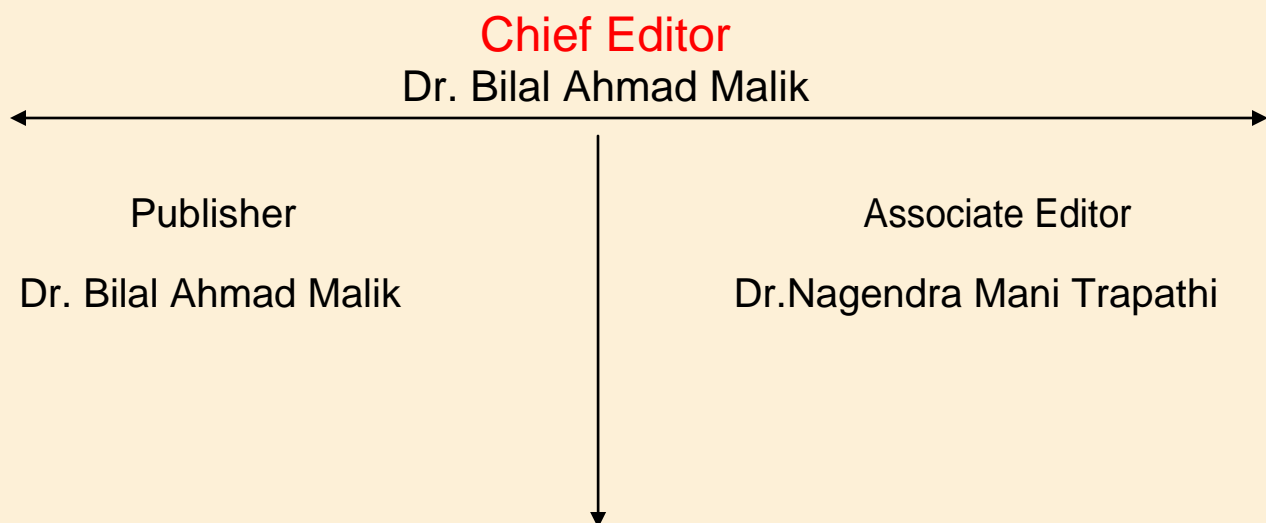


# North Asian International Research Journal Consortium

*North Asian International Research Journal*

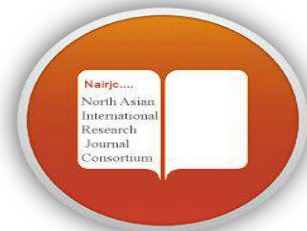
*Of*

*Science, Engineering and Information Technology*



NAIRJC JOURNAL PUBLICATION

North Asian  
International  
Research Journal Consortium



## Welcome to NAIRJC

**ISSN NO: 2454 -7514**

North Asian International Research Journal of Science, Engineering & Information Technology is a research journal, published monthly in English, Hindi. All research papers submitted to the journal will be double-blind peer reviewed referred by members of the editorial board. Readers will include investigator in Universities, Research Institutes Government and Industry with research interest in the general subjects

## Editorial Board

M.C.P. Singh Head Information Technology Dr C.V. Rama University	S.P. Singh Department of Botany B.H.U. Varanasi.	A. K. M. Abdul Hakim Dept. of Materials and Metallurgical Engineering, BUET, Dhaka
Abdullah Khan Department of Chemical Engineering & Technology University of the Punjab	Vinay Kumar Department of Physics Shri Mata Vaishno Devi University Jammu	Rajpal Choudhary Dept. Govt. Engg. College Bikaner Rajasthan
Zia ur Rehman Department of Pharmacy PCTE Institute of Pharmacy Ludhiana, Punjab	Rani Devi Department of Physics University of Jammu	Moinuddin Khan Dept. of Botany Singhaniya University Rajasthan.
Manish Mishra Dept. of Engg, United College Ald.UPTU Lucknow	Ishfaq Hussain Dept. of Computer Science IUST, Kashmir	Ravi Kumar Pandey Director, H.I.M.T, Allahabad
Tihar Pandit Dept. of Environmental Science, University of Kashmir.	Abd El-Aleem Saad Soliman Desoky Dept of Plant Protection, Faculty of Agriculture, Sohag University, Egypt	M.N. Singh Director School of Science UPRTOU Allahabad
Mushtaq Ahmad Dept.of Mathematics Central University of Kashmir	Nisar Hussain Dept. of Medicine A.I. Medical College (U.P) Kanpur University	M.Abdur Razzak Dept. of Electrical & Electronic Engg. I.U Bangladesh

**Address: -North Asian International Research Journal Consortium (NAIRJC) 221 Gangoo, Pulwama, Jammu and Kashmir, India - 192301, Cell: 09086405302, 09906662570, Ph. No: 01933-212815, Email: [nairjc5@gmail.com](mailto:nairjc5@gmail.com), [nairjc@nairjc.com](mailto:nairjc@nairjc.com), [info@nairjc.com](mailto:info@nairjc.com) Website: [www.nairjc.com](http://www.nairjc.com)**

## DRUG DEPENDENCY: A THRILL OR FAD?

**BERNARDO A. ZABALA JR\***

\*Ph D, RP, FRI Psych, Associate Professor, Coordinator, Extension Services/Guidance Counselor, Graduate School/College of Nursing, Graduate School, Nueva Ecija University of Science and Technology, Cabanatuan City, Nueva Ecija, Philippines

### **ABSTRACT:**

*The study was a picture of ex-drug dependents on their lifestyles, the effects of illegal drugs to their family, health, and community. It utilized the qualitative research with 30 respondents. Prior consent was established before the conduct of the study. The study locale is at Cabanatuan City, Nueva Ecija, Philippines. Survey questionnaire and interview are the instruments used in data gathering. The result showed that respondents, before they had been into illegal drugs, they have quality time for their family, sustain their needs, give moral support, guide, and respect to all the members of the family. When they were hooked into illegal drugs they lost confidence, always alone, aloof, moody, financial obligation is not given, and lack of time. After rehabilitation, the trust is hardly gain back, sustain again the needs, regain the moral support, guide their family, and regain respect is given to all the members of the family.*

**Keywords:** *Drug dependents, Thrill, rehabilitation, experiences.*

### **I. INTRODUCTION**

Nowadays, one of the pressing social problems in the countryside is drug dependence. Although it is a public knowledge despite of its negative or dangerous effects, drug dependents wanted to explore through curiosity. It is also known that peer pressure, emotional distress, anxiety, depression, and environmental stress are the leading factors contributing to this dilemma.

In the course of the study, the researcher assessed through interviews on personal accounts of ex-drug addicts, relatives of the drug dependents, family members and even barangay leaders the effects and impacts of this growing societal problem. They observed that drug dependents were more likely depressed with anxiety disorder or schizophrenic behavior have easy access to illegal drugs, experienced low self-esteem or problem with

relationship, lived in a stressful lifestyle, economic or emotional and of course they lived in a culture where there is a high social acceptance of drug use.

In this study, the researcher found out that the respondents led them to drug dependence by curiosity or experimental use of illegal drugs which were introduced by their peers during a social gathering, the effects to the users may enjoy defying parents or other authorities. Later, the users frequently missed their regular work chores, worried of losing drug source, used drugs to fix negative feelings, began to stay away with their friends and family, changed friends, and showed increased of tolerance and ability to handle the drug. Moreover, they experienced losses of any motivation, did not care about their work, had obvious behavioural changes thinking that to use drug is more important than all other interests, including family relationship, they have been observed to become secretive, they started dealing drugs to help support their habits. At the end, they could not face their daily life without drugs, physical condition got worse, became suicidal, financial and legal problems got worse and they have broken the ties with their family members and friends.

### **General Objectives**

1. To determine the effects of illegal drugs on the lifestyles of ex-drug dependents during their drug dependency period.
2. To determine the effects of illegal drugs to the ex-dependents family, health, and community.

### **Specific Objectives**

1. To compare the lifestyles of the former illegal drug dependents before, during and after they were hooked into using illegal drugs.
2. To note the differences on the effects of illegal drugs with the relationship of their families, health and community during their dependency in using illegal drugs.

## Locale of the Study

The study was conducted at Cabanatuan City, Nueva Ecija, Philippines



**Figure 1**  
**Map of Cabanatuan City.**

## Scope and Delimitation

The study involved the ex-drug dependents of said local communities. There were 68 recommended samples but only 30 were picked out for the study, those rehabilitated were included. The instruments were constructed by the researcher.

## Theoretical Framework

Qualitative research gives “people who are often studied but seldom heard” a voice in the scientific community (Ferguson, Ferguson, and Taylor, 1992, p.14). A qualitative framework that focuses on individual’s subjective experiences and cognition is interpretative phenomenological analysis or IPA (Smith and Eatough, 2007). Interpretative phenomenology explores in detail how participants interpret and make sense of the personal and social world (Giorgi and Giorgi, 2003); IPA involves a two-stage interpretation process or a double hermeneutic (Palmer, 1969). The participant is trying to make sense of his/her world whereas the researcher is trying to make meaning of how the participant is trying to make sense of his or her experiences. IPA states that

“access in both dependent on, and complicated by, the researcher’s own conceptions which are required in order to make sense of that other personal world through a process of interpretative activity.” (Smith, 1996, p. 264).

Drugs abuse and drug dependence represent different ends of the same disease process. Drug abuse is an intense desire to obtain increasing amounts of a particular substance to the exclusion of all other activities, (Kendler, 2009).

Drug dependence is the body’s physical need, or addiction, to a specific agent. Over the long term, this dependence results in physical harm, behavior problems, and association with people who also abuse drugs. Stopping the use of the drug can result in a specific withdrawal syndrome, (Khantzian, 2009).

Drug abuse and dependence is a disease and not a character defect. A person being treated for this condition requires the same respect as a person with any other medical condition, (Trochim, 2008).

Social development and adjustment factors also play a role in drug abuse and addiction. An assumption of the developmental perspective, as mentioned by Thornberry (2007), is that the course of one’s life is a process in which life circumstances change, milestones are met or missed and new social roles are created while of one are abandoned. There are well known and widely accepted norms about when certain developmental events should happen in a person’s life. Studies of the social factors involved in drug use have mostly focused either on adolescence or young adulthood, but surprisingly a significant amount of cocaine users may not initiate use until middle adulthood. The majority of people enter into adult social roles on schedule. However, some people enter these roles earlier or later than their same age peers. The developmental perspective predicts that this will lead to less than satisfactory adjustment and possibly negative consequences including drug and alcohol dependence (Mander, 2009).

Several theories of drug addiction exist, some of the main ones are genetic predisposition, the self medication theory, and factors involved with social/economic development. It has long been established that genetic factors along with social and psychological factors are contributors to addiction. A common theory along these lines is the self-medication hypotheses. Epidemiological studies estimate that genetic factors account for 40-60% of the risk factors for alcoholism. Similar rates of heritability for other types of drug addiction have been indicated by other studies (Kendler, 2009).

Kendler (2009), hypothesized that a gene or group of genes might contribute to predisposition to addiction in several ways. For example, altered levels of a normal protein due to environmental factors could then change the structure or functioning of specific brain circuits during development. These altered brain circuits could change the susceptibility of an individual to an initial drug use experience. In support of this hypothesis, animal studies have shown that environmental factors such as stress can affect animal's genotype.

Drug abuse by pregnant women may affect in the developing of fetus (baby) being exposed to these same drugs. The baby may develop birth defects. The baby may be born with an addiction and go into withdrawal. The baby may be born with a disease associated with drug abuse such as HIV/AIDS. People with specific medical condition, such as chronic pain from cancer, can become dependent on certain drugs, but not addicted in the sense they steal a stereo to pay for the drugs (Kalivas, 2008).

Many psychiatric diseases can be complicated by substance abuse. Similarly, drug abuse may be a sign of a more serious mental health problem. Athletes have abused a variety of agents, such as steroids, to enhance muscle mass or improve athletic ability. Athletes have also abused amphetamines to make them feel more powerful and to mask pain so they can continue to play even with injuries. Drug testing programs have reduced this problem to some extent, but drug abuse among athletes is still a problem worldwide (Jones, 2010).

The signs and symptoms displayed by a person depend on what substance the person has abused. A person who has not abused drugs extensively may experience unpleasant symptoms and may seek help from family members and friends. Chronic drug abusers generally know what to expect from their drug use and rarely seek help for themselves. Most agents cause a change in level of consciousness – usually a decrease in response, (Eish, 2008). Withdrawal syndromes are variable depending on the agent but can be life threatening. Sharing IV needles among people can transmit infectious diseases, including HIV (the virus that causes AIDS) and hepatitis type B and C. Many common household drugs and chemicals can be abused. Gasoline and other hydrocarbons are frequently abused by adolescents and pre-adolescents. Over-the-counter drugs, such as cold medications, are commonly taken in excessive doses by adolescents and young adults to get high. Prescription medications are additional examples of drugs that are abused and that can be obtained illegally (without prescription). Amphetamines and cocaine cause impotence in men. Sildenafil (Viagra) has been used by cocaine and amphetamine users to counteract impotence. Because Viagra is generally prescribed for middle-aged and older men, a younger person must be questioned as to why he has a need for Viagra psychologic craving for,



habituation to, or addiction to a chemical substance; the term replaces drug addiction, which emphasizes physiologic craving, (Kourich, 2009).

According to the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 2010), **substance dependence** is defined as:

*“When an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. These, along with Substance Abuse are considered Substance Use Disorders...”* Substance dependence can be diagnosed with physiological dependence, evidence of tolerance or withdrawal, or without physiological dependence. The related concept of drug addiction has many different definitions. Some writers give in fact drug addiction the same meaning as substance dependence, other for example provide drug addiction a narrower meaning excludes drugs without evidence of tolerance or withdrawal symptoms (Flouresco, 2009).

## II. METHODOLOGY

### Participants

There were 68 recommended samples in two barangays M.S. Garcia and Imelda, all of in Cabanatuan City, only 30 had chosen for the study according to the following criteria: (1) drug dependents for not less than two years; (2) drug users and rehabilitated upon recommendation of their family and LGU; and (3) admitted that they were drug dependents for not less than two years.

Supplementary informants – family and relative members, ex-drug addicts, PDEA agents, barangay leaders and concerned citizens were also inquired to facilitate the study.

### Procedure

Researcher had a dialogue with the leaders of barangays M.S. Garcia and Imelda, Cabanatuan City to verify intelligence report gathered about previous illegal drug dependents living in the areas. Upon confirmation and having drug dependents' names, the researcher sought permission to search and talk with them regarding the study. Subsequent to the assessment, only 30 former drug dependents passed on mentioned criteria among 68



target participants specified by both barangays and they signify for their willingness to cooperate to be part of the study.

With the supervision of the researcher, they answered and accomplished in good composure the survey questionnaires, and semi-structured interviews which had done for almost 3 months simultaneously. Other informants – family and relative members, ex-drug addicts, PDEA agents, barangay leaders, concerned citizens; were able to extract reliable information through interviews that would validate the data obtained.

The instruments focused on determining the effects of illegal drugs on their lifestyles before, during and after their drug dependency period; and its impact to their family, health, and community.

### **Data Analysis**

The researcher used percentage and ranking (Crocker, 2006), and weighted mean (Peatman, 1963). Interview responses were analyzed separately.

## **III. RESULTS AND DISCUSSION**

### **1. Profile of the respondents**

#### ***1.1 Age***

The ages of the majority (40%) of the former drug dependents were from 26-30 years old.

#### ***1.2 Gender***

Majority (90%) of the respondents were dominated by male.

#### ***1.3 Civil Status***

Majority (76.6%) of the respondents were single.

#### ***1.4 Monthly Net Income Before They Were Indulged in Illegal Drug Using***

Majority (60%) of the respondents have P 5,000- P 10,000 monthly income bracket.

#### ***1.5 Educational Attainment***

Majority (60%) of the respondents were able to complete their secondary education.

#### ***1.6 Ambition in Life***

Majority (30%) wished to become policeman.

### ***1.7 Cause of Being a Drug Dependent***

Majority (33.33%) revealed that they were encouraged by their friends as the prime cause of being a drug dependent.

### ***1.8 Years as Drug Dependents***

Majority (60%) of the respondents admitted that they were drug dependents for a period of 2 years.

## **2. Lifestyle of the former drug dependents before, during and after**

### ***2.1 Family Relationship (before)***

Rank 1 was had quality time for the family at the end of the day with 4.97 weighted mean and interpreted as “strongly agree”; rank 2 was able to sustain the needs of the family with 4.83 weighted mean and interpreted as “strongly agree”; rank 3 was able to give moral support to the members of the family with 4.50 weighted mean and verbal interpretation of “strongly agree”; can guide his/her family with what is right for their life with 4.37 weighted mean and it meant “strongly agree” was rank 4; respect was given to all his members of the family with a wm = 4.20 and it meant “strongly agree” was rank 5; able to participate in the family decision making on the relevant matter with wm = 4.10 and with verbal interpretation of “agree” as rank 6; able to manifest all the obligations needed for the family ranked 7 with 3.97 weighted mean and interpreted as “agree”; can give guidance and opinion to his/her younger siblings with 3.60 weighted mean and it meant “agree” was rank 8; close relationship to all members of his family with 3.30 weighted mean and interpreted as “moderately agree” ranked 9; and the last was able to attend the needs of his/ her younger siblings in school with 2.83 weighted mean and verbal interpretation of moderately agree.

Result revealed that before addiction, the family relationship was strong and they were able to sustain the needs of their family and had quality time with their family.

### ***2.1 During***

Lost of confidence from the family with 4.97 weighted mean and interpreted as “strongly agree” ranked 1; always alone and aloof to all the members of the family with a wm = 4.83 and interpreted as “strongly agree” ranked 2, angry mood was shown to younger siblings with wm = 4.5 and verbally interpreted as “strongly agree” in rank 3. Rank 4 was financial obligation to the family was not given with wm = 4.36 and interpreted as “agree”; lack of time for his/her family with wm = 4.20 and interpreted as “strongly agree” as rank 5; members of the

family were afraid of him/her behavior with  $w_m = 4.10$  and interpreted as “agree” as rank 6; majority of household appliances were sold to sustain the needs with  $w_m = 3.97$  and interpreted as “agree” as rank 7; friends were his/her priority with  $w_m = 3.60$  and interpreted as “agree” in rank 8; Does not participate in family decision making with  $w_m = 3.30$  and verbally interpreted as “agree” in rank 9; rank 10 was always in the room with  $w_m = 2.83$  and interpreted as “moderately agree”.

Results revealed that during the time that they were drug dependent, family relationship was affected and isolation was present, family members could not trust them anymore because of the sudden change in their behavior and their failure to support the family financially.

### *2.1 After*

Ranked 1 was trying to bring back trust is hard with weighted mean of 4.97 and interpreted as “strongly agree”; they were able to sustain the needs of the family again with a weighted mean of 4.83 and interpreted as “strongly agree” in rank 2; they were able to give again the moral support to the members of the family with a weighted mean of 4.50 and verbally interpreted as “strongly agree” in rank 3; can guide his/her family with a weighted mean of 4.37 and interpreted as “strongly agree” in rank 4; next in rank 5 was respect was given to all his members of the family with a weighted mean of 4.20 and interpreted as “strongly agree”; able to participate in the family decision making on the relevant matter with a weighted mean of 4.10 and interpreted as “agree” in rank 6; able to manifest all the obligations needed for the family with a weighted mean of 3.97 and interpreted as “agree” and rank 7; can give guidance and opinion to his/her younger siblings with a weighted mean of 3.60 and verbally interpreted as “agree” in rank 8; close relationship to all the members of the family with a weighted mean of 3.30 and interpreted as “agree” in rank 9; in rank 10 was able to attend to the needs of his/ her siblings in school with a weighted mean of 2.83 and interpreted as “moderately agree”.

Result showed that after rehabilitation, it was hard for them to bring back their old ways. Family members found a hard time to trust them. But through hard work, they were able to sustain the needs of their family again.

## 2.2 Health

### 2.2.1 Before

Eats on time with  $wm = 4.50$  and interpreted as “strongly agree” in rank 1, maintains and intake vitamin necessary for their daily needs in rank 2 with weighted mean of 4.37 and verbally interpreted as “strongly agree”; regular exercise with  $wm = 3.97$  and interpreted as “agree” in rank 3; sleeps on time with  $wm = 3.3$  and interpreted as “agree” in rank 4; baths daily with  $wm = 2.63$  and interpreted as “agree”.

Results showed that their health was normal during the time when they were not drug dependents, e.g. they were able to eat on time, maintain and intake vitamin and exercise regularly.

### 2.2.2 During

Unable to eat on time resulting to physical abuse with  $wm = 4.37$  and interpreted as “strongly agree” in rank 1; no exercise with  $wm = 3.91$  and interpreted as “agree” was rank 2; unable to sleep at night with  $wm = 3.97$  and interpreted as “agree” was rank 3, unable to bath daily with weighted mean of 2.63 and verbal interpretation of “agree” in rank 4.

Based on the result of the study, during the time that the respondents were into using drugs, they have almost forgot all vital practices to maintain their good health. They were unable to take a bath and it was hard for them to sleep at night resulting to sleep deprivation.

### 2.2.3 After

After undergoing rehabilitation, they were able to eat well on time with  $wm = 4.50$  and interpreted as “strongly agree” as rank 1; regular exercise  $wm = 3.97$  and interpreted as “agree” ranked 2; sleeps on time with  $wm = 3.3$  and interpreted as “agree” as rank 3; bath regularly with  $wm = 2.83$  and interpreted as “moderately agree” in rank 4; a was able to maintain vitamins necessary for their daily needs with  $wm = 2.63$  and interpreted as “agree” as rank 5.

After rehabilitation they were able to go back in their normal lives. They were able to perform their daily activities again

## 2.3 Community Relationship

### 2.3.1 Before

Had time to mingle and play with friends with 4.50 weighted mean and interpreted as “strongly agree” in rank 1; was able to attend family gatherings and friends with  $w_m = 4.37$  and interpreted as “strongly agree” in rank 2; socialization with relatives with  $w_m = 3.97$  and verbally interpreted as “agree” in rank 3; able to attend community works with weighted mean of 3.30 and interpreted as “agree” in rank 4; respected in the community with  $w_m = 2.63$  and it meant “agree” in rank 5.

Before, the lifestyle of the former drug dependents was normal. They were able to attend to family gatherings and socialization, had time for their family and were respected in their community as a person with dignity

### 2.3.2 During

Loss of belongingness in the neighbourhood with 4.50 as weighted mean and interpreted as strongly “agree” at rank 1; loss of interest to community affair with  $w_m = 4.37$  and interpreted as “strongly agree” in rank 2; respect in the community was lost with  $w_m = 3.97$  and interpreted as “agree” in rank 3; always not present on the family gatherings and socialization with  $w_m = 3.3$  and interpreted as “agree” in rank 4; and relatives were aloof with  $w_m = 2.63$  and interpreted as “agree” at rank 5.

The lifestyle of the former drug dependents was changed during the time when they were taking drugs.

### 2.3.3 After

Socialization with relatives with  $w_m = 4.50$  and interpreted as “strongly agree” at rank 1; able to attend community works with  $w_m = 4.37$  and interpreted as “strongly agree” in rank 2; respected in the community with  $w_m = 3.97$  and interpreted as “agree” in rank 3; able to attend family gatherings with  $w_m = 3.30$  and verbally interpreted as “agree” in rank 4; and had time to mingle and play with friends with  $w_m = 2.63$  and interpreted as “agree” at rank 5.

After the respondents were back in their normal activities, trust from the family and community was regained and since then they were able to mingle with friends and family.

### 3. Present Occupation of the Former Drug Dependents

Five (5) or 16.67 per cent of the respondents were tricycle drivers, four (4) or 13.33 per cent were transportation barkers, three (3) or 10 per cent were baggage porters, three (3) or 10 per cent were canteen helpers, four (4) or 13.33 per cent were cigarette vendors, two (2) or 6.67 per cent were fish ball vendors, four (4) or 13.33 per cent were construction workers, four (4) or 13.33 per cent were truck helpers, one (1) or 3.33 per cent were household helpers.

The respondents have varied occupation after their rehabilitation.

#### Result of Interview from Informants

1. From the members of the relative/family (parents, sisters, brothers, cousins, grandparents, uncle, aunties, in-laws and friends), the respondents were observed to have behavioral changes, moody, hard headed, lazy, cannot perform household chores, always in the room, always sleeping, sometimes do not eat, always tell lies, always wanted to be alone, and sometimes do not take a bath.
2. From ex-drug addicts, they can't sleep well, can't eat too much nor concentrate on activity due to illegal drugs (e.g. shabu).
3. From law enforcers, drug dependents do not accept that they are users of illegal drug (e.g. shabu). They performed their session at night time.
4. From concerned citizen, drug dependents were observed to be aloof with the people in the community; have behavioral changes (*kawawa, parangnapa-praning, lagingwalasasarili, palaaway, walangmodo/bastos, nakakatakot/nanlilisikangmata, di mapakali at tulalalagi*

#### Result of Interview from Respondents

They confided during the interview that they were influenced by their friends through curiosity in using illegal drugs (e.g. shabu). They admitted that they stole money of their parents. They took money without the knowledge of the possessor inside the house and even sell property (kitchen wares, jewelleryes, appliances and personal belongings) for the procurement of shabu. They would usually stay in their rooms, secluded, and alone. They feel that they were very satisfied in life and seemed they don't have any problem, they lied; they do not accept that they are using shabu. They were secretive. Their health was deteriorated, physical, and mental health was affected. After the rehabilitation, they tried to regain the loss confidence and trust from their family and friends.

#### IV. CONCLUSION

1. The ages of the majority of the former drug dependents were from 26-30 years old, dominated by male, single, unemployed, a monthly income ranging from P5,000 – P10,000, high school graduates, ambitious, encouraged by their peers and friends and were hooked in drugs for less than two years.
2. The respondents, before they had been into illegal drugs (shabu) strongly agree that they have quality time for their family at the end of the day, able to sustain the needs of their family, able to give moral support to the members of the family, guide their family, and respect is given to all the members of the family.
3. During the time when they were hooked into illegal drugs they strongly agree that they lost confidence from their family, always alone and aloof to all the members of the family, angry mood is shown to the younger siblings, financial obligation to the family is not given, and lack of time for the rest of the members of the family.
4. After rehabilitation the respondents strongly agree that trying to bring back trust is hard, able to sustain again the needs of the family, able to give again the moral support to the members of the family, can guide their family and, respect is given to all the members of the family.
5. On health, the respondents, before they had been into illegal drugs, they strongly agree that they eat on time, maintain vitamins and regular exercise.
6. During their dependency into drugs, their health was deteriorated as strongly agree that they unable to sleep at night and unable to take a bath daily.
7. After rehabilitation, they were able to go back to their normal lives and were able to perform their daily activities again.
8. The community relationship of the former drug dependents before their addiction, their lifestyle was normal; they were able to attend family gatherings and socialization, had time for their family, and was respected in their community as a person with dignity.
9. The lifestyles of the former drug dependents were changed during their dependency to drugs.
10. And after the rehabilitation period, the respondents were back in their normal activities, trust from the family and the community was regained and since then, they were able to mingle with friends and family.

#### RECOMMENDATION

1. LGU, particularly the barangay officials, should monitor the rehabilitated drug dependents and must take action for them to undergo vocational training programs.



2. Drug dependency should be treated as an illness rather than a crime.
3. PDEA must intensify their anti –drugs campaign.
4. PDEA must conduct seminar/symposium on drug education
5. PDEA must conduct surveillance and chase the addicts, pushers and suppliers.

## ACKNOWLEDGMENT

I would like to acknowledge all persons whom I indebted their valuable contributions. The University Administrators who gave permission to conduct the study. The respondents who gave their full support until the last moment of my leg work. My assistants Joel I. Alvarez, Lemuel -Kim A. Garcia and Kenneth B. Serafica, College of Education, significant others who volunteered but not selected as respondents, my colleagues, my students who are in one way or the other helped me in this endeavor.

## REFERENCES

- ❖ Griswold KS, Atronoff H, Kernan JB, Kahn LS. Adolescent substance use and Abuse: recognition and management. *Am Fam Physician*. 2008; 77:330-336.
- ❖ Kleber HD, Weiss Rd, Anton RF, George TP, Greenfield SF, Kosten TR, et al. Treatment of patients with substance use disorders. *Am J Psychiatry*. 2007; 164:5-123
- ❖ LEAD PNP – Manual on anti-illegal drugs operation and investigation.
- ❖ Methamphetamine Abuse and Addiction. National Institute on Drug Abuse. NIDA Drug abuse series. November 2006.
- ❖ NIDA Info Facts: Club Drugs (GHB, Ketamine, and Rohypnol). National Institue on Drug Abuse NIDA.
- ❖ NIDA Info Facts: Hallucinogens – LSD, Peyote, Psilicybin, and PCP. National Institute on Drug Abuse. NIDA. Revised 6/09.
- ❖ PDEA - <http://www.pdea.gov.ph>
- ❖ [http://en.wikipedia.org/wiki/Philippine\\_Drug\\_Enforcement\\_Agency](http://en.wikipedia.org/wiki/Philippine_Drug_Enforcement_Agency)
- ❖ Samet JH. Drug abuse and dependence. In: Goldman L, Ausiello D, eds. *Cecil Medicine*. 23<sup>rd</sup> ed. Philadelphia, Pa: Saunders Elsevier; 2007: chap 32.

## Publish Research Article

Dear Sir/Mam,

We invite unpublished Research Paper, Summary of Research Project, Theses, Books and Book Review for publication.

**Address:- North Asian International Research Journal Consortium (NAIRJC)  
221, Gangoo Pulwama - 192301**

**Jammu & Kashmir, India**

**Cell: 09086405302, 09906662570,**

**Ph No: 01933212815**

**Email:- [nairjc5@gmail.com](mailto:nairjc5@gmail.com), [nairjc@nairjc.com](mailto:nairjc@nairjc.com) , [info@nairjc.com](mailto:info@nairjc.com)**

**Website: [www.nairjc.com](http://www.nairjc.com)**

