Summary

Drug abuse is a serious sociomedical problem. Although most youth are involved, other age groups have also been affected to varying extents. Drug abuse is no longer restricted to a specific socioeconomic class, but currently it involves almost all socioeconomic strata of the society. The problem, which was considered to be waning a few years ago from its peak at the early sixties all over the world, is again becoming serious.

Serious substance misuse and dependence is widely seen is widely seen as damaging to an individual and to society in general. Whereas the medical and society effects of substance misuse are widely described, some commentators suggest substance misuse may be an alternative lifestyle. Emotional and behavioral problems, including delinquency, truancy and hyperactivity, have repeatedly been found to be associated with and predict substance misuse (Abdel Azim, 2001).

The scope of this disaster worldwide as well as in Egypt is horrible. So, effective handling of this problem needs participation of various organized groups including psychiatrist who will provide the scientific knowledge on both basic and clinical aspects of drug abuse. This knowledge must up to date to construct new, reliable and effective therapeutic and preventive programs for substance abuse. To create such program or to renew old one, many recent researches have to be done to pursue and to discover the changes in the field of substance abuse. Before that we have to know all the characteristics and correlates of the substance abuser and because these correlates change from one culture to another. So studying various correlates of Egyptian substance abusers

attracted us as a preliminary step of constructing preventive and therapeutic programs for substance abuse in Egypt.

This work aimed at:-

Evaluating addict patients' satisfaction with their social readjustment coping in different levels of treatment through:

- Assessing patient's satisfaction with life.
- Assessing patient's coping social readjustment for addict patient.

Research questions:

- What is the patient's satisfaction throughout the different levels of treatment?
- What is the patient's social readjustment throughout the different levels of treatment?
- Do addict patients' satisfaction and their coping social readjustment improve more in recovery and follow up levels than detoxification and motivation levels?

Research design:

An observational research design was utilized in this study to evaluate addict patients' satisfaction and their social readjustment coping in different levels of treatment program.

Technical design for the study include:

Technical design included the research design, setting, subjects and tools for data collection.

Setting:

The present study was conducted at inpatient and outpatient of a private hospital of addiction in Cairo City.

Subjects:

A sample of a convenience of 40 addict patients were recruited from a private hospital, 10 patients from each level of three levels of treatment, and other 10 patients who completed their treatment one year ago.

Under the following inclusion criteria:

- Males
- Moslems
- Age from 14-40 years
- Has brother/s and sister/s
- Free from chronic physical disease

Data were collected using the following four tools:

Part (1): A semi-structured interview sheet which contain:

- Socio-demographic data as; age, residence, level of education, work, social status, economic status etc.
- Home atmosphere as; relation of addict patients with their fathers and mothers, relation with their brothers and sisters etc.
- Characteristics of family system as; leader of the family, characteristics of their fathers and characteristics of their mothers.

- Risk factors as; problems and conflicts between parents, effects of models and absence of their fathers and mothers physically and psychologically etc.

- Personal characteristics as; shame, socially withdrawn, sharp and angry etc.

- Previous physical and psychosocial problems as; physical problems, depression and impaired verbal communication etc.

- Patient's estimation of self and position among peers as; image of the patient in his friends' eyes, position between friends and importance of friends to the patient.

- Substance abuse history i.e. age of the first addiction, most common types used as addiction and most types of substance abuse causing problems.

- Impact of substance abuse on his roles as father, work and friends.

Part (2): International Classification of Disease (ICD 10) checklist:

The ICD-10 Symptom Checklist for Mental Disorders is a semi-structured instrument intended for clinicians' assessment of the psychiatric symptoms and syndromes in the F0-F6 categories of the international classification of diseases, Tenth Revision. The instrument consists of: (i) Screener and (ii) Modules. The following modules are included in the checklist:

a. F0/F1 Module: Organic mental and psychoactive substance use syndromes:

b. F2/F3 Module: Psychotic and affective syndromes;

c. F4/F5 Module: Neurotic and behavioural syndromes; and

d. F6 Module: Personality disorders.

Each of the modules consists of a symptom list and lists of states that, according to the ICD-10 criteria, should be excluded or could be associated with the syndrome. These lists are accompanied by instructions that may help the user in considering other possible syndromes and hence the use of other modules in the checklist. When applicable the modules also offer the possibility to record the onset, severity and duration of the syndrome as well as the number of episodes.

Part (3): Satisfaction with life scale:

As for satisfaction with life scale, was used to assess general life satisfaction amongst treatment seeking people with substance dependence. The satisfaction with life scale was an extensively validated 5–items self completion instrument (score 1-7). Responses were scored on a five-point Likert type scale yielding a maximum overall score range from 5-35.

Part (4): Social readjustment rating scale:

Social readjustment rating scale consisted of 43 items to assess life events as home place, school place or in the work condition. Patients were asked a list of 43 life events based on a relative score.

Score of 300+: At risk of illness.

Score of 150-299: Risk of illness is moderate (reduced by 30% from the above risk).

Score 150-: Only a slight risk of illness.

II Operational Design:

- **Preparatory phase:**

This phase involved reviewing current and past local and international related books, journals and periodicals. It was made to get acquainted with various aspects related to substance drug abuse, satisfaction and social adjustment during treatment and recovery.

- Pilot study:

A pilot study was carried out on November 2010. It involved ten percent of the total sample, who were excluded from main study sample.

- Field work:

Data collection for this study was carried out from December 2010 to August 2011. The collection of the data took two hours for every patient through assistance of the most senior nursing staff member.

The findings of this study were summarized as follows:

  - The mean age of the studied subject was 27.65±5.10 years. More than half of them (57.5%) lived in rural areas, (72%) of them had high educational level, for 52.5% of them income was appropriate according to their needs and 70% of them had number of rooms suitable to the number of persons.
  - The study reflected that 82.5% had sometimes problems and conflicts between their parents, 45% of them had history of addiction among peers and relatives, 52.5% of them had history of psychotic diseases among their families, 57.5% had previous history of physical bad

caring during adolescence or early childhood and 77.5% of them agree on the present relationship between sex and addiction.

- The study revealed that addict patients had personal characteristics of addict patients among study subjects as avoiding responsibility (92.5%) and not obedient (80%), tendency for the deviation (65%), but are rebellious (85%) and shame (47%). Regarding history of previous physical and psychosocial problems before addiction, 87.5% had conduct disorder, 77.5% had history of conflict with friends and others, 42.5% of them had depression, and more than half of them (55%) had pre- adolescent anxiety and behaviour aggression in school, with friends and others (50%).

- More than half of the sample (55%) got attractive image in their friend's eyes, while 52.5% of them did not had neither leader role nor follower position between their friends.

- Regarding the impact of addiction, most of the sample (97.5%) had negative effect on work and ability to take their role and negative impact on relationship with their friends (97.5%).

- Regarding satisfaction with life the study result revealed that among the studied sample 57.5% were satisfied, while 42.5% were neutral and non of them were unsatisfied, during different levels of treatment, with a mean of 16.425 ± 5.012 for satisfaction with life.

- There was a positive statistically significant difference between total satisfaction with life and work.

- There were statistically significant satisfaction among addict patients in rehabilitation and follow-up levels of treatment.

- There was a positive significant correlation between history of psychiatric dimension and history of physical dimension.

- Regarding social readjustment among the study subjects, the study revealed that 97.5% had high risk for illness, while 2.5% had moderate

risk for illness and non of them had low risk for illness, with a mean of 671.125±238.226 for social readjustment.

- There were positive statistically significant differences between social readjustment and age, education, social status, work and marriage as well as a positive significant correlation with family relations.
- There were no statistically significant differences between addict patients at different levels of treatment and social readjustment.

Recommendation:

- Increasing the use of therapeutic modalities which aim to increase satisfaction with life among patient's addiction and help them cope socially and return to take their roles socially in their works and among their friends and their families.
- Alternative spiritual therapies and religious counseling can be helpful, particularly for people coping with issues related to social adjustment disorders and dissatisfaction with life and happiness.
- Using the stress reduction approaches which deals with therapies that teach coping strategies for stressors that cannot be reduced or removed; and those helping patients build support and good relation with their friends, family, and people in similar circumstances.
- Recommending the religious schedules and programs to be as essential part of therapeutic programs (inpatients & outpatients) in all psychiatric hospitals. Religious men should be permanent members of the therapeutic team.
- Increasing the awareness of parents about social cares to children during childhood and early adolescence through mass media and hotline dealing with specialists.