

Effect of Self-efficacy, Marital Status, Duration of use on the Addiction Severity among Heroin Users

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ABSTRACT

Background and aims: Previously, marriage have been an exemplar of a possessive constituent against substance use. But apart from marriage how other associated variables such as General Self-efficacy, Duration of use, and Severity level of addiction are also important in managing heroin addiction have also been reflected using this particular research work. The present study aimed to investigate the effect of General Self-efficacy, Marital Status, and Duration of use on the level of addiction among heroin consumers. Also, to identify whether the Severity level of addiction affects general self-efficacy among heroin consumers. *Method:* A due ethical permission was granted from Institutional Ethics Committee, Utkal University before collection of the data. A purposive sample of 130 male heroin consumers (aged 18-35) from an indoor Rehabilitation Centre in Bhubaneswar, Odisha, consisting of an equal number of married and unmarried were administered the General Self-efficacy Scale (Schwarzer & Jerusalem, 1995) and Drug Abuse Screening Test-10 (WHO) to find out the level of self-efficacy and heroin addiction. Information related to the duration of the use of heroin was collected from the rehabilitation centre. A three-way Analysis of Variance with an independent sample 't' test were used to examine the differences among the participants concerning the level of self-efficacy and addiction respectively. *Results:* Both Marital Status and General Self-efficacy differ significantly so far as the level of addiction is concerned. Further, the moderate and substantial level of addiction also differ significantly on General Self-efficacy among Heroin consumers. No interaction effect was found to be statistically significant among the variables. *Conclusion:* Self-efficacy, Marital Status and Severity level of addiction work as a buffer in the treatment of heroin addiction. From the result it was revealed that married individuals having high level of general self-efficacy consume heroin at a moderate level and those are unmarried, having low level of general self-efficacy usually consume heroin at a substantial level. Some major factors for the above findings were given emphasized in the discussion part of the research. The different drug treatment centres must be given emphasis on how the patients' level of General Self-efficacy would be enhanced by administering various psychological interventions as well as counselling services by trained Mental Health Professionals and Counsellors.

Keywords: General Self-efficacy, Heroine, Marriage, Addiction, Substance, Severity, Moderate

INTRODUCTION

The American Society of Addiction Medicine (ASAM) (2019), defined addiction as "it is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experience". In general, addiction refers to a psychological inability to stop consuming a chemical, substance activity even though it causes psychological and physical harm. In recent years, Self-efficacy as a psychological capital impacted in managing the various domains like, academic, superstitious beliefs, sports, and severe mental health issues. However, despite the theoretical supports, the concept of self-efficacy is yet to become a crucial factor so far as the management of different psychosocial domains are concerned. Thus, the current study provides an empirical analysis of self-efficacy, associated with other parameters such as marital status, duration of use, and addiction severity in managing the Heroin addiction.

Self-efficacy and substance use disorder

Bandura, 1977 conceptualized the concept of Self-efficacy that plays a significant role in inspiring someone to achieve the purposes in life and the abilities required in engaging behaviour in accomplishing the result. In the context of substance use disorder, it is related with an individual's confidence in his capability to manage cravings, coping with triggers, and maintaining abstinence. In fact, self-efficacy also plays a vital role in treating the issue of substance use disorder. Substance use disorder / substance addiction is a worldwide and tenacious health-related issue in India and all over the world nowadays. No part of this world is free from the curse of addiction. Generally, substance use refers to when someone consumes alcohol or drugs that may not be a problem. When an individual consumes alcohol or drugs that create impairments in their family life, or occupational life i.e., considered as substance abuse. On the other hand, when someone continues to consume alcohol and drugs and will have withdrawal symptoms when trying to quit, this is simply referred to as a full-blown addiction or substance dependency. The

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symptoms of withdrawal differ depending upon the categories of drugs. Physical withdrawal symptoms include nausea, tremor, headache, etc., and so far as the psychological withdrawal symptoms are concerned, it includes hallucinations, intense craving for the drug, depression, anxiety, confusion, suicidal ideations, hangovers, problems with attention and motivation, aggressive outburst, violent behaviors, paranoia, panic attacks. In this regard, self-efficacy is considered as an important aspect of addiction recovery; because individuals with a high level of self-efficacy are more likely to manage high-risk situations without giving into temptation. If an individual lacks self-efficacy and relapses, he is more likely to fall into a series of harmful decisions and a full-blown relapse. Similarly, 'Bandura, 1986; Corsini, 1994; Gossop', 1997 found, if the level of self-efficacy is highly formed within an individual during the entire process of recovery, as an outcome there is a greater possibility of the relapsed drug addicts would maintain a sobriety life without consuming heroin once again.

Epidemiology

So far as the epidemiology of Heroin is concerned, according to Drug Abuse Monitoring System (DAMS), Ministry of Social Justice & Empowerment, Government of India, 2022, the highest percentage of heroin users are found in New Delhi (44%), followed by Manipur (32.2%), West Bengal (32.1%), Rajasthan (30%), and Odisha (20.7%) respectively. The findings clearly showed that Odisha occupies the top fifth position among the states in the accessibility of Heroin as a substance. The treatment of heroin addiction is more effective with general self-efficacy with marital status as important domains as well. Married people are in greater control of their addiction levels compared to unmarried one's. However, there are hardly any studies that combines the effects of general self-efficacy and marital status of the heroin consumers.

Self-efficacy and Marital Status

The current empirical study signifies how self-efficacy along with marital status combinedly important as domains in the management of heroin addiction. Research has shown that taking heroin as a drug is associated with divorce or separation and residual as unmarried (Lex, 1994; Kaestner, 1997). Curiously, data from the epidemiological survey provide support that married persons are less likely to consume illegal substances. For instance, the rates of substance abuse between 35 years and older adults advocated that married individuals were significantly less likely for consuming cocaine as a drug compared to unmarried individuals (Merline et al., 2004). Conceivably, it has been identified that for the patients who received drug-abuse treatment, being married was possibly associated with a stable and

progressively better consequences. Cessation of consuming cocaine as a drug has been also reflected to be relatively associated with unmarried and married persons. Unmarried fellows used to consume more cocaine compared to married fellows. A study published in the international journal of recent scientific research in 1995 examined a community-based representative, where cessation of consumption of cocaine was 3 times more frequent among married persons compared to unmarried ones (White et al., 1995). In contrast, such kind of proficiency might illuminate interventions and permit the investigators to eventually estimate the supervision of any cause-effect interrelations between substance abuse and Marital Status (being married or unmarried).

Literature based on researches on alcohol suggested that little satisfaction after getting married has been associated with forecasted weak management results (Beattie et al., 2003), on the contrary, marital happiness forecasts well-adjusted outcomes of treatment (McCrary et al., 2004). Advancement in Marital Satisfaction using couple therapy with drug users has been also implemented in reducing substance abuse, enhancing treatment facilities, and nurturing preferable bilateral coping mechanisms (Epstein et al., 1998; Fals-Stewart et al., 1996; O'Farrell et al., 2000; Winters et al., 2002). However, research evidenced individuals those are single, divorced, or widowed generally consume more alcohol (Wild et al, 2004). The prevalence of alcohol use disorder is 28.2% in single, 17.2% in divorcees, and 13.9% in married. It has been evidenced that among substance users 58% are single and 41% are married (Ibrahim et al., 2016). So, the above trend clearly reflects that unmarried individuals are consuming more substances compared to married individuals. Generally, consuming substances once again is a frequent issue that takes place in an addicted person who is or has been going through rehabilitation, management, and prevention of drugs (Azizul et al., 2018). In such cases, other protective factors like, Emotional Intelligence (EQ), Social support system, etc. play a crucial role. No studies have been conducted using both self-efficacy and marital status; rather the current research has focused on analysing the combining effect of those variables in managing the level of addiction.

Self-efficacy and Severity level of addiction

In the context of addiction, self-efficacy plays a vital role. It relates to an individual's confidence in their ability to manage cravings, coping with triggers, and maintaining abstinence. Research has consistently shown that the more the level of Self-efficacy; the lower the levels of substance addiction. Although self-efficacy is the strongest predictor of the outcomes of positive substance use (Kadden and Litt, 2011), few studies have

explored the role of self-efficacy among heroin users initiating treatment part. Dependency to Heroin is associated with the lowest abstinence of any substance class (El-Sheikh Sel and Bashir, 2004). Although there is theoretical support for a person's self-efficacy and substance use influencing motivation to change and personal goal setting (Bandura, 1998), research till date has not revealed the relationship between perceived Self-efficacy and seeking treatment among heroin users.

So, by referring to the above-mentioned studies, the present study focused on how Marital Status, Self-efficacy, Duration of use, and Severity level of addiction as variables are essential parameters for patients consuming Heroin as a substance. Hence, the current research centered on a sample comprising the heroin category with the following aims.

Objectives

1. To examine the effect of General Self-efficacy on the level of addiction among heroin users
2. To investigate whether Marital Status affects the level of addiction among heroin users
3. To find out whether the Duration of use impacts the level of addiction among heroin users
4. To identify whether the Severity level of addiction affects General self-efficacy among addicts with heroin users.

Hypothesis

The study explored the following hypothesis.

1. There would be a low level of addiction those having married and higher level of General self-efficacy.
2. There would be a low level of addiction those duration of use of heroin is less.
3. Those having a moderate level of addiction severity would have a higher level of General self-efficacy compared to those having substantial level of heroin addiction.

DESIGN

MATERIALS AND METHODS

Participants

130 Male Heroin Consumers consisting of an equal number of Married (65) and Unmarried (65) were selected as participants by using the purposive sampling technique. The participants' age range varied between 18-35 years. All Heroin consumers were selected from an indoor rehabilitation center in Odisha, present in Bhubaneswar.

Sample characteristics

The participants duration of heroin use ranged from 1-12 years having some psychological complaints like confusion and depression as mentioned in their individual intakes maintained in the drug treatment center. On the other hand, out of 130 participants, Marital Status as a socio-demographic variable, equally 50% were from each married and unmarried category. In Employment Status, the percentage of currently unemployed were (52.30%) followed by self-employed (40%), and students (7.69%). In Education Status, the percentage of higher secondary (49.23%) followed by secondary education were (32.30%), graduate (9.23), middle class (4.61%), primary education (3.07%), and post-graduate (1.53%). Duration of use, as demographic variable, participants using 6-10 years were (36.92%) followed by 5 or less than 5 years (36.15%), and greater than 10 years (26.92%). Lastly, so far as the Severity Level of addiction is concerned, substantial users were (51.53%) followed by moderate users (48.46%) respectively. From the demographic variables it has clearly been observed that status of education along with employment play a crucial factor for becoming addicted to substances. So, low level of education leads to unemployment which in turn increases the probability of being addicted at a substantial level.

Inclusion criterion

- i. Age of the participants must range between 18-30 years.
- ii. Those participants diagnosed with ICD-10 guidelines.
- iii. All those consumed only Heroin as a substance.
- iv. Participants having above primary education.
- v. Those participants not having any co-morbid psychotic complications.

Exclusion criterion

- i. Those participants below the age of 18 and above the age of 30 years.
- ii. Those participants consumed other than Heroin as a substance.
- iii. Those participants having below primary education.
- iv. Those participants having some histories of chronic physical and severe psychiatric illnesses.

PROCEDURE

Initially, adequate rapport was established with the participants followed by the direction of the research and little confusions and doubts were addressed. Thereafter, all the participants were administered the General Self-efficacy Scale and Drug Abuse Screening Test.

Approximately, each subject took 20 minutes to complete both the tools. After filling out the tools, the scores were get added to obtain a total score, and the scoring of responses was done using the manual for further analysis.

Instruments

Socio-Demographic Details Sheet

The necessary demographic information such as Age, Marital Status, Occupation, Gender, Caste, Education Status, Duration of drug use were collected by administering the Socio-demographic details sheet.

General Self-efficacy Scale

the Odia adopted General Self-efficacy Scale, adopted by Sahoo, F.M. (2006) was used. The scale consists of 10 statements having a 4-point rating. The total score lied between 1-40. Higher the score, indicates higher level of General self-efficacy. The reliability of the scale is between 0.76 and 0.90.

Drug Abuse Screening Test (DAST-10)

This test developed by World Health Organization was used to measure the severity level of addiction. The DAST is a 10-item based screening tool and can be administered by a clinician or self-administered. Every statement required a ‘yes’ or ‘no’ response. The score lied between 0-10 with the degree of problems such as, no problem reported, low level of addiction, moderate level of addiction, substantial level of addiction, and severe level of addiction respectively. The reliability of the DAST-10 has been studied well and widely accepted globally. The scale tends to have moderate to high levels of test-retest reliability. It also tends to have moderate to high levels of validity, sensitivity, and specificity.

Ethical Approval

The study procedures were conducted following the declaration of the In-charge of the Indoor Rehabilitation Centre. Ethics approval was received from the IEC, Utkal University, Odisha (Ref No: IEC/UU/2021-02). All participants were informed about the study and provided written informed consent to participate in the current research.

RESULT

The purpose of the present study was to investigate the role of General Self-efficacy, Marital Status, Duration of use, and Severity Level on the patient’s consuming heroin as a drug. The study adopted a 2 X 2 X 3 factorial design and an independent sample ‘t’ test in order to find out the differences among the variables. The first independent variable i.e., Marital Status having two levels (Married X Unmarried), the second independent variable i.e., General Self-efficacy having two levels

(High X Low), and the third independent variable was Duration of Use having three levels (5<5 years X 6-10 years X >10 years). The dependent measure for the first design was the level of addiction. On the other hand, so far as the independent sample ‘t’ test was concerned, the only grouping variable to be studied was Severity Level which having two levels (Moderate X Substantial) and the test variable / dependent measure was General Self-efficacy respectively. Data were statistically analysed using SPSS V20 and discussed accordingly in the following Tables respectively.

Table 1: Analysis of Socio-Demographic Variables between 130 Heroin Consumers

| Variables | Level | Frequency | Percentage |
|----------------------------|----------------------|-----------|------------|
| Marital Status | Married | 65 | 50% |
| | Unmarried | 65 | 50% |
| Employment Status | Self-employed | 52 | 40% |
| | Currently Unemployed | 68 | 52.30% |
| | Student | 10 | 7.69% |
| Education Status | Primary Education | 4 | 3.07% |
| | Middle Class | 6 | 4.61% |
| | Secondary | 42 | 32.30% |
| | Higher Secondary | 64 | 49.23% |
| | Graduate | 12 | 9.23% |
| Duration of Use (in years) | Post-Graduate | 2 | 1.53% |
| | 5 or <5 | 47 | 36.15% |
| | 6-10 | 48 | 36.92% |
| Severity Level | >10 | 35 | 26.92% |
| | Moderate | 63 | 48.46% |
| | Substantial | 67 | 51.53% |

Result Table-1 showed the number of subjects and their percentage of the variables such as Marital Status, Employment Status, Education Status, Duration of Use, and Severity Level respectively.

Table 2: Group Means and Standard Deviations of Marital Status, General Self-efficacy, and Duration of Use of Heroin Consumers with respect to Level of addiction (N=130)

| Variable | Marital Status | | General Self-efficacy | | Duration of Use (in Yrs.) | | | | | | | | | |
|--------------------|----------------|-----------|-----------------------|------|---------------------------|------|------|------|------|------|------|------|------|------|
| | Married | Unmarried | High | Low | 5 or <5 | 6-10 | >10 | | | | | | | |
| Level of Addiction | M | SD | M | SD | M | SD | M | SD | M | SD | M | SD | | |
| | 4.73 | 1.44 | 6.35 | 1.07 | 5.27 | 0.66 | 5.80 | 1.23 | 5.62 | 1.13 | 5.55 | 1.67 | 5.45 | 1.79 |

Table 3: Summary of 2 X 2 X 3 ANOVA for Level of Addiction (N=130)

| Variables | Source | Ss | Df | Ms | F | P |
|--------------------|-----------------------|---------|-----|-------|-------|------|
| Level of Addiction | Marital Status | 81.89 | 1 | 81.82 | 51.53 | .000 |
| | General Self-efficacy | 8.76 | 1 | 8.76 | 5.51 | .02 |
| | Duration of Use | 0.55 | 2 | 0.27 | 0.17 | .84 |
| | MS * GSE | 1.35 | 1 | 1.35 | 0.85 | .35 |
| | MS * DOU | 3.11 | 2 | 1.55 | 0.98 | .37 |
| | GSE * DOU | 0.20 | 2 | 0.10 | 0.06 | .93 |
| | MSE * GSE * DOU | 5.98 | 2 | 2.99 | 1.88 | .15 |
| | Error | 187.509 | 118 | 1.58 | | |
| Total | 4330.00 | 130 | | | | |

*p<.05, p<.000***

*MS- Marital Status, GSE- General Self-efficacy, DOU- Duration of Use

It can be noticed in result table 3 that the main effect of marital status has a significant effect on the level of addiction (Heroin) with the probability of .000***. Married individuals have a lower level of addiction (Mean=4.73) compared to Unmarried individuals (Mean= 6.35). On the other hand, Self-efficacy as a main effect has also been significantly effective on the level of addiction ($p < .05$), which indicated that individuals those having a lower level of Self-efficacy (Mean= 5.8) considered a higher level of heroin consumption compared to those having higher level of Self-efficacy (Mean= 5.27). However, Duration of Use as a third variable had no significant effect on the level of addiction ($p > .05$). Also, so far as the interaction effect was concerned, no variables were found statistically significant with respect to level of addiction ($p > .05$) respectively.

Table 4: Group Means and Standard Deviations of Severity Level of users (Moderate and Substantial) with respect to General Self-efficacy among Heroin Consumers (N=130)

| Variable | Moderate N=63 | | Substantial N=67 | |
|-----------------------|------------------|------|---------------------|------|
| | Mean | SD | Mean | SD |
| General Self-efficacy | 24.66 | 5.78 | 21.68 | 5.35 |

It can be revealed from the result of table 4 that those having a moderate levels of addiction considered as high level of General Self-efficacy compared to a substantial level. This has been represented and interpreted in table no 5 respectively.

Table 5: Summary of Independent sample 't' test of the Severity Level of users (Moderate and Substantial) with respect to General Self-efficacy (N=130)

| Variables | Severity Level | 't' value | df | Level of significance |
|-----------------------|-------------------------|-----------|-----|-----------------------|
| General Self-efficacy | Moderate Substantial | 3.04 | 128 | .003 |

** $p < .01$

It can be noticed in result table 5 that the severity level has a significant difference on the General Self-efficacy with the probability of .003***. The result particularly indicates that individuals having a moderate level of addiction (Mean = 24.66) were the high levels of Self-efficacy compared to substantial users (Mean= 21.68) respectively. The result can be generalized as individuals having higher level of general self-efficacy are in own control while taking substances compared to lower level of self-efficacy and they consume heroin at a moderate level. On the other hand, those having a lower level of general self-efficacy are uncontrollable and consume heroin substantially.

DISCUSSION

The study aimed to explore the effect of general self-efficacy on the level of addiction among heroin

consumers, to investigate whether marital status affects the level of addiction among heroin consumers, to find out whether the duration of use as a variable impacts level of addiction among heroin consumers, and at last to identify whether severity level of addiction affects general self-efficacy among addicts with heroin consumers.

From the results, it was reasonable to conclude that, the main effect of self-efficacy as a variable was found statistically significant ($p .02$) on heroin users which was supported by the gathered literature reviews (high=5.27, low=5.80) respectively. On the other hand, so far as the effect of marital status on the level of addiction was concerned, a significant difference found between married and unmarried heroin consumers ($p .000$) and this indicated that married heroin users were consuming lesser amount than their counterparts (married mean=4.73, unmarried mean=6.35).

Long-term research on the number of uses of heroin during outpatient cognitive-behavioural treatment revealed that a high level of self-efficacy in patients who had already a high percentage change in using heroin as a drug before treatment was associated with less consumption of heroin during treatment. In contrast, a low percentage of change in taking heroin before treatment was related to more use of heroin during treatment despite the patient's high self-efficacy, supporting the maintaining change hypothesis of self-efficacy (Witkiewitz and Marlatt). If the level of Self-efficacy is highly formed in an individual in the recovery process, as an outcome there is a greater possibility of the relapsed drug addicts would maintain a sobriety life without consuming heroin again (Bandura, 1986; Corsini, 1994; Gossop, 1997).

Similarly, married individuals have more liabilities for their families, and as such, were more eager to quit heroin use. It is because married individuals most of the time keep away themselves from the tasks which are diminishing in nature, specifically those that create accusation of the people associated. In reverse, so far as the unmarried individuals were concerned, they have less responsibility concerning family concerns (i.e., catering to the happiness of wife and children as well). They were almost free to socialize with little or no caution (i.e., joining clubs, starts smoking and drinking, rash driving, snatching and night activities, etc.), and as such, they are more prone to initiate, maintain, and sustain misuse of heroin. Expressly, the causes are individuals during their unmarried period also have strong peer group involvement (that offers social support as well as substance use), they have reduced need to quit the abusive behaviour. Consequently, they responded very poorly to the process of management (Busari, 2013; Grail et. al., 2007). Thus, the hypothesis 1 of the study is

accepted. Statistically duration of consumption of heroin as a drug has no impact on the level of addiction among the adolescents and young adults and accordingly hypothesis 3 of the study is not supported with the findings of the result. Hence, the hypothesis is not accepted.

Despite, the Severity level of addiction as a variable found a significant effect on the level of General Self-efficacy (p .003). It revealed that those patients having a moderate level of addiction considered a high level of General Self-efficacy compared to Substantial level of addiction (Moderate Level Mean= 24.66, Substantial Level Mean= 21.68) and vice-versa as well. Thus, the 3rd hypothesis of the study also accepted. It clearly revealed how self-efficacy play a key role in helping patients to maintain a sobriety life. This could be generalized as individuals having higher level of general self-efficacy are in own control while taking substances compared to lower level of self-efficacy and they usually consume heroin at a moderate level. On the other hand, those having a lower level of general self-efficacy are uncontrollable and consume heroin substantially. Individuals with higher level of general self-efficacy are more likely to make their own efforts in order to complete a task and also persist longer in those efforts. So, they not at all get enough free time and always actively engaged in their respective works. On the other hand, a negative effect of low self-efficacy can lead to a state of learned helplessness. (Seligman, 1975). When an individual failed in each trial while achieving something that leads to experience stressful events and depression as well. After some trials even if sufficient resources are available, the individual never try further. So, feeling of depression leads to low level of self-efficacy and negative irrational beliefs for which consuming heroin initiates in order to avoid those negative states. Apart from that, as, the patients would come back their families after completion of the treatment, it is the sole responsibility of the family members to accept them unconditionally and must support during the entire recovery process without any derogatory remarks and let them feel happy by involving in the household activities, assigning some responsibilities for any specific purposes.

Implications

While managing heroin addiction, both Marriage and General Self-efficacy, including Severity level of addiction signify tremendous role. Different Drug treatment centres present in Odisha should provide more importance on how the patients level of Self-efficacy would increase and how they would be very much confident by internalising positive statements and unconditional positive regard throughout the process of recovery. However, different psychological

interventions by the trained mental health professionals and counsellors must be provided in the centres. Following up sessions in a regular interval must be encouraged to keep in touch with the patients. The client's right to love, respect, and accept his self must be taken care of. Patients must be encouraged to attend Narcotic / Alcoholics Anonymous programs regularly to maintain a drug-free and healthy lifestyle; as a result, they can also come back to the mainstream.

Limitations and Future suggestions

The study remained few limitations. (i) This study has the limitation of taking a small sample size. (ii) Though it is quantitative research, the chance of the effect of social desirability and fixed response set is always there.

Considering all the above limitations, some suggestions may be given for future research on the problems like (i) to get a more holistic picture regarding one's level of addiction, other types of substances like Alcohol, Cannabis (Ganja), Cough Syrup, Pentazocine, Injective Drug users, Sedatives, Inhalants should be included. (ii) Random sampling could be used. To get a holistic picture of the effects for the variables qualitative analysis could also be done.

CONCLUSION

The study findings suggests that both General Self-efficacy and Marital status along with Addiction severity has a positive impact on the treatment of heroin drug use. The standard of Marital relationships is especially crucial for predicting heroin use. In general, greater emphasis must be given on increasing the level of Self-efficacy using different types of therapies, engaging them in different activities, constantly motivating the patients for attending Narcotics and Alcoholics Anonymous meetings, etc., as a result, they could able to maintain recovery and healthy lifestyle in rest of their lifespan.

FINANCIAL DISCLOSER

No financial discloser.

CONFLICT OF INTEREST

The authors declare there is no potential conflicts of interest.

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