

## **Factors Affecting the Aftercare Program of Drug Dependents**

**JACKY V. SAMSON, RN**

Department of Health (DOH)  
Urdaneta City University (UCU)

### **ABSTRACT**

This study determined the extent of factors affecting the aftercare program of drug dependents at DOH-Drug Treatment & Rehabilitation Center Dagupan. Descriptive quantitative research design was utilized in this study with a total of 15 respondents. The analysis of collected data is done through the use of Statistical Package for the Social Sciences were statistical tool such as frequency counts, percentage and weighted mean.

Findings revealed that the extent of internal factors affecting the aftercare program of drug dependents in terms of emotional factors has a descriptive equivalent of "Highly Affecting." Then the extent of external factors affecting the aftercare program of drug dependents in terms of socio-economic factors has a descriptive equivalent of "Highly Affecting." On the other hand, the extent of external factors affecting the aftercare program of drug dependents in terms of work environment has a descriptive equivalent of "Affecting." And lastly, most of the respondents experienced loss of interest in day-to-day activities, persistent feeling of sadness, and had experienced physical or emotional abuse that affects their recovery.

With that, it is recommended that all drug-dependent clients undergoing the recovery process must seek professional counseling to cope with any circumstances that may appear during their holistic recovery journey.

**Keywords:** *Internal Factors, External Factors, Aftercare program, Drug dependents*

### **Introduction**

Substance abuse is a lifelong and relapsing disease affected by different factors such as genetics, mental status, social factors, beliefs, culture and, environmental factors. There is not just one factor that contributes to drug addiction. If that were the case, it would be easy to identify and manageable to treat. In the 1800s, morphine, heroin, and cocaine are applauding for their exceptional curative properties in the American continent. In 1804, opium started trading from China to Europe and America because of its dulling pain. In the US, they eradicated the use of prohibited drugs through focused national and global suppression of the industry by the mid-20th century. Still, all had changed in the 1960s when many new prohibited drugs such as narcotics, amphetamines, and marijuana became more readily available. Between 1980 and 1984, first-time

cocaine users averaged 1.3 million per year. In 1995, around 5,000,000 Americans confessed to smoking marijuana frequently, and in 1996, the office of Drug Control Policy detected an increase in heroin use among youth and young adults. Due to increased chemical and drug development in the 20th century, more drugs with abuse potential became available, like LSD, methamphetamine, and synthetic opiates (Patterson, 2019).

As drugs have been used and abused for hundreds of years worldwide, their effects have felt for decades. There were always those who misused them, which lead to addiction. In response to the growing tide of addiction, drug laws became stricter, and as the physical and mental health implications of addiction became clearer, rehabilitation efforts began to appear. Today, thousands of rehabilitation programs offer substance abusers various treatment approaches ranging from traditional, evidence-based care to more experimental or holistic services (Mirzaei et al., 2010).

According to social learning theory, observations of other people engaging in addictive behavior can result in addiction development. When we observe other people's behavior and reactions using addictive substances, we may wish to repeat what we saw. For instance, suppose we observed an agitated, exhausted parent coming home from work. She drinks a few drinks, then becomes relaxed and fun to be around. We observed that alcohol is the right way of dealing with stress. Recovery consists of learning new ways to deal with stress. It might include developing friendships with people who do not use addictive substances. We observe and learn something new by associating with people who were enjoying life without alcohol or drugs. Recovery might also include watching a friend, coach sponsor, or therapist modeling healthy behavior. We could then begin practicing these behaviors. For instance, a therapist and therapy participant could role-play a situation where a friend offers them drugs. With practice, the therapy participant would learn how to cope with peer pressure (Bandura, 1989).

Drug abuse continues to block the aspirations of Filipinos for a better future. Some are fortunate to have summoned the courage to escape drugs, and they continue to seek help. Treatment and rehabilitation is the most human aspect of the anti-drug campaign as it reintegrates former drug dependents into the society. The goal is to resurrect dreams, empower former victims, and help them live-out the future that rightfully belongs to them. Bringing these services to the communities through this initiative of the Department of Health (DOH) together with the Dangerous Drugs Board (DDB) and with the support of the United Nations Office on Drug and crime is an essential step in winning the battle against drugs, it may not stop completely. Still, it will reduce substance abuse frequency (Department of Health Dangerous Drug Abuse Prevention and Treatment Program, 2015).

In the Philippines, Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2002 is a state policy that mandates to provide practical strategies to reintegrate into society individuals who have fallen victims to drug abuse or dependence through sustainable programs of treatment and rehabilitation. Policies were formulated and implemented in selected communities that led to the development of guidelines to provide rehabilitation facilities based on social opinion,

cultural, and unique geological adaptability. The Meditation Camp in Cordillera Administrative Region (Ifugao), City of Tarlac, anti-drug abuse council in Pasay City, Calapan City, Oriental Mindoro, Mandaue City, Cebu, and Compostela Valley in Davao Region (universal model) are recovery clinics. It aims to give immediate and reachable mediations for those who voluntarily submit themselves. It also serves as a vital part of the referral system for PWUDs connected with DOH's Formula One Plus to deliver health service networks (Department of Health, 2018).

To help prevent relapse and help stay focused on addiction recovery, the Dangerous Drug Board set guidelines for implementing the Aftercare Program. Under Article III of the Aftercare Program, Section 3 states that Aftercare Program (ACP) refers to services that help recover drug-dependent persons adapt to community life after completing treatment and rehabilitation phases. It provides an opportunity to address critical issues and problems associated with abstinence and recovery. Aftercare provides a safe environment for continued support until it is no longer needed. It is an integral component of the treatment and rehabilitation process and a continuation of the community's rehabilitation process after discharge from a treatment facility. The aftercare and follow-up program facilitates the client's reintegration into the community and prevents relapse into drug dependency. The ACP comprises a medical, psycho-social, and economic agenda focused on reviewing and consolidating the gains made during treatment. The program aims at imparting new skills for sustaining recovery, which would include: handling everyday responsibilities; managing family, peer, workplace, and other relationships expanding the social circle; reintegration to work or referrals to agencies that facilitate employment or livelihood; sustaining and developing new insights into the client's psychological and emotional functioning. Aftercare is a concern even during the stages of admission to the rehabilitation center and planning for discharge. Before discharge, the ACP shall consider and began together with the Drug Rehabilitation Center team, family, and employer, if applicable. Social preparation for the family and community is a prerequisite (Dangerous Drugs Board, 2016).

### **Literature Review**

Dangerous Drug Board 2017 survey reveals that there are 4 million drug users in the Philippines. The number of a client admitted to treatment facilities is only 3,889. From that, 3,256 or 80.49% were new admissions, and 633 or 15.65% were re-admission. For the year 2018, they recorded a total of 5,447. Five thousand one hundred eighty-eight (5,188) or 95.2% of this were new cases, 171 or 3.1% were re-admitted cases, and 88 or 1.6% cases sought treatment in an out-patient facility. With this, there is a noticeable increase in 34.66% admission compared to the previous year. These re-admitted or relapse cases occur when the client becomes inactive to the aftercare program due to non-confinement that gives them an opportunity to abuse substances (Dangerous Drugs Board, 2017).

Elsheikh's (2010) 's research demonstrated that 70% of the clients who have completed the residential program continued their aftercare program. The majority of them used problem-solving, expression of feelings, forgiveness, refusal, avoidance, and positive thinking as major coping strategies against relapse. The study of Sharma et al. (2012) emphasized that five factors having the most significant influence on relapse in substance abuse were education, socio-economic, duration of follow-up, number of stressful life events, and perceived social support. Thus, substance abuse management should not be limited to detoxification, but the emphasis should be on longer follow-ups, an active aftercare program, and family interventions.

## **Methodology**

### **Research Design**

The study utilized the descriptive quantitative research method using a questionnaire as the main data-gathering instrument to determine the factors affecting the aftercare program of drug dependents at DOH Drug Treatment and Rehabilitation Center Dagupan. This study adopted this method because it is intended to describe and interpret "what is" about the study's concern, which are the factors affecting the aftercare program of drug dependent. Thus, this method is appropriate.

### **Population and Locale of the Study**

As of March 2020, 150 drug-dependent clients undergo an aftercare program at DOH Drug Treatment and Rehabilitation Center Dagupan. Out of 150 aftercare clients, only 15 clients were available during one-week data collection and was included as respondents.

### **Data Collection Instruments**

The researcher made use of a questionnaire as the primary tool in gathering data. The research questionnaire was composed of four parts.

Part 1 of the survey questionnaire is about the profile of the respondents in terms of age, highest educational attainment, monthly family income, occupation, marital status, religion, name of substance abuse, number of years of substance abuse, number of months of rehabilitation, and the person who motivated to recover from substance abuse.

Part 2 of the questionnaire was concerned with the extent of internal factors affecting drug dependents' aftercare program in terms of emotional aspects.

Part 3 of the questionnaire was concerned with the extent of external factors affecting drug dependents' aftercare program regarding socio-economic factors and working environment.

Part 4 of the questionnaire was concerned with the problems encountered by drug-dependent clients during the aftercare program in terms of emotional factors, socio-economic factors, and working environment.

### **Data Collection Procedure**

Upon seeking approval from the dean, research chairman, and panel members of Urdaneta City University, the researcher secured the necessary data gathering tools. The researcher requested a consent letter for the conduct of the study address to Officer in Charge Chief of Hospital III of the DOH Drug Treatment and Rehabilitation Center Dagupan. The Research and Ethics Committee of the DOH Drug Treatment and Rehabilitation Center Dagupan reviewed and evaluated the proposed thesis paper before the approval for the study's conduct. Ethical consideration has been strictly observed. All data were treated with high confidentiality, and the autonomy of respondents was kept.

Due to the covid-19 pandemic, there has been no physical face-to-face data collection to ensure both the respondents and the researcher's safety. Instead, a virtual method of data collection such as messenger video calls was adopted. Upon approval to conduct the study, a copy of informed consent was sent to the respondents' messenger account. The content was discussed with respondents before data gathering thru a messenger video call. The researcher addressed the content to respondents in a language both of them understand. The researcher insisted that the research's involvement is voluntary and includes the right of the respondents to refuse or withdraw anytime from participating in the study. Once the respondent agrees to participate, the respondent re-wrote Part IV. Certificate of Consent together with his signature and sent back a picture to the researcher thru messenger application.

The researcher has discussed the content of the questionnaire to respondents before data gathering thru video calls. The respondents were given a maximum of 1 minute to answer each question, and data collection was done for one week during day time. The messenger application has a feature called "Secret Conversations." It ensures that only the two people involved in a chat can see the text and call history to safeguard messages within the Secret Conversation. It was deleted permanently after the data collection. The researcher provided a unique identification number for each respondent in the messenger application to protect their identity as stated in the Data Privacy Act of 2012.

Rest assured that all data collected was treated with strict confidentiality and was solely used for research purposes. All the data were kept, and only the researcher has access. Once the study is completed, all the data gathered was disposed of properly using a paper shredding machine.

### Treatment of Data

Analysis of the collected data uses Statistical Package for the Social sciences, where a different statistical tool was utilized, such as frequency counts and percentage and weighted mean. Percentage Distribution is a process of creating a percentage frequency distribution by identifying the total number of observations to be represented, then counting the total number of remarks within each data point or group of data points, and then dividing the number of measurements each data point. It was used to measure and validate the respondent's responses to questionnaire checklist Part 1 and Part 4.

To answer Part 2 and Part 3 of the questionnaire checklist, the weighted mean for each was determined, and then the overall means were also computed. The five-point scale on the next page was used to describe the data gathered and their corresponding interpretations.

<b>Literal Value</b>	<b>Statistical Limit</b>	<b>Descriptive Equivalent</b>
A	4.21 – 5.00	Highly Affecting (HA)
B	3.41 – 4.20	Moderately Affecting (MA)
C	2.61 – 3.40	Somewhat Affecting (SWA)
D	1.81 – 2.60	Slightly Affecting (SA)
E	1.00 – 1.80	Not Affecting (NA)

## Results and Discussion

### Respondents Profile

This part presents the respondent's profile in terms of age, highest educational attainment, monthly family income, occupation, marital status, religion, name of substance abused, number of years on substance abuse, number of months of rehabilitation, and the person who motivated to recover from substance abuse.

Table 1 on the next page shows the respondent's profile in terms of the variables mentioned above.

#### Age

In terms of the respondent's profile relative to age, as shown in table 1, it can be noted that the majority of the respondents having a frequency of 8 or 53% belongs to 26-30 years old; 5 respondents or 33% belongs to 31 35 years old; one respondent or 7% belongs to 36-40 years old; and 1 the respondent or 7% belongs to 41 years old and above.

The results indicate that most respondents belong to young adults where substance use and abuse peaks in early adulthood, as supported by Johnston (2013). Because of their curiosity about the effects of illegal substances, they were introduced to taking illicit substances as they explore their adulthood and still willing to recover from addiction. There is one respondent or 6.7% who belong to 41 years old and above, and this implies that there's no age limit to which a person can recover and change for the better after substance abuse.

#### Highest Educational Attainment

Majority of the respondents was high school graduate having a frequency of 7 or 47%. They were followed by respondents who are elementary graduates having a frequency of 5 or 33%. Then two respondents, or 13%, were college graduates. And the remaining one respondent, or 7%, is a vocational graduate.

The data imply that majority of the respondents graduated in high school wherein they have already started to gain knowledge about substance use and abuse and recovery process from addiction as integrated into their health subjects as supported by the study of Blum et al. (2010).

#### Monthly Family Income

Findings reveal that most respondents, with a 9 or 60% frequency, have a monthly family income of 5,000 pesos and below. Five respondents, or 33%, have a monthly family income ranged from 5,001- 10,000 pesos. And one respondent, or 7%, has a monthly family income ranged from 10,001 – 15,000 pesos.

The findings revealed that most of the respondent's monthly family income is only earning an average monthly income between 5,001-10,000 pesos. Supported by the study of Patrick et al. (2012), that some illegal substances are available at a lower cost, which is why the lower socio-economic status individual can afford to abuse illicit substances. On the other hand, everyone can voluntarily submit themselves to a rehabilitation program for the recovery process regardless of their socio-economic status.

Table 1. Respondents Profile

PARTICULARS	FREQUENCY (n=15)	PERCENTAGE (100%)
<b>AGE</b>		
26-30 years old	8	53
31-35 years old	5	33
36-40 years old	1	7
41 years old and above	1	7
<b>HIGHEST EDUCATIONAL ATTAINMENT</b>		
Elementary Graduate	5	33
High School Graduate	7	47
College Graduate	2	13
Vocational Graduate	1	7
<b>MONTHLY FAMILY INCOME</b>		
5,000 and below	9	60
5,001 – 10,000	5	33
10,001 – 15,000	1	7
<b>OCCUPATION</b>		
Construction Laborer	7	47
Driver	2	13
Businessman	2	13
Vendor	1	7
None	1	7
Others (fish grower and security guard)	2	13
<b>MARITAL STATUS</b>		
Single	9	60
Live- In	1	7
Married	5	33
<b>RELIGION</b>		
Iglesia Ni Cristo	3	20
Roman Catholic	12	80
<b>NAME OF SUBSTANCE ABUSED</b>		
Methamphetamine (shabu)	11	73
Cannabis/weed (marijuana)	4	27
<b>NUMBER OF YEARS ON SUBSTANCE ABUSE</b>		
1-2 years	4	27
3-5 years	11	73
<b>NUMBER OF MONTHS OF REHABILITATION</b>		
6-8 months	14	93
9-11 months	1	7
<b>PERSON WHO MOTIVATE TO RECOVER FROM SUBSTANCE ABUSE</b>		
Family and Relatives	12	80
Friends	2	13
Others (girlfriend)	1	7



### Occupation

The majority of the respondents in terms of occupation were construction laborers with a 7 or 47% frequency. Followed by two drivers or 13%, two people in business or 13%, and two or 13% were fish growers and security guards, respectively. Lastly, one respondent or 7% is a vendor, and one respondent or 7% has no work.

This result indicates that most construction industry respondents have a higher rate of substance abuse due to longer working hours and work nature. Many individuals in the construction industry spend significant periods either unemployed or in some work less available than boredom, feeling of job insecurity, and other variables associated with higher rates of substance abuse as supported by Close (2019).

### Marital Status

It can be perceived that the predominant of the respondent's marital status was single, with a frequency of 9 or 60%. Five respondents, or 33%, were married and only one respondent or 7% were live-in. This data implies that being single was associated with a higher risk of substance abuse and relapse. Study shows that partner relationships were associated with lower risk substance use and higher chances of successful recovery. But being separated predicted more favorable substance use and abuse, as supported by the study of Sinha (2012).

### Religion

In terms of religion, most of the respondents were Roman Catholic having a 12 or 80% frequency, and the remaining three respondents, or 20%, belong to Iglesia Ni Cristo. The religious beliefs and practices imposed in a religion where they belong would greatly help in their journey towards recovery from substance abuse, as supported by the University of Michigan Addiction Research (2011) study.

### Name of Substance Abuse

Most of the respondents abuse shabu (methamphetamine), having a frequency of 11 or 73%. And four respondent's or 27%, abuse marijuana (cannabis/weed). The data imply that most of the respondents abuse shabu is a considerably cheap drug and popular drug of choice in the Philippines, according to PDEA (2012).

#### Number of Years on Substance Abuse

Findings reveal that majority of the respondent's length of substance abuse, having a frequency of 11 or 73%, ranges from 3-5 years. The remaining four respondents, or 27%, range from 1-2 years of substance abuse. It means that most respondents abuse illegal substances for a more extended time before realizing and submitting themselves for a recovery program. The rule of thumb is that the lesser the length of years in substance abuse, the higher the recovery process's success rate, as supported by Johnston (2013).

#### Number of Months of Rehabilitation

The majority of the respondent's range of rehabilitation months was 6-8 months with a frequency of 14 or 93%. Only one or 7% belongs to 9-11 months of rehabilitation. This was supported by the Dangerous Drugs Board that the length of rehabilitation is 6-8 months and may be extended depending on the client's performance in the residential program.

#### Person who Motivate to Recover from Substance Abuse

Most of the respondents were inspired by their family and relatives, having a frequency of 12 or 80%. Two respondents, or 13%, were motivated by their friends, and his girlfriend inspired one respondent or 7%. This indicates that family and relatives play an essential role in a successful recovery from substance abuse. They influence the respondents' decision-making to submit themselves to a rehabilitation program and continue the aftercare program since the recovery is a long continuous process, as supported by Hussin (2010).

#### **The extent of Internal Factors Affecting the Aftercare Program of Drug Dependents**

This part of the study reveals the extent of internal factors affecting drug dependents' aftercare programs regarding emotional aspects. Table 2 below presents the data on the extent of an internal factor in emotional factors.

**Table 2. Extent of Internal Factors affecting the Aftercare Program of Drug Dependents**

INDICATORS	WEIGHTED MEAN (n=15)	DESCRIPTIVE EQUIVALENT
<b>EMOTIONAL FACTORS</b>		
1. Experiencing persistent feeling of deep sadness affects my recovery that may lead to relapse.	4.47	HA
2. Losing of interest to my day-to-day activities affects my recovery that may lead to relapse	4.40	HA
3. Experiencing physical abuse affects my recovery that may lead to relapse.	4.20	A
4. Loosing respect from members of my family affects my recovery that may lead to relapse.	4.40	HA
5. Having negatives thoughts towards myself affects my recovery that may lead to relapse	4.47	HA
<b>Overall Weighted Mean</b>	<b>4.39</b>	<b>HA</b>

Legend:

Numerical Value	Descriptive Value
4.21 – 5.00	Highly Affecting (HA)
3.41 – 4.20	Moderately Affecting (MA)
2.61 – 3.40	Somewhat Affecting (SWA)
1.81 – 2.60	Slightly Affecting (SA)
1.00 – 1.80	Not Affecting (NA)

### Emotional Factors

From the table presented on next page, the variables with the descriptive equivalent of "Highly Affecting" are as follows: "Experiencing a persistent feeling of deep sadness affects my recovery that may lead to relapse" and "Having negatives thoughts towards myself affects my recovery that may lead to relapse" with a weighted mean of 4.47 and; "Losing of interest to my day-to-day activities affects my recovery that may lead to relapse" and "Experiencing physical abuse affects my recovery that may lead to relapse" with a weighted mean of 4.40.

While the variable "Experiencing physical abuse affects my recovery that may lead to relapse" has a weighted mean of 4.20 with a descriptive equivalent of "Moderately Affecting." Based on the table presented, it can be seen that the overall weighted mean of 4.39 on the stated indicators in terms of emotional factors reflected as "Highly Affecting." This implies that respondents

are emotionally driven during their journey towards recovery. They often turn to use drugs again to cope with their emotional feelings. Therefore, they should be emotionally prepared and willing to seek counseling to prevent any relapse, as supported by Kassel (2010).

### The extent of External Factors Affecting the Aftercare Program of Drug Dependents

This part of the study reflected the extent of external factors affecting drug dependents' aftercare program in terms of socio-economic factors and working environment. Table 3 on the next page presents the data on the extent of an external factor in socio-economic factors. Table 4 shows the data illustrates the external factor in terms of the working environment.

**Table 3. Extent of External Factors Affecting the Aftercare Program of Drug Dependents in terms of Socioeconomic Factors**

INDICATORS	WEIGHTED MEAN (n=15)	DESCRIPTIVE EQUIVALENT
<b>SOCIOECONOMIC FACTORS</b>		
1. Unfinished studies or unable to go to school affects my recovery that may lead to relapse.	4.53	HA
2. Experiencing poverty affects my recovery that may lead to relapse	4.27	HA
3. Unemployment affects my recovery that may lead to relapse.	4.27	HA
<b>Overall Weighted Mean</b>	<b>4.36</b>	<b>HA</b>

Legend:

Numerical Value	Descriptive Value
4.21 – 5.00	Highly Affecting (HA)
3.41 – 4.20	Moderately Affecting (MA)
2.61 – 3.40	Somewhat Affecting (SWA)
1.81 – 2.60	Slightly Affecting (SA)
1.00 – 1.80	Not Affecting (NA)

#### Socio-economic Factors

As reflected from the table on the next page, the variables "Unfinished studies or unable to go to school affects my recovery that may lead to relapse" with a weighted mean of 4.53, "Experiencing poverty affects my recovery that may lead to relapse" and "Unemployment affects my recovery that may lead to relapse" with a weighted mean of 4.27. The stated variables have a descriptive equivalent of "Highly Affecting." Based on the data presented, the overall weighted mean is 4.36 with a descriptive equivalent of "Highly Affecting." Such a result signifies

that those respondents who have no means of finishing their studies and are not capable of having a job have a greater chance of relapse because abusing drugs is their only way of escaping reality, as supported by Close (2019).

### Working Environment

It can be noted from Table 4 on the next page that the variable "Overworking or exhaustion affects my recovery that may lead to relapse." with a weighted mean of 4.27 has a descriptive equivalent of "Highly Affecting." On the other hand, the following variable: "Unable to cope with specific demands in work affects my recovery that may lead to relapse"; "Losing respect from my co-workers because of my history of addiction affects my recovery that may lead to relapse" with a weighted mean of 4.20; the variable "Unable to get promotion in a job position affects my recovery that may lead to relapse" with a weighted mean of 4.20 has a descriptive equivalent of "Affecting."

The overall weighted mean computed was 4.17 with a descriptive equivalent of "Affecting." This means that the work environment has affected the recovery of respondents. A longer length of hours at work may cause an individual to use and abuse drugs due to exhaustion. This way, they somewhat relieve their tiredness and become active again at work, as supported by Legg (2014).

**Table 4. Extent of External Factors Affecting the Aftercare Program of Drug Dependents in terms of Working Environment**

INDICATORS	WEIGHTED MEAN (n=15)	DESCRIPTIVE EQUIVALENT
<b>WORKING ENVIRONMENT FACTORS</b>		
1.Unable to cope with specific demands in work affects my recovery that may lead to relapse.	4.20	A
2.Unable to get promotion in a job position affects my recovery that may lead to relapse	4.00	A
3.Loosing respect from my co-workers because of my history of addiction affects my recovery that may lead to relapse.	4.20	A
4.Overworking or exhaustion affects my recovery that may lead to relapse	4.27	HA
Overall Weighted Mean	4.17	A

Legend:

Numerical Value	Descriptive Value
4.21 – 5.00	Highly Affecting (HA)
3.41 – 4.20	Moderately Affecting (MA)
2.61 – 3.40	Somewhat Affecting (SWA)
1.81 – 2.60	Slightly Affecting (SA)

### Problems Encountered by Drug Dependent Clients during Aftercare Program

This part of the study reveals the problems encountered by drug-dependent clients during the aftercare program in terms of emotional factors, socio-economic factors, and working environment. The data was presented in table 5 below.

**Table 5. Problems Encountered by Drug Dependent Clients during Aftercare Program.**

INDICATORS	Yes (n=15)	Percentage (%)	No (n=15)	Percentage (%)
<b>EMOTIONAL FACTORS</b>				
1.I experience persistent feeling of sadness.	10	67	5	33
2.I experience losing of interest to my day-to-day activities.	13	87	2	13
3.I experience physical or emotional abuse.	10	67	5	33
4.I experience loss of respect from members of my family.	4	27	11	73
5. I experience having negative thoughts towards myself that affects my behavior.	4	27	11	73
<b>SOCIOECONOMIC FACTORS</b>				
1. Unfinished studies.	13	87	2	13
2. Poverty.	13	87	2	13
3. Easy access of illegal substances.	11	73	4	27
4. Easy access of money.	10	67	5	33
5. Unemployment.	4	27	11	73
<b>WORKING ENVIRONMENT</b>				
1. Unable to cope with specific demands at work.	12	80	3	20
2. Failure in job promotion.	12	80	3	20
3. Loss of respect from my co-workers Because of my history of addiction.	4	27	11	73
4. Unable to cope with stress at work.	5	33	10	67

#### Emotional Factors

From the table presented, the following are revealed: 13 respondents or 87% answered “Yes” while two respondents or 13% answered “No” to the indicator “I experience loss of interest to my day-to-day activities”; 10 respondents or 67% answered “Yes” while five respondents or 33% answered “No” to the indicators “I experience a persistent feeling of sadness” and “I experience physical or emotional abuse”; and lastly four respondents or 27% answered "Yes" while 11 respondents or 73% answered "No" to the indicators "I experience loss of respect from

members of my family” and “I experience having negative thoughts towards myself that affect my behavior.”

According to Kassel (2010), it is important to seek counseling before and during the recovery process to understand the factors that may affect their recovery and be emotionally prepared to increase the rate of a successful recovery and prevent relapse.

#### Socio-economic Factors

As could be seen from the table, the following was revealed: 13 respondents or 87% answered "Yes" while two respondents or 13% answered "No" to the indicators "unfinished studies" and "Poverty"; 11 respondents or 73% answered "Yes" while four respondents or 27% answered "No" to the indicator "Easy access of illegal substances"; then ten respondents or 67% answered "Yes" while five respondents or 33% answered "No" to the indicator "Easy access of money"; and lastly four respondents or 27% answered "Yes" and 11 respondents or 73% answered "No" to the indicator "Unemployment."

According to Karimian (2017), lack of education, poverty, and drug abuse go hand-in-hand. It is vital for them to remain fit, prepared, and educated on the factors that may cause them to relapse.

#### Working Environment

As reflected from the table, data shows that 12 respondents or 80% answered "Yes" in comparison to three respondents, or 20% responded "No" to the indicators "Unable to cope with specific demands at work" and "Failure in job promotion." Then five respondents, or 33%, answered "Yes" while ten respondents or 67% answered "No" to the indicator "Unable to cope with stress at work." Lastly, four respondents, or 27%, answered "Yes" while 11 respondents or 73% answered "No" to the indicator "Loss of respect from my co-workers because of my history of addiction."

The result was supported by Kassel (2010), which states that many factors can trigger substance abuse and dependency; one of them is stress at work. Learning to manage stress and the availability of work interventions can reduce substance abuse and relapse risk.



Proposed Program for Aftercare Clients

Objectives:

- A. To encourage aftercare clients to actively participate in different activities to enrich their knowledge and build healthy relationship with others.
- B. To reduce number of relapse for successful recovery of drug dependents.
- C. To have community service in coordination with "OPLAN KATUWANG"

AREAS	ACTIVITIES	OBJECTIVE	PERSON INVOLVE	BUDGET	EXPECTED OUTCOME
I. Education	Free Family counselling monthly session	-to develop and maintain healthy boundaries and to build empathy and understanding.	-psychologist, clients, registered, social worker, nurse and family members of the client	20,000	-improved family relationship
	Advocacies on mental health	-raise awareness about mental health and reduce stigma associated with mental illness and drug abuse.	- psychologist, registered social workers, registered nurse and clients	20,000	-emotionally and mentally fit clients
II. Economic Support	ALS/TESDA training	-to give chance to have access to and complete basic education; to develop skill and technical education.	-ALS teacher, TESDA trainer and clients	c/o TESDA	-skilled productive and employable individual
III. Social Support	Community seminar-program about recovery of drug dependents and recreational activity.	-to educate people in the community that drug dependents recovery is a long-continuous process.	-clients, registered social workers, psychologist, barangay officials, PNP, and LGU	20,000	-responsible member of the community with self-control and self-discipline

Prepared by:

**Jacky V. Samson RN**  
 Researcher

Reviewed by:

**Christopher Banez, Phd**  
 Research Adviser

Recommending by:

**Adel Cabaruan, Phd**  
 Program Head, Graduate School

Approved:

**Virgilio U. Manzano, Phd**  
 Dean, Graduate School



## Conclusion

From the salient findings, the following conclusions formulated:

1. The majority of the respondents are generally young adults and have finished a secondary education level which works as skilled laborers earning an average monthly income. They are single and belong to the Roman Catholic religion who abuse illegal substance like shabu for an average of 3-5 years. The duration of their stay in rehabilitation was 6-8 months, and their family and relatives are the ones who motivate them to recover from substance abuse.
2. The respondents perceived themselves in general as “Highly Affecting” regarding the extent of internal factors affecting the aftercare program of drug dependents in terms of emotional factors.
3. The respondents consider themselves general as "Highly Affecting" regarding the extent of external factors affecting the aftercare program of drug dependents in terms of socio-economic factors and "Affecting" in terms of the working environment.
4. Each respondent varies on the problems they encountered during the aftercare program regarding emotional factors, socio-economic factors, and working environment.
5. The proposed program will help spread awareness on drug dependents' recovery process and intensify the advocacy to reduced possible relapse and increase the rate of successful recovery from addiction.

## References

- BANDURA. 1989. Social Learning Theory of Addiction and Recovery Implications.
- DDAPTP (Department of Health Dangerous Drugs Abuse, Prevention, and Treatment Program). 2015.
- Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in the Philippines. [https://www.ddb.gov.ph/images/unodc\\_publications/CBT\\_Guidance\\_Doc\\_Philippines](https://www.ddb.gov.ph/images/unodc_publications/CBT_Guidance_Doc_Philippines).
- DDB (Dangerous Drug Board). 2016. DDB Board Resolution to Aftercare program of Drug Rehabilitation. <https://www.ddb.gov.ph/images/BoardRegulation.pdf>
- DDB (Dangerous Drug Board). 2016. Community-Based Treatment and Rehabilitation Resources. <https://www.ddb.gov.ph/sidebar/301-community-based-treatment-and-rehabilitation-resources>

- DDB (Dangerous Drug Board). 2017. Statistics of Drug Abuse Cases. <https://www.ddb.gov.ph/component/content/category/45-research-and-statistics>
- DOH (Department of Health). 2018. DOH encourages LGUs to build more community-based drug abuse recovery clinics. <https://www.doh.gov.ph/node/15228>
- ELSHEIKH, S. 2010. Factors affecting long-term abstinence from substance use. International Journal of Mental Health and Addiction
- MIRZAEI T, RAVARY A, HANIFI N, MIRI S, OSKOUIE F, MIRZAEI KHALIL ABADI S. 2010. Addicts perspective about factors associated with substance abuse relapse
- PATTERSON A. E. 2019. History of Drug Abuse American Addiction Centers Resource, June 2019.
- SHARMA AK, UPADHYAYA SK, BANSAL P, NIJHAWAN M, SHARMA DK. 2012. A study of factors affecting relapse in substance abuse.