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COPING MECHANISMS OF DRUG-USER SURRENDEREES

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Abstract: *Drug addiction is a problem that has been immeasurably increasing in our society today. Drug addictions can hinder or restraint us from accomplishing our goals or dreams in life. Addiction to drugs is an issue that crash millions of individuals and families across the Philippines. Many Filipinos suffer with drug dependence. A survey commissioned by the Dangerous Drugs Board estimates that 4.8 million Filipinos aged 10-69 years old used illegal drugs at least once in their lives. These significant numbers, however, are unfortunately not met by similar numbers of people being treated. There is a large gap between the number of people suffering from addiction, problematic drinking and drug abuse and those receiving treatment. Developing proper coping skills for addiction is the key to getting back to living life and avoiding relapse. Developing these skills with the surrenderees and their loved ones live a satisfying sober life. This research undertaking is an attempt to look into the coping mechanisms of drug-user surrenderees of some selected barangays of Piat, Cagayan which utilizes the descriptive correlational survey method. According to Fraenkel and Wallen (1993, p. 27), it states that this survey describes an existing relationship between variables and degree to which two or more quantitative variable are related and it does so by the use of a correlational coefficient. This research undertaking used a structured questionnaire to obtain the data needed for this research endeavour. Results of this study revealed that drug users are capable of overcoming the effects of drug withdrawal and can inhibit themselves from drug use through strong determination and will.*

Keywords: *coping mechanism, drug addiction, drug dependence, surrenderees, withdrawal mechanism, dangerous drug board, descriptive-correlational method*

INTRODUCTION

Drug abuse is one of the top problems confronting the nation today especially among the youth. Incidences of drug and alcohol abuse and related anti-social behaviour have tremendously increased in recent years. This has become a matter of concern to the

government, parents, teachers, Non-governmental organisations and all other relevant agencies. It is more prevalent than parents suspect. Parents do not recognise the extent of drug use and as a result, some young people think they can use drugs with impunity. Most parents believe that it is the responsibility of teachers to check drug abuse among school going children and still most of them delude themselves that their children are safe and secure. Drug abuse is not confined to young people in certain geographical areas or from particular social-economic backgrounds. It affects the nation as a whole-both urban and rural areas. The problem cuts across class. It is not only in slums or low income areas where people are poor and unhappy but also with families living under better conditions (rich and calmer) where children are better controlled. According to the National Campaign Against Drug Abuse (NACADA) in Kenya which was initiated in early 2001, the past twenty years has seen drugs and drug abuse soar to an extent that it now cuts across all sectors of life. The level of drug abuse is startling and even more frightening because of the fact that many young people are getting wired on drugs each passing day. Alcohol, bhang and tobacco are increasingly being abused by school going children. Research and seizure statistics show it has a steady upward trend. Those between 16 to 30 years of age, a critical period in one's development are most affected. A few years ago the most commonly abused drugs among students were tobacco, alcohol, bhang and "miraa" but today opium, cocaine and heroin have added to the list. Use of sleeping pills, tranquiller, cough mixture, inhalants such as glue and petrol is now rampant especially among the street youngsters. In Nairobi alone 50% of students have in the past taken drugs.

According to the United States National Institute on Drug Abuse (NIDA), addiction is defined as "a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain - they change its structure and how it works." There are two important aspects of NIDA's definition. First, addiction is a chronic disorder and most addicts fail in their attempts to achieve long-term abstinence. The second aspect is that drug addiction is a brain disease. It is a disease entity that is characterized by compulsion, loss of control, and its tendency to be repeated despite significant negative consequence. The disease is progressive and often fatal if untreated. Drug use significantly changes brain function and these changes persist long after the individual stops using drugs. The disease paradigm identifies addiction as a treatable condition rather than a criminal behavior and tries to place the issue of addiction

in a public health and medical context (Smith & Seymour, 2004: 29). However, most disease paradigms concentrate on aetiology of addiction rather than on how to change them. Carlo DiClemente in ''Addiction and Change'' defines addiction from a more behavioral angle. For him, addiction is "learned habits that once established become difficult to extinguish even in the face of dramatic, and, at times, numerous negative consequence." (DiClemente, 2003: 4). Similarly, Cami and Farre define drug addiction as a chronic condition in which compulsive drug-taking behavior persists despite serious negative consequences (Cami & Farre, 2003). Koski-Jännes tries to give more comprehensive model of addiction. She defines addictive behavior as "fixed activity patterns that are characterized by immediate rewards but problems in the longer run, conflicted ways of thinking and acting, and changes in the neuropsychological processes of the brain." (Koski-Jännes, 2004: 56). For the purpose of this article, however, it is important to mention the religious/theological understanding of addiction. Some theorists have suggested that substance addictions are spiritual illness, a condition resulting from a spiritual void in one's life or from a search for connectedness (Miller, 1998). For chemically dependent people, drugs become their counterfeit god (Ringwald, 2003). Therefore, addicts may be unconsciously seeking to fulfil their spiritual need with drugs.

All of these definitions imply a negative judgment on drug use, but because addiction is so complex, no single definition is likely to be completely adequate. For most theorists in addiction science, there is neither a stable specific psychological structure nor a specific personality disorder (Taïeb, 2008: 990). However, all theorists in addiction research equally agree that the critical elements of addictive disease are: 1) the development of problematic pattern of an appetitive addictive behavior; 2) the presence of physiological and psychological components of the behavior pattern that create dependence; 3) the interaction of these components in the life of the addict that make the behavior resistant to change (DiClemente, 2003: 4).

Substance abuse may lead to addiction or substance dependence. Medically, physiologic dependence requires the development of tolerance leading to withdrawal symptoms. Both abuse and dependence are distinct from addiction which involves a compulsion to continue using the substance despite the negative consequences, and may or may not involve chemical dependency. Dependence almost always implies abuse, but abuse frequently occurs without dependence, particularly when an individual first begins to abuse a

substance. Dependence involves physiological processes while substance abuse reflects a complex interaction between the individual, the abused substance and society. Substance abuse is sometimes used as a synonym for drug abuse, drug addiction, and chemical dependency, but actually refers to the use of substances in a manner outside sociocultural conventions. All use of controlled drugs and all use of other drugs in a manner not dictated by convention (e.g. according to physician's orders or societal norms) is abuse according to this definition; however there is no universally accepted definition of substance abuse. Substance use may be better understood as occurring on a spectrum from beneficial to problematic use. This conceptualization moves away from the ill-defined binary antonyms of "use" vs. "abuse" towards a more nuanced, public health-based understanding of substance use.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) describes physical dependence, abuse of, and withdrawal from drugs and other substances. It does not use the word 'addiction' at all. It has instead a section about substance dependence: 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.

Addiction is now narrowly defined as "uncontrolled, compulsive use"; if there is no harm being suffered by, or damage done to, the patient or another party, then clinically it may be considered compulsive, but to the definition of some it is not categorized as "addiction." In practice, the two kinds of addiction are not always easy to distinguish. Addictions often have both physical and psychological components. There is also a lesser known situation called pseudo-addiction A patient will exhibit drug-seeking behavior reminiscent of addiction, but they tend to have genuine pain or other symptoms that have been under-treated. Unlike true addiction, these behaviors tend to stop when the pain is adequately treated.

Addiction is a brain disorder characterized by compulsive engagement in rewarding stimuli, despite adverse consequences. Despite the involvement of a number of psychosocial factors, a biological process – one which is induced by repeated exposure to an addictive stimulus – is the core pathology that drives the development and maintenance of an addiction. The two properties that characterize all addictive stimuli are that they are reinforcing (i.e., they increase the likelihood that a person will seek repeated exposure to

them) and intrinsically rewarding (i.e., they are perceived as being inherently positive, desirable, and pleasurable).

Addiction is a disorder of the brain's reward system which arises through transcriptional and epigenetic mechanisms and occurs over time from chronically high levels of exposure to an addictive stimulus (e.g., morphine, cocaine, sexual intercourse, gambling, etc.). Addiction exacts a high toll on individuals and society as a whole through the direct adverse effects of drugs, associated healthcare costs, long-term complications (e.g., lung cancer with smoking tobacco, liver cirrhosis with drinking alcohol, or meth mouth from intravenous methamphetamine), the functional consequences of altered neural plasticity in the brain, and the consequent loss of productivity. Classic hallmarks of addiction include impaired control over substances or behavior, preoccupation with substance or behavior, and continued use despite consequences. Habits and patterns associated with addiction are typically characterized by immediate gratification (short-term reward), coupled with delayed deleterious effects (long-term costs).

Some of the most interesting behavioral research concerning addictions is related to a person's ability to cope with stressful situations. Therefore, the fourth coping/social learning models are associates drug abuse with inadequate coping skills and critical personality deficits. Addictions are considered to be the result of a poor or inadequate coping mechanism and prevent adequate coping skills. Unable to cope with life stresses and crises drug addicts turn to their addiction as an escape or comfort. From this perspective individuals use substances as alternative coping mechanism and rely on their addiction to manage a situation, particularly those that engender feelings of frustration, anger, anxiety or depression (Wills & Shiffman, 1985). One's ability to cope with crisis has been identified as a critical deficit area in many theories of addiction. According to DiClemente emotion-focused coping has been identified as an important dimension (DiClemente, 2003: 13). Although still little is known about factors that potentially mediate the relationship between post-traumatic stress disorder and drug addiction, some studies consistently show that coping skills play an important role in the relapse-recovery process (Monti, Rohsenow, Colby & Abrams, 1995). Other investigations have similarly shown that increased drinking after rehabilitation treatment is associated with both skills deficit and the failure to use alternative coping responses(Marlatt & Gordon, 1985). The social learning perspective emphasizes social cognition and not simply coping. Also, this perspective emphasizes the

role of peers and significant others as models. However coping deficits are an important aspect of developing addictive behavior, one cannot narrow addiction only to a coping repertoire. The fifth conditioning/reinforcement behavioral models focus on the direct effects of addictive behavior, such as tolerance, withdrawal, other physiological responses, and rewards. Compulsive use of drugs is governed by reinforcement principles.

Coping skills are the tools that people use to deal with the ups and downs of life. This can include positive changes that are exciting or negative ones that are scary or sad. Addicts use drugs to deal with life changes, whether they are positive or negative. Once drugs are no longer a part of life, an addict must not only learn how to cope with drug addiction, but also all the twists and turns that life brings. Coping skills are different for different people. Some techniques work for some people and don't for others. It may take some experimentation to determine what works for a person. Different skills may also work for some situations and not for others. Through this experimentation, however, people who have suffered with addiction can learn how to deal with the highs and lows of life without the aid of their substance of choice.

STATEMENT OF THE PROBLEM

This research undertaking aimed to determine the coping mechanisms of drug-user surrenderees of some selected barangays of Piat, Cagayan.

Specifically, it sought answers to the following questions.

1. What is the profile of the respondents as to:
    - 1.1 Age
    - 1.2 Sex
    - 1.3 Civil Status
    - 1.4 Educational Attainment
    - 1.5 Age at first take of drugs
2. What motivated the drug user to surrender?
3. What are the benefits and consequences of drug withdrawal?
4. What coping mechanisms do surrenderees adopt to completely eradicate the use of drugs?

STATISTICAL TOOLS

The information and data that were gathered through the different techniques were organized, tabulated and collated for better analysis and interpretation.

Data were analysed using frequency counts, percentages and the Likert scale to analyze the extent of influence of the different factors that motivated the respondent to surrender to the proper authority like the Philippine National Police.. The Pearson-r was utilized to determine the relationship between the profile of the respondents and the factors that motivated the respondents to surrender with their coping mechanism.

The scale below was used:

4.20 – 5.0	-	To a very great extent
3.40 – 4.19	-	To a great extent
2.60 – 3.39	-	To a moderate extent
1.80 – 2.59	-	To a slight extent
1.0 – 1.79	-	Not at all

Table 1.1

Frequency and Percentage Distribution of the Respondents' Profile Relative to Age

Age	Frequency	Percentage
15-20	5	10.00
21-25	40	80.00
26-30	5	10.00
Total	50	100.00
Mean = 22.35 SD = 4.57		

Table 1.1 reflects the profile of the surrenderees relative to age. Among the 50 surrenderees, majority or 40 or 80 percent) fall within the age bracket of 21-25 years of age while an equal number of 5 fall within the age bracket of 15-20 and 26-30. The mean age of 22.35 shows that the drug surrenderees are relatively young at age and manifest their psychological behavior of curiosity.

Table 1.2

Frequency and Percentage Distribution of the Respondents' Profile Relative to Sex

Sex	Frequency	Percentage
Female	0	00.00
Male	50	100.00
Total	50	100.00

As gleaned from table 1.2 which presents the frequency and percentage distribution of the surrenderees relative to sex, all the respondents are males. The data imply that males, who by nature extrovert, are the ones who are usually exposed to the influence of trying new things especially so when peers are the source of such an influence.

Table 1.3

Frequency and Percentage Distribution of the Respondents' Profile Relative to Educational Attainment

Educational Attainment	Frequency	Percentage
Secondary level	15	30.00
Secondary graduate	25	50.00
College graduate	10	20.00
Total	50	100.00

Table 1.3 reflects the frequency and percentage distribution of the respondents relative to their educational attainment. As reflected in the table, 25 or 50 percent are secondary graduates, 10 or 20 percent reached the secondary level and 15 or 30 percent are college graduates. The data further imply that the respondents are educated and are aware of the effects of drug use.

Table 1.4

Frequency and Percentage Distribution of the Respondents' relative to parent's occupation

Parent's Occupation	Frequency	Percentage
Farming	35	70.00
Government employee	10	20.00
Laborer	5	10.00
Total	50	100.00

Table 1.4 shows the frequency and percentage distribution of the respondents relative to their parents' occupation. Most of the respondents' parents are engaged in farming while the others are government employees and laborer. This data further imply that farming is evidently the main source of income of the respondents' parents.

Table 1.5

Frequency and Percentage Distribution of the Respondents relative to age at first take of drugs

Age at First take of drugs	Frequency	Percentage
17	15	30.00
20	20	40.00
28	15	30.00
Total	50	100.00

Table 1.5 reveals the frequency and percentage distribution of respondents relative to age at first take of drugs. As shown in the table, most of the respondents had their first take of

drugs at the age of 20 while others have started taking drugs at the age of 17 and 28. This finding further imply that respondents when they first take the illegal drugs, are still very young and could easily get indulged by curiosity or as influenced by their peers.

Table 2.1

Weighted Mean Descriptive Scale on the Extent of Motivation on the respondents' Personal Factor to surrender

Items	Weighted Mean	Descriptive Scale
I want to transform and have a new life.	3.0	To a moderate extent
I am afraid of the PNP Drug Campaign.	3.0	To a moderate extent
I surrendered personally to the PNP through Oplan Tokhang.	3.0	To a moderate extent
For health reason	3.0	To a moderate extent
To free myself from trouble and crime	3.0	To a moderate extent
Overall Weighted Mean	3.0	To a moderate extent

Table 2.1 presents the extent to which personal factors have motivated the respondents to surrender to the Philippine National Police. As perceived by the respondents, it was revealed that they want to transform and have a new life after that stage in their life as drug users, afraid of the PNP drug campaign and through Oplan Tokhang of the PNP, for health reasons and to free themselves from troubles and crimes with equal weighted means of 3.0. These factors motivated them to surrender "to a moderate extent," which is the highest among the three factors. The findings further imply that surrendering was more of a personal reason as an indication that they are concerned for their personal welfare rather than getting into the effects of drug addiction and being aware of the war on drugs of present administration.

Table 2.2

Weighted Mean Descriptive Scale on the Extent of Motivation on the respondents' Parental Factor to surrender

Items	Weighted Mean	Descriptive Scale
My parents motivated me to surrender.	2.28	To a slight extent
My parents personally reported me to the PNP.	1.32	Not at all
Due to drugs my parents have neglected my personal needs that led my surrender to the PNP	2.34	To a slight extent

My parents do not want me to get involved in gangs and crime related activities.	2.34	To a slight extent
My parents are very strict and do not allow me to get into drugs which would cause my addiction.	3.0	To a moderate extent
Overall Weighted Mean	2.25	To a slight extent

Table 2.2 shows the extent to which parental factors have motivated the respondents to surrender. Generally, these factors motivated them to "to a slight extent" only with an overall weighted mean of 2.25. Among these factors, the respondents were mostly motivated to surrender because their parents are very strict and do not allow them to get into drugs which would cause their addiction with the mean of 3.0 and at the least for their parents to report them personally to the PNP with the mean of 1.32. These findings mean that the parents have not played their roles into the fullest with regard to helping their children surrender or that the parents, though may have exerted effort, are not really persistent enough and that their children do not necessarily listen to them.

Table 2.3

Weighted Mean Descriptive Scale on the Extent of Motivation on the respondents' Peer Factor to surrender

Items	Weighted Mean	Descriptive Scale
My peers have taken the first move to surrender	3.0	To a moderate extent
My peers who are not drug-users hesitate to be with my company so I decided to surrender	3.0	To a moderate extent
My peer are not drug users and I want to imitate them	2.10	To a slight extent
My peers gave me pieces of advice that I should get rid of the vice	3.0	To a moderate extent
My peers strongly extend their support	3.0	To a moderate extent
Overall Weighted Mean	2.82	To a moderate extent

Table 2.3 reflects the extent to which peers have motivated the respondents to surrender to the PNP. Considering the ages of the respondents, seemingly, they could easily get influenced and motivated by people whom they go with so often. As revealed by the respondents, they are motivated to surrender "to some extent" because their peers have

taken the first move to surrender, because peers are not drug users and because they are strongly supported by peers with equal weighted means of 3.0. The item 'My peers are not drug users and I want to imitate them" motivated them "to a slight extent" with a weighted mean of 2.10. An overall mean of 2.82 indicates that they are motivated to surrender "to some extent" by peers.

This finding further imply that if their peers have surrendered, they likewise would do considering that their peers have a great influence in their decision and so as to maintain relationship with them and the fear that their names would be included in the authority's watch list if not to surrender.

Table 3. 1

Benefits and Bad Effects of Drug Withdrawal

Effects	Frequency	Percentage
Better health	10	100.00
Get rid of being addicted	9	90.00
Mental Disorder	7	70.00
Dizziness	8	80.00
Uneasy and feel weak	6	60.00
Better relationship with peers and parents	10	100.00

*Multiple response**s**

Table 3.1 shows the benefits and bad effects of drug withdrawal as percieved by the respondents. Majority of the respondents identified better health, getting rid of being addicted, better relationship with peers and parents as the beneficial effects of drugs withdrawal while some of the bad effects of drug withdrawal include mental disorder, dizziness, uneasiness and feeling weak.

COPING MECHANISMS

After having surrendered through the Oplan Tokhang, drug surrenderees are engaged in several activities to cope with drug withdrawal. At the early age of drug withdrawal, the drug surrenderees feel a lot of effects but are able to cope with it through activities that would make them busy during the day. Others engage in sports activities, do household activities and stay at home reading magazines and other booklets. It is further revealed that they stay at home interacting with their brothers and sisters rather than getting out with friends.

CONCLUSION AND RECOMMENDATIONS

Based on the result of the study, it revealed that respondents are relatively young, male, educated and most of their parents are engaged in farming. Their age at first take of drugs range from 17 to 28 years of age. On the extent to which the following factors motivated the respondents to surrender, it was claimed that personal factors and peer factors motivated them to surrender "to a moderate extent" with overall weighted mean of 3.0 and 2.82 respectively. Parental factors have motivated them "to a slight extent" with weighted mean of 2.25. The beneficial effects of drug withdrawal and claimed by the respondents include better health, getting rid of being addicted and better relationship with peers and parents while the bad effects include mental disorder, dizziness, uneasiness and feeling weak. The coping mechanisms mentioned were: engaging in several activities, making themselves busy by working and engaging into sports activities and refraining from getting out of the home and getting along with peers.

From the above findings, the researchers conclude that drug users are capable of overcoming the effects of drug withdrawal and can inhibit themselves from drug use through strong determination and will.

From the above findings and conclusions, the researchers recommend that parents should establish a close tie with their children making a constant bond and open communication, close monitoring on their children's activities especially when they are with their peers, parental guidance and support should be more intensified to transform their children to become better citizens of the society. It is further recommended that drug surrenderees should totally stop taking drugs and proper mechanism of counselling should be administered on them and that they should refrain from getting influenced by the peers who are still using illegal drugs.

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