mark and if answer does not show adjustment, no score is given. That means more score means good adjustment and less score means poor adjustment. Pre-testing was done on 60 respondents. In the light of pre-tested schedule minor revision were made only in these question or phrases, which were not clear. Retesting was done again after two months; co-relation between the two sets of score was 56.

Data collection was done by an interviewer who was a worker of the clinic. The main reason of hiring worker for taking interview is that, recovering addicts are very reluctant to provide information to unknown persons. Specially
the relapsed respondents never face unknown persons. Therefore, a special arrangement had to be made where an interviewer can obtain correct information in a friendly chitchat manner. Since the interviewer was from the clinic, he was quit friendly and close to the both clean and relapsed addicts who with great difficulty extracted the information from them. The reasons for not favouring to fill up the questionnaire is that the educational level of respondents were different, so the investigator had a doubt that they may not understand the meaning of the question.

Apart from schedule, secondary information was collected from the office record of their case histories. The level of education, occupation and age, type of drug abused, age of first initiation of drugs were collected from the record of the centre.

After taking interview with the schedule respondents were categorized as clean and relapsed group. To ascertain whether they were maintaining a clean life or being relapsed, the follow up records of the centre have also been consulted apart from verification done on the spot. Interview with family members and significant person of addicts life were very helpful to ascertain whether he has relapsed or maintaining a clean life.

THE SAMPLE
The sample was taken from ‘Mashwara’, a drug deaddiction and rehabilitation centre of Guwahati, which is a fifteen bedded hospital for drug
addiction treatment first of its kind in Assam sponsored by Ministry of Social Justice and Empowerment. The centre provides two months in-house treatment which consisted of deaddiction, psychological counseling both at individual and group level, family counseling, yoga and meditation. After completion of treatment the patients (they like to be addressed) have to maintain follow up procedure through visiting to the centre personally at specified date given by the centre, through telephone and personnels from the centre also visits patients regularly. After exploring the treatment procedure of other centres it was felt that if the respondents do not go similar treatment procedure then it will be difficult to compare the impact of treatment on adjustment problems of clean and relapsed addicts.

The sample consisted of 131 addicts who have completed their treatment for two full months. Care was taken in sample selection so that drug abusers can be included from all age group, both younger and older. The addicts who left the treatment centre halfway through was discarded from the first list. Though the centre has a record of addicts from all North East States and two from U.P. subjects were selected only from Assam scattered in different districts of Assam. The drug abusers were sorted out into two groups:

1. Clean or recovering addicts
2. Relapsed addicts
1. **Recovery Addicts**

   The persons who were not taking drugs continuously for more than one year at the time of data collection were considered as a clean addicts though they had 2 to 3 slips before being clean for last one year continuously. However, in the treatment procedure of the centre an addicts is considered as clean recovering addicts, if he can continuously stay without addiction for two years. In the present study three such clean persons have been included.

2. **Relapsed Addicts**

   The patients who used to go back to his old habit of addiction after being treated at the centre for complete two months, they are termed as relapsed addicts. They might stay clean for 2 to 3 months, but then they take occasionally once or twice which in addiction history is called as slip. After 2/3 slips he used to take drug continuously and go back to his former status. They take the drug as soon as they get the depression effect. Their normal routine in a day is to take the drug as soon as they wake-up and then to take it throughout the day until they go to bed at night. They always try to give an impression that they will ‘soon’ give up the habit.

**ELIGIBILITY CRITERIA FOR SAMPLE COLLECTION**

1. A medical report of chemical substance abuse at intake and without any psychiatric illness.
2. A resident of the state where they will be approachable for information regarding status through follow-up.

3. A respondent who has undergone medical detoxification at the treatment centre and completed treatment for two months.

4. Consent by respondents to be a part of the study after due information about the purpose and confidentiality assured.

**COLLECTION AND ANALYSIS OF DATA**

In order to ascertain the magnitude of the problems of drug abuse which hampers the personal and social adjustment of the addicts the following informations were collected and analysed:

1. Agewise distribution of respondents to see whether younger age group or older age group are more prone to relapse.

2. Age at first initiation of drugs.

3. Type of occupation substance abusers were engaged in

4. Level of education of the drug abusers coming for treatment to the centre.

5. What type of drugs they abused before coming for treatment

6. Number of addicts who abused only one type of drug, who abused two type of drugs and who abused multiple i.e. more than two types of drugs at a time.
7. Number of patients who stayed at the treatment centre for complete two months for recovery.

8. Number of treated individuals who were maintaining a clean life during their recovery period.

9. Number of substance abusers who could not maintain a clean life i.e. who have relapsed after undergoing same type of treatment.

10. Personal and social adjustment of both clean and relapsed group of addicts.

11. Whether adjustment level of drug abusers depends on the type of drugs and pattern of drugs they abused.

Data have been analysed through statistical methods. Mean score and SD have been calculated for each variables and ‘t’ test have been employed to see the level of significance of results.

LIMITATIONS OF THE DATA AND DIFFICULTIES IN THE FIELD

Although every effort was made to design schedules in accordance with the objective of the study, the interviewers faced difficulties in the field due to inherent limitations in conducting an interview with special categories of individuals of the society. Though two female drug abusers took treatment in the centre, they could not be included in the study due to difficulty faced to trace them.
Secondly, the respondents, specially relapsed one were reluctant to face the interviewer for feeling of guilt and shame.

Thirdly, even most of the family members put an obstacles to meet the relapsed one probably for the feeling of shame. As per the centre’s record even family members do not encourage for coming to follow-up thinking that it is a wastage of time and energy. It took the interviewer a relatively longer time than expected as they had to go again and again to the same place for catching the relapsed one.

Fourthly, the number of subjects have been reduced than initial planning as the taking interview of some of the relapsed ones to get correct information was not possible. Amongst them three respondents initially included in the study have expired due to hepatitis.

These difficulties somewhat slowed in the process of data collection.