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A STUDY ON THE VALIDITY OF SELF-REPORTS:
FOLLOW-UP RESEARCH ON THE PUERTO RICAN TREATED DRUG-USER

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Dagmar Guardiola, B.A., M.S.W.

* * * * *

The Ohio State University
1982

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Social Work Practice. Professors James Billups and Richard Medhurst

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CHAPTER I
INTRODUCTION

Nature of Drug-Use

Drugs and their use are universal in nature, and as archaic as Humanity itself. Their historic use can be traced as a response to man's needs of confronting situations which represented tension, pain, malaise, and sacrifice. In search of this alleviation man submitted himself to a series of experiments by using herbs or synthetic substances which could offer him the desired state of well being (Cumpre, 1973).

Drug abuse viewed as a social and human phenomena must be considered within the context in which it occurs. The drug problem of any society is linked to the difficulties in adjustments and tensions, within that particular society. On the other hand, society's reaction to the drug problem is produced by individual or group stimulus towards the addict, who acts or reacts in a different manner, to the prevailing social patterns (Rhodes, 1972).

Drug-abuse as a form of deviant behavior, involves all kinds of community attitudes which range from indifference to rejection and punishment. Societal reaction may be viewed as serving to reinforce drug abuse, including relapse, as a means of defense, attack or adaptation to the overt and covert
problems created by this reaction to the original deviation (Rhodes, 1973). Thus, not only is the rehabilitation of the addicts impeded by the social stigma attached to it, but research efforts aimed at understanding the deviant experience, are also hindered by its legal status as an original offense.

**Drug-Use Research**

Drug abuse is illegal and as such is considered a form of deviant behavior. It represents rulebreaking activity labelled as morally wrong and on that basis punitively sanctioned. Consequently, there is good and justifiable reason, for persons so involved, to hide their involvement or deny it, if accused. It is not then, as is the case with other hidden or secretive endeavors, amenable to study by constructing questionnaires, sampling procedure, etc., to ask people about their participation in this activity (Ball, 1972).

The problem of developing valid measures is potentially greater for drug use than for other behaviors or attitudes generally assessed in surveys because such issues often refer to substances which are illegal to possess and therefore, disapproved by society. There also exists the fears of formal sanctions, such as apprehension, for admitting to drug practices, and informal negative sanctions. Thus, the degree of revelation constitutes a critical methodological problem, which plagues the study of most kinds of deviant behavior,
especially drug-use, due to its potential of evoking formal legal sanctions.

Difficulties in obtaining valid and reliable data from past or present drug-users, restricts our efforts to understand and gain insight into their realities, thus limiting the possibilities of dealing effectively with the problem.

Purpose of Study

The purpose of this study addresses the issue of validity of self-reports within the authoritarian setting of drug use. The study has explored and described the practical methodological issues encountered by social researchers in the conduct of studies, based on self-reports of treated drug-users in Puerto Rico. The analysis of perceptual and situational elements, as they took place during the conduct of the research process, will be emphasized in relation to their impact upon the data collected and consequent findings of the study.

The specific purposes were the following:

a. Describe and document the particular methodological issues encountered by the researcher during follow-up field experience, in terms of the process of collection of data on treated drug abusers, as related to labelling.

b. Describe the self-reported data regarding: socio-economic area, occupational/educational area, past
and current drug-use patterns, legal area, perception of labelling attitudes toward family, friends, community, and self.

c. Compare specific areas of self-reported data to unobtrusive data in an attempt to validate these items on the self-reports.

Significance of the Study

The drug abuse problem has been a topic of much investigation in the past, and will continue to be investigated in the foreseeable future. Despite the many research efforts conducted, we are still uncertain of the validity and reliability of data, regarding the problem and its solution.

Generally speaking, research conducted on drug-use, relapse, and other forms of unconventional behavior using self-reported measurements, has proliferated in recent years. Yet concern with the validity of such data, has been relatively nil, in view of the vast number of surveys and other studies of drug use. Thus, much of the drug use literature is filled with biases relating to these issues.

If the measures researchers utilize to assess the drug problem, in all of its manifestations, lack validity, their conclusions can also be termed invalid. This distortion of data, and consequent misleading conclusions, are responsible, to some extent, for our ineffectiveness in understanding and dealing with the drug problem.
Relating specifically to Puerto Rico, this type of research is non-existent. The researcher sees the need to investigate the problem as it occurs within the ethnic and sociocultural reality of Puerto Rican treated drug-users.

It is the intent of this investigation, thus, to explore the reasons or factors which may decrease or increase the validity of data gathered through self-reports and thus, use this information to clarify these important concepts. It is important to develop ideas and hypotheses for further and more systematic study of the drug experience, as a form of providing a broader understanding of the problem. The practical benefits of such findings will expectedly modify the prevention and treatment, as well as aftercare services for the population-at-risk. Other benefits of these findings would be a re-orientation of focus in public policy relating to drug laws and sanctions.
CHAPTER II
REVIEW OF LITERATURE

Historical Background

Drugs have been mentioned in the literature dating from the epoch before Christ. The three most dangerous drugs known by man, and which are believed to date back to the Rock Era, are opium, cocaine, and hashish (Maurer, 1967). They were used in religious ceremonies, since primitive religions were based on magic beliefs, and at times it was necessary to reduce individuals to cataleptic states. This practice required the use of drugs. Theophrastus, a botanist and disciple of Aristoteles, mentioned opium juice and described the process of obtaining it four centuries before Christ (Sonne-decker, 1963). Scribonius Largus, described in detail, the procedure to obtain opium from poppies during the first century after Christ.

Seven thousand years before Christ, the Egyptians, Persians, and Greeks knew and used opium for medical uses. The Arabs took opium to China, even though the extensive use of the drug, by the Chinese was derived from India. This was already observed during the Nineteenth (XIX) Century. Nine
thousand seven hundred years before Christ, marihuana was made known by the Chinese emperor, Phen Neng.

Among Occidental Civilizations, the history of opium use rests upon mere speculation and inferences, although it is known that it was recognized as a drug which alleviated pain. This fact indicated by Galeno, was held until the end of the Eighteenth (XVIII) Century.

It wasn't until the end of the Nineteenth (XIX) Century, when the Americans discovered that the properties of opium, turned people into addicts. By that time the problem of addiction was inevitable. By the end of the Nineteenth (XIX) Century, the use of opiates in the United States, had exceeded economic and social barriers. Addicts belonged to the middle and upper middle-class.

Legal Aspects

Laws and the mechanisms utilized to implement them are controls which society acknowledges as a manner of safeguarding its security and welfare. Throughout time narcotic drugs have been converted into a threatening element, requiring their control. Worldwide government for many years, practiced the "laissez-faire" politics despite the degradation, which the use of drugs constituted (Escabi, 1963). By 1378 the Emir Soudon, destroyed marihuana in Arabia and sent its smoker to jail in an attempt to discourage its use. Two hundred years later, the Second Council of Lima attempted to
partially restrict the use of cocaine leaves by Peruvians, Chileans and Bolivians. This happened during the Sixteenth (XVI) Century. Four hundred years later the first world-wide action against opium and narcotic drugs occurred at the Hague Convention in 1902. It was not until 1914 that a really effective law was put into effect. The Harrison Act was approved by the United States Congress. A world convention in Geneva in 1925 made possible an agreement among other nations to legislate for the control of narcotic drugs.

In the legal aspect, Puerto Rico has received the impact of the laws which are in effect in the United States concerning the drug problem. These federal laws are regulated by the Narcotics Bureau of the Treasury Department in the United States, established in 1930 (Anslinger, 1951). Among the most frequently mentioned laws related to Puerto Rico's internal control measures is the Harrison Act of 1914. It controls the import, manufacture, sale, purchase, delivery and prescription of opium, cocaine leaves, its derivatives, compound and preparations. It also requires the registering and imposition of a revenue tax to any person dealing with these drugs. The law specifically indicates the necessity of keeping record of sale and transference of these drugs by means of a special regulation obtained at the Internal Revenue Office. It also provides imposing a penalty upon those persons who illegally possess or sell narcotic drugs.
According to Lindesmith (1965), "There is no indication of a legislative intention to deny addicts access to legal drugs or interfere in any way with medical practices in this area."

The following laws relate specifically to society's attempts to legislate against the use of illegal substances:

--Importation and Exportation Law of Narcotic Drugs of 1922:

    Restricts the limit of importation of crude opium and cocaine leaves to a level which permits supplying legitimate needs.

--Information on Narcotics Law of 1929:

    Authorizes the establishment of two (2) hospitals to treat addicts in the United States (Administration of Public Health Services).

--Marihuana Tax Law of 1937:

    Regulates and establishes taxes on the importation, manufacture, and traffic of marihuana. It specifies that marihuana has no medical use; the law should suppress its use due to its influence and effects on addiction.

--Narcotic Drugs Contraband Law of 1939 and Amended in 1950:

    Establishes as illegal the use of vehicles, ships, or airplanes to hide, transport, purchase, or sell smuggled drugs.
--Opium Control Law of 1942:

Prohibits the harvesting of opium.

--Amendment of 1965 (Control of Drug-Abuse):

This law requires that drug manufacturers, wholesalers, detail sellers, be registered annually at the Food and Drug Administration, and keep control of the drugs regulated by law. Pharmacists, hospitals and physicians, who prescribe and deal with drugs are required to keep record of their transactions.

--Law 48 "Narcotic Drug Law of Puerto Rico":

This law regulates the traffic, possession, harvest, and cultivation of narcotic drugs, as well as any other chemical or physical substance not distinguishable from these substances, which the Secretary of the Department of Health declares a narcotic drug. It also disposes of taking legal measures; establishing a register of addicts and convicts that come within the jurisdiction of Puerto Rico. It also stipulates the special judicial procedure referring addicts to treatment.

--Amendment of Article 59, Adding Articles 60 A and B to Law 48

This amendment is directed towards providing facilities and regulating specialized treatment to the drug-addicts.
---Law 59 (Puerto Rico) of 1948:

Created the Permanent Commission for the Control of Narcotic Drugs; and delegates the same powers and responsibilities. This Commission was responsible for studying and evaluating the actual instrument- alities which are being utilized to combat drug abuse. This law also establishes dispositions for the treatment and rehabilitation of the drug user.

---Law 4 Control of Narcotic Substances of Puerto Rico:

This law was passed in 1971 and stipulates conditions related to narcotics control; attention to presented complaints, confiscation and destruction of evidence; offer orientation on the keeping of administrative records, inventories, security measures for all persons authorized by law, to deal with narcotic substances.

---Law 60:

Creates the Department Against Drug-Abuse of the Commonwealth of Puerto Rico, whose main objective is to integrate all existing (private and public) treatment programs and service in Puerto Rico and guarantee a maximum of quality and efficiency among these programs.
Theory Relevant to Research Question

The societal reaction to deviance includes theories or orientations from what is generally referred to as the labelling school. Their focus is on the social reaction of others to the actor (drug user or abuser) and his behavior. Basically, the labelling orientation emphasizes one key point. Deviant individuals and situations involving deviant behavior result not simply from the discrete act of wrongdoing or departure from norms; they also reflect patterns and processes of social definitions (Schur, 1971). Labelling theory is considered to be an application of symbolic interactionism to the deviant socialization process (action and reaction). Deviant behavior, like other forms of social behavior, is learned through social interaction. Individual identities develop through the responses of others to that performance. The deviant identity or "label" is a particular and specially harsh social identity. Therefore, to define who is deviant is to explain the circumstances under which some people receive relatively negative treatment from others, and develop a bad reputation or deviant identity, and perhaps a negative self-image. Becker comments:

Deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an offender. The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label (Becker, 1963).

The assumptions of the labelling approach indicate that labels occur before, and lead to behavior consistent with the
label (positive or negative). In this manner, social labels may be viewed as prisons, because they persist like brands, even after the individual’s behavior has changed, and the label is no longer appropriate. Labels focus on persons outside of their protective social contexts making them visible to others. While positive labels represent praise and inclusion, negative labels constitute acts of censorship and separation. To assign a negative label to a person is thus, to cut him off from the "acceptable community" (Payne, 1973).

Social labels create self-labels, causing a person to view himself as unworthy, inferior and incomplete, as is the case for the drug-addict, and other deviants. A consequence of shame and self-repudiation lead to feelings of resignation, withdrawal and loss of confidence. Once this self-image arises, the problem of change and rehabilitation is greatly affected. In this sense negative labels and accompanying treatments and punishments can be prisons by maintaining the person in his deviant role long after punishment is over and the individual wants to change roles. A basic assumption of our penal system is that punishment deters deviance and rehabilitates the deviant, but experience suggests that punishment may intensify and perpetuate the very behavior they are intended to reduce.

Tannenbaum comments:
The process of making the criminal is a process of tagging, defining, identifying, segregating,
describing, making conscious and self-conscious; it becomes a way of stimulating, suggesting, emphasizing and evoking the very traits that are complained of (Tannenbaum, 1938).

Erickson indicates that "deviant forms of conduct often seem to derive nourishment from the same agencies devised to inhibit them" (Erickson, 1966). Labels create "secondary deviance," that is, besides creating, perpetuating and intensifying the original behavior negative social labels may initiate additional undesirable behavior forms. Lemert's concept of "secondary deviance," sees some form of deviant behavior arising because of society's reaction to some initial act of deviancy. Sociologists argue that American drug policies not only have promoted a high addiction rate but also have contributed to the death rate, organized crime, petty theft and prostitution (Lindesmith, 1964).

The laws controlling drug-abuse do not only fail to cure addiction, they actually influence addict behavior. There is strong evidence which indicates that most of the crimes committed by addicts are related to obtaining funds to purchase illicit drugs (Schur, 1965). Addicts who are driven to underworld connections and to crime to support the habit, inevitably begin to feel as an enemy of society. A self-fulfilling prophecy cycle is initiated, from which it is very difficult to release oneself (Schur, 1965).

As is known, treatment efforts to rehabilitate the addict, usually come to grips with the unfortunate phenomena of probable relapse. Favorable estimates have placed the
rate at around 75%; less optimistic estimates at 90%. On return to the community, the treated addict faces many of the same kinds of difficulties experienced formerly: lack of understanding among relatives and non-addict friends, inability to obtain a decent job, reinvolvment in the same cultural context and interpersonal relations, which possibly led him into drug-abuse in the first place (Ray, 1961).

Ray indicates that the tendency toward relapse develops out of the meaning of the abstainers experience in social situations, when he develops an image of himself as socially different from non-addicts, and relapse occurs when he defines himself as an addict. When his expectations (social) and the expectations of others with whom he interacts are not fulfilled, he experiences social stress and he re-examines the meaningfulness of his experience in a non-addicted society. This will lead him to question his identity as an abstainer. Ray further comments, that this type of experience promotes a mental realignment with addict values and standards (Ray, 1961).

Non-addicts with whom the abstainer relates to have their own expectations concerning his probable conduct. Based partly on stereotypic thinking of the non-addict society concerning addiction, due in part to previous unfortunate experiences, they may exhibit some skepticism concerning his "cure" and express doubt about their future conduct (Ray, 1961). Thus on breaking their habit
successfully the abstainers find that people still treat
them as though they were addicts (Becker, 1963). The
failure to re-admit the drug-addict to a normal social
status causes the negative treatment to continue for an
extended time, even after other more explicit penalties have
stopped (Garfinkle, 1956).

Current Literature

Sociological reports dealing with the deviant or unconven­
tional in social conduct have been based upon the offi­
cial statistics issued by variously concerned control agen­
cies and self-reports, often by the apprehended violator of
formal rules and regulations of conventional society. Ball
(1972) has stated:

Such a collection of data has disproportionately
represented the technically unskilled and the
politically unconnected; and neither of these
sources is of the sort that it is likely to aid
in the constitution of a representative picture
of deviant actors, their actions, or the social
organization of such phenomena, let alone the
selves and identities involved (Ball, 1972).

As regards self-reports, even when collected from others
than only these actors, that is, when gathered from unappre­
hended rulebreakers located in the conventional culture,
they are still inadequate data. If more interesting as to
their implications regarding actual rates or incidences
than the official statistics, such self-reports reveal little
about the structure and process of deviant activities, that
is their social organization as contrasted to their simple
statistical distributions, or the selves and identities of the persons involved. Such descriptive materials about people and their activities are only a first step toward sociological analysis of the persons and their social actions implied in these rule breaking modes of conduct (Ball, 1972).

Alternatively, a less conventional method for pursuing the study of deviance such as drug-use, but one which has, to date, unfortunately, been only rarely utilized, is the developing contacts with unapprehended deviants themselves, that is going directly to the actors. Ball (1972) has commented on the varied sources of difficulties in obtaining and maintaining contacts, with the worlds of deviants. Such issues are applicable to the drug use situation.

Disclosure of the investigators identity, the degree of revelation as a methodological relevant issue in studying deviance "in situ" one's legitimacy in the dominant law-abiding culture may be considered a discreditable stigma from the perspective of subjects (Goffman, 1973). The reactivity problem in the study of drug use, is not limited to the avoidance of having one's subjects reserve information or deceive, in hopes of misleading or alternatively pleasing the investigator. Since deviant subjects, in particular, drug-users, may be apprehensive as to the researcher's true intentions, their direct study raises difficulties which transcend the common hazards of reactivity, both the investigator and his subjects are restricted, by some form
of concealment from making the adjustments required for "normal" conduct in the field. Overall, Ball concludes:

However for whatever the reason, the in situ observation of the deviant and his milieu often precludes the complete reporting of method and the possibility of exact replication ordinarily demanded by the rules of scientific rigor (Ball, 1972).

Thus the relevant issue of validity regarding the study of drug-use are raised to a much greater extent than is true of observational research in general. By its very nature, any kind of direct observation is open to question as to its validity. Researchers need to assess that what is recorded is an accurate account of events and relationships, and if other observers generate the same kind of data. Such problems become more important when complete disclosure or procedural specifics are deemed impossible, as is usually the case when the data concern deviant drug-users and actions on their organizations.

Although conventionally aggregated data may satisfy rigid criteria for statistical manipulation, they do so at the cost of misleading even the atypical portrait of the deviant aside from ignoring the structural and situational context of such conduct (Ball, 1972).

Readily or easily collected data on such phenomena are analogous to the unexposed portion of the iceberg, and just as unrepresentative of the whole (Ball, 1972).

Stanton (1977) has reviewed the many measurement problems inherent in the drug survey field. He cautions researchers
in this field to be sensitive to the pitfalls and confusions specific to this field.

The establishment of sampling procedures requires researchers to define the population to which they want to generalize and determine if they are interested in a representative sample or not. Most of the biases in drug research arise from varying definitions of drug-use, case selection from special populations, living or moving beyond feasible follow-up distance, deaths, inability to trace cases and refusal to participate in follow-up interviews.

The methodology utilized to gather data appears to be the most neglected facet of drug use studies, and perhaps, the most important. Many investigators have been naive when considering that they were asking people to admit to illegal acts, while simultaneously expecting trust, rapport and candor to be maximized. Manheimer, et al., (1972) assert that a twofold message must be conveyed of respect for the respondent and that the result will be of interest to him.

The concept of "cost" to the respondent and particularly to the drug-user, may be useful in this context. Perhaps the most important cost for drug surveys is the imagined one revolving around fears of being apprehended for admitting one's drug practices. In the view of many drug users an investigator asks a great deal by asking them to admit their illegal acts and in order to secure their cooperation they must be convinced of his sincerity. They must also believe
that if they are identified in the process, the researcher will maintain their trust and insure their confidentiality (Stanton, 1977).

Related to the disclosure issue is that of the anonymity provided the respondents. King (1970) in two studies, each using a different form of mailed questionnaire, compared identifiable with anonymous questionnaires as to rate of return, percentage of respondents admitting marihuana use and of admitted LSD users. Anonymous questionnaires in both studies yielded higher return rates and higher percentages of admitted marihuana and LSD users. King reminds us, nonetheless, that there are different degrees of identifiability, whereas his identifiable subjects were not seen face-to-face. This is hardly as individuating as having to appear in person, where a variety of suspicions may be aroused.

Although drug use surveys are normally not directed at modifying attitudes, the drug surveyor who addresses his respondents concerning his data collection instruments, is certainly a communicator and to the extent that he appears trustworthy, his general credibility is enhanced (Geffin, 1967). Ward and McGinnies (1971) have stated that an apparently trustworthy vs. a less trustworthy communicator is more liable to change attitudes in the direction he prefers and that this effect holds across several cultures. Thus, the credibility of the researcher-communicator is a critical
aspect of drug survey research and should be considered in the initial design of any type of study of drug-use patterns.

Calahan (1970) has reported that validity of reports in this area has always constituted a problem, due to the fact that most of the data are retrospective in nature, thus a certain amount of forgetting and distortion have to be assumed. Furthermore, referring to certain addict groups there is historically a credibility gap stemming from their learned "conning-for-money" behavior and their assumed propensity to enjoy "hustling squares" (Stephens, 1972). The latter concern may be exaggerated by researchers, as Stephens (1972) has produced data indicating that heroin addicts do not distort reports of their drug related behaviors if they have nothing to gain by lying, know that their answers can be checked, and have no other real reason to lie, the validity question arises: to what extent will the misclassification of drug-taking behavior result in serious distortion of reported relationships with other psychological, social and demographic variables.

A review of the literature reveals a range of opinions and approaches toward defining validity. Many writers have indicated methods of securing valid and subsequent reliable data. These suggestions include internal and external validity checks (Campbell and Katona, 1953); use of a validated instrument (Selltiz, et al., 1959); use of operational, rather than absolute, definitions of reliability and validity
(Elinson, 1963); limited use of post-hoc definitions of test
(Kaplan, 1964); use of only a few, good interviews (Elinson,
1963; Goode and Matt, 1952); careful use of reinterviews
(Elinson, 1963); and the use of "random probe" questions

Some of the ways to increase the validity of survey re­
results through specifically minimizing respondent's under­
reporting of drug practices are: urinalysis test and other
bio-chemical measures with certain drugs; interviews with
family members and others who know the respondent; use of
official records and similar sources and comparison or re­
ported and estimated drug use (Stanton, 1970). Overreporting,
when it occurs, is often considered a reaction against the
study itself or against such research in general. Thus the
methods mentioned previously regarding the establishment of
credibility and trustworthiness are applicable (Stanton, 1977).

Questions concerning the reliability of data and
validity of data collection forms are raised regular­
ly by researchers. The issues of reliability and
validity are of importance with regard to self­
reported information. While this is particularly
true for surveys of a general population, it is of
even greater interest for a deviant population such
as drug users, criminals, or other socially stig­

The problem of developing a valid measure is potentially
greater for drug use than for other behaviors or attitudes
generally assessed in surveys because such use often refers
to substances which are illegal to possess and thus, disap­
proved by society (Single, et al., 1975). There also exists
the possibility of fears of formal, as well as informal negative sanction or of arrest.

Concern with the validity of drug-use measures has been relatively slight in view of the large number of surveys and other studies involving estimates of drug use. The vast majority of these, particularly those involving use of illicit drugs, have employed self-report indices of use; the seriousness of the biases in self-reporting have been documented by Pernanen (1974), Whilehead and Smart (1972) and Smart (1975). These reviews indicate that while there appears to be no significant tendency to overreport drug use, there is evidence that significant underreporting occurs, at least with respect to alcohol use (Goodstadt, et al., 1978).

Goodstadt, et al.'s, (1978) study demonstrated the viability and utility of employing the randomized response technique to obtain estimates of drug use. The results documented a significant tendency for persons to underreport their drug use when standard direct procedures are utilized, raising serious questions concerning validity of results from the many surveys and studies which have failed to investigate or check the validity of their findings (Goodstadt, 1978).

Validity problems arising in the study of illegal and deviant behaviors have received attention with respect to delinquent activities, where underreporting is a particularly serious problem.
In Single's, et al., (1975) survey based on a representative sample of 81,026 New York State public secondary high students two (2) methodological features were emphasized. First, in order to protect the rights and privacy of adolescents in the survey and obtain informed consent for their participation all parents were notified of the student survey via certified mail, return receipt requested. Parents were given an opportunity to refuse child's participation. Second, no respondents signed any of the questionnaires, ensuring their anonymity and confidentiality.

In theory, the best validation of self-reports would be independent and objective sources of data such as pharmacological tests of blood and urine samples. However, such tests cannot be used in a large scale study. Nor are these biological tests always reliable, when done commercially (Berkowitz, 1974). Another source of independent data could consist of reports of drug use by significant others or observers (Whitehead and Smart, 1972; Abrams, Garfield and Swisher, 1973). However, since the perceptions of other persons behaviors are as much determined by the perceiver's own values and behavior as by the perceived (Kandel, 1974), other reports create difficulties of their own and their usefulness as validation of self-reported drug-use remain questionable (Single, et al., 1975).

In the absence of independent criteria, Single, et al. (1975), examined the following data as a way of evaluating the
reliability and validity of adolescents drug-use at one point in time; frequency of incomplete or inconsistent responses; rates of use of fictitious drugs; differences between self-reported users and non-users on a variety of characteristics; correlation between self-reported drug-use independently reported by friends.

The authors conclude that the self-reports of New York State secondary school students with structured self-administered unsigned questionnaires provide reliable and valid measures of adolescent use of illicit drugs at one point in time, but less reliable responses over time. Self-reported use over time is less reliable, especially if inconsistencies for the illicit drug are assumed to be users who forget or conceal their use of these drugs. They also found contrasting results for the legal and illegal drugs especially hard liquor and marihuana, suggest that underreporting and differential recall are related to the extent to which the drug has been used, the degree of deviancy of the behavior, and the willingness to admit such behavior. Sporadic use is more characteristic of inconsistent responses concerning the use of legal than illegal drugs. This suggests that the more deviant the behavior, the easier to recall it even if engaged in rarely, due to the significant initial experience, but the greater reluctance to admit it (Single, et al., 1975).

Amstel, et al. (1976) study on the reliability and validity of self-reported illegal activities and drug use collected
for narcotic addicts, utilized a variety of methods to check reliability: choice of interviewers, intraquestionnaire safeguards, and an interview/re-interview procedure. The researchers indicate that one area of difficulty in obtaining valid responses existed in the possibility that the social and legal codes on addiction would cause respondents to be untruthful or evasive on questions concerning illegal activities and drug use. This was to be minimized by the selection and training of interviewers. Experienced drug counselors were chosen "because of their knowledge of the drug subculture and their familiarity with many of the respondents," as well as being considered non-threatening to the respondents (Amstel, et al., 1976).

On the other hand, this practice in itself constitutes a threat to validity, since the interviewers' attitudes toward drug-use previously known by subjects obviously biases the direction and content of their responses.

Validation of self-reported illegal activities and drug-use was checked through the use of police record. Yet the FBI was unable to supply nation-wide arrest information, so researchers were limited to the use of local and state police records. Problems of quality of police data also affected validity checks. Self-reported drug-use validation was done utilizing urinalysis reports. A variety of drugs are traced through urinalysis but marihuana and psychedelic drugs were not detected. The researchers conclude that overall, the
results seemed to indicate that their respondents provided reliable answers and tended not to give false information. Discrepancies were felt more to be related to memory problems than to a desire to hide antisocial behavior. The researchers state that since the information about arrests and their dispositions is incomplete, the findings of their study are inconclusive. Lastly, they indicate that not all persons committing illegal acts are arrested, thus many respondents admitted to daily crimes that went undetected. The limitations of the urinalysis reports also affect evaluative research (Amstel, et al., 1976).

A review of the literature suggests that researchers in the field believe that the best measure of drug-use is to ascertain a subject's pattern of use over time. This cannot be done adequately by urinalysis. It is an expensive and time-consuming method, particularly for subjects out of treatment. Furthermore, special efforts are required to assure the accuracy and clarity of test results. The authors believe that direct observation of the subject and the subject's own reports provide the most complete and accurate behavioral data necessary for evaluative studies. However, many more studies of this nature should be conducted in order to more fully understand the nature of data collected for human populations.

In Newmans, et al. (1976) New York City Narcotics Register data were analyzed to determine the consistency of
self-reported age of first drug use among multiple reports on a single individual. Discrepancies were noted in 68% of cases; in 31% the responses differed by 3 or more years. Even among reports from a single agency, there were discrepancies in 45% of cases. The degree of consistency was only slightly better when the analysis was restricted to subjects twenty years of age and younger. The authors conclude that the reasons for the inconsistent responses regarding age of first drug use are not clear, "Errors inherent in the collection and processing of data, do not appear to account for the discrepancies observed; the recollection of the addicts themselves does not appear to be a major factor" (Newman, 1976).

The authors indicate that to some degree the perceived self-interest of addicts in purposefully misrepresenting the duration of their addiction may be a factor. For some it may be desirable to overstate the length of drug use; for others they may believe that it is in their interest to claim a more recent onset when dealing with the criminal justice system. Another possibility may be due to the fact that the onset of heroin use may be viewed with indifference by both the addicts and the personnel eliciting the data. Newman, et al. (1976) caution against estimating trends of annual incidence of over short periods of time.

Hochhauser (1979) has viewed four (4) significant biases which may affect existing data. First, the lack of standardization in survey research leads to the problem of reliability
and validity and objectivity in drug abuse measurement. Second, the demand characteristics of the survey situation may cause the subject to bias his responses in a particular direction, depending on his interaction with and his interpretations of the survey conditions. Third, both overt and covert biases of the researcher may significantly affect the outcome of the survey. Fourth, limitations of the survey methods itself (e.g., the source of survey data, difficulties in obtaining random samples, conclusions overemphasizing student drug use, limitations of the samples survey as a measurement device) seriously restrict our understanding of drug abuse phenomena.

Referring to the concept of demand characteristics, Orne (1962) has hypothesized that a subject's performance is a function of the experimental conditions per se, but also an additional consequence of the expectations, attitudes and beliefs of the subject. The subject will utilize the totality of cues which conveys information to him to determine what the experimenter is demanding of him in order that his performance be acceptable to the researcher and consistent with the experimental hypothesis, which may have been correctly or incorrectly deduced as a consequence of demand characteristics.

Furthermore, the respondent may have a psychological stake in his survey participation. Insofar as his participation is viewed as being meaningful, he may be encouraged to reply
in a manner that will maintain his self-esteem or self-image. Moreover, although most researchers evaluate the data generated by the subject, it is not unreasonable to suppose that the subject may evaluate himself, based upon his own responses to the survey questions that is his answers may provide him with information regarding his behavior, attitudes, beliefs, etc. Information therefore, flows not only from the subject to the experimenter, but from the subject to himself, as well. The implications of subject feedback would appear to deserve careful scrutiny (Hockhauser, 1979).

The subject must be conceptualized as an active rather than a passive respondent. So viewed, considering the voluntary nature of most surveys, Rosenthal (1965) and Rosenthal and Rosnow (1969) have concluded that volunteers tend to be better educated, have a higher occupational status, are better adjusted when asked to answer personal questions, and appear to possess greater intellectual ability, interest, and motivation. They are also more unconventional, younger, less authoritarian, more sociable and manifest a greater need for social approval. Acknowledging these tendencies, researchers must therefore challenge the generalizability of the data collected on volunteer samples.

Since many drug surveys require the admission of behaviors violative of the law, many respondents may feel justifiably paranoid about answering certain questions, especially if there is some likelihood of identification. Hence, it may be
essential, both from ethical and legal standpoints, to rely upon volunteer respondents if accurate data are to be collected, recognizing at the same time the potentially significant differences that may exist between volunteers and non-volunteers (Hockhauser, 1979).

Regarding experimenter variables as they affect outcomes, as summarized by Kintz, et al. (1965), these included personality of the experimenter (McGuigan, 1960; Sanders and Cleveland, 1953; Rosenthal, et al., 1965), experience of the researcher (Cantrill, 1944; Brogden, 1962), sex of the researcher (Sarason and Minnard, 1963; Stevenson and Allen, 1964). Despite an awareness of these issues, most researchers generate little effort to control such biases (Hockhauser, 1979).

The sources of the survey data often promotes additional bias. The tone and purpose of the surroundings and the institution involved are important. Some settings may result more or less oppressive than others. Numerous surveys are conducted in schools, colleges, mental health centers, methadone clinics, etc. Aside from the possibly serious sampling biases implied in such a situation (i.e., only those subjects present at the institution are surveyed). The nature of the institution itself may affect the attitude of the experimenter(s) and hence the validity of data collected. Any statistical analysis or interpretation based upon such non-random populations must be cautiously applied. Sampling biases have been described by Mercer and Smart (1974): these
include biases in the source of the sample to be investigated in the random or non-random selection of subjects for the sample, and in the completeness of the sample as a measurement device. Since the majority of subjects are obtained on the basis of physical availability rather than by statistical sound random sampling procedures, the generalizations obtained from such samples may be severely limited. In a typical research design, the survey may assess drug use in a random sample of all classes, an accidental (non-random) sample, a sample of all subjects on a given day, at a given time, etc. Subjects may be assessed anonymously by coded questionnaire, by mailed questionnaire, in personal interviews, etc. Unfortunately, there is virtually no data to justify the conclusion that such different sampling procedures and assessment devices yield equivalent results, thus compromising the utility of the survey data. Furthermore, in a search for sufficiently large samples, most surveys are administered to relatively captive audiences, and the theoretical consequences of such sampling biases are crucial.

Ball's (1965) research on locating and interviewing narcotic addicts in Puerto Rico, was focused on the extent of relapse to drug use among former addict patients discharged from Lexington Hospital and such related factors as employment status and criminal history.

The researcher concludes that post hospital information was secured with respect to 97% of the subjects; 109 of 243
former narcotic addicts were followed-up, located and inter-
viewed in Puerto Rico. In general it was found that the
subjects could be located and their cooperation secured to
provide both a detailed interview and urine specimen.

Preliminary analysis of the research findings revealed
that more than half of the subjects were either incarcerated
or using opiates at the time of the interview; of those "on
the street," one-third were using opiates.

Finally the research concludes that, "estimating the val-
idity and reliability and the interview data is beyond the
scope of this report" (Ball, et al., 1965).

Nonetheless, in a later article, "The Reliability and
Validity of Interview Data Obtained from 59 Narcotic Addicts
in Puerto Rico," Ball concludes, the results of the present
analysis indicate that former narcotic addicts can and will
recount their illicit personal behavior valid under specified
research conditions (Ball, 1967).

Ball (1967) sampled fifty-nine addicts which were "drawn
from a larger study population of the 242 patients admitted
to the (Lexington) hospital from Puerto Rico between 1935 and
1965." He compared responses during interviews with hospital
records, arrest records, and urine tests as an attempt to
determine the degree to which one can rely on patient re-
sponses. The responses to the questions of current drug use
were tabulated from a relatively small number of patients,
twenty-five (25) who were also tested by urinalysis. The
results of the interviews and the urinalysis agreed in 92% of the patients, with 71% of those using heroin admitting such use to be interviewed.

He selected five items for validation form an interview with subjects current age, age at onset of drug use, type and place of first arrest, number of arrests, and current drug use. The responses for these items were checked against medical records, FBI records, and urinalysis reports. The findings showed veracity of the part of the respondent on these items. Ball specified several procedures used for the purpose of securing valid interviews. These were that the interviewers have past field experience, prior contact with the client while in the institution, knowledge of the addict subculture, familiarity with slum neighborhoods, and no affiliation with the police. In addition, he suggested that a structured personal interview with probe questions be used (Ball, 1967).

These findings need to be viewed within the total methodological and practical context within which the study was carried out. It is relevant to emphasize the following issues which may have affected the validity and reliability of such findings.

First of all, the researchers sample was a non-random one, based on availability of subjects alone. Thus, validity and reliability of findings cannot be generalized. Regarding the consistency of urine specimens, it is apparent that this
measure would also seem invalid since urinalysis only detected opiates and barbiturates. Were subjects using other drug substances at the time of data validation these could not be detected by the analysis. Aside from this, subjects were notified upon being contacted that they were required to give a urine specimen, prior to the interview, a practice which may have invalidated the collection of the laboratory specimen.

A non-structured interview was utilized thus permitting potential biases to arise regarding data collected with each subject. The interviewer was admittedly familiarized with the drug-culture in Puerto Rico, and also identifies herself as related to the Lexington Hospital. Again, validity seems to have been affected by reactivity factors of the researcher; the potential threat of the organization represented by the researcher, as well as the "demand characteristics" she represented.

Subjects apparently had previous knowledge that the researcher would or had already checked illicit behavior obtained from FBI records, thus affecting their responses in terms of validity. All subjects had also been federal prisoners at Lexington and Fort Worth hospitals. The committing nature of the legal status of subjects may have had some effect upon the validity of their responses. It is not known how many of the subjects may have had legal commitments at the time of the interview.
Another interesting fact regarding validity of responses was that "of the fifty-nine subjects, three refused to provide a urine specimen, five were readmissions to the Lexington Hospital, twenty-two were interviewed while in jail or while hospitalized in Puerto Rico and twenty-nine were living at home." More than half of the sample was confined within an institution, affecting any measurement procedure used to collect data or even the urine specimen.

Finally, data collected in some cases can hardly be considered accurate and valid, since subjects were followed-up after release within a range of one month to twenty-five years.
CHAPTER III
METHODOLOGY

The original research question proposed to be studied by the researcher, the relationship between labelling and relapse among drug users discharged from treatment, was redefined after a series of methodological difficulties were encountered during the phase of pre-test of instruments for the study. The major problems experienced by the researcher consisted in establishing contact and locating subjects, voluntary acceptance of participation in the project, the administration of the questionnaire form of data collection and the inherent implications of these difficulties on the validity of the self-reported data. At that time, these field experiences were viewed as potential threats to the validity of the study. They evidenced the need for further research in the methodological area and constitute the rationale for the researcher's decision to re-formulate the research problem, to that of specifying in an in-depth manner, the unique methodological problems of the field.

Design

The accomplishment of the research purposes, given the nature of the complexities present in a field setting such as
the follow-up of the discharged clients from drug abuse treatment, required a flexible approach. Therefore, the design of this research was a pilot case-study, exploratory type design. The researcher had originally proposed to utilize a descriptive qualitative design. This design resulted inadequate and unfeasible, given the practical limitations observed in the field. The case study's strength lies in its usefulness in providing rich descriptive accounts to illustrate more generalized statistical findings. This design also permits the generation of qualitative data which is required to obtain adequate information on many areas of social life not amenable to the techniques for collecting quantitative data. The design provides an adequate way of obtaining the type of information required to contend with the difficulties of empirical situations (Glaser & Strauss, 1972).

General Characteristics of the Study Population

The subjects who participated in the study are Puertorrican males, over 18 years of age, discharged from methadone, drug-free and family orientation treatment modalities, of the Department of Services Against Drug Abuse, since 1977 to 1990. They are residents of the metropolitan area of San Juan, and have not received any type of follow-up services for a period of time of six to eighteen months after discharge.
Geographical Setting

The geographical setting of the study was the different towns throughout the island of Puerto Rico. Interviews were conducted in the towns of Trujillo Alto, San Juan, Río Piedras, Cataño, Caguas, Santurce, Bayamón, Caguas, Carolina, Fajardo, Humacao, Aibonito and Utuado (See Appendix A).

The nature of the settings where the study took place include slum areas, public housing projects, middle class urbanizations, private and government sponsored treatment centers and penal institutions. Official agency files were located at different Judicial Centers (Superior and District Courts), Police Department Headquarters and the Department of Services Against Drug Abuse (Central Office, Bio-Psycho-Social Records Unit, Admissions Unit and Follow-Up and Discharge Unit). Other sites where the project was carried out were offices where subjects were employed.

Sampling Procedure

An original list of 321 cases of persons discharged from drug abuse treatment from all of the treatment modalities of the Department of Services Against Drug Abuse, during 1977 to 1980, constituted the universe of the study. A total of ninety-two cases were eliminated on the basis of receipt of follow-up services after discharge. Of the 229 remaining cases, forty-nine were eliminated for reasons of not fulfilling the researcher's criteria of sample age, and fifty-eight
additional cases for reasons of sex and residential area; sample is composed of males residing in the San Juan Metropolitan Area. The final selection of the sample was made on the basis of complete and physically feasible and accessible address.

A total of 102 subjects were intensively follow-up over a period of time of three months. Of these, twenty subjects were interviewed. The utilization of a selective sampling procedure by the researcher was based on the practical methodological limitations of selecting, locating and interviewing subjects on a follow-up basis within an authoritarian structure. This represents a location rate of 20%, which one would expect under such circumstances.

**Data Collection Procedure**

The collection of data can be described generally as based on a combination of participant observer and self-reports of current and retrospective nature. This approach was utilized by the researcher in order to observe current events and gather retrospective data. The need for this combination of strategies was dictated by the research concerns of the investigator.

Modes of data collection included several instruments to facilitate and complement this combination of strategies. These consisted of keeping a ledger, self-reports and observation guides.
The natural events and situations encountered in the field have been recorded and documented in a ledger on a case by case basis. More specifically the descriptive accounts of the methodological difficulties experienced by the researcher in terms of locating and interviewing respondents, collecting unobtrusive data from agency records and the data which evolved from the use of the methods utilized in this study were written down in field notes. Additional data collection instruments utilized in the study consisted of two self-report schedules and two observation guides to collect unobtrusive data.

The first self-report instrument was a forty-five item structured interview utilized to collect data pertaining to subjects economic situation, education, employment situation, drug history, current use of drugs, legal difficulties and status perceived support from others (friends, family and the community) and self concept. Two semantic differential scales to measure self-concept and perception of others consisted of ten items each, where ten (10) represents the positive end of the scale and one (1) represents the negative extreme of the scale. The total score of the scale has a theoretical range of five (5) to fifty (50). The score for both scales was based on a median test (see Appendix A-2). The second self-report schedule, a forty item likert type scale, was administered to tap labelling attitudes of family, friends, neighbors, community and self, as perceived by
respondents. A majority of the scale items have been borrowed from Phillips (1951), The Self-Others Questionnaire (Shaw, 1976). The modal response consists of five (5) alternatives, ranging from strongly agree to strongly disagree. The total score is obtained by summing the score for each item on the scale. The total score has a theoretical range of forty to two hundred. The score for the four (4) sub-scales have a theoretical range of zero to fifty. The interpretation of each scale is high labelling form zero to sixteen, medium labelling from seventeen to thirty-three and low labelling from thirty-four to fifty (see Appendix A-3). The lower the value on these sub-scales, the less the individual perceives himself labelled by his drug status and vice-versa.

The observation schedules constructed by the researcher were utilized to collect official record data. Both schedules included a total of six and seven items respectively, selected from the self reports for purposes of comparison with other sources of data. The first schedule was designed to collect data at the Police Department pertaining to the present legal status, types and frequency of involvement in illegal activities, legal action taken and incarcerations of subjects after discharge from treatment (see Appendix A-4). The researcher was unable to examine and collect this specific data due to the fact that police records were incomplete and not updated. Thus, only two of the proposed items on the schedule were completed at this agency. The researcher was informed that
data on the remaining four items could be collected through the Courts Administration System. Thus, this data was followed-up at five Superior Courts and seven District Courts, which are located throughout the island (see Appendixes A-1, 5).

The second observation schedule, designed to obtain data from treatment records at the Department of Services Against Drug Abuse included items pertaining to marital status, academic background, drug history, legal status prior to discharge from treatment and times re-admitted to treatment after discharge (see Appendix A-6).

**Treatment of Human Subjects**

The researcher considered the ethical responsibility and human risk potential involved in the study. The project was carried out with concern for the privacy, safety, health and welfare of the participants. The confidentiality of subjects was protected at all times. Participants were informed about the features of the research and were explained other aspects of the project about which they inquired. All subjects were informed of the voluntary nature of their participation, right to answer only those items they chose, as well as discontinuing participation in the project at any time, without reprisal of any kind. These safeguards to subject participation were stressed by the researcher. Public documents and other external measures were used to collect data in an effort to
validate parts of the self-reports. Subjects were uninformed of this process, for scientific reasons of avoiding self-contamination or self-selection of responses, which would invalidate the content of the self-reported data to be tested at a later date for validation purposes.

Subjects were required to fill out a consent form which specified the major aspects of the project, procedures and potential risks involved in the study (see Appendix A-7). At no time during the conduct of the study were subjects obliged to risk themselves to the possibility of injury, including physical, psychological or social injury, as a consequence of participation in this study. Any potential risks to which subjects may have been exposed or involved in have been fully considered and appreciated by the researcher as vital to her research aims. The importance of the knowledge gained as a result of participation constitute the scientific grounds for the use of the specified procedures.

Data Processing Procedures

The analysis of qualitative information pertaining to the research experience of conducting this study is presented in the form of documentary interpretation and ethnomethodological strategy.

Quantitative analysis of self-reported data and unobtrusive measures has been achieved through the use of the facilities of the Statistical Package for the Social Sciences
(SPSS) at the Computer Center of the University of Puerto Rico. The researcher prepared coding instructions and the computer program for the electronic processing of data.

Statistical techniques for univariate analysis include frequency counts, percentages, means, medians, and modes to summarize data and make simple comparisons of self-reported and unobtrusive data.

**Limitations of the Study**

Follow-up on certain deviant populations, as is the case of ex-drug abuse clients, is an especially difficult social problem to research basically due to the social and legal stigma attached to the setting in general. Accordingly the most relevant limitations of this study pertain to the norms of scientific generalizability and intersubjectivity. The small sample obtained is not representative of deviant populations in general, nor specifically of treated drug abusers. Thus generalizations cannot be established to the population from which the sample was drawn. Additionally the qualitative nature of the data limits precise descriptive statements about the population studied. Thus, the conclusions drawn from the study should be regarded as suggestive rather than definitive.
To facilitate the analysis, a description of the sample and the relevant variables are presented as well as comparative data. Analysis of the variables in order to ascertain the association among variables in the first part of the analysis includes the self-reported data on specific personal characteristics, drug use, legal difficulties, perception of others and self-concept.

Description of the Sample

The median age of the sample is 25.6 years, within a range of twenty-one to thirty-eight year of age. The mean age of the respondents is twenty-seven.

A total of 65% of the respondents had been residing in the community for a period of six months or less, from the date of discharge from treatment up to the time of the interview, 15% from seven months to a year, and 20% from one year and a month to one year and six months. As discussed subsequently, the significantly high percentage of subjects residing in the community during the minimal period of time of six months or less, is a variable which was found to be
related to the methodological difficulties of locating subjects. The average length of time of subjects living in the community after discharge from treatment is a half a year to nine years, which indicates high mobility rates within the sample.

A total of 35% of the respondents reported to have been married before discharge from treatment, 55% single, 5% respectively reported to be divorced and living in consensual types of relationships. The present marital status of subjects at the time of the interview was married 45%, single 40%, consensual relationships 10%, and 5% were divorced. The comparison of marital status before and after treatment demonstrates a tendency for subjects to form some type of permanent union after release from treatment. The single status decreased 15%, which were distributed into subjects who eventually married (10%) or those who chose consensual unions (5%). Thus, the self-reported data on this item indicates that subjects become more family-oriented after discharge from treatment, as is evidenced by the set-up of families at this time.

Table 1 delineates the marital status of subjects before and after discharge from treatment.
TABLE 1

Marital Status Before and After Discharge from Treatment

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>% Before Discharge</th>
<th>% At Present</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>35%</td>
<td>45%</td>
<td>+10</td>
</tr>
<tr>
<td>Single</td>
<td>55%</td>
<td>40%</td>
<td>-15</td>
</tr>
<tr>
<td>Divorced</td>
<td>5%</td>
<td>5%</td>
<td>--</td>
</tr>
<tr>
<td>Consensual Union</td>
<td>5%</td>
<td>10%</td>
<td>+5</td>
</tr>
</tbody>
</table>

A total of 45% of the sample reported monthly incomes fluctuating between 0 to $299.00, 40% from $300.00 to $599.00, 10% from $800.00 to $1,000.00 or over. The median monthly income fell at approximately $398.00. The modal monthly income fell at the category of 0 to $299.00. These findings indicate that the majority of respondents belong to the low socio-economic class, according to the established income level for the poverty line in Puerto Rico (Planning Board of the Commonwealth of Puerto Rico, 1981). These findings are consistent with the residential areas and type of living facilities of the majority of the respondents, encountered by the researcher in the field experience. A total of 35% of the subjects described their monthly incomes as regular, 30% respectively as sufficient and insufficient, 15% did not respond.

The academic background of subjects at the time of the interview ranged from 5th grade of elementary school to a
bachelor's degree and above. The mean academic grade completed by subjects was 9.8. The median was 9.5. Both measures indicate an intermediate level of academic background. The modal academic background is 12th grade, indicating that 25% of subjects had completed this grade, 15% respectively had completed the 11th, 9th and 8th grades, 10% 5th grade, 5% respectively completed 6th and 7th grades, and one to four years of college studies and above. One subject had begun graduate studies at the time of the interview.

A total of 55% of the respondents informed they were employed, 45% were unemployed. Of the latter group, 20% reported to have been unemployed for a period of time of more than one year, 10% from one to two months, 5% respectively from four to six months, ten from one month to a year, 5% did not respond. Of the total of unemployed subjects, 10% were receiving pensions, 5% were incarcerated, 5% were receiving treatment for drug abuse and 5% of all subjects reported that they were simultaneously employed and studying.

Reasons for unemployment ranged from "available employment opportunities require more academic background" than possessed by subjects (10%), "do not find jobs although applied for" (10%), "health reasons" (5%), "past drug addiction" (5%) and "other reasons" (5%), specifically the condition of incapacitated Veteran. The types of employment opportunities applied for by the respondents were distributed as follows: 30% skilled positions, 15% semi-skilled positions, 5%
respectively applied for professional and semi-professional positions, 35% responded does not apply, and 10% abstained from responding. This data tends to be consistent with findings of academic background of subjects as self-reported.

Of the total sample, 25% respectively reported that they had applied for employment from zero to one time and more than five times, 20% respectively from two to three times, and four to five times, 10% did not respond. The mean amount of times of application for employment fell at 2.5. Of these, 15% of the respondents respectively reported that they had never been accepted for employment, had been accepted more than four times, 10% respectively had been accepted once, twice, and three times, 30% responded does not apply. Regarding the amount of times denied a job for which subjects had applied, 30% indicated that they were never denied a job, 15% were denied jobs four times, 10% were denied jobs once, 5% respectively reported denial of employment three times and more than four times, 35% of subjects responded does not apply. Of the total sample 30% of the subjects reported that they were asked about criminal records upon application for employment, from zero to one time, 25% from two to three times, 5% respectively from four to five times and eight times or over, 35% reported does not apply.

The types of drugs used and frequency of use reported by subjects indicates that the drug most frequently used before
discharge from treatment was marijuana; 65% of respondents used it more than twice daily, 30% occasionally, 5% sporadically, 50% of the subjects did not use this drug. A total of 30% of respondents indicated use of support more than twice daily, 15% occasionally, 10% sporadically and 45% reported no use of this drug. Speedball was reported to have been used by 25% of subjects more than twice daily, 10% occasionally, 10% sporadically, and 55% reported no use of this drug. Barbiturates, alcoholic beverages, ciba, and cocaine were used by 20% of the respondents more than twice daily, the remaining 80% of subjects used them in varying degrees of frequencies.

Patterns of present drug use indicated by respondents reveal that 85% of subjects use alcohol presently, 55% use it sporadically, 30% occasionally. Hashish is used respectively by 5% of subjects sporadically and occasionally. Marijuana is used by 45% of all subjects, 15% of the respondents use it more than twice daily, 20% use it occasionally and 10% sporadically. Submarine, support pills and other unspecified drugs are used by 5% of the respondents on an occasional basis respectively. Current use of amphetamines, barbiturates, "campana," seconal, ciba, demerol, opium, and talwin, were not reported by any of the respondents. This analysis revealed that all subjects, to some extent, are presently consuming drugs. A comparative analysis of the frequency of drug use by subjects prior to discharge and at present
indicates that amphetamines were used by 15% of subjects on a sporadic and occasional basis, 85% never used it, whereas none of the subjects are engaged in the present use of this drug, as self-reported. Barbiturates were used by 45% of subjects, more than twice daily, occasionally and sporadically, 55% never used it, whereas no present use of this drug is self-reported. Alcoholic drinks were used by 90% of subjects in frequencies ranging from more than twice daily to sporadically, 10% reported never having used it, whereas 85% are presently engaged in its use, ranging from a frequency of use of occasionally to sporadically. Of the total of subjects, only 15% (three respondents) informed no present use of alcohol. "Campana" was used by 5% of the subjects on a sporadic basis. No present use of this drug was indicated by any of the respondents. Seconal was used by 25% of the subjects, more than twice daily, occasionally, and sporadically, 75% of subjects reported no use of the drug. All subjects indicated no present use of seconal. Ciba has been used by 35% of all subjects, ranging from a frequency of use of more than twice daily to occasional use. None of the subjects reported present use of this drug. Cocaine had been used by 70% of the subjects, ranging from more than twice daily to sporadic use. At present 10% of subjects use the drug on a sporadic basis. Demerol had been used by 5% of subjects on a sporadic basis, whereas no subject reported present use of this narcotic substance. Hashish had been
used by 75% of the subjects, ranging from use more than
twice daily to occasionally. Present use of the drug was
reported by 10% of the subjects. Heroin had been used by
50% of subjects, more than twice daily, occasionally and
sporadically. At present 5% use it.

Marijuana is the drug most frequently used by the largest
number of subjects in the past. All subjects reported use
of marijuana in the past, across the entire range of listed
frequencies. Present use is reported by 45% of the subjects
across all frequencies of use.

Morphine had been used by 20% of the subjects across all
frequency distributions indicated, whereas 10% of the sub­
jects are using the drug at present. Methadone had been
used by 20% of the subjects across the different frequencies
specified, whereas only 5% use it at present. Opium had been
used in the past by 30% of the subjects, more than twice
daily and sporadically. Speedball had been used by 45% of
the respondents across all frequencies of use, whereas 5%
of the subjects use it at present on a sporadic basis. Sub­
marine had been used by 35% of the subjects within frequen­
cies ranging from more than twice daily to occasional use,
whereas 5% of subjects use it at present on a sporadic basis.
Talwin had been used by 25% of the subjects more than twice
daily, occasionally and sporadically. No present use was
reported by any of the subjects. Support had been used by
55% of the subjects from more than twice daily to sporadic use, whereas 5% use it at present.

Overall, the analysis indicates a decrease in all types of current drug use for the population. The comparison of marijuana use reveals that in the past subjects reported use for the complete sample or 100%. Self-reported present use of this drug, indicates a decrease to 55%. Of those (55%) subjects which reported current use of marijuana, there has been a decrease in the frequency of use, as compared to past use. Past use of this drug, indicated that more subjects used it on a more frequent basis, twice daily. Within the category of frequency of use occasionally, self-reports indicate a decrease in all types of drugs used. The data on frequency of drug use in the sporadic category indicates an increase in alcohol, marijuana, and morphine use.

The customarily abused drugs are actually being used to a less extent. Hashish use is reported by 55% of subjects, marijuana use by 65% and cocaine use by 60%. Alcohol appears to be the drug of preference after discharge from treatment. Alcohol use has been decreased quantitatively and qualitatively, because more subjects are using the drug in the less frequent or harmful category.

The overall pattern of decrease in present drug use may be related to the length of time residing in the community as self-reported. A majority of subjects (80%) reported to have been living in the community up to a year, which may
steer toward a lessening in frequency of use because of less opportunity and availability of drug-use (see Table 2).

Of the total sample 50% of the subjects reported to have no legal commitment at the time of the interview, 10% reported to be on parole, 20% on probation, 15% on bail and 5% incarcerated. A total of 40% of the respondents reported no involvement in illegal activities after discharge from treatment, 45% reported involvement one time, 5% respectively reported involvement five times and more than five times. Seventy percent of subjects reported no incarcerations at any time after discharge from treatment, 25% once, 5% twice. A total of 80% of the subjects reported no re-admissions to treatment after discharge, 10% indicated one re-admission, 5% respectively had been admitted two and three times.

The degree of support received from friends was reported as fair share by 50% of respondents, practically no support by 20%, very much and no support was reported by 50% of the respondents respectively. The degree of family support reported by respondents was very much for 50% of the sample, much for 20%, a fair share for 15%, no support for 10% and practically none as indicated by 5% of the subjects. Regarding the degree of support received from neighbors, 30% of the subjects reported receiving a fair share, 20% respectively reported much and very much support, 15% indicated no support, 10% practically none, 5% did not respond. The degree of community support reported by subjects is distributed
<table>
<thead>
<tr>
<th>Drugs</th>
<th>More Than Twice/Day</th>
<th>Occasionally</th>
<th>Sporadically</th>
<th>Never</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before %</td>
<td>Present %</td>
<td>Before %</td>
<td>Present %</td>
<td>Before %</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>--</td>
<td>5</td>
<td>--</td>
<td>10</td>
<td>--</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>20</td>
<td>5</td>
<td>--</td>
<td>20</td>
<td>--</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Beverages</td>
<td>20</td>
<td>35</td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>&quot;Campana&quot;</td>
<td>--</td>
<td>--</td>
<td>5</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Seconal</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Ciba</td>
<td>20</td>
<td>10</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Cocaine</td>
<td>20</td>
<td>30</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Demerol</td>
<td>--</td>
<td>--</td>
<td>5</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Hashish</td>
<td>10</td>
<td>40</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Heroin</td>
<td>40</td>
<td>5</td>
<td>5</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Marijuana</td>
<td>65</td>
<td>15</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Morphine</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Methadone</td>
<td>15</td>
<td>--</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Opium</td>
<td>5</td>
<td>--</td>
<td>25</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Speedball</td>
<td>25</td>
<td>10</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Submarine</td>
<td>10</td>
<td>25</td>
<td>5</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Talwin</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>30</td>
<td>15</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>15</td>
<td>15</td>
<td>5</td>
<td>70</td>
</tr>
</tbody>
</table>
as follows: 40% reported a fair share, 30% much, 25% no support and 5% did not respond.

Overall, the analysis of the varying degrees of support perceived to be received by respondents from family, friends, neighbors and the community in general, indicates that half of the subjects perceive most support from the family (see Table 3).

<table>
<thead>
<tr>
<th></th>
<th>% Very Much</th>
<th>% Much</th>
<th>% Fair Share</th>
<th>% Practically None</th>
<th>% None</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>10</td>
<td>10</td>
<td>50</td>
<td>20</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Family</td>
<td>50</td>
<td>20</td>
<td>15</td>
<td>5</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Neighbor¹</td>
<td>20</td>
<td>20</td>
<td>30</td>
<td>10</td>
<td>15</td>
<td>95</td>
</tr>
<tr>
<td>Community²</td>
<td>--</td>
<td>30</td>
<td>40</td>
<td>--</td>
<td>25</td>
<td>95</td>
</tr>
</tbody>
</table>

¹5% did not respond  
²5% did not respond

Of the total sample, 25% of the subjects reported a frequency of seeing addict friends once a day, 20% hardly ever, 15% respectively once a week, every other day, more than twice daily, 5% respectively, once a month and never. Relations with addict friends were described by 25% of the subjects as adequate, 15% respectively reported good and deficient relationships, 5% respectively indicated excellent
and bad relationships, 35% of the subjects responded does not apply. Of the total sample, 35% of the respondents indicated the people treat them reasonably well after learning of their past drug-use behavior, 40% normally, 15% indifferently, 5% normally and 5% did not respond.

As presented in Table 4, the highest score of respondents perception of labelling on the labelling scale indicates that 70% of the subjects on the self-sub-scale labelled themselves in an intermediate degree, and 30% in a low degree. Scores on the community sub-scale indicate that 65% of the subjects feel within the range of intermediate degree of labelling, whereas 35% of the responses fell in the low degree of labelling category. The scores computed for the friends sub-scale indicates that 55% of the subjects perceive a low degree of labelling by friends. The perception of labelling by family, as indicated by the scores on the family sub-scale, revealed that 50% of the subjects view themselves as labelled by family in an intermediate degree and 50% in a low degree. Overall, the highest rating of scores across the total scale (four sub-scales), indicates that subjects perceive the maximum of labelling to be at an intermediate level. None of the subjects' responses on any of the four sub-scales, indicated a perception of high degree of labelling.

Overall, subjects tend to perceive themselves labelled across all sub-scales in an intermediate degree, which
implies a relatively positive perception of themselves. However, the largest amount of labelling is registered by themselves with a mean of 28.9, followed by friends with a mean of 31.2 of this sub-scale, community with a mean of 31.9. The least perception of labelling comes from the family. Thus subjects feel or perceive most labelling by themselves, whereas subjects perceive family members as more supportive and least critical of subjects. These findings are consistent with the support from family data, as self-reported.

There tends to be a relatively consistent pattern across the sub-scores on the family, friends, community and self-sub-scales. As presented in Table 5, the individual scores computed for each subject on the four sub-scales also tend to indicate internally, consistent responses across the total scale.

Table 4 illustrates grouped data scores across the four subscales and the overall labelling scale. Table 5 presents individual scores across the four sub-scales and total scores of the labelling scale.
### TABLE 4

Grouped Data Scores of Labelling Scale by Sub-Scales and Total Scale

<table>
<thead>
<tr>
<th>Sub-Scales</th>
<th>Self</th>
<th>Family</th>
<th>Friends</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medium</td>
<td>14</td>
<td>10</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Low</td>
<td>6</td>
<td>10</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>20</strong></td>
<td><strong>19</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

1 One subject did not respond to any of the items on the friends sub-scale.

The scores of subjects on the first semantic difference scale of self-concept indicate that 55% of the respondents tend to have a positive self-concept and 45% a negative self-concept. The perception of others as revealed by the semantic differential scale scores, indicates positive perception for 55% of the subjects and a negative one for 40% of the respondents, 5% did not respond. The findings of the semantic differential scales of self-concept and perception of others tends to be consistent.
TABLE 5

Individual Scores on Labelling Sub-Scales and Total Scale

<table>
<thead>
<tr>
<th>Subject</th>
<th>Self</th>
<th>Family</th>
<th>Friends</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>27</td>
<td>38</td>
<td>27</td>
<td>32</td>
<td>124</td>
</tr>
<tr>
<td>2</td>
<td>29</td>
<td>21</td>
<td>29</td>
<td>28</td>
<td>107</td>
</tr>
<tr>
<td>3</td>
<td>39</td>
<td>43</td>
<td>39</td>
<td>38</td>
<td>158</td>
</tr>
<tr>
<td>4</td>
<td>33</td>
<td>41</td>
<td>31</td>
<td>29</td>
<td>134</td>
</tr>
<tr>
<td>5</td>
<td>19</td>
<td>23</td>
<td>29</td>
<td>22</td>
<td>93</td>
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<tr>
<td>6</td>
<td>35</td>
<td>34</td>
<td>42</td>
<td>46</td>
<td>157</td>
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<td>7</td>
<td>23</td>
<td>34</td>
<td>27</td>
<td>29</td>
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<td>8</td>
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<td>27</td>
<td>33</td>
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<td>139</td>
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<tr>
<td>10</td>
<td>34</td>
<td>42</td>
<td>41</td>
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<td>157</td>
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<tr>
<td>11</td>
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<td>27</td>
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<td>12</td>
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<td>34</td>
<td>36</td>
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<td>13</td>
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<td>45</td>
<td>18</td>
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<td>14</td>
<td>20</td>
<td>24</td>
<td>23</td>
<td>28</td>
<td>95</td>
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<td>15</td>
<td>27</td>
<td>35</td>
<td>33</td>
<td>33</td>
<td>128</td>
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<td>16</td>
<td>35</td>
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<td>40</td>
<td>39</td>
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<td>17</td>
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<td>107</td>
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<td>98</td>
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<td>27</td>
<td>31</td>
<td>36</td>
<td>31</td>
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</tr>
<tr>
<td>20</td>
<td>23</td>
<td>25</td>
<td>0</td>
<td>24</td>
<td>72</td>
</tr>
</tbody>
</table>

\[ \bar{x} = 28.9 \quad \bar{x} = 32.5 \quad \bar{x} = 31.2 \quad \bar{x} = 31.9 \]

All four (4) scales have a theoretical range of 0 to 50. The interpretation of the scale is:

- High labelling—0 to 16 points
- Medium labelling—17 to 33 points
- Low labelling—34 to 50 points
Overall, though the self-concept of subjects is positive (55%), as well as the perception of others (55%), there appears to be in other respects, some negative self-concepts as indicated by 45% of subjects; and negative perception of others, as evidenced by 40% of the subjects. This data is consistent since the mean is still at the intermediate scale (28.9), but is inclined towards the lower end of the scale.

Comparative Data

The following section of data analysis includes a comparison of self-reported and Police Criminal Identification, Court Administration and Department of Services Against Drug Abuse treatment record information in an attempt to validate the self-reports. The comparative analysis includes data on specific characteristics of subjects, illegal activities, and drug-use.

Validation Items: Treatment Records—Department of Services Against Drug Abuse

As presented in Tables 6 and 7, a total of six items included in the self-reports were individually compared against data collected from subjects treatment records at the Department of Services Against Drug Abuse. Items included in the comparison were age, length of time residing in the community after discharge, marital status and academic background prior to discharge, legal status at the time of discharge,
re-admissions to treatment after discharge, past drug use and frequency of use.

The analysis of the comparison of the age in years, of subjects revealed a difference of 5% or one, consisting in a year of difference in age. In 95% of the cases, the self-reported data on the age of subjects as compared to treatment record information of the item suggests it is consistent. Self-reported data on this item appears to be valid.
<table>
<thead>
<tr>
<th>Subject</th>
<th>Self-Report</th>
<th>DSDA</th>
<th>Differences</th>
<th>Self-Report</th>
<th>DSADA</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
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<td>25</td>
<td>25</td>
<td></td>
<td>19 mos. or over</td>
<td>1 yr./4 mo.</td>
<td>5%</td>
</tr>
<tr>
<td>2</td>
<td>24</td>
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<td>4-12 mos.</td>
<td>1 yr./4 mo.</td>
<td>5%</td>
</tr>
<tr>
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<td></td>
<td>7-12 mos.</td>
<td>2 yrs.</td>
<td></td>
</tr>
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<td>4</td>
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<td></td>
<td>19 mos. or over</td>
<td>1 yr./5 mo.</td>
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</tr>
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<td>19 mos. or over</td>
<td>1 yr./4 mo.</td>
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<tr>
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<td>38</td>
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<td>19 mos. or over</td>
<td>3 yr./3 mo.</td>
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</tr>
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<td>19 mos. or over</td>
<td>3 yrs.</td>
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</tr>
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<td></td>
<td>13-18 mos.</td>
<td>9 mos.</td>
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</tr>
<tr>
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<td></td>
<td>19 mos. or over</td>
<td>2 yrs./1 mo.</td>
<td>5%</td>
</tr>
<tr>
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<td>29</td>
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<td>13-18 mos.</td>
<td>2 yrs./1 mo.</td>
<td>5%</td>
</tr>
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<td>----</td>
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<td>1 yr./2 mo.</td>
<td>5%</td>
</tr>
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<td>1 yr./11 mo.</td>
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<td>1 yr.</td>
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<td>19 mos. or more</td>
<td>2 yrs./1 mo.</td>
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<td>19 mos. or more</td>
<td>2 yrs./4 mo.</td>
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Total % Difference 5%

Total % Difference 40%

1. Computed from birth dates obtained in Admissions Files
2. Active client at Department of Services Against Drug Abuse
3. Grouped Data in Appendix B-1
4. Grouped Data in Appendix B-2
### TABLE 6

Validation Items: Self-Report and Treatment Record Data  
Department of Services Against Drug Abuse (Con't)

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<th>Self-Report</th>
<th>DSADA</th>
<th>Difference</th>
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Total % Difference 40%  
Total % Difference 10%

2 Active client at Department of Services Against Drug Abuse  
5 Grouped Data in Appendix B-3  
6 Grouped Data in Appendix B-4
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<th>Subject</th>
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<th>Treatment Records</th>
<th>Difference</th>
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<td>(TASC)</td>
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TABLE 6
Validation Items: Self-Report and Treatment Record Data
Department of Services Against Drug Abuse (Con't)

<table>
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<th>Subject</th>
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<th>Times Readmitted After Discharge From Treatment</th>
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Total % Differences: 25%
Total % Differences: 35%

7 Grouped data in Appendix B-5
8 Grouped data in Appendix B-6
9 Treatment record data was obtained at Department of Services Against Drug Abuse. This item was not matched against data at other treatment programs.
<table>
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<th>Subj.</th>
<th>Amphetamines</th>
<th>Barbiturates</th>
<th>Benzodiazepines</th>
<th>Cocaine</th>
<th>Opiates</th>
<th>Methadone</th>
<th>Opiates</th>
<th>Sedatives</th>
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<th>Others</th>
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<th>Treatment Record</th>
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2 = more than twice daily  
0 = occasional use  
S = sporadic use  
U = unspecified frequency of use
The matching on the item, length of time residing in the community after discharge was found to present a total of eight differences, or of 40%. These specific differences consisted of five cases, where subjects reported a longer time of residence in the community after discharge in comparison to the time specified in the treatment record data, and three cases where self-reports indicated less time of residence in the community, as compared to treatment record information. These subjects may have had difficulty in remembering the lapse of time evolved since discharge. The fact that some subjects were residing in the community during the treatment process may have had some confounding impact on their responses. Overall respondents tended to report longer periods of time of residence in the community in comparison to the data obtained from treatment records.

The marital status of respondents as self-reported reflects a difference of four or of 20%, as compared to official treatment record data. Two subjects reported a marital status of single, before discharge from treatment, whereas agency records indicate they were married at this time. One subject reported he was divorced during treatment, while official agency data indicates a marital status of single. Another subject reported a marital status of married during treatment, whereas agency records reflect a marital status of single. Data was not available for three of the subjects, a factor which limits the possibilities of the complete
validation of the item. Thus the analysis reveals that of the available data, sixty-five (65)% of the responses tend to be valid.

Academic background prior to discharge matched against record data reflects a discrepancy of two or of 10%. In these specific cases, respondents reported a higher academic level than that indicated in the treatment record. The first case reported an academic background of twelfth grade, whereas the agency record indicated a tenth grade level of academic preparation. The second subject reported a ninth grade academic background, in comparison to agency data which reflected an eighth grade academic level. The absence of data on three subjects, weakens the validation of the item. Thus the analysis reveals that of the available data, seventy-five (75)% of the responses tend to be valid.

The self-reported legal status of subjects at the time of discharge was found to be different in five cases or 25%, when comparison with official records was conducted. Of these, four subjects reported no legal commitment at the time of discharge, whereas record data indicates a legal status of parole for each one of these subjects. The other subject reported no legal commitment at the time of discharge from treatment, whereas agency records indicate a legal status of probation at this time. These subjects appear to have under-reported their legal status at the time of discharge. These discrepancies, whatever their explanations,
tend to weaken the validity of the item. Another factor which weakens the validity of the item is the lack of available data on three of the subjects. Therefore, the analysis of the validation of this item reveals that of the available data, sixty percent of the responses tend to be valid.

The amount of times re-admitted to treatment after discharge reported by subjects and compared to official record data was found to be different in seven cases, or 35%. Of these discrepancies, five self-reports indicate no re-admissions to treatment, as compared to record data which indicates re-admission ranging from one to two times. These subjects tended to report underestimates of re-admissions. One self-report indicated one re-admission to treatment, whereas agency admission record data indicates no re-admission. Another self-report indicated re-admission to treatment at a private-sponsored treatment facility. It was not possible to match this specific self-response against agency data, due to the fact that the agency only records re-admissions to its treatment programs. Sixty-five percent of the cases appear to be consistent, thus the amount of remaining discrepancies weaken the validation of the item (see Tables 16 and 17).

Discrepancies were also found on items of past drug-use and frequency of use compared to agency data. Respondents informed more drug-use than data obtained from the treatment record. Official records indicate no past drug-use of
amphetamines, alcohol, "campana," seconal, ciba, demerol, methadone, opium, speedball, submarine and talwin; whereas self-reports on this item indicate use of: "campana" by two subjects, on a sporadic basis; seconal by five subjects, ranging from a frequency of use of more than twice daily to sporadic use; demerol, by one subject more than twice daily; methadone by five subjects, ranging from a frequency of use of more than twice daily to sporadically; and speedball, by nine subjects ranging from a frequency of use more than two times daily to sporadic use.

The drug of preference of the majority of the respondents in the past as indicated by the self-reports and the official recorded data was marijuana, although the comparison on the frequency of use, according to both sources was not found to be totally consistent. The only other drug used by respondents, according to official record data were barbiturates, cocaine, hashish, heroin and other unspecified drugs, in frequencies ranging from more than twice daily and specified frequency of use. Data was not available for three subjects, a factor which limits the overall validation of the item.

Overall, subjects tended to over-report past drug use, whether or not they perceived themselves labelled to an intermediate or low degree. Most subjects fall between an intermediate and low label. One would expect less valid answers from these on the intermediate range, since they
may still be active in drug use, and more valid answers from low-labelled persons, since they have little to conceal. Table 7 indicates over-reporting by subjects, independently of intermediate or low label, which would tend to be indicative of the validity of the self-reports. When this is compared to the official treatment records, subjects in general under-reported their use patterns suggesting that their official status during that period of time and the need to hide more. The under-reporting may be related to the fact that subjects could have felt threatened by their involvement in illegal behavior. The information in conclusion, as self-reported, appears to be valid, as is evidenced by Table 6.

**Validation Items: Criminal Identification Records-Police Department**

As Table 8 shows, two items included in the self-reports were compared to the information obtained in the criminal identification records at the Police Department. These were types and frequency of involvement in illegal activities after discharge from treatment.

Discrepancies in the frequencies of involvements in illegal activities after the date of discharge, were observed in five or 25% of the cases. Of these, two self-reports indicated a frequency of one involvement each, in contrast to Police data, which indicated no involvement in illegal activities. Two other subjects reported a frequency of one
involvement in illegal activity after discharge, whereas Police record data indicates two involvements in these type of activities. Another subject reported two involvements, whereas Police data indicates four for this subject. Overall 45% of the self-reports appear to be valid, according to the available Police record data.
### TABLE 8

**Validation Items: Criminal Identification Records**

Police Department

<table>
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<tr>
<th>Subject</th>
<th>Self-Report</th>
<th>Police</th>
<th>Difference</th>
<th>Self-Reports</th>
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<td>0</td>
<td>----</td>
<td>----</td>
<td>----</td>
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<td>----</td>
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<tr>
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<td>0</td>
<td>and Possession¹</td>
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<td>5%</td>
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<tr>
<td>20</td>
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<td>4</td>
<td>5%</td>
<td>Assault</td>
<td>1</td>
<td>Robbery 3</td>
</tr>
</tbody>
</table>

**Total Difference**

25%

¹ Undetected Illegal Activity
² Grouped Data in Appendix B-7
³ Grouped Data in Appendix B-8
Three subjects reported one involvement each, in illegal activities, which were consistent with Police record data. Twelve subjects reported no involvement in illegal activities, which were also consistent with the official data.

Significant discrepancies were found on the self-reported and Police record data on specified illegal activities in which subjects were involved and the frequency of these involvements. Respondents tended to admit significantly more involvements in illegal activities than that reported in official records. A total of sixteen undetected illegal activities were reported by twelve subjects. Of these, eight subjects reported a frequency of involvements of one in drug use or possession, and four subjects reported a frequency of two involvements in drug use and possession.

One subject did not report involvement in any type of illegal activity, whereas Police data indicates that the subject was involved in one case each of drug possession and robbery. Thus, the main illegal activities which went undetected were drug-use (45%), and possession, (10%). Other discrepancies observed in the self-reported involvements in specific types of illegal activities as compared to official record data were two self-reports which indicated drug possession and use respectively, whereas Police data reported drug sale for both cases. One self-report indicated no involvement in illegal activities after discharge in comparison to official data specification of
involvement in one case of drug possession and one in robbery. Additionally, another self-report indicated one involvement in assault, whereas Police data reported involvement in three cases of violations to the weapon's law, one tentative homicide and one robbery. Overall, the analysis indicates that in those cases where discrepancies were found between self-reported and Police data, on the item of frequency of involvements in illegal activities after discharge subjects tended to under-report these activities, whereas subjects' responses on the frequency of involvements in specified illegal activities indicates over-reporting of these involvements. A comparison of the responses on both items indicates inconsistency of data. The level of generality of the former item may have had some effect on the subjects' responses, whereas the specificity of the latter item may have provoked the opposite effect.

Validation Items: Criminal Secretarial of Superior and District Courts Investigation Division, Courts Administration

The self-reported items validated against court data as presented in Table 9 were legal action taken on detected involvement in illegal activities, the amount of time of incarceration after discharge from treatment, and present legal status. According to Police records (as presented in Table 8) a total of six subjects were detected by this agency for involvements in different illegal activities, along a
continuum of diverse frequencies. Of these, one subject did not report any involvement, whereas five admitted to involvements in these activities. Of the five cases of self-reported involvements in illegal activities after discharge, the comparison of official court record data on this item was not possible in one of the cases, due to unavailability of records. The comparison of the Court record and the Police data which indicated two detected involvements in different illegal activities, regarding the subject who did not report involvement in these activities, was also impossible due to the unavailability of the former official record. The comparison of the four remaining cases, did not indicate any discrepancies.

Self-reported data on the amount of times incarcerated compared to Court data indicated one discrepancy. The self-report indicated two incarcerations, whereas Court data reported one incarceration.
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<td>Incarcerated</td>
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</tr>
</tbody>
</table>

1 These subjects according to Police Data were involved in detected illegal activities after discharge from treatment.
2 This subject had no criminal record.
3 The present legal status of subjects was followed up only in those cases where self-reports and Police Data indicated involvement in illegal activities after discharge from treatment.
4 This subject did not report involvement in criminal activity, but Police records indicate involvement in two different illegal activities.
5 Grouped Data in Appendix B-9.
6 Grouped Data in Appendix B-10.
7 Grouped Data in Appendix B-11.
The present legal status of the self-reports of the five subjects who admitted to involvement in illegal activities and were accused for these actions, after discharge, were compared in all of these cases. Of these no discrepancies were identified. One self-report could not be matched against Court data, because the official record was not available. Additionally, Court record data was not available to match against Police data on the subject who did not report involvements in illegal activities. Overall, the unavailability of records at the Court's Administration System, tends to weaken the validity of the items compared. Additionally, the multiple constraints experienced by the researcher in locating subjects Court records, limits the complete validation of these items.
CHAPTER V

THE FIELD EXPERIENCE:

PROBLEMS OF RESEARCH METHODOLOGY

What follows is an effort to utilize direct contact with subjects in their natural habitat, to describe methodologically relevant issues encountered by the researcher in the conduct of the research. The discussion is presented in the form of narrative documentary interpretation to illustrate the methodological difficulties experienced by the researcher in her effort to conduct follow-up research within an authoritarian setting, on a cross-section of subjects discharged from drug-use treatment programs in Puerto Rico. Data is presented in chronological sequence as it occurred, focusing on the location of subjects, the interviews, and the follow-up of official agency data in an attempt to validate specific areas within the self-reports.

Location of Subjects

In view of the anticipated difficulties to locate subjects, the researcher utilized the strategy of mailing an introductory letter to a total of one hundred and two subjects. The letter explained the purpose of the project, the
nature of voluntary participation, confidentiality of the study, identified the researcher, and assigned a date for initial contact. A return address and the office telephone number of the researcher was provided in the context of the letter in the event that subjects interested communicating with the investigator prior to the specified date of the personal contact. The provision of this phone number was an additional strategy utilized to capitalize the credibility of the researcher's role. Initial dialing of this number communicated participants with a switchboard operator who identified the educative institution where the research was employed. The call was then passed on to the specific academic department. Secretaries were instructed as to the management of subject phone calls (see Appendix A-8).

These subjects were followed-up by the researcher, over a period of time of three months, for a total of one hundred and forty-four personal contacts. The outcome of these efforts culminated in the location and interviewing of a total of twenty subjects. A mean of 7.2 contacts were made per interviewed subject.

The field work of locating subjects was carried out by the researcher in settings such as middle class urbanizations, low class public housing projects, slum areas, regional and state correctional institutions, public and private drug-abuse treatment facilities and offices where subjects were employed.
Initial contacts with subjects were primarily made through family members, mainly mothers and wives, although neighbors played a vital role in the location of subjects. The use of telephone calls provided another form of contact with subjects. Many of them would call the researcher's office to inquire about the project, as a form of obtaining additional information than that provided in the introductory letter for deciding whether to participate in the study or abstain from doing so.

The follow-up experience produced a wide range of information, regarding the whereabouts of subjects:

Of the one hundred and two subjects contacted, thirty-two were reported as having moved, either within the island or to the United States mainland; three subjects were reported killed under violent circumstances, two of them in a street fight and the other in prison. This information was provided by mothers and a neighbor of the subjects. Additionally, three subjects were reported as incarcerated by family members, two of them in prisons of the island and the other in the United States; four subjects were reported as disappeared by family members; twelve subjects openly refused to participate in the project, either personally (9), by mail (1), or by phone (2).

The latter (2) subjects indicated their apprehension related to being identified through participation in the study. One of them indicated feeling angered because of the
disclosure of information revealing his identity and address
to the researcher. He informed that he was presently em-
ployed with the government and was pursuing graduate studies.

The other subject indicated fear of jeopardizing his
marriage and employment by participating in the study since
allegedly neither party was aware of his past drug use. In
both of these cases, the subject's grandmothers were person-
ally contacted by the researcher and served as intermedia-
ries between the researcher and the subjects.

A total of eighteen additional subjects were located
and contacted a variety of times, but were never available
for the interview, seven subjects addresses apparently were
non-existent, although the corresponding introductory letters
were never returned by the United States Postal Service. A
total of twenty-one letters were returned to the researcher
by the United States Postal Service for the following reasons:
"not deliverable as addressed, unable to forward" (3), "in-
sufficient address" (3), "no such number" (4), "addressee
unknown" (3), "moved left no address" (4), "unclaimed" (2),
"not deliverable" (1), "no mail receptacle" (1). The strat-
egy utilized by the researcher of mailing letters two weeks
prior to contact, in an attempt to allow the postal service
sufficient time for delivery, as well as provide subjects
the necessary time to make arrangements for the interview if
interested in participating in the study, did not prove to
be effective. On many occasions the researcher travelled to
places where mail delivery was impossible (for previously indicated reasons) before the postal service returned these letters. In these specific instances time and energy were expanded unnecessarily, regarding the location of subjects.

In those specific situations where subjects were incarcerated or receiving treatment for drug-use, in Puerto Rico, additional contacts to home visits were required to locate subjects. The main procedure utilized under these circumstances was to establish initial personal contact at the home address, with a family member, who had prior knowledge of the project (had already received and read the introductory letter), and request they serve as intermediates between the subject and the researcher. In three of these typical situations encountered, the subject's mother in each case, served as the link by forwarding the researcher's letter to the subjects and reporting back their decisions regarding participation.

In the case of one of the subjects, who was receiving treatment in a residential facility for drug-use in a private program, the process of locating and interviewing him took approximately one month. Three home visits were required before any contact could be made with his family. Once this was achieved, telephone contact with the subject and subsequent approval for the interview were obtained. Finally a visit to the treatment facility was coordinated the interview was completed. In another case, the
subject was undergoing treatment in a government sponsored program, parents were located during the first personal contact at their home. They reported that the subject had moved to another town, and provided imprecise information regarding the treatment center where they believed he could be reached. A total of four additional visits to two treatment facilities were required to locate the subject personally. This specific procedure also lasted approximately one month.

In the case of two incarcerated subjects, after confirming their approval for participation in the study, pertinent requests of authorizations were forwarded to official functionaries, at diverse levels, within the government correctional system. In one of the cases, two personal contacts with agency officials were necessary, aside from six telephone calls, before authorization was granted to interview the subject, within the correctional facility. The final outcome of these efforts was the impossibility of conducting the interview. This subject was stabbed by prison inmates on the day and hour of the interview, as he awaited in a prison office to be interviewed by the researcher (see Appendix A-9). Two months later, the subject died under unclear circumstances, allegedly as a consequence of a fatal blow by prison guards during a riot (see Appendix A-10, 11, and 12). The location of the other incarcerated subject required four personal contacts at different agency levels,
including eight telephone calls. A period of time of two months was necessary to achieve this interview because of the researcher's impossibility of gaining access to enter the prison as a result of the strict security measures implemented in response to the frequency of outbreaks and riots within the correctional institutions on the island (see Appendix A-13 and 14).

The Interview

Upon meeting the subject, the interviewer identified herself as a university professor engaged in an independent study of acquiring practical knowledge experiences, opinions and attitudes of subjects after discharge from treatment. The identification card from the educative institution where she was currently employed at the time of the interviews was presented as a means of establishing the legitimacy of her purpose. Thereupon, reference was made to the introductory letter.

Issues of salient concern to many of the subjects were the fact of the revelation of their identities, which were disclosed by the agency, the confidentiality of responses and anonymity. The researcher explained to the subjects the procedures utilized to gain access to each potential participant and to the overall setting where the study was being conducted. A clear explanation of the process to obtain official authorization from the Secretary of the Department
of Services Against Drug Abuse, to conduct the study, was provided to the subjects. This explanation included information regarding the interview given the researcher by the Secretary to discuss the project, as well as the researcher's referral to the legal division of the Department, in order to assure compliance with federal legislation aimed at safeguarding the confidentiality of agency record data regarding subjects' participation in research. Thus, subjects were fully explained and interpreted the procedures required of the researcher by the agency for the release of information pertaining to the names and addresses of potential participants. More specifically, subjects were informed relative to the researcher's fulfillment of the "Rules and Regulations of Confidentiality of Drug Abuse and Alcohol Patient Records" (see Appendix A-15). After the researcher produced the necessary evidence regarding her professional identity and research interest, which conformed to the above mentioned safeguards for the protection of subject confidentiality, the Department granted authorization to conduct the study and thereupon access to the lists of subject identification data. The researcher stressed the fact that the only method available to her for purposes of locating and contacting subjects, was through the Department. Subjects were assured that any information they communicated to the researcher would be confidential, available only to her for purposes of analysis.
Only one of the subjects interviewed reported not having received the introductory letter prior to the personal contact. Seven of the respondents who received the letter telephoned the researcher requesting additional information about the project. One of the questions which repeatedly came up during the contract phase, prior to the interview process, was "what is the purpose of the project?" Respondents seemed to feel uncertain about the potential misuse to be given to their responses by the researcher. Concern regarding matters of confidentiality as related to the veracity of the researcher's intentions were checked out by subjects. All respondents were explained the details of the project and the nature of voluntary participation, the right to withdraw participation in the project at any time and/or their right to refuse answering any questions they determined inappropriate. The requirement of filling out the consent form for participation was also explained. Thereupon, the form was given to each subject, which was then instructed to read it and inquire about any doubts which may have been raised regarding its content. Only one subject requested clarification of the term "potential psychological harm," included in the context of the consent form. All subjects signed the form and when available, witnesses did so also. In those circumstances where witnesses were not present at the place where the interviews were held, such as offices where subjects were employed, treatment centers,
prison, and at homes, only the subject was required to sign the consent form.

The researcher had anticipated potential denial of participation due to the clause in the consent form regarding psychological harm, yet no difficulties arose in this regard. It seems that once a clear understanding of the various aspects of the project, particularly the flexibilities afforded the subjects' participation, interest and motivation took precedence, and the interviews began. Thus the possibility of evasiveness and/or untruthful responses on questions dealing with their illegal activities or drug-use may have been minimized to some extent, due to the subjects' right to respond to those questions he interested responding to and the liberty to withdraw participation at any time.

Interviews were held at different places or physical facilities. Of the twenty subjects interviewed, 75% were interviewed at their homes, 10% at drug treatment centers, 10% at their employment sites and 5% at prison. The latter 25% of respondents, interviewed at the specified institutions as observed by the researcher, is consistent with the self-reported data of these subjects regarding responses to questions on current legal and occupational status (see Table 10).

The average length of time necessary to conduct the interviews was approximately one and a half hours. The shortest interviews lasted about fifty minutes, whereas the
longest lasted two and a half hours. Interviews were conducted on week-days, Saturdays and holidays from morning to night hours, whenever subjects were available.

TABLE 10
Place at Which Interviews Were Held

<table>
<thead>
<tr>
<th>Place</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>15</td>
<td>75.0</td>
</tr>
<tr>
<td>Prison</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>Treatment Center</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>Office*</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Refers to the subjects' place of employment.

The researcher's experience of interviewing varied markedly, according to the type of physical setting, the surrounding environment where interviews were conducted, and the prevailing atmosphere, particularly the present of other persons during the interview according to their relationship with subjects.

The interviews held at the subject's home, overall, can be at best described as places where an informal and relatively relaxed atmosphere prevailed, in comparison to other physical settings where interviews were held. The feeling of being at home, though in the presence of a stranger (researcher), apparently minimized the tension component of
participation in the interview situation, which may have been felt by subjects. On the other hand, of the fifteen subjects interviewed at their homes, eight were interviewed in the presence of family members, ranging from mothers, wives, brothers and sisters of the participants. In one of the interviews the mother of the respondent continuously suggested responses to the subject. The presence of these persons, during the interview process, particularly referring to questions pertaining to current drug-use, marital difficulties and perceived support from the family may have exerted some influence on the subjects' response set. In these circumstances it became apparent to the researcher, the family's interest in sharing the experience, either passively or actively.

Living or dining rooms within the households visited were the specific areas most frequently selected by the respondents for the interviews. These sites were generally reduced physical areas which offered limited privacy. One of the interviews was conducted in the subjects' bedroom, which was the only room in the household that was available for this purpose. The interview was specifically undertaken on the subject's bed, due to lack of other seating facilities in the room. The subject was engaged in watching a television program at the time the researcher arrived and accepted to be interviewed under the specified circumstances. Overall, the experience of conducting the interviews within the
subject's natural habitat, permitted the researcher to observe respondents to some extent in secure, familiar environments where identities and intimate life experiences could be revealed.

In contrast, the interviews held at institutional settings differed from those conducted at the homes, in several respects. The formal atmosphere which pervaded the interview process and the positions occupied by subjects appeared to have some influence on the subject's mode of participation. One of the subjects was receiving treatment at a self-help residential type private facility and was simultaneously acting as director of the program. The interview was conducted in his office. There were few interruptions by program clients, which were under his supervision, yet the researcher perceived a lack of ease and comfortableness possibly related to the conflicting roles played by the subject. The apparent need to project a positive image consistent with the authority position occupied by the subject and the role of participant in the study, suggests the possibility of biased responses.

The other subject, an active client of a day-care drug-treatment program was interviewed at the physical facilities of this program, specifically in a counselor's office. This facility afforded relative privacy, though no interruptions were registered. The surrounding atmosphere appeared relatively tranquil, since the interview was conducted at
approximately 7:45 a.m., at which time the only persons present at the treatment center were a registered nurse, a former addict counsellor and various clients who were located at the main entry of the building. These persons could not be seen nor heard during the interview. The interview began shortly after the subject had received his dose of methadone. The focus of dual roles, client and participant in the study, appeared to have a complementary effect to some extent. The subject's mode of participation appeared to be an extension of his role of client. The interview situation appeared to represent a routine procedure for the subject, indicating the possibility of bias in terms of the confounding effect.

The one interview at the prison facility is markedly different from every other interview in this study, regarding the type of institution and prevailing atmosphere. The conduct of the interview within total institution where coercion, power and authority rank highly within the structure, has significant implications on the overall process of data collection.

The institution where the interview was conducted is the main penitentiary on the island. At the time of the interview, riots and subsequent killings of inmates were currently occurring at this and other penal institutions on the island (see Appendix N). Tight security measures were implanted at these facilities and inmates were not permitted out of their cells, except for meals and minimal recreation.
activities, under strict vigilance. For this reason, the interview was not authorized to be held at the offices, commonly utilized for these purposes, which are located in an adjacent building of the prison. Upon the researcher's arrival at the prison, the subject's prison record was checked by the warden to determine if he was classified as notorious, dangerous or an active participant in the outbreaks. This classification system was utilized as a criteria to judge whether the subject could be finally interviewed. After this requirement was fulfilled, a special guard was assigned to the researcher. The assignment of this guard by the warden required for "security reasons" to accompany and "protect" the researcher to a small room off the cellblock where the subject lived, in order to conduct the interview. The researcher was instructed by the warden prior to the interview, as to the security measures to be observed. Before the subject was released from the cell, the guard appeared nervous and anxious, and made comments about the fact that none of the inmates were "worth the while." Afterwards he repeated instructions as to the physical seating positions of the subject and the researcher. It was agreed that the guard would be present during the interview. The subject was brought in, seated, presentations were made, explanations about subject's participation were covered and the interview began.
During the process of the interview, two additional prison guards walked by the interviewing room, each armed with machine guns, aside from their customary official weaponry. Both were visible to the subject and the researcher. At another point during the interview, an additional guard walked into the room, observed what was occurring, talked to the guard assigned to the researcher briefly, and left. Sirens could be heard, signifying the termination of recreational activities for inmates of specific cellblocks, and the beginning of these activities for others.

The environment which prevailed within this type of setting can be termed as tension-producing for all the persons involved, totally lacking in privacy and as such, affecting all dimensions of the interviewing process.

Interviews held at the employment sites of two subjects purport particular methodological experiences. One of these respondents, at the time of the interview, was occupying an administrative position in the government sponsored drug treatment program where he had previously received treatment. The subject selected his office as the site for the interview, which provided an atmosphere of privacy. The double-bind implied by the performance of both roles, suggests the possibility of bias regarding the self-responses provided by the subject. The respondent may have felt pressured to maintain a positive self-image in the face of the researcher as a means of legitimating the status acquired within the agency.
structure. The researcher discovered after the interview that the subject had previously informed friends and colleagues at the agency of his participation in the project. Apparently no efforts on his behalf were made to conceal the interview situation.

The other subject who was interviewed at his place of employment, upon request, asked that voices be lowered when the interview began because "companions in nearby offices could overhear the conversation." Thus, the subject explicitly indicated concern relative to disclosure of information, which could have been overheard by colleagues at the agency, yet appeared to present no difficulties in disclosing information to the researcher, per se. Open communication and personal experiences which transcended the specific items on both schedules were shared freely with the researcher. The interview was conducted in a cubicle which afforded relative privacy and no interruptions.

Overall, regarding the process of the interviews, the content of the questions were understood and answered by most subjects without major difficulties. Subjects' responses to the interview questions were written on the schedule by the interviewer. Referring to the response sets of the scale, an additional copy of this instrument was given to the subject to facilitate the response mode. The researcher read each item on the scale as the subject followed on his copy.
Self-responses were then recorded by the researcher on his copy of the scale. Scale responses required more time for thought processes, as well as clarification of some items in the majority of cases.

A particular situation arose during the interview process of the incarcerated subject, who opted not to answer any of the scale items regarding perception of friends. This suggests the possibility that the subject wished to avoid disclosure of any information regarding friendships at prison, which could be interpreted as related to participation in riots, in the presence of the penal guard. He stated that he could not answer these specific questions because he "had no friends."

Due to the fact that interviews generally serve as rapport builders, the sequence of questions were structured accordingly. Those items on present drug use, involvement and degree of participation in illegal activities, which could be considered anxiety producing, were verbalized after the establishment of rapport, when the researcher perceived that subjects were usually involved in their answers and committed to the interview situation. These questions were preceded by the following statements: "at this point I would like to ask some questions regarding the use of narcotics including alcohol, and/or involvement in illegal activities, and would appreciate your sincerity." At this point subjects were re-assured that their responses were
confidential, and would be used only for purposes of analysis of data. This strategy appeared to be effective since a majority of the subjects reported present drug-use and/or involvement in illegal activities.

The role of the interviewer as belonging to the opposite sex (relative to subjects) in a machist society, may suggest implications on the response sets of the participants. Visualized from one perspective, a female interviewer could have been perceived by subjects as a sexual attraction, whose effect of provoking "macho" impressions may have affected responses in one direction. The cultural expression of supremacy of male over female may have been manifested in the over-reporting of current involvement in deviant activities. On the other hand, a contrasting cultural perspective of the female figure suggests an understanding, sympathetic and caring person which may have provoked subjects' sincerity and openness in communication. It is interesting to note that some subjects reported that they thought the researcher was a social worker. Subjects' attitude toward the interviewer was always cooperative. No specific incidents were registered which could indicate otherwise.

The Search for Unobtrusive Data

Unobtrusive measures utilized in an attempt to strengthen the validity of self-reports consisted of data obtained from the Criminal Identification Records of the Police Department,
Criminal Records at Court's Administration, Treatment and Admissions Records at the Department of Services Against Drug Abuse. The methodological experience of collecting unobtrusive data from official records will be discussed in the chronological sequence of agencies visited by the researcher for these purposes.

**Police Data**

After consultation with the Legal Division of the Department of Services Against Drug Abuse, relative to the requirements pertaining to authorized disclosure of information, the Police Department, was contacted and requested authorization to utilize the criminal identification records of subjects. This procedure was initiated through the Legal Division of this department, which subsequently obtained permission from the Police Superintendent to authorize access and use of the aforementioned records. Contact was then established with the Director of Technical Services and finally with the Director of the Criminal Records Division, within the Police Department. The specific procedure for locating records at the Office of Criminal Records consisted of submitting a list of the names and addresses of subjects, to the Director of the division. This procedure was required due to the fact that agency records are centralized and contain information of all citizens who have committed criminal activities on the island. The magnitude of records to be individually assessed...
by the researcher, surpassed the limits of feasibility. Strict confidentiality of information was stressed by the researcher as well as the Police Department officials. Criminal records were located by clerical staff and passed on directly to the Director of the Division. This agency official and the researcher met during three consecutive days to discuss the data needed by the researcher. Data was obtained for each subject by checking the consistency of first and both last names and specific addresses against data obtained at the Department of Services Against Drug Abuse and through observed and self-reported data from the interview. Finally, a photograph of each subject was observed these three days. Cross-checks were necessary due to the fact that many persons who have criminal records, according to Police information, may inform a false name and/or address at the time of arrest or more than one person may appear to be filed in the records with the same first and last names. The researcher was requested to provide nicknames, if possible, to facilitate the search. This was impossible, thus, the location of records continued on the basis of specified available identification data.

In one case a criminal record belonging to a particular citizen with the exact first and last names of one of the subjects was mistaken for his. After checking the address and photograph, confusion was eliminated and the error corrected. Only one subject did not have a criminal record, apparently
because of never having been involved in detected illegal activities.

Although data obtained through Police files is centralized, it is not up to date. Police officials reported that a centralized computer system was installed in an effort to integrate the component units which make up the criminal justice system on the island (Police, Court's Administration, District Attorneys, and the Correctional Administration Agencies). Technical personnel was trained but budgetary restrictions ceased implementation plans (see Appendix A-16).

This fact suggests that any attempt to validate self-reported current criminal involvement during three to four months preceding data collection at the Police Department by the researcher, can only be relative and not absolute.

Out of a total of five times regarding involvement in illegal activities after discharge from treatment and present legal status of subjects, the Police Department was able to provide data on two of these: the amount of times involved in illegal activities and the frequency of involvements in specific types of illegal activities. Another item, regarding the present legal status of subjects, was not available at the agency. The researcher was explained that after Police arrest subsequent action including the final disposition of cases are determined within the Court's Administration System. Responsibility of reporting final disposition of cases back to the Police Department lied with the Court's
System. Three remaining items required by the researcher corresponded to the jurisdiction of the Court's Administration System. The Police Department provided the researcher with the identification of the specific courts where subjects' cases were referred for corresponding judicial action after arrest. Therefore, data required to validate remaining items, was pursued through the Court's System.

Courts Administration System

The Court's System of Puerto Rico, in contrast to the Police Department, is not centralized. It is composed of Superior and District Court sub-systems. The Superior Court is divided up into twelve "salas" representing the twelve senatorial district jurisdictions into which the island is divided. The District (lower) Court component is divided into thirty-seven "salas," located throughout the same number of towns on the island (see Appendix A-5). In order to complete the data collection process, it was necessary for the researcher to learn and familiarize herself directly (first hand) with the modus operandi of the Court's Administration System. The legal processing of a person through the system is initiated when the arrestee is taken to the presiding judge at the Investigations "sala," at the District Court level, where a hearing is held to determine probable cause. If probable cause is not determined by the judge, the case is dropped and filed as such. When probable cause
of a misdemeanor is determined, the case is processed for further legal action, remaining within the jurisdiction of the District Court. Under circumstances of felony, the case is transferred to the jurisdiction of the Superior Court, thus the District Court revokes its jurisdiction of the case.

The process of searching for data in the court files was initiated by the researcher by contacting four Superior Court judges of the metropolitan area of San Juan and one from a court on the northeast coast of the island requesting authorization to collect the necessary data to complete the validation of self-reports in the legal area. The selection of the courts in the metropolitan area was made on the basis of these specific courts where the Police officials reported to have referred subjects cases after arrest. In principle no difficulties were confronted by the researcher regarding authorization to use court records, in view of the fact that these are considered public documents.

According to Police data, six subjects had been involved in illegal activities after discharge. The twenty cases were traced through the passive and active files of the Secretarial of Superior Court Criminal Affairs, at each of the five Superior Court's covered, in an attempt to verify if any of them had been involved in recent criminal activity which was not listed in Police records. In the event that no data was available for subjects, particularly those whose
Police record indicated detected commitment of crimes, these records were searched through District Court's divisions of Preliminary Hearings and Investigations: Passives and Pending Arrest Files.

The specific process of locating records within the system took two months and was executed as follows. Within the first Superior Court, Secretarial of Criminal Affairs visited the researcher anticipated locating four criminal records, according to Police information. Of these, only one record was located. The data obtained from the official record of this subject was contrasted with data collected from the criminal record at the Police Department, in terms of types, amount, and data of commitment of detected illegal activities. The three records which were not located were traced through different levels within the Courts system at a later date. One of the subject's records was followed up (for a case of violation of narcotics law—possession of marijuana, 1980) within a District Court at the Preliminary Hearings division active and passive files; the Investigations division pending arrest and arrested 1980 files, remissions 1980, and accusations files. No information was available on this subject. Agency personnel suggested the researcher continue the follow-up of this record at another Superior Court, due to the fact that the case could have been remitted to the nearest Court, although no evidence was found in the remissions file to support this assumption. After going through the active
and passive files in the second Superior Court, Secretarial of Criminal Affairs, the researcher continued the search at the second District Court level Preliminary Hearings--active and passive files, the Investigation Unit--Pending arrests. These additional validation efforts resulted in no available data to cross-check the subject's criminal activity after the date of discharge from treatment.

The second subject's record which was (followed-up for one case of violation of Narcotics Drug Law--Sale and distribution, 1980) not available at the first Superior Court was also traced through the following District Court levels Preliminary Hearings--active and passive; Investigations Division--pending arrest 1981, pending arrest 1980, Remissions 1980. At the second Superior Court, active and passive files were checked. At the second District Court, active and passive files and files at the Investigations unit were also checked.

These efforts culminated in no data available to cross-check criminal activities of this subject after termination of treatment.

The third subject's record which was (followed-up for one case of Violation of Narcotics Drugs Law--Distribution of Heroin, 1981) at the third Superior Court was located at the active files. Data obtained from the court records is consistent with data from criminal records at the Police Department. This subject reported marijuana use and his
records indicated Violation of Narcotic Drug Law—Use and Possession 1980 at the first Superior Court covered by the researcher. This record was finally located at the third Superior Court, by serendipity. While following-up other subjects' records, the researcher came across the subject's name, within the Preliminary Hearings Passives files. This led the researcher back to the Third Superior Court—Active cases where the control card appeared and the record located. The data collected was consistent with original Policy data.

The process utilized by the researcher of reversing the follow-up procedure in this specific case attempted to find data at the first Superior Court contacted to evidence the remission of the case of the third Superior Court. Once again at the Superior Court, active and passive files were checked. At the District Court level, Preliminary Hearings, Investigations Division, Pending Arrests 1981, arrested 1980, remissions 1980, accusations 1980, accusations by judge 1980, files were examined. The latter file (by judge, 1980) was specifically examined due to the fact that the researcher had prior information regarding the accusing judge and the date of action, of this particular case.

No data of any kind was located on the subject throughout this extensive search. At the end of the process the researcher learned that the specific difficulties encountered in the follow-up of this subject's court record data apparently pertained to the modification of the agency's routine
procedure which consists of sending the arrestee to the nearest court under whose territorial jurisdiction the crime was committed. The researcher discovered by serendipity that this routine procedure was modified when no judge was available within the jurisdiction of the commitment of the crime and the subject's case was remitted to the nearest court where a judge was available. All courts are required to keep record of these remissions, yet no evidence that could indicate the transference of the case from one court to another could be found in any of the files previously mentioned.

The fifth subject's record (accused of Grave Illegal Possession, 1981) according to Police record information was sent to the fourth Superior Court. The record was traced through the active and passive files of the Criminal Affairs Division of the court. No information was available through this formal search procedure. Yet clerical staff were able to locate the record through an informal verbal procedure because the subject's name was familiar to them. This record was physically located within a stack of other records on a chair, for purposes of preparing the court's calendar of hearings for the week, mailing the citations and filing copies of these in each record. Data collected on this subject was found to be consistent with Police record information regarding type and date of illegal activity involvement.

The sixth record pursued through the court system, as reported by Police information (Grave Illegal Possession,
1979) was expected to be found at the fifth Superior Court. This record was traced in the active and passive files of this court. The record's control card was originally overlooked by a substitute clerical worker. After the researcher indicated her expectation of finding the record at the court, according to Police data, a second inspection of the files produced the control card and the subsequent location of the record.

Aside from following-up all subjects' records who had or may have been involved in detected illegal activity, at the five Superior Courts previously mentioned, the researcher took an additional sample of courts. Two Superior and District Courts were selected on the basis of representation of rural jurisdictions located in the central mountain area of the island, to contrast with the metropolitan and nearby northeast area court. Also, since police criminal record data does not list recent criminal activity, there existed the possibility that subjects could have committed illegal activities which would have been filed at any court on the island, depending upon the town where the crime could have been committed. Each of the twenty subjects were traced through the Criminal Affairs division--active and passive files or both Superior Courts, and then on the District Court, specifically the Preliminary Hearings--Active and Passive, Pending Arrest and Arrested files within each
of the subdivisions of the lower courts. Data was not available on any of the subjects at these courts.

In comparison to the metropolitan area courts, the interior-island courts serve smaller populations. These circumstances apparently differentiate the internal operations of each of these courts as compared to the original five courts encountered by the researcher. The researcher observed that the different sub-units (offices) which compose both Superior and District Courts in the interior of the island are physically located in the same area within each court. In one of the towns, both Superior and District court files were housed in one relatively small office. This type of centralized or organizational plan appears to promote relatively more integration, coordination and control regarding the internal functioning of each unit, in contrast to the typical metropolitan and nearby area courts.

Overall, a total of forty-seven towns of the island were covered in the search for court data on subjects, according to the jurisdictional areas represented by the seven Superior and nine District Courts contacted by the researcher.

One salient observation afforded by the experience of personal examinations of court records by the researcher is that whenever the identity of a person being processed within the system is unknown the pseudonym John Doe is used within District Court files, specifically those included in the Pending Arrest file in the Office of the Investigations Unit
and the Preliminary Hearings Office. According to agency personnel this practice is necessary due to the fact that prior to arrests or preliminary hearings the Police may lack information regarding the true identity of the arrestee.

Additionally, the researcher discovered the agency practice of utilizing the nicknames to file cases. The use of nicknames in the underworld are used to conceal identities, thus when the undercover agent is investigating persons he may confront practical difficulties in obtaining the suspect's real name. Thus, many cases were filed according to the suspect's nickname.

Both conventions place restrictions on the researcher's attempt to validate self-reports in this area. An examination of the court files is insufficient to establish the validity of data reported by the subjects.

Department of Service Against Drug Abuse: Treatment, Admissions and Related Records

The researcher's access to the treatment and admissions records of subjects was authorized by the Secretary of the Department of Services Against Drug Abuse at the time she granted official authorization to utilize the necessary agency resources to carry out the project.

A list containing subjects' names was given to the director of the Central Records Unit of the Department for purposes of validating specific items included in the
self-reports. The data collected from the treatment records by the researcher consisted of a total of seven items pertaining to: 1) age, 2) length of time residing in the community after discharge from treatment, 3) marital status before completion of treatment, 4) last academic grade completed upon discharge from treatment, 5) drug history, 6) legal status upon discharge from treatment, and 7) number of re-admissions to treatment after the date of discharge from treatment. Treatment and admissions records provided data for items three, four, five, and six.

Of the total of twenty treatment and admissions records, sixteen were successfully located at the Central Record Unit of the Department. The treatment record of one of the subjects who was receiving treatment services at the Department was located at the center where he was an active client. Thus complete data was obtained from these records, for seventeen subjects. Three treatment records were not available.

The specific data required to complete items one and seven was located within the Admissions file, a separate system of recording client information. Admissions cards were available for the twenty subjects. The data of discharge from treatment for subjects was provided by the Discharge and Follow-up Unit of the Department. This information was utilized as a basis for the calculations of the information
required to answer item two, the length of time residing in
the community since discharge from treatment.
CHAPTER VI

SUMMARY, CONCLUSIONS AND IMPLICATIONS OF FINDINGS

Summary of Findings

Various researchers (Ball, 1965; Amsel, et al., 1976; Ball, 1972; Stanton, et al., among others) have reported that the focus of research on deviant client or ex-client populations in general presents difficulties in studying and obtaining useful and valid information about them which requires a quality of inventiveness on the part of the investigators. Gaining access to the discharged subject from drug abuse treatment programs is only one aspect of the problem; the researcher also has to win the confidence of the persons involved, aside from devising and utilizing external measures to assess the validity of his data. Their studies stress the practical restrictions faced by the field researcher upon attempting to collect and measure the truthfulness of self-reported data, particularly within non-conventional settings.

The present study was undertaken to explore and describe the methodological difficulties encountered in the process of conducting research, describe the self-reported data, as well as attempt to validate this data collected in Puerto Rico. What follows is a summary of the research findings.
A total of twenty subjects discharged from treatment from drug-abuse programs at the Department of Services Against Drug Abuse were followed-up by the researcher for purposes of describing the methodological constraints of undertaking research, describing the self-reported data and attempting to validate this data, as provided by the respondents. The external measures utilized in the validation effort were Police, Court and Drug abuse agency treatment record data. These purposes were accomplished as is evidenced by the findings of this study. A variety of instruments were utilized by the researcher to collect data. A ledger was kept on a daily basis to record everyday observations of the field experience. Two self-report schedules were used. The first one, an interview schedule included items pertaining to areas such as employment, academic situation, legal area, and relationships with others. It was designed and administered by the researcher. The second, a labelling attitude scale was utilized to assess subjects' perception of labelling by family, friends, community and self. This was also constructed by the researcher and administered by her. Finally, observation guides to collect unobtrusive data at the different agencies were also prepared and completed by the researcher. The data was collected during a period of six months, ranging from January to July, 1981.
Summary of Findings Related to the Description of the Sample

An overall appraisal of the self-reported data indicates that these males, residents of the metropolitan area of San Juan, are adults whose median age is 26.5 years, 65% of whom have been residing in the community after discharge from treatment for a period of time up to six months. The mean academic grade completed by subjects is 9.8 within a range of fifth grade of elementary school to bachelor's degree of college level and above. The present marital status of 45% of subjects is married and 55% are single. The monthly income of 85% of the subjects fluctuates between no income to $599.00; 35% of subjects describe their monthly income as regular, whereas 60% reported it to fluctuate between sufficient to insufficient.

Of the total of subjects, 55% reported they were employed at the time of the interview, whereas 45% were unemployed. The range of time of unemployment for this latter group fluctuates between one month to over a year. Of these subjects two were pensioned, one was simultaneously studying and working part-time, one was incarcerated and another was an active client of a drug treatment program. The principal reasons for unemployment ranged from under-qualification for available employment opportunities, lack of employment opportunities, health reasons, rejection due to existence of a criminal record, and condition of ex-addiction. The data indicates that the respondents applied for employment
positions which range from skilled to professional positions. The mean times of application for employment was 3.5. Times accepted to work fluctuate between no times for 15% of the sample to acceptance more than four times for 40% of the respondents. Denial of employment opportunities range from no denials in 30% of the cases to denials more than four times. Upon application for employment, subjects were questioned about criminal records from no times to five times in 30% of the cases to eight times or over for 5% of the subjects.

Patterns of present drug use indicate that the most frequently used substance by respondents is marijuana, followed by alcohol, hashish, morphine, cocaine, methadone, speedball, submarine and support, all of which are used to a less extent when compared to drug use prior to discharge. Of the total sample, half of the subjects reported no legal commitments at the time of the interview, whereas the other half of subjects had legal commitments which include parole, probation, on bail, and incarcerated.

A total of 40% of the respondents reported no involvement in illegal activities after discharge from treatment, 60% reported involvements ranging from one to more than five times. Seventy percent of subjects have not been incarcerated after discharge, 30% have been in jail. Readmissions to treatment were reported in 15% of the cases.
A comparison of the reported support received from friends, family, neighbors and the community indicates the highest amount of support from family, followed by neighbors, friends and lastly, from the community. Subjects' relationships with friends, in more than 50% of the cases were distributed between no relationships and adequate ones. Perceived degree of labelling attitudes as reported by subjects fell at the intermediate (medium) level for 65% of the cases, and low for 35% of the respondents. Self-reported data indicates that 55% of the respondents have positive self-concepts and perception of others; 45% had negative self-concepts and 40% negative perception of others.

Summary of Findings Related to the Field Experience

Although there were differences in the types and amount of difficulties in locating subjects ranging from repeated attempts over days, weeks or months, several speculations can be made regarding this portion of the field experience.

The recurring pattern observed by the researcher, whereby family members of subjects, particularly mothers and wives, as well as neighbors, provided leads, information and actively collaborated to facilitate the location of subjects, may be indicative of the existing relationships among them. Parents or relatives often sought advice and emotional support from the researcher, and in many cases manifested concern over the well-being of subjects. These expressions
may be considered indicative of cultural patterns of strong emotional ties which prevail among family members and are extended to other persons, such as neighbors. The physical proximity of households in low socio-economic areas appears to facilitate close interaction among neighbors. These field observations are consistent with the self-reported data on the degree of support received from friends, family, neighbors, and the community. Thus, overall, these observations tend to support the self-reported data on relationships between subjects, family and neighbors.

A further implication of this observation from another perspective, is the labelling function in operation, exemplified by these significant others, which in a cultural setting such as the one where the study was conducted is re-inforced by factors of emotional and geographical nearness. The close-knit interactional patterns imbedded in the social structure serve as support systems, which upon certain circumstances as this, simultaneously become stigmatizing mechanisms, with or without purposeful intent. The observations tend to be consistent with the self-reported data on the labelling scale.

The considerable amount of cases which were followed-up and were unable to be localized, indicate the high rates of mobility which characterize such groups, as reported by other researchers. This observation is consistent with the self-reported data on the length of time residing in the
community after discharge from treatment (as has been dis-
cussed in the previous chapter). The majority of subjects
which were interviewed have been residing in the community
during a period of time of six months or less.

Those subjects which were knowledgeable about the project
were contacted by the researcher, yet openly or passively,
refused to participate may have felt apprehensive due to
reasons of possible involvement in deviant activities, or
fear of further labelling by persons such as employers,
spouses, who may have been unaware of their past drug-use
behavior. The specific cases where subjects were reported
as "disappeared" by family members, with no indication of
their possible whereabouts, suggests doubt as to their life
styles and general well-being. The possibility exists that
these subjects may have been involved in deviant and illegal
activities and preferred to remain out of the researcher's
reach, as a protective strategy. It can be inferred that
if these subjects were involved in illegal activities, there
exists the possibility that the social and legal codes on
criminal activities, including addiction could have caused
them to be evasive of participation.

The difficulties encountered by the researcher in locat-
ing subjects has a significant impact on the findings of
this study. It can be inferred on the basis of the re-
searcher's experience of locating subjects, that the "natural"
process of self-selection of respondents, has reduced to
some extent the possibility of untruthful or invalid responses. It is expected that those subjects who did participate, given their willingness and the voluntary nature of participation, did so in a relatively more valid manner than if selected for participation under other circumstances.

An exploratory pilot case-study design, such as the one utilized in this study, afforded the researcher the necessary flexibility to proceed with the location of subjects, according to the methodological realities and difficulties encountered, without constraining her to fulfill the requirements of established criteria, imposed by other designs.

It is recognized that neither representativeness or generalizations can be attributed to the findings of this study, due to sample limitations. On the other hand, the restricted amount of cases studied provided the researcher the opportunity of studying in an in-depth manner the underlying implications of the field experience.

Overall, from a methodological perspective, the experience of interviewing presents the researcher with numerous possibilities, upon which to make theoretical inferences.

The issue of establishing credibility and its methodological implications on matters of confidentiality and consequent validity, is central to the discussion of the interviewing experience. The researcher faced the need of capitalizing on the key process of legitimizing her role which implied to a large extent, the type and quality of the
relationship established between the respondents and the researcher, and thus, the validity of self-reported data. The experience of doing research within an authoritarian context of drug use and related criminal activities, required from the beginning of the process, the implementation of a series of strategies designed to assure respondents the necessary safeguards of confidentiality. Trust and confidence were salient concerns of all respondents. Subjects expressed concerns regarding the researchers identity and her purpose in conducting the study, prior to committing themselves to participate in the project. During this exploratory phase of the interview process researcher identity and intentions were consistently checked out.

The a priori fact of respondents' revealed identities to the researcher by the drug treatment agency, in some cases, was resented by subjects. The implication being an intrusion on subjects' right to privacy.

Another element related to the management of the researchers identity and its impact on the responses is the fact of the researcher as a female. The traditional cultural expectations tied to women's roles present the female figure on the one hand as an emotional, sympathetic person and on the other hand females are viewed by the opposite sex as sexually desired objects. The "machismo" element involved in either description capitalizes on the supremacy of the male over the female. There exists the possibility within
the interview situation that subjects may have tried to impress the researcher, "favorably," stressing the variety of deviant behaviors tapped, as well as responses on other items.

On the other hand, the researcher's previous professional experience with drug abusers may have had some influence on back-setting the "machismo" element. First hand knowledge of the respondent's environment and way of life were found to be relevant elements, in the interviewing process and within the overall research process.

The context of the interview, particularly those items based on controversial topics which required the subject to reveal intimate information about himself or attitudes generally considered socially and legally unapproved, is an additional methodological issue, implied by the interview process. These specific types of items tapped in the interview, were current drug use, present legal status, amount, degree, and type of involvement in illegal activities and attitudes of perceived labelling by family, friends, community and self. Subject's responses to these items, in general, were perceived to tend more toward truthfulness than untruthfulness, by the researcher, although this data could not be validated. Subjects tended to admit to more illegal activity than was recorded by official agencies (as has been discussed).
In retrospect, the fact of admitting to current involvement in these types of activities can be viewed as directly related to the initial concern of respondents in clarifying the researcher's identity and the legitimacy of her role and purpose. Thus, the subject's commitment to disclose personal information is seen as directly related to a concern over the researcher's identity and goals, in carrying out the project.

Summary of Findings Related to the Validation of Self-Reports

The ethical consideration of human subjects constitute an important issue raised during the process of collecting data in an attempt to validate self-reports. The researcher as participant observer, had been taken into confidence regarding the illegal acts under study. The nature of the study regarding the validation process required that the researcher come into contact with official authority agencies. Subjects did not give their consent, nor were they informed that their responses would be cross-checked at any of the agencies previously mentioned. No information regarding any type of information provided by the respondents was disclosed at any time at these agencies or elsewhere, which would have violated the confidentiality principle. Yet, the researcher was knowledgeable that subject's awareness of the fact of particularly contacting, the law enforcement
agency, after the interviews could have raised their suspicion and subsequent distrust.

The rationale for the decision of not informing subjects about the validation process was based on the fact that their awareness of the procedure could have contaminated or invalidated a priori, the response sets on the self-reports. Thus, the possibility existed that the validation process was self-defeated if subjects had prior knowledge of its undertaking.

The utilization of diverse sources of agency records in an attempt to validate items in specific areas of past behavior the area of detected illegal activities as self-reported, raises issues on the tolerance level for the discrepancies between self-reported information and official record data. The researcher found that agency record information on specific illegal activities, detected and/or undetected, including arrest and court dispositions, is incomplete.

The utilization of Police record data from the criminal identification files was based on the belief they would provide comprehensive information on illegal activity on an island-wide bases. It was found that these records contained arrest information only. Thus, it was required that the researcher pursue and collect the available data within the Court's Administration System, superior and district court levels.
Aside from this difficulty, one major problem became apparent concerning the quality of Police data. It was discovered that records were not current. Arrests which had taken place within the previous two to three months before data collection at the agency were not listed. Additionally, information regarding the disposition of cases was not listed for any of the subjects.

Of the data that was available in the Police records, as compared against the self-reports, it was found that not all subjects who reported to have committed illegal acts were arrested. This study found that a considerable amount of respondents admitted to crimes that went undetected or unpunished.

Regarding the follow-up data on specific court procedures and final dispositions of cases of illegal activity, three major problems became apparent concerning the quality of Court data. The first consisted of diverse methods of record keeping at the different levels of organization within the superior and district courts. Second, the unavailability of records which made impossible the validation of specific items on illegal activity, as self-reported. Third, incompleteness of data at specific levels within the system. Overall, the search for data throughout the court system was found to be a highly complex time and effort consuming process which provided insufficient data for validation purposes.
The main difficulty in the use of data from treatment records of respondents was the impossibility of locating various records. In an attempt to collect at least minimal data on these subjects, the Admissions file was utilized. Additionally, data on re-admissions to treatment on an island-wide basis could not be assessed completely, due to the fact that the agency does not have a centralized data bank, where this type of information could be included. Data on re-admissions to treatment within the agency were available, whereas re-admissions to private treatment programs are not listed in agency files.

Conclusions

This study has explored and described the methodological experiences encountered by the researcher in conducting follow-up on a group of subjects discharged from drug-abuse treatment programs in Puerto Rico and the data obtained from their self-reports. Additionally, Police, Court and treatment record data were utilized in an attempt to validate the self-reports.

The data suggests that the diversity of methodological constraints encountered by the researcher are critical factors which affect the assessment of the self-reported data. The findings suggest the possibility that the difficulties present during the research process are related to the labeling phenomena, inherent in the context under which they were
observed. The legalistic implications of the research problem are relevant variables which raise questions about the feasibility of practicing research based on the strict adherence to scientific norms, in the quest for valid data.

Overall, the research process, which began with the selection, localization and contact with subjects, up to the attempts to validate specified items of the self-reports, has been plagued with biases, arising out of the conduct of the research process itself.

The collection of self-reported data, particularly the process of obtaining and locating contacts in the field, constituted one of the major problems faced by the researcher. The significant rate of sample attrition and the amount of average contacts made per interviewed subject was observed to have an impact on the findings of the study. The main biases in this part of the study arose from the selection of cases from specific populations, the high rates of mobility beyond feasible follow-up distance, deaths, refusals for participation and lack of information as to the whereabouts of subjects. While generalizations cannot be made due to sample restrictions, the difficulties encountered during the process of locating subjects which capitalized on the self-selection of the respondents, suggests the possibility of relatively more valid responses than if sample selection occurred under other circumstances.
Once contact had been established, the researcher faced the problem inherent in the participant observer role, regarding how much of her purpose and motives to reveal to the subjects. The awareness of the problem of potential physical danger or violence, in the natural settings where the study was conducted, relative to the degree of disclosure on behalf of the researcher, was found to be a critical methodological issue. The researcher found that conducting research within an authoritarian structure, and in many cases in the natural habitat of subjects, makes the researcher's legitimacy (in the norm-abiding culture) a questionable one in the view of the subjects. A variety of strategies were developed by the researcher in an attempt to counteract this particular problem. The extent to which these were effective in producing valid self-reported data, has not been assessed and should be explored further.

The problem of reactivity observed in this study is mainly associated with the type of settings where the study was conducted, the intimate, controversial and committing nature of a series of items included in the self-reports and the identity of the researcher. Thus, the nature of that which was studied in itself appears to magnify the common dangers of reactivity. A critical factor which was found to be operating during the research process, in comparison to more conventional settings, was the subjects' concern relative to the researcher's true identity and intentions. This
concern may have had some impact on restricting the researcher and her subjects from fulfilling the required expectations of their roles necessary to assure "normal" conduct in the field. The fact of the researcher as being a member of the female sex, given the cultural expectations of the role, may be an additional variable of impact on the assessment of valid self-reported data.

The self-reported data indicates that these adult male residents of the metropolitan area of San Juan have been discharged from treatment within a period of time of one year and are currently involved in different types and frequencies of drug use. Patterns of current drug use, in comparison to past use, indicates a decrease in the frequency and type of drugs used. Involvement in criminal activity was also reported by the respondents. The latter data, when compared to official agency records in an attempt to validate these specific items, demonstrates that subjects report more involvement in criminal activities than what is recorded in agency files.

Responses on items regarding the subjects' perceptions of and relationships with family, friends and the community, tend to be consistent among themselves, suggesting, to some extent, the possibility of internal validity.

Overall, the interpretation of the self-reported data needs to be reviewed within the context of the entire
research process, before reaching conclusions as to its validity.

The process of validating specific items included in the self-reports evidences the methodological difficulties encountered in utilizing external measures to achieve this purpose. The procedure of collecting data based on existing agency records provided incomplete information, either for reasons of unavailable records or lack of current up-dated information. Data sought at all the social control agencies, Department of Services Against Drug Abuse, Policy Department and the Court's Administration, was not centralized, thus not based on island-wise data. These limitations weakened the validation process.

The data which was available, in some of the cases, was found to be inconsistent with the self-reported data, specifically those items regarding past drug-use, and involvement in past and present criminal activity.

Overall, any attempts to validate diverse aspects of self-reported criminal activity involvement of subjects, between the period of time ranging from the date of discharge from treatment, up to the date of data collection at the Police Department, Court Administration, Department of Services Against Drug Abuse, can only be considered relative and not absolute. These findings required the researcher to proceed with caution in the analysis and interpretation of her data.
Implications of Findings

The focus of this study on the fundamental research issue of the validity of self-reported data in authoritarian settings, has critical implications on all system levels of the profession of social work. The consideration and utilization of the findings of this study will expectedly create awareness of the methods of follow-up research, thus avoiding to some extent, the narrow definitions of purpose and related findings, that constitute the common restraints of much applied research. The emerging methodology derived from this type of research will hopefully promote more research addressed toward the development of more humane and effective human service technology in Social Work.

Implications of Findings for Research

The findings of this study revealed a need for the revision and re-evaluation of the methodological procedures utilized by researchers to assess the validity of investigations based on self-reports, within authoritarian structures. Although there has been a proliferation of studies on deviant populations, their validity is questionable in light of the findings of this research. The methodological issues relative to internal and external validity raised by this study have a critical impact on the various area of the field of human services.
The methodological issues which gave rise to the research problem continues to constitute a rationale for conducting more research of this nature. The findings of this study point to diverse areas of further exploration.

There exists a need to conduct more studies of this kind to develop a fuller understanding of the methodological procedures involved in the conduct of follow-up research on ex-drug abusers, before proceeding to conduct studies to establish relationships among variables. The establishment of these relationships regarding the drug abuse phenomena require previous refinement and testing of diverse methodological strategies and techniques to validate self-reported data. Research strategies designed to assess the validity and reliability of self-reported data on the social functioning patterns of discharged clients from drug abuse treatment programs, need to be developed. The use of naturalistic approaches of field methods by social workers should be stimulated as an additional tool to maximize the validity and utility of data collected and the reported findings which serve as a basis for decision making. The insights and understanding gained from this exploratory data analysis are relevant in helping social work researchers confirm that we have the right question to begin with. These efforts should provide the groundwork for subsequent investigation which would then seek to confirm that we obtain the right answer, relative to the relationship among variables.
describing the circumstances surrounding the ex-drug user in the community. More specifically, research can then be conducted on the relationship between the labelling process and relapse and on other research concerns, regarding the clientele discharged from treatment and their social functioning in the community.

Implications for Policy Making

Policy choices and services decisions in social work are influenced by social work research which is unique in its need to be sensitive to what is learned from and required for the formulation of social work policies and the provision of direct services. Research products constitute inputs for policy options which in turn provide the basis for practice. Thus, policy-makers' reliance on studies whose validity has not been established, as social indicators to assess the needs of the population to be served, will result in inadequate planning and subsequent delivery of services. The influence of incomplete data to validate the self-reports on the one hand, and the discrepancies between self-reported and official record data, on the other, on evaluation studies, in the general area of deviance that are dependent on these sources for follow-up data, evidence the need for further exploration.

More specifically, the difficulties assessed by the researcher in collecting data included in the treatment records
of subjects indicate the need for the creation of a centralized record keeping system of drug abuse agencies in Puerto Rico. This would meet the need of a comprehensive source of data, available to researchers, policy-makers and practitioners.

Policy-makers in the area of drug abuse in Puerto Rico are presently in critical need of consuming these research products to be able to identify the needs of the target population and subsequently structure effective services for this population.

The formulation of public policy regarding the judicial system in Puerto Rico, is an area addressed by this study. The prevailing structural organization of the various components of the criminal justice system has critical implications on the prevention, treatment and control of delinquent activity on the island. The categorical organization of these human service programs, appears to inhibit the ability of the organization to comprehensively review, develop and implement policies that are consistent and coordinated across program lines. The coordination and integration patterns of the components of the system, more specifically, the observed effects of these patterns on the recording procedures of each unit, hinders the implementations of effective programs and services to the target population. On the one hand, detected criminal activity is not recorded on a uniform and integrated basis, on the other, police records
do not list recent criminal activity. Thus, at any given
time, nowhere within the criminal justice system does there
exist a comprehensive, integrated and up-dated account of
citizen involvement in current criminal activity. The goals
for public policy in this area require revision and modifi-
cation. The implementation of an effective plan to assure
comprehensive coordination of each system component, in-
cluding the recording system, needs to be developed.

Implication of Findings for Practice

Follow-up data of studies whose validity has not been
established and is used as a measure of client functioning
or agency effectiveness constitute inadequate indicators
of the reality they attempt to represent. To this extent
the dimensions of social work practice of client service
delivery systems, methods and techniques of intervention
require re-assessment in light of the questions raised by
this study. Scientific data on the validity of self-reports
used in follow-up studies of this nature, in general are
limited. In Puerto Rico, this kind of data is virtually
non-existant. Attempts to conduct few follow-up studies
have been undertaken, yet the findings of these investiga-
tions are inconclusive. Research on the validity of these
findings has not been conducted. Thus, agency evaluation
and the delivery of follow-up services on the island are not
based on such research findings.
Social worker's professional interventions are guided by intuition, attitudes, and to some extent by the accumulation of experience in working with drug-abusers receiving treatment services. The necessary knowledge base of methods and skills of intervention produced from research findings is not currently available to social workers engaged in the delivery of follow-up services to agency ex-clients in Puerto Rico. Valid and reliable research needs to be carried out as a means of identifying the needs of the target population and the subsequent development of pertinent intervention techniques, required to prevent, treat, or ameliorate this social problem within a systems perspective.
APPENDIX A

TECHNICAL MATERIALS ON METHODS AND

RELATED ILLUSTRATIVE DOCUMENTS
MAPA DE LA ISLA DE PUERTO RICO
APPENDIX A-2

QUESTIONNAIRE

Study of Labelling the Treated "Drug-User": Implications on Relapse

Date_________________________

1. What is your town of residence?______________________________________

2. How old are you?____________________________________________________

3. What is your monthly income?
   1. ___$0-$299.00
   2. ___$300-$599.00
   3. ___$600-$799.00
   4. ___$800-$1,099.00
   5. ___$1,100 and over

4. Taking into account your economic needs, how would you describe your monthly income?
   1. ___more than sufficient
   2. ___sufficient
   3. ___regular
   4. ___insufficient
5. How long have you been in the community after receiving your Certificate of Completion of Treatment?
   1. ___0-6 months
   2. ___7-12 months
   3. ___13-18 months
   4. ___19 months or over

6. What was your marital status before completing treatment?
   1. ___married
   2. ___single
   3. ___divorced
   4. ___separated
   5. ___widowed
   6. ___consensual union

7. What is your present marital status?
   1. ___married
   2. ___single
   3. ___divorced
   4. ___separated
   5. ___widowed
   6. ___consensual union

8. If you presently are married how many times have you experienced difficulties in terms of relationship with your spouse after completing treatment?
   1. ___more than four times
   2. ___four times
   3. ___three times
   4. ___two times
   5. ___once
   6. ___no times
9. What was the last academic grade you finished upon receiving your Certificate of Completion of Treatment? (Circle the correct answer)

0  1  2  3  4  5  6  7  8
9 10 11 12 13 14 15 16 and up

10. At what types of academic institutions have you applied to in order to continue studying?

1. ___ technological institutions
2. ___ vocational
3. ___ high-school (academic)
4. ___ university—-institutions
5. ___ none

NOTE: Items 11 to 13 apply to persons who have applied for admission to educative institutions.

11. How many times were you questioned about criminal records when applying to one of these institutions?

1. ___ always
2. ___ often
3. ___ regularly
4. ___ hardly ever
5. ___ never
6. ___ does not apply
12. How many times were you accepted to study?
   1. ____three times
   2. ____two times
   3. ____once
   4. ____never
   5. ____does not apply

13. Have you had any difficulty(ies) in your studies because of having received treatment for drug-use?
   1. ____yes
   2. ____no
   3. ____does not apply

14. What is your present occupational status?
   1. ____employed
   2. ____studying
   3. ____unemployed
   4. ____pensioned
   5. ____employed and studying
   6. ____others (specify)______________________________________________

   ____________________________________________
   ____________________________________________
NOTE: Items 15 and 16 apply to unemployed persons.

15. If you are presently unemployed, how long have you been without a job?
   1. ___ does not apply
   2. ___ less than a month
   3. ___ 1 to 3 months
   4. ___ 4 to 6 months
   5. ___ 7 to 9 months
   6. ___ 10 to 12 months
   7. ___ over a year

16. How would you describe as the principal reason for your unemployment?
   1. ___ does not apply
   2. ___ do not know
   3. ___ health reasons
   4. ___ lack of experience
   5. ___ available jobs require more academic preparation than what I have
   6. ___ criminal record
   7. ___ condition of being ex-drug user
   8. ___ employment opportunities have low pay
   9. ___ can't find a job, even though I have tried
   10. ___ others (specify) _________________________________
       ________________________________
17. How many times have you applied for a job after receiving the Certificate of Completion of Treatment?

1. more than five times
2. five to four times
3. three to two times
4. once to none

NOTE: Items 18-22 apply to persons that have applied for jobs.

18. Indicate to what degree the jobs you applied for were appropriate to your academic background, skill and experience?

1. always
2. frequently
3. sometimes
4. never

19. Identify the types of jobs you applied for:

1. professional
2. semi-professional
3. skilled workers
4. semi-skilled workers
5. does not apply

20. How many times were you accepted to work?

1. more than four times
2. four times
3. three times
4. two times
5. one time
6. none
21. How many times were you denied a job?

1. ___ more than four times
2. ___ four times
3. ___ three times
4. ___ two times
5. ___ once
6. ___ none

22. How many times were you asked about your criminal record when applying for a job?

1. ___ eight or more times
2. ___ seven to six times
3. ___ five to four times
4. ___ three to two times
5. ___ once to none

23. Are you presently employed?

1. ___ yes
2. ___ no

24. If you are presently employed, how satisfied are you with the relationships between yourself and superiors?

1. ___ very satisfied
2. ___ satisfied
3. ___ unsatisfied
4. ___ very unsatisfied
25. If employed, with how many of your working companions do you maintain good relationships?
1. ___ does not apply (not working or works alone)
2. ___ with all
3. ___ with most of them
4. ___ with some
5. ___ with very few
6. ___ with none

26. Do you consider that you have at any time been denied a job because of having received treatment for drug-use?
1. ___ yes
2. ___ no
3. ___ does not apply
27. The following questions refer to use of narcotics and alcohol use. It is important that you know that your responses are totally confidential and will only be used for purposes of this study. Try to be as sincere as possible.

Can you tell me which of the following drugs you have used in the past and the corresponding frequency of use for each?

<table>
<thead>
<tr>
<th>Substance</th>
<th>More than Twice Daily</th>
<th>Occasionally</th>
<th>Sporadically</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Amphetamines (Ups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Barbiturates (Downs)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>C. Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D. &quot;Campana&quot;</td>
<td></td>
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<tr>
<td>E. Seconal</td>
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<tr>
<td>F. Ciba</td>
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<tr>
<td>G. Cocaine</td>
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<tr>
<td>H. Demerol</td>
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<tr>
<td>I. Hashish</td>
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<tr>
<td>J. Heroin</td>
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<tr>
<td>K. Marijuana</td>
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<td>L. Morphine</td>
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<tr>
<td>M. Methadone</td>
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<tr>
<td>N. Opium</td>
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<tr>
<td>O. Speedball</td>
<td></td>
<td></td>
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<tr>
<td>P. Submarine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. Talwin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. Others (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
28. Can you tell which of the following drugs you are presently using and the frequency with which you use each one?

<table>
<thead>
<tr>
<th>Substance</th>
<th>More than Twice Daily</th>
<th>Occasionally</th>
<th>Sporadically</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Amphetamines (Ups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Barbiturates (Downs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. &quot;Campana&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Seconal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Ciba</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Demerol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Heroine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Morphine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Methadone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Opium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Speedball</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. Submarine</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Q. Talwin</td>
<td></td>
<td></td>
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<tr>
<td>R. Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. Others (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following items refer to the legal area. We want to assure you that your responses are totally confidential and will only be used for purposes of this study. Try to be as sincere as possible.

29. What was your legal status when you received your Certificate of Termination of Treatment?

1. ___ no legal pressure
2. ___ parole
3. ___ probation
4. ___ under article #404 (treatment required)
5. ___ on bail
6. ___ convicted
7. ___ pending an investigation for probation
8. ___ accused of violating probation or parole (not in jail)
9. ___ accused of a crime, but not sentenced (in jail)
10. ___ in jail
11. ___ others (specify) ____________________________
30. What is your legal status at present?

1. ___ no legal pressure
2. ___ parole
3. ___ probation
4. ___ under article #404 (treatment required)
5. ___ on bail
6. ___ convicted
7. ___ pending an investigation for probation
8. ___ accused of violating probation or parole (not in jail)
9. ___ accused of a crime, but not sentenced (in jail)
10. ___ in jail
11. ___ others (specify) ________________________________

31. How many times have you been involved in legal difficulties, after receiving your Certificate of Completion of Treatment?

1. ___ more than five times
2. ___ five times
3. ___ four times
4. ___ three times
5. ___ two times
6. ___ once
7. ___ none
32. Can you indicate in how many of the following activities you were involved in after you were discharged from treatment and the degree of your participation in each one, on a scale of 1 to 5, where 1 represents least participation and 5 most participation.

1. robbery
   5 4 3 2 1

2. assault
   5 4 3 2 1

3. drug-possession
   5 4 3 2 1

4. drug-use
   5 4 3 2 1

5. drug-sale
   5 4 3 2 1

6. other (specify) ____________________________
   5 4 3 2 1

33. If you were involved in any of these activities, what type of legal action was taken, if any?

1. ___arrest

2. ___conviction

3. ___does not apply

4. ___other (specify) ____________________________
34. How many rule-breaking activities have you been involved in after discharge from treatment without being sanctioned by the law?
1. ___ more than five
2. ___ five
3. ___ four
4. ___ three
5. ___ two
6. ___ one
7. ___ none

35. Would you say that the types of illegal activities for which you were sanctioned are related to relapsing to drug-use?
1. ___ yes
2. ___ no
3. ___ does not apply

36. Would you say that the types of illegal activities for which you were not sanctioned are related to relapsing to drug-use?
1. ___ yes
2. ___ no
3. ___ does not apply
37. How many times have you been admitted to treatment after receiving your Certificate of Completion of Treatment?
   1. ____ four times and over
   2. ____ three times
   3. ____ two times
   4. ____ one time
   5. ____ none

38. How many times have you been in jail after receiving your Certificate of Completion of Treatment?
   1. ____ more than four times
   2. ____ four times
   3. ____ three times
   4. ____ two times
   5. ____ once
   6. ____ none

39. In what other situations do people ask you questions about your past drug-use or criminal behavior? (specify)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
40. How would you describe the amount of support you feel you have received from friends, family, neighbors and community?

<table>
<thead>
<tr>
<th></th>
<th>Very Much</th>
<th>Much</th>
<th>Fair Share</th>
<th>Practically None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>family</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>neighbors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>community</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

41. At every home family arguments occur. How frequently do these arguments take place at your home?

1. ____ very frequently
2. ____ frequently
3. ____ not very frequently
4. ____ does not apply

42. When these arguments take place at your home, how intense are they?

1. ____ very intense
2. ____ intense
3. ____ less intense
4. ____ does not apply

43. When you have a problem, can you confide in any member of your family?

1. ____ yes
2. ____ no
44. How would you describe your relationships with members of your family, in general terms?

1. ___ very good
2. ___ good
3. ___ satisfactory
4. ___ bad
5. ___ very bad

45. Can you describe how you feel about yourself? I am going to read you a series of sets of words which refer to how people may feel about themselves. Please respond to each set of words regarding your feelings about yourself on a scale of numbers from one (1) to five (5).

(Read sets of words and interpret scale.)

<table>
<thead>
<tr>
<th>Good</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Happy</td>
<td>Sad</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unsatisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pleasant</td>
<td>Unpleasant</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Concerned</td>
<td>Unconcerned</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
46. Can you tell me the frequency with which you see addict friends?
   1. ___ more than twice daily
   2. ___ daily
   3. ___ every other day
   4. ___ weekly
   5. ___ twice every week
   6. ___ monthly
   7. ___ hardly ever
   8. ___ never

47. How would you describe your relationships with addict friends?
   1. ___ excellent
   2. ___ good
   3. ___ adequate
   4. ___ bad
   5. ___ deficient
   6. ___ does not apply
48. I am going to read you a set of words which describe how a person may feel about himself. Please respond to each set of words by indicating one of the numbers on a scale of one to five. (Read sets and interpret scale.)

<table>
<thead>
<tr>
<th>Good</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not irritated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Hurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Secure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Depressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Positive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Confused</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Bothered</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Bad</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritated</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleased</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecure</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excited</td>
<td>5</td>
<td></td>
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<td></td>
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<tr>
<td>Negative</td>
<td>5</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Clear</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distrustful</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indifferent</td>
<td>5</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
49. How would you best describe the manner in which people treat you after knowing of your past behavior?

1. ___ excellently
2. ___ reasonably well
3. ___ indifferently
4. ___ normally
5. ___ despectively
APPENDIX A-3

Perception of Labelling Attitudes by Family,
Friends, Community and Self-Scale

Answer each item by writing the number (1, 2, 3, 4, or 5) which best expresses your feeling. The meaning of these numbers is:

1—Strongly Agree
2—Agree
3—Undecided
4—Disagree
5—Strongly Disagree

46. ___ I regret past actions I have taken when finding out my behavior has hurt others.
47. ___ My family feels that I need advice and counseling to manage my life affairs.
48. ___ Some of my friends aren't very sincere.
49. ___ Most people are critical of the way I dress, my manners or ideas.
50. ___ I feel inferior, as a person in relation to others.
51. ___ My family usually feels let down by anything I do.
52. ___ My friends usually disapprove of the things I do.
53. ____ Others usually express doubt as to any personal capacities.
54. ____ I feel that I may be a failure if I don't make certain changes in my behavior.
55. ____ My family consistently disapproves of the things I do.
56. ____ Some of my friends seem to find it hard to accept me the way I am.
57. ____ Some people find it hard to accept me as I am.
58. ____ It takes me several days to get over a failure I have experienced.
59. ____ My family is always trying to protect me from others.
60. ____ Some of my friends may dislike me.
61. ____ Other people dislike me.
62. ____ When meeting another person for the first time I have trouble telling whether he or she dislikes me.
63. ____ My family fails to recognize how hard I work to achieve respectable goals.
64. ____ At least one of my friends doesn't depend upon me for advice.
65. ____ On the whole, others seem to feel that I am basically stubborn, dishonest and inferior.
66. ____ I become panicky when I think of something I have done wrong in the past.
67. ____ My family doesn't depend on me when they need help.
68. ____ Some of my friends think I'm irresponsible.
69. Some people in my community don't see me as their equal, as they see other people.

70. Although people sometimes compliment me I feel that I don't really deserve the compliments.

71. My family is usually asking me to change.

72. My friends find it hard to take interest in my activities.

73. Other people express dislike upon meeting me.

74. I regard myself as different from my friends and acquaintances.

75. My family keeps reminding me of past experiences.

76. My friends are usually in disagreement with me over the way I handle my private life.

77. Some people think I'm not very normal.

78. I think I would be happier if I didn't have certain limitations.

79. My family is always afraid that I will get into some kind of trouble.

80. Friends don't like to socialize with me.

81. Others keep emphasizing one's shortcomings of the past.

82. If I hear someone express a poor opinion of me I do my best the next time I see this person to impress (him or her) as favorably as I can.

83. My family considers me as the black sheep of the family.
84. It is difficult to get along with some of my present friends.

85. Some people admit that it's difficult for them to see me in another light.
APPENDIX A-4

Instrumento para Recogida de Datos

Expedientes Criminales

1. **Situación Legal al recibir Certificado Terminación de Tratamiento.**

2. **Situación Legal actual.**

3. **Veces envuelto en problemas con la justicia después de recibir el Certificado de Terminación de Tratamiento.**

4. **Actividades ilegales en las que se ha envuelto después de recibir el Certificado de Terminación de Tratamiento y grado de participación.**
   a. robo
   b. asalto
   c. posesión de drogas
   d. uso
   e. venta
   f. otras (especifique)

5. **Tipo de Acción legal tomada.**

---

164
6. Cantidad de veces preso, después de recibir el Certificado de Terminación de Tratamiento.
APPENDIX A-5
Cambio

RELACION DE SALAS QUE COMPONEN EL TRIBUNAL SUPERIOR
Y LUGAR A REMITIRSE LOS CASOS Y DOCUMENTOS.
CEIBA-----LUQUILLO-----NAGUABO-----FAJARDO-----VIEQUES Y
CULEBRA
La Vista Preliminar de casos que ocurran en estos Pueblos
se verá en al Tribunal de Distrito Sala de FAJARDO.

LAS PIEDRAS YABUCOA MAUNABO Y JUNCOS
Se seguirán viendo en el Tribunal de Distrito de HUMACAO.
<table>
<thead>
<tr>
<th>HECHOS OCURRIDOS EN</th>
<th>SE REMITEN A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aquadilla y Isabela</td>
<td>1. Aguadilla</td>
</tr>
<tr>
<td>2. Moca y San Sebastián</td>
<td>2. San Sebastián</td>
</tr>
<tr>
<td>3. Maricao, Las Marías y Lares</td>
<td>3. Lares</td>
</tr>
<tr>
<td>4. Arecibo</td>
<td>4. Arecibo</td>
</tr>
<tr>
<td>5. Hatillo, Quebradillas y Camuy</td>
<td>5. Camuy</td>
</tr>
<tr>
<td>7. Morovis y Ciales</td>
<td>7. Ciales</td>
</tr>
<tr>
<td>8. Utuado</td>
<td>8. Utuado</td>
</tr>
<tr>
<td>9. Bayamón (hasta el Km. 28.00 a la Car.)</td>
<td>9. Bayamón</td>
</tr>
<tr>
<td>11. Toa Baja, Toa Alta, Dorado y Corosal</td>
<td>11. Toa Alta</td>
</tr>
<tr>
<td>12. Vega Alta y Vega Baja</td>
<td>12. Vega Baja</td>
</tr>
<tr>
<td>13. Ag as Buena, Cidra, Gurabo y Caguas</td>
<td>13. Caguas</td>
</tr>
<tr>
<td>15. Barranquitas, Comario y Naranjito</td>
<td>15. Comario</td>
</tr>
<tr>
<td>17. Aibonito y Cayoy</td>
<td>17. Cayo</td>
</tr>
<tr>
<td>18. Patillas</td>
<td>18. Patillas</td>
</tr>
<tr>
<td>20. Las Piedras y Humacao</td>
<td>20. Humacao</td>
</tr>
<tr>
<td>22. Yabucoa y Maunabo</td>
<td>22. Yabucoa</td>
</tr>
<tr>
<td>23. Culebras y Vieques</td>
<td>23. Vieques</td>
</tr>
<tr>
<td>24. Mayagües</td>
<td>24. Mayagües</td>
</tr>
<tr>
<td>27. Añasco, Rincón y Aguada</td>
<td>27. Añasco</td>
</tr>
<tr>
<td>28. Ponce</td>
<td>28. Ponce</td>
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<tr>
<td>29. Peñuelas y Guayanilla</td>
<td>29. Guayanilla</td>
</tr>
<tr>
<td>30. Villalba y Juanadías</td>
<td>30. Juanadías</td>
</tr>
<tr>
<td>31. Guánica y Yaucó</td>
<td>31. Yaucó</td>
</tr>
<tr>
<td>32. Jayuya y Adjuntas</td>
<td>32. Adjuntas</td>
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<td>33. Santa Isabel y Coamo</td>
<td>33. Coamo</td>
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<tr>
<td>34. Orocovis</td>
<td>34. Orocovis</td>
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<td>35. San Juan</td>
<td>35. San Juan</td>
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<tr>
<td>36. Trujillo Alto y Carolina</td>
<td>36. Carolina</td>
</tr>
<tr>
<td>37. Loisa y Canovanas</td>
<td>37. Río Grande</td>
</tr>
<tr>
<td>38. Río Piedras</td>
<td>38. Río Piedras</td>
</tr>
</tbody>
</table>
RELACION DE SALAS QUE COMPONEN EL TRIBUNAL SUPERIOR
Y LUGAR A REMITIRSE LOS CASOS Y DOCUMENTOS

1. Isabela, San Sebastián, Moca, Aguada y Rincón
2. Barranquitas, Orocovis y Comerío
3. Camuy, Hatillo, Quebradillas, Manati Barceloneta, Tiales y Morovis
4. Cataño, Toa Alta, Dorado, Corosal, Vega Baja, Vega Alta, Naranjito, Guaynabo y Toa Baja
5. Aguas Buenas, Cidra, Gurabo, San Lorenzo
6. Arroyo, Cayey, Patillas, Salinas
7. Las Piedras, Fajardo, Naguabo, Ceiba, Luquillo, Yabucoa, Maunabo, Vieques, Culebra, Juncos
8. San Germán, Lajas, Sabana Grande, Cabo Rojo, Hormiguero, Añasco, Maricao, Las Marias
9. Guayanilla, Peñuelas, Juana Dias, Villalbo, Yauco, Guánica, Santa Isabel
11. Laros, Adjunta, Jayuya y Utuado
APPENDIX A-6

Instrumento para Recogida de Datos

Expedientes de Tratamiento

1. **Años de edad**

2. **Tiempo en la comunidad, después de haber recibido el Certificado de Terminación de Tratamiento.**
   ___ meses

3. **Estado marital antes de finalizar tratamiento.**
   __________________

4. **Último grado académico aprobado al recibir el certificado de Terminación de Tratamiento.**
   __________________

5. **Frecuencia y Uso de Drogas. Pasado**

<table>
<thead>
<tr>
<th>Droga</th>
<th>Frecuencia de Uso</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

7. Cantidad de veces admitido a tratamiento, después de recibir Certificado de Terminación de Tratamiento.
APPENDIX A-7

Consent to Special Treatment or Procedures

Date__________ Time________p.m.

I consent to participate in a research project entitled, "Study on the Validity of Self-Reports of Treated Drug Users As Related to Labelling."

This study involves the following special procedures: questions relating to the past and present use of narcotic substances; legal history; and present functioning in the community. These procedures (questions) will be conducted by Dagmar Guardiola de Suris, researcher, authorized by the Department of Services Against Drug Use and The Ohio State University, to conduct the project.

1. Nature and purpose of the procedure:

Questions to gain knowledge about past and present functioning (drug use, legal history, etc.) of persons who have completed drug use treatment.

2. Potential Risks Involved:

Legal risk and the possibility that some of the questions may induce potential psychological harm.

3. Possible Benefits to the Participant:

Participant may benefit from the results of this project. These gains are related to a more adequate understanding of the problems confronted by drug users, and past drug users. This in turn may motivate changes in services presently offered to this population, as well as stimulate the creation of new ones, in Puerto Rico Statement of Confidentiality: I understand that the confidentiality of my response will be observed in a manner consistent with the goals of the project and my individual right to privacy.

The above have been explained to me and I understand them. I understand that any further questions I may have concerning the procedure described will
be fully answered. Finally, I understand that I am free to withdraw my consent and stop participation in the project at any time. My signature represents a free and voluntary act.

Witness ______________________

Participant

Investigator
Estimado señor:

Usted ha sido especialmente seleccionado para participar en un estudio de investigación científica social, sobre personas que han recibido el Certificado de Terminación de Tratamiento, del Departamento de Servicios Contra la Adicción, desde el 1977 hasta el 1980.

El propósito de este estudio es conocer el funcionamiento actual de las personas que ya finalizaron tratamiento, así como sus experiencias, conocimientos y opiniones. Su participación en el mismo envuelve una entrevista.

Se espera que los resultados de este estudio ayuden a entender mejor los problemas que confrontan las personas que usan drogas, así como los problemas que confrontan los que han terminado tratamiento, en Puerto Rico. Su participación en este estudio es puramente voluntario y tiene el derecho de negarse a ser entrevistado. Sin embargo espero que usted coopere, ya que esta información es muy importante para ofrecer mejores servicios preventivos y de tratamiento.

Debido a las leyes de confidencialidad, esta información no puede ser liberada o comunicada a persona alguna, incluyéndome a mí, sin su permiso escrito. El día de de 1981 lo visitaré para discutir su participación en este estudio.

Si desea información adicional puede comunicarse conmigo al siguiente número telefónico los lunes, miércoles y viernes:

173
754-7215 Ext. 200; 204; 205 o escribir a:

Dagmar Guardiola de Suris
Box 23125 University Station
San Juan, P.R. 00931

Atentamente,

Dagmar Guardiola de Suris
Catedrática Auxiliar
Universidad Interamericana
de P.R.
Homicide rate in island's prisons has been 4 a month since May '80

By MAGGIE BOSS

The homicide rate in island prisons has averaged four a month since May 1980 — the equivalent, as a ratio of population, to 10,000 homicides a year in Puerto Rico.

Attorney Harvey Nachman provided the statistics in a recent interview, to demonstrate that the Corrections Administration allegedly is not complying fully with a U.S. District Court decision that requires the agency to protect the health and safety of prisoners.

Nachman is one of a group of lawyers who won a civil rights suit last September against the Corrections Administration in the Morales Feliciano case. The lawyers asked the court to grant a preliminary injunction to protect prisoners' rights to forbid "cruel and unusual punishment" in island jails.

Police were still trying to determine Monday whether an inmate who died of a skull fracture while on route to the Arecibo District Jail was injured before he was put into the Corrections Administration vehicle in Guayama.

Guayama Criminal Investigator Agent Felix Munoz said the dead inmate, 59-year-old Benedicto Quinones, had been injured at the Guayama District Jail several months ago by another inmate. "We do not know if he was hit before getting into the vehicle or if he fell while the vehicle was moving."

Orta was today transferred to the Arecibo District Jail after a riot Friday night in his prison ward. When the Guayama jail vehicle arrived at the Arecibo jail at 3 a.m. Saturday, Orta was dead.

There have been eight violent deaths at the Guayama jail since the beginning of the year besides that of Orta, Munoz said. Five were homicides, and three were suicides.

Judge Juan Perez Gimenez granted the temporary injunction last September. He ordered the Corrections Administration to immediately correct "emergency" conditions of overcrowding and inadequate medical treatment and hygiene, and he told the agency to guarantee the prisoners' health and security.

Nachman pointed out that when the case was originally heard in May 1980, prisoners were dying in island jails at the rate of three a month. The figure included homicides, suicides and deaths allegedly caused by inadequate medical care.

"Now, a year later, the death rate is four a month by murder alone, without counting the cases of suicide or neglect," Nachman said.

Perez Gimenez's order also directed the Corrections Administration to close solitary confinement cells where psychiatric prisoners were kept without adequate medical or psychiatric attention. The agency opened a temporary treatment center for them in the Intensive Treatment Unit adjacent to the Rio Piedras State Penitentiary. Eventually, a prison hospital for mental patients is supposed to be established.

"They do have nurses there in the Intensive Treatment Unit and visiting residents and interns, but basically it is still a prison rather than a treatment facility," Nachman said. "Personally, on visits there, I have seen prisoners beaten by prison guards, by a SWAT team."

Perez Gimenez has been hearing a request for a permanent injunction in the same case, on broader issues of prisoners' rights. He has said that he would not investigate compliance with the temporary injunction until the other case was finished.

The permanent injunction case was submitted for decision on May 11. Nachman testified last week before a Senate committee investigating island prison conditions.

Meanwhile Nachman said that, in visits to other clients at island jails, he has also noted that the judge's directive that all prisoners be provided with towels, soap, toothbrushes and toothpaste was being complied with only "mororically."

Perez Gimenez also ruled that by March 1981 every prisoner in a dormitory should have a minimum of 25 square feet of space.

However, Nachman added, documents submitted to the court by the Corrections Administration show that at present 46 percent of the inmates have less space than that. The agency said it will not be able to meet the generally accepted humane minimum of 66 square feet per inmate until 1986. According to Nachman, the agency said it will meet that standard only if new institutions housing 1,000 new inmates are constructed, and if the new fixed sentencing law does not increase the prison population appreciably.

Meanwhile, Parole Board Chairman Charles Jimenez testified that 12 percent to 15 percent of the convicts who are in jail are there for misdemeanors such as drunkenness, rather than for felony offenses. Another 25 percent are persons who have been detained while awaiting trial.

Jimenez suggested that a convict's personal desire to become rehabilitated "apparently becomes manifest, in the great majority of cases, as the person matures and reaches the age of 31."

He said that Parole Board documents show that most convicts begin their criminal careers between the ages of 18 and 24, but after 31 "they apparently retire or their criminal activity decreases. By the time they retire, there is already a new group coming up and taking their places."

Jimenez said that 73 percent of the parole requests that come before the board involve repeat offenders. Although he admitted that one way to reduce overcrowding in the prisons would be to decrease the numbers released on parole, he said an indiscriminate release policy could represent "a risk for society."

In a related development, Dr. Antonio de Thomas said that the Medical Association's project to improve health in the prisons is bearing fruit. In September 1979 there were only 16 doctors serving in the island's jails, whereas now there are 25. The number of nurses increased over the same time from 25 to 40, he added. De Thomas is president of the Medical Association.

However, de Thomas said, "Rapid conclusions still exist. Prison diets are not well planned, sanitary conditions are not good and there is a lack of physical facilities in which to give medical examinations."

He said complete psychiatric services are not being offered, because the penitentiary lacks a mental health wing.

Among medical deficiencies cited in the court case which have since been remedied, de Thomas mentioned the establishment of a system of medical records with standard forms that are being used in all jails. At present, he added, all inmates receive a health evaluation within seven days of admission.

The Medical Association is being carried out jointly with the Corrections Administration and the Health Department.
Odd early-morning jail transfer results in inmate’s strange death

By GINO PONTI

A prisoner being transferred from the Guayama Jail to the Arroyo District Jail died of a fractured skull early Saturday morning as he was being taken out of an official vehicle by front of the Arroyo Jail prison guards.

The prisoner was identified as , 39, of Ayala Ranch Street, Guayama. Attempts Saturday to learn the circumstances of the prisoner’s death, however, were unsuccessful.

A brief police report on the prisoner’s death said Ortiz was being transferred from the Guayama Jail to the Arroyo District Jail via Aguadilla. Another prisoner, Pedro Julio Castro, was in the same vehicle with Ortiz.

Police said Ortiz was “thrown” from an official vehicle belonging to the Guayama Jail. The police report went on to say that Ortiz had an injury on the back of his head. The transfer took place at 3 a.m.

The police report did not say how or when the injury occurred. Nor did it give any reason for Ortiz’s transfer from one jail to another at that hour of the morning.

The police report added that Arroyo District Attorney Ruben Veloz Torres, along with Criminal Investigations Corps agents Andres Rivera and Sgt. Miguel Valencia, were investigating the case. But a policeman on duty at the Arroyo station said none of these three men would be available until Monday.

A spokesman for the Institute of Forensic Medicine at the Rio Piedras Medical Center said an autopsy was performed by Dr. Yacuta Brugal, who, according to the spokesman, said death was caused by the head injury.
4 more killed in P.R. Jails: 1981 toll at 12

By PEDRO M. ROMAN

Four inmates of local prisons were stabbed to death Thursday, 7th of the Corrections Administration described as the latest incident of squabbles between prison gangs.

Thursday's slayings brought to 12 the number of inmates who have been killed in 1981 in Puerto Rico jails.

Police identified the four dead men as Jesus A. Ortíz Martínez, 25; Héctor de Jesús Ayala, 25; Hipolito Rivera Martín, 26, and José L. Martínez Capetillo, 30.

Ortíz and de Jesús were found early Thursday in separate cell blocks at the Bayamón Regional Jail. Both had been stabbed more than 50 times. Ortíz, who used to live in the Capetillo section of Rio Piedras, was serving a 3-to-7-year sentence for undetermined crimes. De Jesús was in jail in lieu of $12,000 bond. After being charged with burglary.

Three inmates had been killed this year at the Bayamón Jail.

By PEDRO M. ROMAN

Rivers was found dead in a first-floor dormitory at the Guanate Penal Camp near Cayey. He had been stabbed several times. Rivera, who lived in Capetillo, was serving a 3-to-7-year sentence for undetermined crimes.

Martínez was found early Thursday on the floor of his cell at the Ponce District Jail. He had been stabbed six times. Martínez, who used to live in Barrigada Santa Barbara, Isabela, was serving a sentence of 3-to-6 years for armed robbery.

Meanwhile Thursday, inmate Ricardo Rodríguez was treated for a knife wound at the Ponce District Hospital. He had been stabbed in the left arm at the Ponce Jail. Rodríguez, of Ponce, is serving time for armed robbery and murder.

A Corrections Administration official acknowledged again that the agency has been powerless to prevent prison slayings, despite stepped-up efforts to uncover weapons among the inmates. (See PRISONS, Page 10)

(See PRISONS, Page 10)
Beatings

Legal Services Attorneys and the news media name six guards as responsible for the beatings, in which they were made to run the gauntlet past guards wielding clubs. That punishment of about 34 prisoners was reportedly in retaliation for a hunger strike that inmates had initiated to protest their treatment.

The hunger strikers had recently been transferred from the Rio Piedras State Penitentiary to the Guayama Jail, where they were kept in maximum security cells. They told attorneys that they were never let out of the cells for recreation, to go to the dining room, for treatment or for other purposes.

The Friday night beating was reported to Legal Services and to other attorneys, who are also serving as lawyers for all island prisoners in the Morales Feliciano case. The class action suit in U.S. District Court claims prisoners' rights not to suffer cruel and unusual punishment are being violated.

Prisoners also have reportedly given testimony about beatings by guards to the Justice Department's Special Investigations Bureau, which is charged with investigating cases of abuse of authority by government employees. The SIB took over the investigation Tuesday.

Radio Station WKAQ also received a letter from inmates on Thursday, which offered the names of seven prisoners who would be willing to testify against five penal guards in the investigation of Bitaulva's death.

According to Miss Rodrigues, the incident at Rio Piedras Friday apparently was directly related to the Guayama incident. Prison authorities had apparently received a tip that inmates were planning to riot in support of the Guayama hunger strikers, and thus 19 supposed ringleaders were moved into solitary confinement in the "Intensive Treatment Unit," adjacent to the penitentiary.

The unit has supposedly been converted into a hospital unit for psychotic and mentally disturbed prisoners. U.S. District Judge Juan Perez Gimenez had ordered the Corrections Administration to create such a facility, when he granted a preliminary injunction in the Morales Feliciano case. However, recent reports had said that many of the mental patients had been transferred out of the unit to other institutions.

In any case, the 19 prisoners were apparently sent there for security, rather than for mental-health reasons. They were allegedly beaten by guards before being put into their new cells. "I saw the bruises," Miss Rodrigues said. She added that prisoners' injuries have been photographed, and the case turned over to San Juan Chief District Attorney Ahmed Arroyo.

Miss Rodrigues also offered testimony of brutality in the prison system Thursday before the Senate Judiciary Committee, chaired by Sen. Francisco Aponte Perez, PDP-at large.

She told the committee that of 90 mental patients formerly housed in the Intensive Treatment Unit, all but 14 were returned to other jails.

Most maximum security units, she said, only permit "passive recreation" for the convicts. That means the inmates are allowed out of their cells for only one hour a week, to be in the corridor in front of their cells.

Prison superintendents can identify those prisoners likely to suffer violence at the hands of others, but the officials admit "they have neither resources nor facilities to give them safety," Miss Rodrigues testified. "The only security for a convict inside a dormitory depends on how fast he can run to the door to call the guard on duty."

She added that violent incidents between prisoners occur day and night within 45 feet of prison guards.

Sexual attacks are so common they are not even reported in Corrections Administration statistics, she added. The inmates are sometimes attacked sexually by guards.

She mentioned one incident in which a prisoner had been sodomized by a guard with a hairbrush.

She blamed the lack of positive vocational, educational and recreational programs, as well as overcrowding, for the constant violence inside the jails.

She pointed out that movies and photographs taken in jails during the Morales Feliciano case give graphic evidence of the "alarming" conditions.

As a result, Aponte has written to Perez Gimenez, asking him to make the films available to the committee for its investigation of island jails.
Prisoner who died said unconscious before transfer

The prisoner officially listed the cause of death as "severe cranial trauma."

Guards also reportedly refused to heed fellow inmates' pleas to get medical attention for the prisoner, the attorney revealed to the STAR. Three separate incidents of beatings by guards took place that night, they added.

Attorney Carlos Ramos has visited six prisoners who had been involved in the incident and said that bruises and wounds suffered a week ago were still visible. All of them were transferred from Guayama to the State Penitentiary at Rio Piedras on June 6 and received treatment at the Rio Piedras Medical Center for their injuries.

"One man had about eight stitches in his head, and was holding his neck in a strange way," Ramos said. "Another appeared to have a broken or sprained arm. I counted 11 bruises on another prisoner's back."

A fair detailed account of what allegedly took place at the Guayama Jail can be pieced together from inmates' testimony and letters. As one prisoner said in a letter to one of the attorneys, "Please make these things known."

A week ago Friday, they said, 23 prisoners were loaded by guards to get dressed, without explanation, and taken to the jail's admissions unit. As they entered the corridor, in groups of three or four, they were forced to "run the gauntlet" between rows of guards with clubs, while they were beaten and then they were placed in cells.

The prisoners claimed wardens Ruben Ramos Sosa passed by during the beating, looked in, said nothing and simply walked away.

When all the men were in the cells, the second warden, Jose Colon Gazman, entered the admissions area and read their names and the jail they would be transferred to.

As the roll was called, Ortiz Aparo failed to respond, because he was unconscious on the floor of his cell, bleeding from a head injury suffered during the beating. Ortiz Aparo was described by a prisoner as a "shifty guy, he can't weigh more than 100 pounds soaking wet." Inmates said they told guards he needed medical attention but got no response. Warden Colon also did nothing, they claimed.

Guards took the prisoners handcuffed in pairs, out of the cells to load them into the van. They were hit again as they moved into the van, they said. Ortiz Aparo was still unconscious, so he was not handcuffed, and had to be carried by guards into the van to Arechita.

A third series of beatings took place after the transferred prisoners had left. According to one of the five inmates who remained in the admissions area, they were beaten and returned to the cells without explanation.

According to one of the five prisoners, all were taken to the hospital the following day for treatment.

Four of the transferred prisoners were sent to Poison. One claimed in a letter that his arm was broken in two places and he has bruises all over his body.
The Corrections Administration could not confirm whether any of the prisoners received medical treatment. The interim director of institutions of the agency, Aurea Aponte, said Friday that no reports of medical problems connected with the incidents at Guayama had been received at the agency's central offices.

However, she did offer the agency's version of the events. The transfers were motivated, she said, not by a hunger strike as previously reported, but by a related disturbance that occurred the afternoon of June 5. Prisoners who had recently arrived at Guayama were being kept in maximum security, and other prisoners wanted them released into the dormitories, she said.

On Thursday night, June 4, they broke the faucets in the kitchen, she said. The following afternoon, about 4 p.m., she continued, prisoners armed with sticks and other weapons furniture in the dormitories in module D-1, which houses 120 inmates. The guard house was also destroyed.

After this, authorities decided to transfer 16 ringleaders, she said. "They were all in good physical condition when they left the dormitories."

Meanwhile, Gov. Romero, when asked Friday to comment on the situation of violence in island prisons, said, "If there is evidence against anyone he will be accused and judged." He claimed the situation here is like that in the United States, and is due principally to the increase in crime and prison overcrowding.
Jail guards allegedly beat 43—including 1 who died

At about 9:30 p.m. Thursday police confirmed that there had been another incident of violence at the prison, as reported by the STAR on Thursday.

Several sources reported Thursday that the guards at the Guayama District Jail and the Rio Piedras State Penitentiary reportedly beat at least 43 inmates last Friday night, including one who died from injuries sustained in the beating. According to confidential information released by the jail, guards told inmates that they were skeptically beaten by guards who feared a riot. Legal Services attorney Nora Rodríguez revealed Thursday the Rio Piedras incident, which was not made public, is under investigation by the San Juan District Attorney's office.

Miss Rodriguez said she herself had observed the bruises on prisoners' bodies.

Information given by Guayama prisoners to (See BEATINGS, Page 149)
rector of the Penal Institutions Program, said searches for weapons now are being conducted as often as four times a week. Castro said many of the weapons are made from prison furniture, such as metal strips which the inmates tear off their beds.

Asked why prison authorities have not been able to identify the killers, Castro said: "As a rule, prisoners observe 'the law of silence.'"

Castro said Corrections Administrator Irba Cruz de Batista and other officials have been busy trying to find a solution to the bloody squabbling between prison gangs.

***

Wells Fargo security guard Robert Camacho stepped into an elevator at the Condado Holiday Inn about 9 a.m. Thursday on his way to deliver the hotel's $45,630 payroll. A well-dressed fellow passenger pulled a gun on him and pressed the button for the seventh floor, where Camacho and the gunman were met by the gunman's accomplice.

Police said the gunmen took Camacho to an emergency exit, handcuffed him, to the banister of the stairway, and walked off with the payroll. Camacho said the two men, both of whom had blonde hair, spoke to him in English. Both were said to be wearing jackets and ties.

Police said the seventh floor corridor was deserted at the time of the incident. Camacho yelled for help after the gunmen left. But he had to wait for about 15 minutes before a policeman released him from the banister.
penitary riot erupts:
1 prisoners, 3 guards hurt.
Riot

From Page 3

Most prisons back to normal despite firing of 44 guards

After three days of anarchy at the San Quentin State Prison, the administration has succeeded in winning back the prisoners and restoring normalcy. The incident began late last week when 44 guards were fired for insubordination. The prisoners promptly rioted and took control of the prison. This has been a new program in all California prisons, according to Warden J. P. O'Brien.

The administration at the San Quentin prison has been unable to deal with the prisoners in a way that has been satisfactory to the administration. The prisoners have been in a state of revolt ever since the incident began and the administration has been unable to deal with them in a satisfactory manner.

In order to deal with the prisoners, the administration offered a series of measures to the prisoners. The prisoners have rejected all of them and have continued to rioted. The administration has now decided to take more drastic measures in order to deal with the prisoners.

The administration will now take the prisoners to court and will seek a writ of habeas corpus in order to have the prisoners transferred to another prison. The administration will now seek to have the prisoners transferred to another prison where they will be dealt with in a more satisfactory manner.

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Confidentiality of Drug-Abuse and Alcohol Patient

RULES AND REGULATIONS

§ 251 Medical emergencies—Rules

(a) In general. Disclosure to medical personnel, either private or governmental, is authorized without the consent of the patient when and to the extent necessary to meet a bona fide medical emergency.

(b) Food and Drug Administration. Where treatment involves the use of any drug and appropriate officials of the Food and Drug Administration determine that the life or health of patients may be endangered by an error in the manufacture or packaging of such drug, disclosure of the identities of the recipients of the type of treatment to be made without their consent to appropriate officials of the Food and Drug Administration is authorized if such personnel or their knowledge of the problem in order that corrective action may be taken.

(c) Incapacitated person. Where a patient is incapacitated and information concerning the patient is necessary for the purpose of conducting scientific research, management audits, financial audits, or program evaluations, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, management audits, financial audits, or program evaluations, such personnel may not identify, directly or indirectly, any individual patient in any report of such research, management audits, financial audits, or program evaluations, or otherwise disclose patient identities, such personnel or other persons whose training and experience are appropriate to the nature and level of the work in which they are engaged and who, when acting as part of an experiment, are engaging in such work with adequate administrative safeguards and without undisclosed disclosures.

(d) Use of disclosures of patient identifying information.

(e) Where a disclosure made to any person pursuant to paragraph (c) of this section includes patient identifying information with respect to any patient, such information may not be further disclosed, and may not be used in connection with any legal administrative supervisory or other action whatever with respect to such patient, except as provided in paragraphs (a) and (b) of this section.

(f) The inclusion of patient identifying information in any written or oral communication between a person to whom a disclosure has been made pursuant to paragraph (a) and the program making such disclosure does not constitute the identification of a patient in a report or otherwise in violation of paragraph (a).

(g) Where a disclosure is made pursuant to paragraph (a), of this section to a person qualified to determine, on the basis of such disclosure, the presence of a substantial risk to the health and well-being, whether physical or psychological, of any patient, and in the judgment of such person, such a risk exists and the situation to which the disclosure is made deals with solely by means of communication as described in paragraphs (a) and (b) of this section without interference or prolonging the risk as compared with other means of dealing with it, then that written disclosure under paragraph (a) and any subsequent disclosure or redisclosure shall not be subject to the provisions of § 251.

2. Research, audit, and evaluation—Basis and purpose

(a) General purpose. Subsection (a) of this section is adapted directly from subsection (b) (2) (B) of the authorizing legislation. The purpose of each is the same. To facilitate the search for truth, whether in the context of scientific investigation, governmental administration, or other issues of public policy, while at the same time safeguarding the personal privacy of the individuals who are the intended beneficiaries of the process or program under investigation. This subsection, in particular, and this part as a whole, are intended to aid in carrying out this purpose.

(b) The succeeding sections of this part deal with problems which arise in connection with disclosures made for certain specific purposes which have been interpreted as falling within the general purposes embraced by § 251. These sections will be best understood, however, in the light of some discussion of the underlying premises of the general rule, and its relationship to two other legal concepts: the right of privacy, and the duty to obtain informed consent from research subjects.

(c) The Right of Privacy. So far as is relevant to this discussion, we may consider the right of privacy in two aspects. One, a protection against improper governmental activity, is the right to be secure against unreasonable searches and seizures, etc., as safeguarded by the Fourth Amendment, with some expansion from the Tenth Amendment to other Amendments. The protection afforded to persons by the authorizing legislation, in general, is designed to cover at least the same ground.

(d) The other aspect of the right of privacy, which has sometimes been described as the right to be left alone, is the notion that an individual has a right not to be hurt by intrusions into his essentially personal concerns, or to have essentially private information exploited for commercial gain, whether or not the intrusion or exploitation is in connection with any possible governmental action against him. The courts have spoken of a right of privacy in a wide variety of contexts, but they have repeatedly and explicitly rejected the notion that anyone has a right to go about his daily affairs encapsulated in an insuperable bubble of anonymity. The courts have been careful to weigh the competing interests, and the social interest in valid research and evaluation is clearly of sufficient moment to be considered in this process.

3. Disclosure. If, in the judgment of the position, disclosure of patient identifying information even for carefully guarded scientific research should be permitted only on a confidential basis, two dominant lines of disclosure have emerged. One is that retrospective
Cop computer works well for any area except P.R.

By GINO PONTI
OF THE STAR BAJT

It is easier for local police and judges to get a complete criminal history of a suspect from Alaska than to obtain the same information on a suspect living in Hato Rey.

The reason for this is that after nearly seven years after its installation at Police Headquarters in Hato Rey, a computer system that was designed to make the wheels of justice turn faster, is still a long way from realization.

Some progress has been made in the past year. Information on motor vehicles, for example, is obtainable in a matter of seconds, as is data on some, though not all, firearms in Puerto Rico and on the mainland.

The system, PROMIS (Prosecutor's Management Information System), is also tied in with the FBI's National Crime Information Center in Washington, D.C., and with the National Law Enforcement Telecommunications System in Phoenix, Ariz., which are, in turn, connected with all 50 states.

Through NCIC or NLETIS or both, a complete criminal history and current status of any person who has ever been in the criminal justice process, is available within 15 to 30 seconds.

Presently, a judge wanting information on someone brought before him can, through the computer at Police Headquarters, get information from any state in a minute or so. If the judge, however, wants the same information on a man who lives in San Juan, the process may, at best, take-hours. And if a judge wants the information at night, he won't get the information until the next day.

The quest for local information on someone must be done manually, agency by agency.

(See COMPUTER, Page 12)
Balky police files include arrest dates, charges and other data, but do not include dispositions of the cases. To find these out would involve searching through other files at the Courts Administration. The courts, in turn, have no record of a jailed individual.

PROMIS was to have linked and integrated the various agencies involved, including the Police Department, Corrections Administration and the courts. PROMIS was designed to provide information on any person being prosecuted by any part of the criminal-justice system.

It is not rare to hear of a man arrested for a minor offense being released only to learn a day or two later that he is a notorious criminal or a fugitive.

In May 1986, a man who had been arrested several times and who was released on bond, was finally jailed for good on a stolen car rap. Subsequent scrutiny of his record showed that he was wanted for murder of a policeman, a felony committed during one of his bail periods. If PROMIS had been working, a judge would have been alerted to having a serious and abnormal offender before him.

So why isn't the system working yet? Why is it that judges, or police, can learn all there is to know about a person in Alaska within seconds, but can't get data for hours, possibly days, on someone who lives in the next town? Bureaucratic lethargy and political absenteeism is probably to blame for much of the delay in getting the system off the ground.

PROMIS falls under the Criminal Justice Information System, which has had at least five directors since it was set up early in 1986. Other factors, including a switch from one kind of computer to another after several million dollars had already been spent, contributed to the delays.

In 1978, assistance in the form of federal funds was halted because of no one former director put it. "The program was not progressing as it should."

In March, Alonna Goldner, then acting director of administrative services for the Criminal Justice Information System program, predicted confidently that the local program would be functioning by May.

Several days ago Goldner was replaced by Luis Gonzalez Jr., formerly director of the Justice Department's Federal Funding Office. Gonzalez's predictions for when a fully integrated computer system would be fully operational was much more guarded than Goldner's.

"Let's be realistic," Gonzalez said in an interview last week. "There is a lot of work to be done before we can press a few keys and get a complete profile on a man within the criminal justice system."

"I don't know how many files are up there in the big filing cabinets," said Gonzalez, "but my guess would be around 30,000 or so. Someone has to sit down with each file, and transfer the information according to the revised program format into the system. Depending on how many personnel we get to do that job, it could go on for months."
APPENDIX B

TABLES OF GROUPED DATA

ON VALIDATION ITEMS
### APPENDIX B-1

#### TABLE 11

Grouped Data on Validation Item: Age of Subjects: Self-Report and Treatment Record Data

<table>
<thead>
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<th>Age</th>
<th>Self-Reported Frequency</th>
<th>%</th>
<th>Treatment Record Data Frequency</th>
<th>%</th>
<th>Difference %</th>
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<td>2</td>
<td>10%</td>
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<td>3</td>
<td>15%</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>3</td>
<td>15%</td>
<td>2</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>26</td>
<td>2</td>
<td>10%</td>
<td>2</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>1</td>
<td>15%</td>
<td>1</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>2</td>
<td>10%</td>
<td>2</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>4</td>
<td>20%</td>
<td>4</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
<td>20</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX B-2

### TABLE 12

Grouped Data on Validation Item:  
Length of Time Residing in Community After Discharge:  
Self-Report and Treatment Record Data

<table>
<thead>
<tr>
<th>Length of Time</th>
<th>Self-Reported Frequency</th>
<th>%</th>
<th>Treatment Record Data Frequency</th>
<th>%</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>13</td>
<td>65%</td>
<td>10</td>
<td>50%</td>
<td>-15%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>3</td>
<td>15%</td>
<td>8</td>
<td>40%</td>
<td>-25%</td>
</tr>
<tr>
<td>13-18 months</td>
<td>4</td>
<td>20%</td>
<td>1</td>
<td>5%</td>
<td>-15%</td>
</tr>
<tr>
<td>19 months or over</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
<td>19</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX B-3**

**TABLE 13**

Grouped Data on Record Data Validation Item:
Marital Status Before Discharge: Self-Report and Treatment

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Self-Reported Frequency</th>
<th>%</th>
<th>Treatment Record Data Frequency</th>
<th>%</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>7</td>
<td>35%</td>
<td>8</td>
<td>40%</td>
<td>-5%</td>
</tr>
<tr>
<td>Single</td>
<td>11</td>
<td>55%</td>
<td>9</td>
<td>45%</td>
<td>+10%</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>5%</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Separated</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Widowed</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Consensual Union</td>
<td>1</td>
<td>5%</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>No Information</td>
<td>--</td>
<td>--</td>
<td>3</td>
<td>15%</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100%</td>
<td>20</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B-4

TABLE 14

Grouped Data on Validation Item:
Academic Background Before Discharge:
Self-Report and Treatment Record Data

<table>
<thead>
<tr>
<th>Grade Completed</th>
<th>Self-Reported Frequency</th>
<th>%</th>
<th>Treatment Record Data Frequency</th>
<th>%</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th grade</td>
<td>2</td>
<td>10%</td>
<td>1</td>
<td>5%</td>
<td>-5%</td>
</tr>
<tr>
<td>6th grade</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>--</td>
</tr>
<tr>
<td>7th grade</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>15%</td>
</tr>
<tr>
<td>8th grade</td>
<td>3</td>
<td>15%</td>
<td>4</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>9th grade</td>
<td>3</td>
<td>15%</td>
<td>2</td>
<td>10%</td>
<td>--</td>
</tr>
<tr>
<td>10th grade</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>--</td>
</tr>
<tr>
<td>11th grade</td>
<td>3</td>
<td>15%</td>
<td>3</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>12th grade</td>
<td>5</td>
<td>25%</td>
<td>2</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>13th grade</td>
<td>1 (1 yr. Col.)</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>--</td>
</tr>
<tr>
<td>16th grade</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>No Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
<td>20</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
## Table 15

**Grouped Data on Validation Item:**
**Legal Status at Time of Discharge:**
**Self-Report and Treatment Record Data**

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>Self-Reported Frequency</th>
<th>Treatment Record Data Frequency</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Legal Com.</td>
<td>7</td>
<td>35%</td>
<td>--</td>
</tr>
<tr>
<td>Parole</td>
<td>7</td>
<td>35%</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>4</td>
<td>20%</td>
<td>--</td>
</tr>
<tr>
<td>On Bail</td>
<td>1</td>
<td>5%</td>
<td>1</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>1</td>
<td>5%</td>
<td>1</td>
</tr>
<tr>
<td>No Information</td>
<td>--</td>
<td>--</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
### APPENDIX B-6

**TABLE 16**

Grouped Data on Validation Item:
Times Re-Admitted to Treatment After Discharge:
Self-Report and Treatment Record Data

<table>
<thead>
<tr>
<th>Times Re-Admitted</th>
<th>Self-Reported Frequency</th>
<th>%</th>
<th>Treatment Record Frequency</th>
<th>%</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Times</td>
<td>16</td>
<td>80%</td>
<td>12</td>
<td>60%</td>
<td>20%</td>
</tr>
<tr>
<td>One Time</td>
<td>2</td>
<td>10%</td>
<td>4</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Two Times</td>
<td>1</td>
<td>5%</td>
<td>2</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Three Times</td>
<td>1</td>
<td>50%</td>
<td>1</td>
<td>5%</td>
<td>--</td>
</tr>
<tr>
<td>No Information</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Table 17

Grouped data on validation item:
Times involved in illegal activities after discharge:
Self-report and police record data

<table>
<thead>
<tr>
<th>Times Involved</th>
<th>Self-Report Frequency</th>
<th>%</th>
<th>Police Record Data Frequency</th>
<th>%</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Times</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Three Times</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Two Times</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>One Time</td>
<td>7</td>
<td>35%</td>
<td>3</td>
<td>15%</td>
<td>-20%</td>
</tr>
<tr>
<td>None</td>
<td>11</td>
<td>55%</td>
<td>14</td>
<td>70%</td>
<td>+15%</td>
</tr>
</tbody>
</table>
## APPENDIX B-8

### TABLE 18

**Grouped Data on Validation Item: Involvement in Illegal Activities and Frequency of Involvement; Self-Report and Police Record Data**

<table>
<thead>
<tr>
<th>Frequency of Involvement</th>
<th>Robbery Differences</th>
<th>Assault Differences</th>
<th>Drug Possession Differences</th>
<th>Drug Use Differences</th>
<th>Drug Sale Differences</th>
<th>Others Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Times</td>
<td>19</td>
<td>19</td>
<td>1</td>
<td>1</td>
<td>15</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>One Time</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Times</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three Times</td>
<td>0</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four Times</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S.R. = Self-Reported Data  
P.R. = Police Reported Data
**APPENDIX B-9**

**TABLE 19**

Grouped Data on Validation Item:
Official Action Taken for Involvement in Illegal Activity:
Self-Report and Court Record Data

<table>
<thead>
<tr>
<th>Official Action</th>
<th>Self-Report Frequency</th>
<th>%</th>
<th>Court Data</th>
<th>%</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrest</td>
<td>3</td>
<td>15%</td>
<td>2</td>
<td>10%</td>
<td>--</td>
</tr>
<tr>
<td>Conviction</td>
<td>2</td>
<td>10%</td>
<td>2</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>No Information</td>
<td></td>
<td></td>
<td>2</td>
<td>10%</td>
<td>--</td>
</tr>
</tbody>
</table>
## APPENDIX B-10

### TABLE 20

Grouped Data on Validation Item:
Times Incarcerated After Discharge:
Self-Report and Court Record Data

<table>
<thead>
<tr>
<th>Times Incarcerated</th>
<th>Self-Report Frequency</th>
<th>%</th>
<th>Court Data Frequency</th>
<th>%</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Times</td>
<td>14</td>
<td>70%</td>
<td>--</td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>One Time</td>
<td>3</td>
<td>15%</td>
<td>1</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Two Times</td>
<td>2</td>
<td>10%</td>
<td>1</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Three Times</td>
<td>--</td>
<td></td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four Times</td>
<td>--</td>
<td></td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four Times or Over</td>
<td>--</td>
<td></td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Information</td>
<td>--</td>
<td></td>
<td>2</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX B-11

#### TABLE 21

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>Self-Report Frequency</th>
<th>Court Data Frequency</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parole</td>
<td>2</td>
<td>--</td>
<td>10%</td>
</tr>
<tr>
<td>Probation</td>
<td>4</td>
<td>1</td>
<td>15%</td>
</tr>
<tr>
<td>Bail</td>
<td>3</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Convicted</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Pending Probation</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Set on Liberty with Charges</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Pending Violation of Probation or Parole</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Accused</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

LETTERS REQUESTING AND GRANTING FORMAL AUTHORIZATION
TO UTILIZE AGENCY DATA
Honorable Sila Nazario de Ferrer  
Secretaria Departamento de  
Servicios contra la Adicción  
Apartado B-Y Río Piedras Station  
Río Piedras, Puerto Rico  

Estimada Señora Nazario de Ferrer:  

Sirva la presente para solicitar autorización oficial para llevar a cabo un estudio de investigación social científica, con personas que han recibido servicios de tratamiento para condición de adicción a drogas.  

Este estudio investigativo se realizará con el fin de llevar a cabo la disertación doctoral, requisito para la obtención del grado "Ph.D." en Trabajo Social, Universidad del Estado de Ohio.  

El estudio per se tiene como propósito establecer una relación entre la re-incidencia en el uso de drogas y el fenómeno social de la estigmatización. Como investigadora, deseo saber si personas que ya han finalizado tratamiento y se encuentran en la comunidad, tienden a re-incidir por sentirse señalados o estigmatizados por la comunidad. Entiendo que los resultados del estudio podrían arrojar luz sobre las dificultades que estas personas enfrentan al tratar de reintegrarse a la sociedad. Esta información podría serle de utilidad al Departamento, para identificar nuevas áreas y estrategias de intervención en la comunidad como instrumento para propiciar una rehabilitación integral al adicto a drogas en nuestra sociedad.  

Conforme a la entrevista que sostuve con usted y el Padre Donald Vega, Orden Jesuita, el pasado 30 de octubre 1979 y siguiendo sus instrucciones procedí a reunirme con la Señora Sonia Zayas. Ella recomendo a su vez reunirme con el Lodo. Hortas para discutir la posibilidad de realizar
dicho estudio conforme a las disposiciones sobre "Confidencialidad de Expedientes de Pacientes Adictos a Drogas y Alcohólicos." El 20 de febrero de 1980 me reuní con el Lodo. Hertas y el Lodo. Pedro Andino González Director de la División Legal del Departamento. Ambos opinan que dicha investigación científica puede realizarse bajo los términos y condiciones del documento confidencialidad antes expresada del Departamento de Salud, Educación y Bienestar, del Gobierno Federal-Sub-Parte D—"Disclosures Without Patient Consent."

2.52—"Research, Audit and Evaluation—Rules."

La sub-parte (a) de dicha sección exige que el personal a realizar estudios de investigación científica sean "personal cualificado," entendiendo por ello "personas cuyo adiestramiento y experiencia son apropiados a la naturaleza y el nivel de trabajo, en que están envueltos y que: cuando estén trabajando como parte de una organización, están ejecutando tales tareas con salvaguardas administrativas contra revelaciones no-autorizadas."

Referente a esta condición, intereso comunicarle que de conformidad con lo requerido me considero una investigadora cualificada para llevar a cabo este tipo de información. Soy trabajadora social de profesión con amplia experiencia en el área de adicción a drogas y actualmente soy Coordinadora del Programa de Trabajo Social, Universidad Interamericana, Recinto Metropolitano y Catedrática Auxiliar en Trabajo Social. He enseñado cursos de investigación social en el pasado y en el presente. Según le indicará al inicio de esta comunicación soy candidato doctoral en Trabajo Social de la Universidad del Estado de Ohio. Dicha Universidad representa la organización para lo cual llevo cabo la investigación científica, a través de el Comité de Protección Sujetos Humanos y el Comité Disertación Doctoral. Estos comités proveen salvaguardas administrativas contra revelaciones no-autorizadas. Adjunto envío copia "Curriculum Vitae."

En relación a la sub-parte (B) de la misma sección "Utilización de revelaciones de información que identifique el paciente," deseo hacer constar que la información que obtenga en esta investigación es de naturaleza confidencial cubierta por el Reglamento Federal de Confidencialidad. Bajo ningún concepto identificaré ni revelaré la identidad de ninguno de los sujetos, como individuo ni como adicto.

Adjunto le envío una copia de la propuesta del plan de investigación aprobada por el Comité de Disertación Doctoral, Colegio de Trabajo Social Universidad del Estado
de Ohio. Incluido en la propuesta van copias de los dos instrumentos para la recogida de data (traducidos al español).

Agradeceré su pronta atención a éste particular. En espera de su respuestas a ésta solicitud quedo de usted.

Atentamente,

Dagmar Guardiola de Surís

cc: Lodo. Pedro Andino
Lodo. Hogtas
Dra. Acacia Rojas
Sra. Sonia Zayas
17 de junio de 1980

Dagmar Guardiola de Surís
Minerva PP-18 – Apolo
Guaynabo, Puerto Rico 00657

Estimada señora de Surís,

En relación a su carta fechada el 28 de abril del 1980 y respondiendo a su solicitud de llevar a cabo un estudio de investigación social científica, utilizando parte de nuestra clientela, me es placentero comunicarle que puede contar con mi aprobación y autorización para los fines del asunto antes mencionado.

Aprovecho esta oportunidad para augurarle éxito en su labor.

Cordialmente,

[Signature]
Gila Nazario de Ferrer
Secretaria
APPENDIX C-3

13 de marzo 1981

Lodo. Ernesto Varela Negrón, Director
División Legal
Policía de Puerto Rico
Avenida Roosevelt
Hato Rey, PR 00919

Lodo. Varela Negrón:

Dirva la presente para solicitar autorización oficial para utilizar los expedientes criminales, referente a delitos cometidos, de los sujetos que están participando en un estudio de investigación científica social, que estoy llevando a cabo. Dichas personas han finalizado tratamiento para la condición de adicción a drogas en el Departamento de Servicios Contra la Adicción, desde el 1977 hasta el 1980.

Actualmente soy Catedrática Auxiliar y Coordinadora del Programa de Trabajo Social, Departamento de Ciencias Sociales, Precinto Metropolitano de la Universidad Interamericana de Puerto Rico. Este estudio se está realizando como requisito para la obtención del grado Doctoral en Trabajo Social, Universidad del estado de Ohio.

El estudio tiene como propósito explorar y describir las dificultades metodológicas que se le presentan al investigador, en el área de la desviación social. Igualmente pretende establecer una relación entre la etiquetación ("labeling") del adicto a drogas que ha finalizado tratamiento y el fenómeno de la reincidencia, incluyendo todo tipo de comportamiento ilegal y delictivo. (Véase apéndice "Statement of Project"). A los fines de poder corroborar y validar los datos suministrados por los sujetos, referente al área legal, necesita tener acceso a sus expedientes criminales por ser la única fuente objetiva y confiable de información que sirve éste propósito.
Adjunto le envío copia de la carta enviada a la Secretaría del Departamento de Servicios Contra la Adicción, solicitando autorización para llevar a cabo el estudio y su respuesta a la misma.

Cualquier información adicional que fuera necesaria, estoy en la mejor disposición de proveérsela. A estos fines, puede comunicarse conmigo a los siguientes números telefónicos: U.I.A. de PR. 754-7215 Ext. 200, 204, 205, 230. (Lunes, Miércoles, y Viernes); Residencia--790-4080, 789-5906.

Gracias anticipadas por su atención a este asunto.

Cordialmente,

Dagmar Guardiola de Surís
Honorable Juez

Sirva la presente para solicitar autorización oficial para utilizar los expedientes criminales, referente a los delitos cometidos y las disposiciones finales de dichos delitos, de los sujetos que están participando en un estudio de investigación científica social, que estoy llevando a cabo. Dichas personas han finalizado tratamiento para la condición de adicción a drogas en el Departamento de Servicios Contra la Adicción, desde el 1977 hasta el 1980. Dicho estudio está autorizado por el Departamento indicado.

El estudio tiene como propósito explorar y describir las dificultades metodológicas que se le presentan al investigador, en el área de la desviación social. Igualmente pretende establecer una relación entre la etiquetación ("Labeling") del adicto a drogas que ha finalizado tratamiento y el fenómeno de la reincidencia, incluyendo todo tipo de comportamiento ilegal y delictivo. A los fines de poder corroborar y validar los datos suministrados por los sujetos, referente al área legal, necesito tener acceso a los expedientes criminales por ser la única fuente objetiva y confiable de información que sirve este propósito.

Actualmente soy Catedrática Auxiliar y Coordinadora del Programa de Trabajo Social, Departamento de Ciencias Sociales, Recinto Metropolitano de la Universidad
Interamericana de Puerto Rico. Este estudio se está realizando como requisito para la obtención del grado Doctoral en Trabajo Social, Universidad del Estado de Ohio.

Cualquier información adicional que fuera necesaria, estoy en la mejor disposición de proveérsela. A estos fines, puede comunicarse conmigo al siguiente número telefónico: 790-4080.

Gracias anticipadas por su atención a este asunto.

Cordialmente,

Dagmar Guardiola de Surís


San Juan Star, 3 April; 7, 8, 12, 13, 26 June; 12 October, 1981.


