

The Implementation of a Comprehensive Leisure Education Programme with Persons Who Abuse Substances: A Preliminary Report

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INTRODUCTION

The purposes of this two year on-going study are: (1) to accumulate baseline descriptive information about women in a six month substance abuse treatment programme; (2) to describe the implementation of a comprehensive leisure education programme (CLEP) based on the Mundy/Odum (1979) leisure education model; and (3) to determine any changes in leisure functioning, life satisfaction, and self-esteem over the course of the programme.

The study is exploratory in terms of population, treatment, and setting. The entire data collection and analysis is triangulated. The primary focus of this abstract highlights the qualitative results. These data are supplemented by the Leisure Diagnostic Battery, Lohmann's (1980) Life Satisfaction Scale, and Rosenberg's (1965) Self-Esteem Scale.

Liberty Manor, an experimental alternative to criminal incarceration for women who are substance abusers, is a residential treatment facility housing up to 15 women and five pre-school children for a total treatment programme of six months duration. The "therapeutic community" (TC) is the model on which the total treatment is based. "A critical assumption for the TC is that stable recovery depends upon a successful integration of both social and psychological goals" (De Leon, 1988, p. 75). The Mundy/Odum leisure education model is fully compatible with this orientation. In November, 1988, after Liberty Manor opened in June, 1987, the CLEP was implemented as part of the total treatment package.

METHODS

Over the two year data collection period, qualitative information was gathered by observation, unstructured interviews, and anecdotal records from 40 women. The observational and interview data were recorded as field notes and content analyzed (as were the anecdotal data). Eighteen women completed the three aforementioned quantitative instruments.

The programme was composed of leisure education exercises provided once a week for 60 minutes; a fitness activity twice a week for 60 minutes each; and general recreation (adventure-type out trips), providing opportunities for choice, approximately once per month. Results from the instruments are presented in the full paper. For contextual purposes, of the 40 participants, 69% were black, 20% white, and 11% Hispanic. 58% reported a 9-11 grade level while 42% were at grade 12 or higher. 25% were between the ages of 16 and 24 and 69% were between 25 and 40. Most had been convicted of possession of drugs. Several supported their habits by prostitution. Cocaine was the primary substance abused for 81% with marijuana and heroin comprising the other 19%. Secondary substances abused included: cocaine (19%), marijuana (31%), heroin (8%), alcohol (22%), other opiates (3%), over the counter poly-drugs (6%), and no secondary substance abused (11%).

RESULTS

When asked about the importance of recreation and leisure to them, the majority of women indicated that they are "not that important" and were not important at all while abusing. They reported early on in the leisure education portion of the treatment programme, however, that they began to see how recreation could make a positive contribution to their lives. They related after varying recreation/leisure experiences that they: can enjoy being "high" without using drugs; can do things they have never done or thought they could do; felt accepted among peers; can have or experience fun; are willing to try more things; and that they do have many capabilities. Women expressed that leisure will be very important to them following discharge particularly in socializing with their families and doing more with their children.

Motivation was a factor in not seeking recreation activities before and while abusing drugs. They indicated that they "did not take time out to enjoy". While abusing drugs, their primary motivation was to get money to get drugs. Many perceived drugs as recreational: "yes, use drugs to party"; "let's get high to have fun". Others indicated they were motivated to use drugs because of low self-esteem, not wanting to hurt or feel, not wanting to take responsibility, and not wanting to fight. Others expressed, "it was like a job, it gets that way, I had to get high"; "get high to feel normal"; and in that way substance abuse was "like medication, not like recreation".

Women stated that recreation activities and leisure experiences can enhance their quality of life: "it reduces stress, it's fun, not a chemical high, can socialize, now I can remember the experience, when on drugs I didn't remember". However, it was also expressed that it "still feels like something is missing, still preoccupied, hard to focus".

The women indicated that CLEP is "extremely/very important" to their treatment. They stated that it takes the focus off using drugs, alleviates boredom, and gets them into the habit of taking "self and others places". They stated that it is really "exciting doing it sober/straight".

DISCUSSION

The data thus far have indicated that substance abuse plays a negative role in optimal participation in recreation activities and leisure experiences. The data also provide some guidelines for CLEP for this population.

The programme should focus on self-awareness, leisure awareness, and decision-making skills. Developing support networks (contacting someone to engage with in an activity, especially when feeling vulnerable to using) is important. Skills needed for recreation activities need to be taught to facilitate competence. Activities that enhance self-esteem through individual and social acceptance and competence are necessary. Finally, participants must move beyond the mere utility of activities (keeping busy) to involvement in those activities that raise quality life, providing a truly viable alternative to substance abuse.

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PROCEEDINGS
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