

## A STUDY OF THE FOLLOW UP PROGRAMMES FOR THE DE-ADDICTS

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### ABSTRACT

After care services is based primarily on similar purpose with one particular objective which is to enable a de-addict to stay sober. The similarity between all the after care activities are that they are based on motivating the De-addicts to stay sober. The same thing goes, where all the present follow up programmes works towards enabling a recovering addict overcome his problems, helping and motivating families of the de-addicts. No doubt families play an important role in the sobriety of a de-addict. The most important need of the de-addict is support and if this is shown by family members the result would contribute much to the sobriety of the de-addicts. Hence this study has been conducted to see the effectiveness of after care services for the de-addicts.

### I. INTRODUCTION

"Progress of nation depends on development of its villages and can be possible only by eradicating alcoholism" - Mahatma Gandhi".

Alcohol is not a stimulant; it is a depressant or inhibitor on the central system. Alcohol is the most problematic of all drugs. More money, violence, death and danger are associated with alcohol consumption than any other single drug.

A high percentage of admissions to psychiatric hospitals are related to persons with "alcoholic disorders" or "a drinking problem". Other socially deviant acts related to alcohol are thefts, bribes and suicides. Studies on suicide, point out that the suicide rate is 50 times higher among alcoholics than non-alcoholics. The number of annual arrest for public drunkenness is not much in our country; it is a known fact that a large number of alcoholics are not arrested because of the fact that arrest is not considered a good solution to the problem. A number of persons arrested for crimes like rape, murder and theft are those who committed them while under the influence of alcohol is a major factor in highway accidents, contributes to thousands of deaths every year.

#### AFTER CARE / FOLLOW UP PROGRAMMES:

Alcoholism is a wide spread and established social evil which cannot be rooted out by a few treatment centres and needs to be followed by an effective follow up programmes. Infact about 50 to 60% of the de-addicts may resume their habit within six months which one of the primary causes is poor follow up or after care. Follow up programmes is undertaken with a purpose for prevention of relapse or helping the recovering addict to maintain sobriety and reinforcement of new patterns of sober living.

After care includes the packages of services provided to the patient after successful discharge from the treatment programmes. After care activities can be viewed as the first line of defense against return to drug use. The activities include attending self help programmes like alcoholic anonymous, home visits, counseling services by the treatment centre, group work, meditation & yoga therapy, entrepreneurship training, family meeting, relapse management, and other new follow up activities which the centre feels fit for the recovering addicts. Moreover after care programmes should offer package of sources for period of 5 year with focus on persons re- entry units the community and coping with the immediate problems associated with abstinence and recovery.

### II. METHODOLOGY

#### Motivation for the study:

Alcoholic treatment which enables a person to be fit and healthy once again and follow up programmes is a means to help the de-addict to abstain from relapse and maintain sobriety. Therefore follow up programmes needs to be effective and helpful and a study of this type helps to know its effectiveness.

It is therefore necessary for the researcher to study the effectiveness and its importance and to suggest new ways of programmes which can be parallel to the situations of the de-addict.

**Objectives of the study:**

01. Understanding the present follow-up programmes in general.
02. Understanding the effectiveness of the present follow-up programmes.
03. To understand the social, economic, and psychological condition of the de-addict
04. To suggest changes in the present follow up programmes.

**Universe and scope of the study:**

The universe of the study was infinite. The universe includes male alcoholic patients around Mangalore D.K., who were treated by the treatment centre and were discharged.

Any problem can be identified properly, when the study is executed properly. This study can help the treatment centre to understand the condition and problems faced by de -addicts and to include new strategies in their present follow up programmes to achieve the end result.

**Sampling design:**

The study comprised of a total sample of 40 individuals after three months of their being discharged from the treatment centre, the method used in sampling is accidental sampling.

The data collection in this research is primary data the researcher used interview schedule. Investigation of the problem was attained through interview schedule with a tool of closed ended questions.

**III. ANALYSIS AND INTERPRETATION**

**Regularity in attending follow up programmes:**

Response	No. of respondents	Percentage
Yes	15	37.5
No	25	62.5
Total	40	100

The above table shows the de-addict's regularity in attending the follow up programmes. Out of 40 respondents, 15 respondents (i.e. 37.5%) are regular and 25 respondents (i.e. 62.5%) are not regular. This indicates that the de-addict is facing numerous problems for attending the follow up programmes.

**Relationship between education and regularity in attending follow up programmes:**

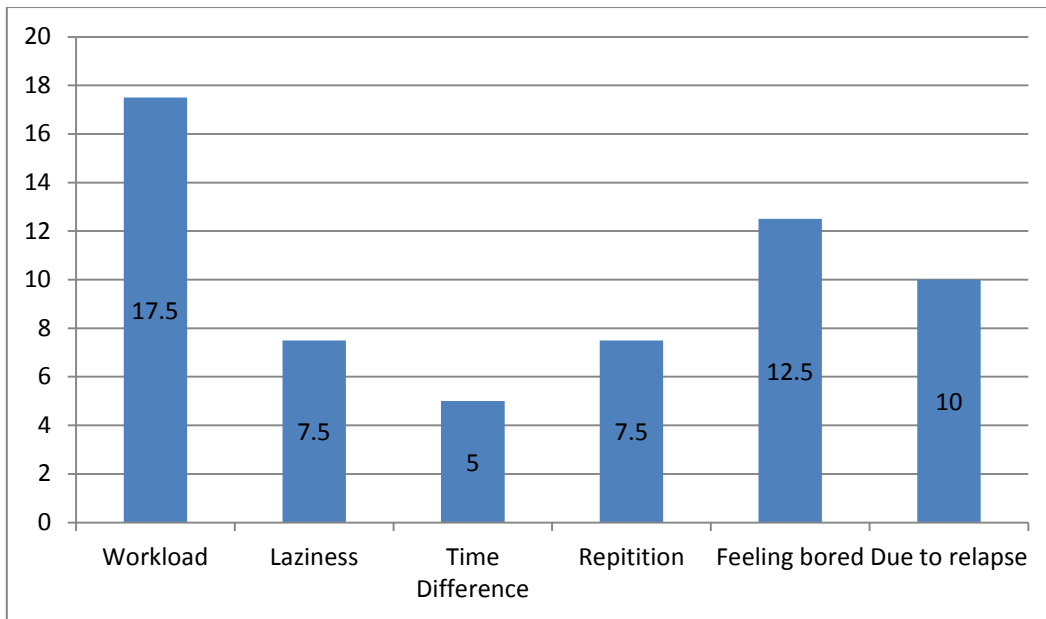
Regularity Education	Yes	No	Total
Primary	7 (17.5)	7 (17.5)	14 (35)
Secondary	2(5)	6(5)	8(20)
S.S.L.C	6(15)	10(25)	16(40)
Graduate	-	1(2.5)	1(2.5)
Post Graduate	-	1(2.5)	1(2.5)
Total	15(37.5)	25(62.5)	40(100)

The above table shows the relationship between education and regularity in attending follow up programmes. Out of 14 respondents, 7 respondents (i.e.50%) regularly attended the follow up programmes and 7 respondents (i.e.50%) did not attend. Out of 8 respondents, 2 respondents (i.e.25%) regularly attended the follow up programmes and 6 respondents (i.e.75%) did not attend. Out of 16 respondents, 6 respondents (i.e.37.5%) regularly attended the follow up programmes and 10 respondents (i.e.62.5%) did not attend. In addition, 2 respondents attended the follow up programmes regularly. It indicates that education does not play an important role in the maintenance of sobriety of a person. It all depends upon the motivation of an individual.

**Relationship between occupation and regularity in attending follow up programmes:**

In the present study the relationship between occupation and regularity in attending the follow up programmes has been analysed. The data shows that out of 40 respondents (100%) who are falling under different occupation, 8 respondents (i.e.45%) are regularly attending the follow up programmes and 22 respondents (i.e.55%) are not attending the present follow up programmes. This indicates that there is a relationship between occupation and regularity in attending follow up programmes.

**Reasons for irregularity in attending follow up programmes:**

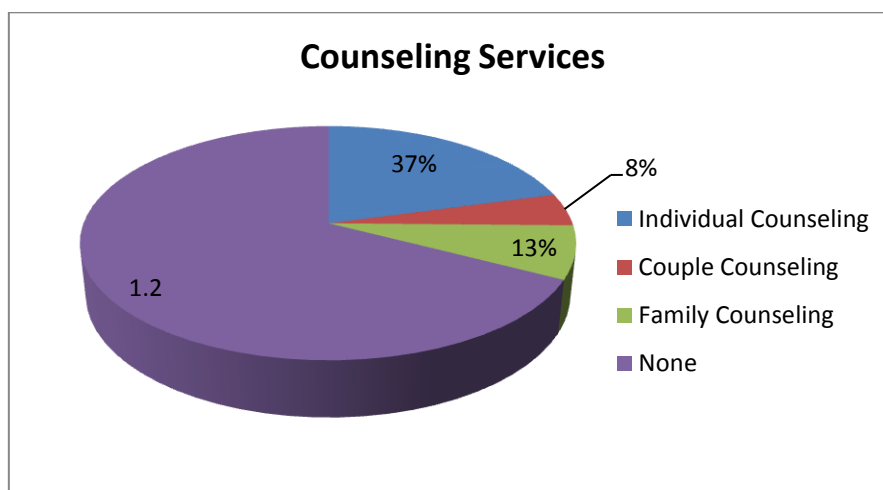


Above diagram shows the reasons for irregularity in attending follow up programmes. Out of 25 respondents, 7 respondents (i.e. 17.5%) have the burden of workload for not attending the follow up programmes. Out of 25 respondents, 3 respondents (i.e. 7.5%) are driven by laziness; 2 respondents (i.e. 5%) faces time differences between the timings of the present follow up programmes held and their work out schedule; 3 respondents (i.e. 7.5%) feel that it is a repetition of the same thing; and 5 respondents (i.e. 12.5%) find it boring.

Out of 25 respondents, 4 respondents (i.e. 10%) did not attend due to relapse and 1 respondent (i.e. 2.5%) faces distance differences between the specified areas of the present follow up programmes held and their residential location.

Thus this indicates that the various reasons is a hindrance for the de-addict to attend the follow up programmes regularly.

**Counseling services catered to the de-addict:**



The diagram no.02 shows the counseling services delivered to the de-addict in the present follow up programmes. Out of 40 respondents, 15 respondents (i.e.37%) receive individual counseling, 3 respondents (i.e.8%) receive family counseling, 5 respondents (i.e. 13%) receive couple counseling and 17 respondents (i.e. 42%) did not receive any counseling services.

This indicates that the present follow up programmes are not giving importance to the counseling aspect needed by the de-addict. Thus, problems faced by them are untouched by the present follow up programmes.

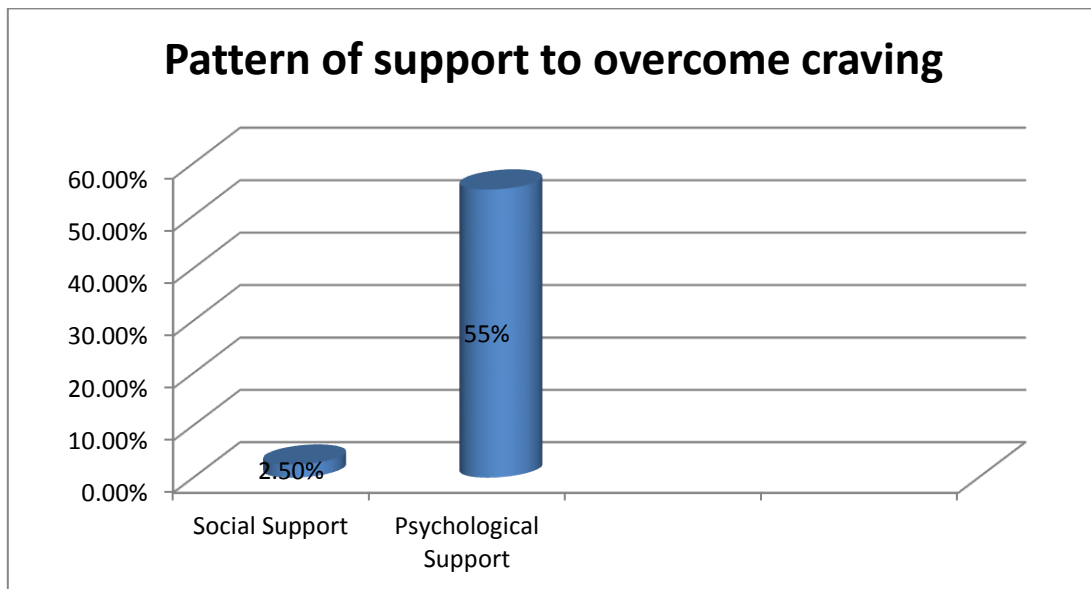
**Relationship between craving and yoga therapy:**

Craving Yoga Therapy	Yes	No	Total (Percentage)
Yes	-	4(10)	4(10)
No	23(57.5)	13(32.5)	36(90)
Total (Percentage)	23(57.5)	17(42.5)	40(100)

The above table shows the relationship between craving and meditation/yoga therapy. The table shows that 4 respondents receiving meditation and yoga therapy are not experiencing craving. Out of 36 respondents who are not receiving meditation and yoga therapy, 23 respondents (i.e.64%) are experiencing craving and 13 respondents (i.e.36%) are not experiencing craving.

This indicates that meditation and yoga therapy is lacking as an effective means to overcome craving in the present follow up programmes.

**Pattern of support received to overcome craving:**



The diagram no.04 shows the type of support received to overcome craving. Out of 23 respondents, 22 respondents (i.e.55%) are receiving psychological support and 1 respondent (i.e. 2.5%) is receiving social support.

This indicates that the present follow up programmes are lacking in helping the de-addict socially which maybe one of the reason for relapse.

**Relationship between Support from family members and regularity in attending follow up programmes:**

Regularity Support	Yes	No	Total (Percentage)
Yes	19 (47.5)	13 (32.5)	32 (80)
No	1 (2.5)	7 (17.5)	8 (20)
Total(Percentage)	20 (50)	20 (50)	40 (100)

The above table shows the relationship between support from family members and regularity in attending follow up programmes. Out of 32 respondents receiving support from family members, 19 respondents (i.e.60%) are regularly attending the follow up programmes and 13 respondents (40%) are not attending. Out of 8 respondents, who are not receiving support from family members, 1 respondents (i.e.12.5%) is attending and 7 respondents (i.e.87.5%) are not attending.

**Hesitation to attend community programmes:**

This analysis shows the respondents hesitation to attend community programmes. Out of 40 respondents, 7 respondents (i.e.17.5%) hesitated to attend community programmes and 33 respondents (i.e.82.5%) do not hesitate to attend community programmes. This indicates that the de-addict are not facing any problem relating to their social life. This indicates that support from family members is necessary which motivates the de-addict to stay sober.

**Respondent's response of feeling rejected:**

The respondent's response of feeling rejected is discussed here. Out of 40 respondents, 12 respondents (i.e. 30%) feel rejected at times and 28 respondents (i.e.70%) have no such feelings of being rejected.

This indicates that the de-addict are going along with family members and peers.

**Response towards Suicidal thought:**

Response	No. of respondents	Percentage
Yes	3	7.5
No	37	92.5
Total	40	100

The table shows the response towards suicidal thoughts. Out of 40 respondents, 3 respondents (i.e.7.5%) sometimes give way to suicidal thoughts whereas 37 respondents (i.e. 92.5%) are having no such thoughts.

This indicates that the present follow up programme is effective in making the de-addict to have a strong hold towards their life.

**Respondents being irritable and aggressive without sufficient:**

The above analysis shows the response of being irritable and aggressive without sufficient reason. Out of 40 respondents, 14 respondents (i.e.35%) are irritable and aggressive without sufficient reason and 26 respondents (i.e. 65%) are not irritable and aggressive. This indicates that the present follow up programmes is helping the de-addict to have control over their irritability and aggressive behavior.

**Relation between sleeplessness and less appetite:**

In the present study, out of 16 respondents experiencing sleeplessness, 7 respondents (i.e.44%) are having low appetite and 9 respondents (i.e.56%) are not having low appetite. Out of 24 respondents not experiencing sleeplessness, 4 respondents (i.e.17%) are having low appetite and 20 respondents (i.e.83%) are not having low appetite. This indicates that the present follow up programmes is effective in helping de-addicts less prone to psychosomatic disorders.

**IV. MAJOR FINDINGS**

- 1) The study reveals the importance of follow up programmes for the de-addicts.
- 2) It was found that, much after care services are still lacking in the present follow programmes taken into view the problem of the de-addicts.
- 3) It was found that 37.5% only are regularly attending the follow up programmes. It indicates that the de-addict are facing numerous problems which makes them unable to attend.
- 4) The study reveals that education of an individual does not contribute to sobriety. Much depends on the internal motivation.

- 5) The study also reveals that the present follow up programmes consist of such activities where the 70% of the de-addict are getting the chance to disclose their past experiences,
- 6) In the study, it reveals the lack of the present follow up programmes in giving much importance to counseling services where 37.5% are receiving individual counseling, 7.5% only are receiving family counseling, 2.5% only are receiving couple counseling, 42.5% are not receiving neither of the counseling services.
- 7) Group work activity as an influential pattern in motivating the de-addict in a group is lacking where only 27.5% are receiving group work.
- 8) The study shows that 90% of the respondents are not receiving meditation and yoga therapy where 57.5% of the respondents ...
- 9) According to the study, out of 20% of the respondents receiving support from family members, only 2.5% are regular in attending follow up programmes. This indicates that the present follow up programmes is lacking in effectiveness to motivate de-addicts.
- 10) It is also found that most of the respondents (45%) are faced to relapse through friend's circle. It establishes the fact that a majority of the de-addict are more prone to relapse through peer pressure.
- 11) It is also found that the present follow up programmes is influencing the de-addict to take up social roles where 85% are considered as the head of the family.
- 12) The study also shows that half of the respondents (i.e. 50%) are indebted to the bank, workplace, friends, neighbours and more...
- 13) The study reveals that the present follow up programmes are effective in helping de-addicts less prone to psychosomatic disorder.
- 14) The researcher also found out that there is a relationship between age and isolation where age ranging from 31-40 are facing isolation.

In conclusion, the present follow up programmes are still lacking in learning more about the problems of the de-addict and services catering to these problems are lacking. No doubt a majority of the de-addict has received support but the programmes still needs to find out new strategies in dealing more effectively.

## V. SUGGESTIONS

This study has helped the researcher to understand the condition and problems of the de-addict especially in their maintenance for sobriety. The study has also further helped the researcher in understanding the effectiveness of the present follow up programmes and the importance of the after care service. Since follow up programmes plays an important role in maintenance of sobriety, new strategies need to be put into the picture. Some of the suggestions are as follows: -

- Counseling services should include in the follow up programmes which will help the de-addict to learn the causal factor for relapse and in helping them to overcome their problems.
- Group work should timely be conducted to the de-addict where they can develop commonness
- The present follow up programmes should focus much importance by catering economical support. This can be done by the treatment centre imparting entrepreneurship training like tailoring, candle etc
- Alcoholics anonymous should make available to all discharged de-addicts being motivated through counseling and other after care services.
- The wives of the de-addict on the hand, should be sensitized regarding the problems faced by de-addicts in relation to craving and relapse.
- There is a need for including children and the wives of the de-addict in the present follow up programmes through family meetings, family counseling and couple counseling etc.
- Giving awareness to the importance of follow up programmes to de-addicts and families can be possible through NGOs or treatment centre.
- Social workers should take more importance in learning the problems of de-addicts more intimately where this can be contributed to the treatment centre in the further progress and success of the follow up programmes.

- The government on the one hand, should take much importance to de-addiction centre in their treatment and follow up programmes since the progress of the nation much depends on the growth in the percentage of alcoholics.

## **VI. CONCLUSION**

Regarding all of the specified suggestions, it would be great if the treatment facility could implement them and go forward with new approaches as a result. Only if we as a community unite and strive towards the same goal can the family ailments be eliminated.

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