opción

Revista de Antropología, Ciencias de la Comunicación y de la Información, Filosofía, Lingüística y Semiótica, Problemas del Desarrollo, la Ciencia y la Tecnología

Año 35, 2019, Especial N° 19
Revista de Ciencias Humanas y Sociales
ISSN 1012-1587/ ISSNe: 2477-9385
Depósito Legal pp 198402ZU45

Universidad del Zulia
Facultad Experimental de Ciencias
Departamento de Ciencias Humanas
Maracaibo - Venezuela

Opción, Año 35, Especial No.19 (2019): 1206-1243
ISSN 1012-1587/ISSNe: 2477-9385

Evaluation of aftercare program in ALAmal complex by using CIPP model

Alayshi Hajari Ahmed[1]
[1]Universiti Kebangsaan Malaysia (The National University of Malaysia)
[1]Al-Imam Muhammad Ibn Saud Islamic University
halayshi@ukm.edu.my

Aizan Sofia Amin[2]
[2]Universiti Kebangsaan Malaysia (The National University of Malaysia)
aizansofia@ukm.edu.my

Mohammad Rahim[3]
[3]Universiti Kebangsaan Malaysia (The National University of Malaysia)
rahimk@ukm.edu.my

Fauziah Ibrahim[4]
[4]Universiti Kebangsaan Malaysia (The National University of Malaysia)
ifauziah@ukm.edu.my

Abstract

Kingdom of Saudi Arabia has confronted drugs addiction by developing numerous programs such as the "Aftercare Program". But there is the problem of relapse. This led the researcher to evaluate the aftercare program in AlAmal Complexes by using CIPP Model from the perspective of the social workers and drug abusers. The objective was to identify the level of (Context, Input, Process and Product) as the main elements of the aftercare program. The results showed that the majority of those have an agreement of the effective level of the context, input, process and product to contribute to the treatment of addiction.

Keywords: Evaluation, Aftercare Program, CIPP Model, Drug Abuse, Social Work in Addiction Field.

Recibido: 19-12-2019•Aceptado: 24-03-2019

Evaluación del programa de cuidados posteriores en el complejo ALAmal utilizando el modelo CIPP

Resumen

El Reino de Arabia Saudita ha enfrentado la adicción a las drogas mediante el desarrollo de numerosos programas como el "Programa de cuidados posteriores". Pero existe el problema de la recaída. Esto llevó al investigador a evaluar el programa de cuidados posteriores en AlAmal Complexes utilizando el Modelo CIPP desde la perspectiva de los trabajadores sociales y los drogadictos. El objetivo fue identificar el nivel de (Contexto, Entrada, Proceso y Producto) como los elementos principales del programa de cuidado posterior. Este estudio encontró que la mayoría de ellos tienen un acuerdo sobre el nivel efectivo del contexto, la información, el proceso y el producto para contribuir en el tratamiento de la adicción.

Palabras clave: Evaluación, Programa de cuidados posteriores, Modelo CIPP, Abuso de drogas, Trabajo social en el campo de la adicción.

1. INTRODUCTION

A drug has physiological effects and is a deadly dangerous scourge or menace, which unprecedentedly spreads in all societies, and even becomes a threat to communities leading to a total collapse. Presently, the problem with drugs is one of the most complex challenges that are facing the international community. According to The World Drug Reports, it is estimated that in 2014, one in every 20 adults or a quarter of a billion people is between the ages of 15 and 64 years old, the used drug at least once. This is roughly the equivalent of the combined populations of France, Germany, Italy and the United Kingdom. However, although the amount is substantial, it is one that does not seem to have grown over the

past few years in proportion to the growing global population. Nevertheless, over 29 million people who use drugs are estimated to suffer from some forms of drug use disorders (United Nation, 2016).

The Kingdom of Saudi Arabia (KSA), like other countries of the world, has a similar situation. The Ministry of Interior in KSA estimated that the number of drug addicts has totalled to 200,000, representing 0.7% of the total population of 28 million. Some associations suggested that the true figure is much higher (Hilal, 2016).

Confronted with this situation, The KSA has developed numerous strategies and programs which started with "Self-Support Program". The Self-Support Program began its first official activities in 1995 in the "AlAmal Complex" in Dammam City. The objective of the program was to help drug abusers who had received treatments at hospitals for continuous recovery. The beneficiaries from this program are groups of hard-core drug abusers. Later, this program called "Aftercare Program", which is divided into two sections: (A) rehabilitation, and (B) social reabsorption (Alsultan, 2005).

The AlAmal complex in Riyadh received more than 600 cases per week, and this is similar to the number for the rest of the complexes in Saudi Arabia. The ratios in drug use vary from one region to another, higher in crowded areas such as Mecca, Riyadh and the Eastern Province up to 1.7 to 1.8% of the population (Ezzedine, 2015).

In another report, Abdullah al-Sharif, Assistant Director of the Anti-Drugs Preventive Affairs Center, at the United Nations, and

chairman of the committee reviewing cases of addiction in Saudi Arabia, revealed that about 70% of drug addicts are in the age groups of 12 to 20 years old. He confirmed that the AlAmal hospitals in the Saudi regions received about 300 addicts daily seeking treatment for addiction problems. This is equivalent to about 2100 addicts weekly (Al-Zahrani, 2016).

As a novel strategy in the current study, the levels of Aftercare Program's fourth axes, which are the Context, Input, Process and Product from the perspective of the social workers and drug abusers as the samples of this research, were identified (Veisi, 2017).

2. STATEMENT OF THE PROBLEM

Drug addiction is a serious problem at all levels of the human race as its effects are destructive on the individual, family and society. Confronting the problem of drug abuse is not just punishment or treatment, but more of prevention. The best way to address the issue is to implement the right education and develop programs and plans that are well equipped with the necessary resources is perhaps one of the important issues in dealing with drug abuse and addiction. The care for those who are exempted from drug abuse is one of the most important types of care that can be offered to the deceased in the face of relapse (Ali, 2000).

Therefore, the Aftercare Programs is set to form an effective approach to the society towards prevention and continuity of treatment. At the same time, with the aim of closing all avenues for the recuperative to fall into relapses and return to addiction (Niazi, 2008).

Despite all efforts from the Saudi government and specializes in AlAmal Complexes, there still the issue of the high rate of increase in cases receiving treatment. To confirm that the following comparisons show the percentage of drug abusers received at the AlAmal Complex between 2013 and 2016: In 2013, the AlAmal complexes received in total, 1200 cases per week. In 2016, the AlAmal complexes received 2100 cases weekly. It can be concluded that the proportion of cases received at the AlAmal Complexes between 2013 and 2016 had increased to almost twice. (AlAmal Complex for Mental Health, 2016).

There is a limitation to the studies on the aftercare and the effectiveness of the programs, which motivated prompted the researcher to undertake the study to identify the realistic efficiency of aftercare program.

3. OBJECTIVES AND SIGNIFICANCE OF THE STUDY

The study seeks to fulfil the following objectives:

1- To identify the level of:

a) Context (Existing Objectives, Contents of program and Environment of the program).

b) Input (Drug abuser's physical and psychological aspects, Skills and Needs).

c) Process (Authority support, Drug abuser's motivations and performance and Implementation of the program).

d) Product (Satisfaction, Achieving the objectives and ambitions and Aftercare program's contributions into the therapeutic process). To the Aftercare Program at AlAmal Complexes from the perspective of social workers and drug abusers.

The results of the study can be instrumental in enabling social workers to deliver an effective aftercare program to recover drug abusers. The study will also add valuable information in meeting the needs of recovering drug abusers through the aftercare program.

4. LITERATURE REVIEW

4.1. Drug Abuse

The problem with drug abuse is one of the most complex challenges that are facing the international community. It is no less dangerous than the problem of terrorism, and a country, whether it is advanced or developing, can hardly escape from it. (United Nation, 2016).

Based on the overall strategy for the fight against drugs and specific function of the management, most goals could be drawn in carrying out the affairs of preventive education, and control at the local level, working in the field of treatment of drug addicts "Aftercare". (The General Directorate for Drug Control, 2016).

Addiction treatment may take up to two years. There have been more than 72,000 Saudi addicts recorded in various treatment centres, but the rate of return addicts to abuse again is still very high, with up to 70% of addicts been treated (Khalifa, 2014).

The AlAmal hospitals in Riyadh receive more than 600 cases per week and are similar to the number in the rest of the hospitals in the Kingdom. Percentages of drug use between one region and another also vary and they increase in the crowded areas such as city of Mecca, Riyadh and the Eastern Province up to 1.7 to 1.8%, and decreases in the interior areas such as Alpahah, Asir, Hail, Qassim and Medina (Ezzedine, 2015; Anjomshoa & Mohagery, 2016).

4.2. Aftercare Program

The aftercare, in general, is providing the necessary care for the patient to get recovery of addiction. It is the real test to the patient in recovery addiction after joining the treatment program. It is considered as the most important stage of the treatment program. (Ghaithi, 2009).

Aftercare is an essential stage of the addiction treatment after the detoxification stage whether the patient had hospital hypnosis or not. It begins with the detoxification stage as soon as the withdrawal symptoms get improved and include many awareness, guidance and training programs in psychological, social, behavioural and religious aspects and learn different skills that assist the patient how to deal with longing to return to drug abuse (Bin Meshkhis, 2011).

The Aftercare Unit's Programs at the AlAmal Complex in Riyadh include some programs such as psychological and medical programs, programs to prevent relapse**,** life skills programs**,** social programs**,** religious programs and self-support programs. (AlAmal Complex for Mental Health, 2016).

The therapeutic aftercare program at the AlAmal Complex has been designed as a final procedure to ensure that the patient is about to move in gradually to society. It is mainly based on the idea that the patient must have a psychological rehabilitation program to resist difficulties in adaptation to society. However, in the final process of the therapeutic program, the patient must not be as a resident in the complex. He participates in the program at specific times through some visits (Al-Ghamdi, 2011).

According to Dr. Moustafa Shadid a Consultant Psychiatrist in AlAmal Complex in Riyadh and The Director of Halfway House: The stage in halfway house include multiple activities and programs as the follows: Guidance sessions and identification to the relapse prevention program, Dynamics of recovery and self-support sessions and skills development to deal with psychological stresses and learn the methods of behavior modification, Social sessions for identifying the social factors that lead to addiction and how to get the family's trust and skills of searching for a job as well as making new friends and Religious sessions aim to increase religious awareness and skills of stability and relapse prevention of the patients (Al-Madinah Newspaper, 2012).

4.3. Evaluation

According to the United Nations Office on Drugs and Crime, evaluation is defined as "A systematic and objective assessment of an ongoing or completed project, program or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, efficiency, effectiveness, impact and sustainability - as set out in the Evaluation Policy" (Mittal, 2017).

The general aim of evaluations is focused on providing "useful feedback" that comes from various parties including client-groups, sponsors, staff, administrators, and other relevant personnel. Therefore, feedback has its contribution to decision-making, hence could be considered as "useful". Most studies have indicated the strength of the relationship between evaluation and its impact. There has been a notation that critical studies fail to give an impact on short-term decisions. Studies without significant impact are the root-cause of delayed influence or response when similar conditions appear. The general acceptance of the major goal of evaluation is that it should be sufficiently influential in the decision-making or policy formulation. There are several types of evaluations based on the subject and purposes of the evaluation. By the present discussion, two important evaluation types are the formative and summative evaluations. Formative evaluation enhances the subject to be evaluated, and they assist in its formation through the examination of the implementation of the program, the quality, and the evaluation of the organizational context, personnel, procedures and inputs. On the other hand, summative evaluations test the subject through its effectiveness or outcomes. Therefore, they concentrate on the description of what did

happen to the program during the evaluation process, assessment of whether the subject could be the cause of the outcome, determination of the overall influence of the causal factor beyond the immediate target outcomes, and estimation of the relative costs associated with the subject (William, 2006).

4.4. Social work in the drug addiction field

The profession of social work within the context of its activities in general, and in the field of abuse and addiction in particular, is a scientific profession where scientific method is used in dealing with its customers through its activities and programs not only concerned with the issues of design but also provide treatment programs for cases of addiction in all forms and on different segments. Its efforts to assess the return of their professional intervention to these situations are being developed through the use of scientific assessment methods that enable them to measure the return of their efforts and demonstrate their ability to achieve higher levels of efficiency (Alrshood, 2012).

Social work deals in many areas, including the medical field, which represents a form of practice related to the health and health care program (Abdullatif, 2003). Social, medical service in the care of addicts is defined as the application of the principles, values, principles, skills and trends of social work in the care of addicted patients and their families (Abu Al-Maati, 2002).

The medical social work in the field of addiction is one of the branches of social service in general and practiced in medical institutions and is based on joint work as a member of the medical team with (doctors and nursing staff) and aims to help the addict to take full advantage of medical treatment and prevention of various diseases and adapt to his social environment with the availability of Scientific qualification work required for the work of social workers in the field of addiction care. The medical social service is the professional work of the social worker to study the addict's responses to his or her problems in order to provide assistance in social and emotional problems that affect the development of the disease and the treatment process for the addict to get benefits of therapeutic intervention, and then assist him or her adjust with the social environment (Jibril, 2003; Jenaabadi & Issazadegan, 2014).

4.5. CIPP Model

In the late 1960s, The CIPP model emerged and used at the U.S. inner-city school district for reforming project to address the limitations of traditional evaluation approaches. Stufflebeam's Context, Input, Process, and Product evaluation model is "a comprehensive framework for conducting formative and summative evaluations of projects, personnel, products, organizations, and evaluation systems" (Stufflebeam & Shinkfield, 2007).

The CIPP evaluation model has a powerful orientation to principles and the service of a liberated society. It urges the evaluators and clients to determine and involve rightful beneficiaries, identify their needs of

provided service, obtain information of use in designing effective projects and services, diagnosis and assist effective guide implementation of service, and yet evaluate the services' quality, value, importance, and integrity. The thrust of CIPP evaluations is to provide sound information that regularly will help the providers to evaluate and enhance the services and make effective use of resources, time, and technology to serve the purposed needs of rightful beneficiaries properly and equally (Guili et al., 2011).

Context evaluation includes searching the environment of the program to define the relevant information, focusing on unmet needs and missed opportunities, and assesses the reasons for unmet needs. It is, in fact, a path to provide information and determine how to use resources to achieve the program goals. It evaluates particular aspects of the program. The process of evaluation treats the implementation decisions, which control and manage the program. Product evaluation is the collection of data to determine the possibility of obtaining the objectives. Finally, it comes out to the evaluators with information that assists them to decide whether to continue, terminate or modify the program (Mitra et al., 2014).

Therefore, the CIPP Model assists in determining the existing objectives, contents and the environment at AlAmal Complex's aftercare service program as the "CONTEXT" in this model. Drug abuser's physical and psychological aspects, skills and needs will be the "INPUT" to specify the actual needs and concerns of drug abusers and the most appropriate approach to meet these identified needs according to their capabilities and skills. This model helps to assess the implementation of aftercare program and its services through the detection of the authority

support, drug abuser's motivations and performance and implementation of the program and considering these as the "PROCESS" of this model to evaluate the implementation of this program. In the end, the "PRODUCT" of this model which represents the reality of the aftercare program and its effectiveness on the therapeutic process is directed to the drug abusers through the work team by identifying the satisfaction, achieving the objectives and ambitions and aftercare program's contributions into the therapeutic process.

5. METHODOLOGY

The quantitative research method was used to address the research questions and objectives. This method allowed the objectives and questions to be fully determined. The design of the selected study was a descriptive survey method. The purposive sample was chosen with about 90 social workers as a sample of the first part of the population and about 150 drug abusers as a sample of the second part of it

Data is collected in this research by using closed-ended questionnaires by social workers who were working in the aftercare program and the drug abusers who were participating in it. The effectiveness of the provided program, is shown by the social workers' performance and the drug abusers' participation and motivations in the program.

In details, the researcher would analyze all the variables by using A Likert Scale as the following in (Figure 3.1) to measure each variable and

its level. The Likert scale is the most widely used approach to scaling responses in survey research, which is more appropriate to these variables of this research.

		Ratings: Please select one option			
		Strongly Agree	Agree	Disagree	Strongly disagree
1	The aftercare program achieves its goals effectively and is a successful initiative in rehabilitating addicts	□	□	□	□

Please specify the degree of your consent on the following entries for identification purposes by putting (√) in the appropriate places of your point of view:

Figure 1. 3: Likert Scale in this research

5.1. Research Variables

The analysis of the variables will be concentrated on measuring each of them through some indicators as the following:

1- The independent variables of the study are:

a) Context, which includes: The existing objectives, contents and environment of the program. Each indicator has 6 items to cover most aspects of the variable as the following: Aftercare program's success in rehabilitation addicts, effective participation between addicts and program providers, the activities contained in the aftercare program are adequate and appropriate for addicts, means

and tools used in the program facilitate its implementation and achievement of its objectives, the program provides an appropriate health environment for addicts, the program environment helps addicts learn positive behaviours to cope with the problem of addiction.

b) Inputs, includes Drug abuser's physical and psychological aspects, Skills and Needs. Each indicator has 6 items to cover most aspects of the variable such as The program works to change the addictive behaviours of addicts, the tasks and roles assigned to the addicts meet the acceptance and motivate them to do, the program helps addict to learn the skill of searching and getting a job, the program helps the addict improve communication skills with other people, the program assists the addict to prove himself and accept it, and the program achieves adequate satisfaction for the needs of addicts.

c) The process, includes the authority support, drug abuser's motivations and performance and implementation of the program. Each indicator has 6 items to cover most aspects of the variable for example: Authority's efforts are insufficient to support the program and implement all its phases and activities, the Department supervises and evaluates the program from its inception to the end, the program has a strong appetite for addicts to enroll and participate in its activities, a reduction in the level of the tender of addicts in the program is often observed, the program takes into consideration the individual differences between addicts during

program implementation, and the program contributes to identify all the needs of addicts and work to satisfy them.

2- The dependent variable:

d) The product of the program: Identifying the satisfaction, achieving the objectives and ambitions and aftercare program's contributions into the therapeutic process. Each indicator has 6 items to cover most aspects of the variable such as: The aftercare program provides very satisfactory results for addicts and program providers, at the end of the program, all the needs and wishes of all addicts participating in the program are met, the program ultimately achieves all the desired objectives which were created for it, it achieves positive lives for addicts inside and outside the complex, the program is an important step in the rehabilitation process of addicts that cannot be irreplaceable, and the program contributes significantly and effectively to reduce the risk of relapse for many addicts.

6. ANALYSIS

The following are the responses of the study members of the social workers sample on the evaluation of the aftercare program in AlAmal complex using the CIPP model from the perspective of social workers and drug addicts.

6.1. From Social Workers' Perspective

Responses of the social workers sample on the evaluation of the aftercare program in AlAmal complex using the CIPP model from social workers was clarified in Table 4.11. The table shows that the total number of responses of the members of the sample of social workers on the study instrument came in a high response from the study sample. The general arithmetic mean was (3.10) with a standard deviation of (.230) and a high response degree. In the first order, the first axis: context of the aftercare program came with a mean of (3.20) and a standard deviation of (.298), with a high response level, followed by in the second order, the second axis: aftercare Program Inputs came with mean of (3.09) and a standard deviation of (.307), and the response level was high, while the last order was the fourth axis: Outcomes of aftercare program with a mean of (3.05) and a standard deviation of (.310) and the response level was high.

Table 4.11 Total number of responses of social workers sample on the study instrument

Axes	Mean	Standard deviation	Dimension arrangement	Response degree
The first axis: Context of the aftercare program	3.20	.298	1	High
The second axis: Aftercare Program Inputs	3.09	.307	2	High
The third axis: Implementation of the aftercare program	3.08	.323	3	High

The fourth axis: Outcomes of the aftercare program	3.05	.310	4	High
Total	3.10	.230	--	High

6.2. From Addicts' Perspective

Responses of the addicts' sample on the evaluation of the aftercare program in AlAmal complex using the CIPP model from addicts to the axes of the study instrument are in Table 4.12. The table illustrated that the total number of responses of the members of the sample on the study instrument came in a high response from the study sample of addicts. The general arithmetic mean was (3.09) with a standard deviation of (.477) and a high response degree. In the first order, the second axis: aftercare Program Inputs came with mean of (3.14) and a standard deviation of (.521), and the response level was high, followed by in the second order ,The third axis: Implementation of the aftercare program came with mean of (3.14) and a standard deviation of (.656), and the response level was high, while the last order was the fourth axis: Outcomes of aftercare program with a mean of (2.98) and a standard deviation of (.639) and the response level was high.

Table 4.12 Total number of responses of addicts' sample on the study instrument

Axes	**Mean**	**Standard deviation**	**Dimension arrangement**	**Response degree**
The first axis: Context of the aftercare program	3.08	.497	3	High

The second axis: Aftercare Program Inputs	3.14	.521	1	High
The third axis: Implementation of the aftercare program	3.14	.656	2	High
The fourth axis: Outcomes of the aftercare program	2.98	.639	4	High
Total	3.09	.477	--	High

Level of Context (Existing Objectives, Contents of program and Environment of the program)

6.3. From Social Workers' Perspective

Table 4.13 shows that the total number of responses of the members of the sample on the first axis "Context of Aftercare Program" came in a high response level from the study sample of social workers. The general arithmetic mean was (3.20) with a standard deviation of (.298) and a high response degree. In the first order, the first dimension: the current objectives of the aftercare program came with a mean of (3.37) and a standard deviation of (.374), with high response level, followed by in the second order, the second dimension: contents of the aftercare program with a mean of (3.14) and a standard deviation of (.543) and the response level was high. While the last order was the third dimension: the environment of the aftercare program came with a mean of (3.10) and a standard deviation of (.317), and the response level was high.

Table 4.13 Arithmetic means and standard deviations of the responses of the Social workers sample on the first axis: Context of the Aftercare Program

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
The current objectives of the aftercare program	3.37	.374	1	High
Contents of the aftercare program	3.14	.543	2	High
The environment of the aftercare program	3.10	.317	3	High
Total	3.20	.298	--	High

6.4. From Addicts' Perspective

In Table 4.14 arithmetic means and standard deviations of the responses of the addicts' sample on the first axis "Context of the aftercare program". The table shows that the total number of responses of the members of the sample on the first axis came in a high response level from the study sample of addicts. The general arithmetic mean was (3.08) with a standard deviation of (.497) and a high response degree. In the first order, The first dimension: the current objectives of the aftercare program came with a mean of (3.23) and a standard deviation of (.463), with high response level, followed by in the second order, the third dimension: the environment of the aftercare program came with mean of (3.12) and a standard deviation of (.643), and the response level was high, while the

last order was the second dimension: contents of the aftercare program with a mean of (2.89) and a standard deviation of (.614) and the response level was high.

Table 4.14 Arithmetic means and standard deviations of the responses of the addicts' sample on the first axis: Context of the Aftercare Program

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
The current objectives of the aftercare program	3.23	.463	1	High
Contents of the aftercare program	2.89	.614	3	High
The environment of the aftercare program	3.12	.643	2	High
Total	3.08	.497	--	High

Level of Input (Drug abuser's physical and psychological aspects, Skills and Needs)

6.5. From Social Workers' Perspective

The total number of responses of the members of the sample on the second axis "Aftercare Program Inputs" in Table 4.21 came in high response level from the point of view of the study sample of social workers. The general arithmetic mean was (3.09) with a standard deviation of (.307) and a high response degree. In the first order, the third

dimension: the needs of addicts in the aftercare program came with mean of (3.15) and a standard deviation of (.475), and the response level was high, followed by in the second order, The first dimension: the physical and psychological aspects of the addicts in aftercare program came with a mean of (3.11) and a standard deviation of (.314), with a high response level, while the last order was the second dimension: the skills of addicts in the aftercare program with a mean of (3.00) and a standard deviation of (.378) and the response level was high.

Table 4.21 Frequencies, percentages, arithmetic means, and standard deviations of responses of study sample members of social workers on the second axis:

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
The physical and psychological aspects of the addicts in the aftercare program	3.11	.314	2	High
The skills of addicts in the aftercare program	3.00	.378	3	High
The needs of addicts in the aftercare program	3.15	.475	1	High
Total	3.09	.307	--	High

Aftercare Program Input

6.6. From Addicts' Perspective

On the side, in Table 4.22 the total number of responses of the members of the sample on the second axis "Aftercare Program Inputs" came in a high response level from the study sample of addicts. The

general arithmetic mean was (3.14) with a standard deviation of (.521) and a high response degree. In the first order, the second dimension: the skills of addicts in the aftercare program came with a mean of (3.15) and a standard deviation of (.617), with a high response level, followed by in the second order, the first dimension: the physical and psychological aspects of the addicts in the aftercare program came with mean of (3.15) and a standard deviation of (.648), and the response level was high, while the last order was the third dimension: the needs of addicts in the aftercare program with a mean of (3.12) and a standard deviation of (.597) and the response level was high.

Table 4.22 Frequencies, percentages, arithmetic means, and standard deviations of responses of study sample members of addicts on the second axis:

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
The physical and psychological aspects of the addicts in the aftercare program	3.15	.648	2	High
The skills of addicts in the aftercare program	3.15	.617	1	High
The needs of addicts in the aftercare program	3.12	.597	3	High
Total	3.14	.521	--	High

Aftercare Program Inputs

Level of Process (Authority support, Drug abuser's motivations and performance)

6.7. From Social Workers' Perspective

Table 4.29 shows that the total number of responses of the sample about the third axis "Implementation of aftercare program" came with a high grade from the perspective of the sample of social workers. The general arithmetic mean was (3.08) with a standard deviation (.323) and response degree "high". The second dimension "Motivation of the addicts and their performance in the aftercare program" came in the first rank with arithmetic mean (3.14), and standard deviation (.383), and response degree "high", followed by the third dimension "Implementation of the aftercare program" with an arithmetic mean (3.06), standard deviation (.418) and response degree "high", while the first axis "Management Support for the implementation of the aftercare program" came in the last rank with arithmetic mean (3.03), standard deviation (.420) and response degree "high".

Table 4.29 Frequencies, percentages, arithmetical means and standard deviations of the responses of the study sample "social workers" about the third axis:

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
Management support for the implementation of the aftercare program	3.03	.420	3	High
Addicts motivation and performance in the aftercare program	3.14	.383	1	High

Implementation of the aftercare program	3.06	.418	2	High
Total	3.08	.323	--	High

Implementation of the aftercare program

6.8. From Addicts' Perspectives

The total number of responses of the study sample about the third axis “Implementation of aftercare program” in Table 4.30 came with a high grade from the perspective of the study sample of addicts, as its general arithmetic mean (3.14) with standard deviation (.656) and response degree "high". The second dimension " Addicts motivation and performance in the aftercare program" came in the first rank with arithmetic mean (3.22), and standard deviation (.707), and response degree "high", followed by the first dimension "Management Support for the implementation of the aftercare program" with an arithmetic mean (3.11), standard deviation (.656) and response degree "high", while the third dimension "Implementation of aftercare program" came in the last rank with arithmetic mean (3.10), standard deviation (.824) and response degree "high".

Table 4.30 Frequencies, percentages, arithmetical means and standard deviations of the study sample of addicts about the third axis: Implementation of an aftercare program

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
Management support for the implementation of the aftercare program	3.11	.656	2	High
Addicts motivation and performance in the aftercare program	3.22	.707	1	High
Implementation of the aftercare program	3.10	.824	3	High
Total	3.14	.656	--	High

Level of Aftercare Program Outputs (Satisfaction, Achievement goals and contribution in the therapeutic process)

6.9. From Social Workers' Perspective

Table 4.37 shows that the total number of responses of the study sample about the fourth axis "Aftercare program outputs" came with grade "High" from the perspective of the study sample of social workers, as its general arithmetic mean was (3.05) a standard deviation of (.310). The first dimension "Satisfaction with the aftercare program" came with an average of (3.14), a standard deviation of (.384) and "High" level of response. Followed by the second dimension "Achievement of goals and aspirations in the aftercare program" with an average of (3.09), a standard deviation of (.379) and "High" level of response. While in the latter came

in the third dimension "Contribution of the aftercare program in the therapeutic process" with a mean of (2.92), a standard deviation of (.439), and "High" level of response.

Table 4.37 Arithmetical means and standard deviations about the fourth axis: Aftercare Program Outputs

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
Satisfaction with the aftercare program	3.14	.384	1	High
Achievement of goals and aspirations in the aftercare program	3.09	.379	2	High
The contribution of the aftercare program in the therapeutic process	2.92	.439	3	High
Total	3.05	.310	--	High

6.10. From Addicts' Perspective

The total number of responses of the study sample about the fourth axis **"**Aftercare program outputs" in Table 4.38 came with grade "High" from the perspective of the study sample of addicts, as its general arithmetic mean (2.98) with standard deviation (.639) and response "High". The first dimension "satisfaction with aftercare program" came in the first rank with arithmetic mean (3.04), standard deviation (.855), and

response “High", followed by the third axis "contribution of aftercare program in treatment process" which came in the second rank with arithmetic mean (3.00), standard deviation (.629) and response "High", while the second dimension "achieving goals and aspirations in aftercare program" came in the last rank with an arithmetic mean (2.90), standard deviation (.668) and response "High".

Table 4.38 Arithmetical means and standard deviations about the fourth axis: Aftercare Program Outputs

Dimension	Mean	Standard deviation	Dimension arrangement	Response degree
Satisfaction with the aftercare program	3.04	.855	1	High
Achievement of goals and aspirations in the aftercare program	2.90	.668	3	High
The contribution of the aftercare program in the therapeutic process	3.00	.629	2	High
Total	2.98	.639	--	High

7. FINDINGS AND DISCUSSION

7.1. Answer of Research Question

7.1.1. First: Level of Context (Existing Objectives, Contents of program and Environment of the program)

The first dimension "Existing Objectives" of the first axis "Context of Aftercare program" had an agreement from both perspectives of social workers and addicts as the first order among the other dimensions with a high level of response. This reflects that the existing objectives of this program were very appropriate to helps addicts to avoid relapse. This finding is in line with the findings of Arthur (2017) that indicated that completing treatment successfully significantly lowered the risk of relapse. With regard to the second dimension "Contents of Aftercare Program" of the first axis "Context of Aftercare Program" that was in the second order of the dimensions of context with a high level of response from the social workers' perspective, that was clarified the need to pay attention to the contents of aftercare program in order to achieve its goals. This was in line with the study was made by Abu Hatla (2010), which indicated with the result of the importance of the contents of aftercare program such as the social lessons and religious lectures in stop thinking about the return to addiction and to leave the bad behaviour. According to the third dimension "environment of aftercare program" of the first axis "Context of Aftercare program" that came in the second order of dimensions of context and with a high level of response from the addicts' perspective, it was illustrated the significance of the environment of aftercare program to the addicts to get over their addiction issue. That was consistent with Naobes's study (2016), which came with the result of the recovering addicts experienced that it is difficult to have an ordinary life after rehabilitation because inpatient treatment centres provide a safe, structured environment in which negative influencing factors were removed from a client's daily experience.

7.1.2. Second: Level of Input (Drug abusers physical and psychological aspects, Skills and Needs)

Both perspectives of social workers and addicts agreed to put the first dimension “physical and psychological aspects of the addicts” of the second axis “Input of Aftercare Program” in the advanced order, which got a high response degree is due to that the study’s samples believe that the program focuses primarily on the treatment of addiction behaviour of addicts by taking into account the psychological and physical needs of addicts and taking into account individual differences in the programs provided to them. This finding is partly consistent with Hanna's study (2007) stating that effectiveness of a program is based on the modification of cognitive behaviour to raise the level of perceived self-efficacy of a sample of drug addicts in the governorate of Acre. However, the second dimension "Skills of addicts in the aftercare program" of the second axis “Input of Aftercare Program” that came with a high response degree can be explained that the study sample "addicts" have the positive roles of the program in developing their psychological and social skills, in addition to improving their ability to communicate with others that will help them to practice their life, work and creativity naturally after finishing the program. There is sub-similarity between the current study result and the results of Al-Hallaq (2013) pilot study which was identified the effectiveness of the guidance program was impacted in self-affirmation, reducing social anxiety and developing social relations management skills.

Nevertheless, regarding to the third dimension “Needs of addicts in the aftercare program” of the second axis “Input of Aftercare Program”, which got a high response’s level from both perspectives of social workers

and addicts but it came in the first order of the inputs' dimensions from the social workers' perspective. Alotaibi (2015) made research that its results were agreed with what this research results came out with about meeting addicts' needs in the aftercare program. Thus, the aftercare program came with a high degree of agreement from its providers' perspective and it met the addicts' needs that they sought to fulfil from this program (Absori & Bangsawan, 2019).

7.1.3. Third: Level of Process (Authority's support, Drug abusers' motivations and performance and Implementation of the program)

All perspectives from social workers and addicts indicated that they had an agreement to choose the second dimension "Addicts motivation and performance in the aftercare program" of the third axis "Process of Aftercare Program" to be in the first rank in comparison with the other dimensions. That means the motivation and performance of addicts in this program played a significant role in terms of the implementation of the aftercare program. So, this result was consistent with Tinyiko (2013) study findings, which showed the key findings from the Gauteng Department of Social Development were that aftercare services were viewed as the motivation of clients and providing emotional support. According to the first dimension "Authority's support for the implementation of aftercare program" of the third axis "Process of Aftercare Program", was in the last rank from the perspective of social workers who were working in this program and provided its services. Thus, this result showed their responses with a high level, which clarified the authority's support for the program and who participated in it, was

beneficial but it was not in the first rank where it should be, and it needed more. This result supports the result of the study made by Almotairi (2017) that discovered there were a need of more financial support to the implementation of the aftercare program from the perspective of social workers who worked in this program.

7.1.4. Fourth: Level of Product (Satisfaction, Achieving the objectives and ambitions and Aftercare program's contributions into the therapeutic process)

In this part, the responses of both samples "social workers and addicts for the first dimension "Satisfaction with Aftercare Program" of the fourth axis "Aftercare Program's Product", they chose this dimension to be in the first rank in comparison with the other dimensions. Furthermore, the obtaining of this first dimension of response with a high degree can be explained that the study sample of addicts see that the aftercare program has met all various needs of addicts, as it has made radical changes in addicts' behaviours in order to protect them from addiction dangers in the future and their gained experiences from the program motivate them for achievement and active participation in the society. There is sub-similarity between the current study and the results of Al-Zyadat (2013) study that showed the emotional intelligence training program has been instrumental in improving the level of life satisfaction among drug abusers. On the other hand, the second dimension "Achieving Goals and Aspirations in Aftercare Program" of the fourth axis "Aftercare Program's Product" showed a high level of response too from the perspective of social workers and addicts with a preference to the social

workers to put it in the second rank. Thus, it was reflected the necessity of achieving the goals and aspirations behind the aftercare program and having a positive experience from it to go back to the normal life. This result was going with the study conducted by Stacey (2016), which came out with the participants had a positive experience of the aftercare program. Also, the third dimension "Contribution of Aftercare Program in Treatment Process" of the fourth axis "Aftercare Program's Product", came with a high degree of response too from the perspective of social workers and addicts with a preference to the addicts to put it in the second rank. So, these results supported the result of this research, as well as the result of the study by Stacey (2016), which explained that results indicated that aftercare played a vital role in assisting participants in maintaining treatment gains. Besides, the aftercare program achieved and met its goals and aspirations, and it contributed to the treatment process that is required for addicts to overcome the problem of addiction.

8. CONCLUSION

In the current study, the result concerned to identify the levels of Aftercare Program's fourth axes, which were the Context, Input, Process and Product from the perspective of the social workers and drug abusers as the samples of this research. Each axis had three dimensions to measure the level of every single axis to determine the effectiveness level of the aftercare program. The responses of both samples from social workers and drug abusers in this study had a high level of response, which explained that each axis had a high level in its role and effectiveness in the aftercare program in AlAmal Complexes in both Riyadh and Jeddah cities in Saudi

Arabia. Hence, the study's results showed that all axes (Context, Input, Process and Product) had reflections that illustrated an effective impact of the aftercare program in achieving the desired goals and contributing in the therapeutic process that was provided to the drug abuser by the social workers. Thus, this result clarified that the aftercare program had an essential influence in helping drug abusers to get the maximum benefit from the treatment process. Also, the aftercare program reached its goals, and it contributed to the therapeutic process, which is as a persistent demand for drug abusers to overcome the problem of addiction (Stacey 2016). Despite limited studies about the evaluation of aftercare program for drug abusers as a major limitation of this study, this has made the researcher suffer from obtaining a lot of information in this area, especially about previous studies focused on the evaluation of aftercare programs accurately. If this information was available, it might help the researcher to obtain more theoretical concepts and literature for this study as well as contribute better to design the study instrument and further support the results of the study.

Consequently, the results of this study will add advanced knowledge in general to the scientific studies that are interested in drug abusers accurately. It adds a real understanding of the content of aftercare programs and improves the effectiveness of the program's context, inputs, process and outputs for individuals interested in this field. In this section, some implications have been discussed at various levels, such as the implications for the Ministry of Health, AlAmal Complexes, drug abusers and social workers belonging to the field of addiction.

REFERENCES

ABDULLATIF, A. 2003. **Models and methods of organizing society in Social Service - Integrated Entrance.** Cairo: Al Isra Press.

ABSORI, N., & BANGSAWAN, I. 2019. **The sustainable development licensing policy of creative industry in the era of Asian economic community (aec) in Surakarta, Indonesia.** Humanities & Social Sciences Reviews. Vol. 7, N^{o} 3: 25-31. India.

ABU-AL-MAATI, M. 2002. **Introduction to the therapeutic social service.** Cairo: Arab Renaissance Library.

ABU-HATLA, A. M. 2010. **Evaluation of Rehabilitation Program in Hope Hospitals in Saudi Arabia.** Unpublished Master Thesis. Riyadh. Naif Arab University for Security Sciences. Department of Social Sciences. Saudi Arabia.

ALAMAL COMPLEX FOR MENTAL HEALTH. 2016. **aftercare program.** http://www.alamal.med.sa/page_36_50.shtml. Saudi Arabia.

ALAMAL COMPLEX FOR MENTAL HEALTH. 2016. **Relations and Health Media Management - Electronic Media Unit.** Departments of addiction treatment. http://www.alamal.med.sa/index.htm. Saudi Arabia.

AL-GHAMDI, H. 2011. **AlAmal Complex's beds in the waiting list.** http://www.alriyadh.com. Saudi Arabia.

AL-HALLAQ, O. 2013**. The effectiveness of a training program for the development of psychological and social problems management skills among drug addicts.** PhD thesis, University of Damascus, Damascus, Syria.

ALI, A. 2000. **Social Work and Professional Practice Fields.** Helwan University: University Book Distribution Center. Egypt.

AL-MADINAH NEWSPAPER. 2012. **Experts: Spend nine months in the Halfway House reduces relapse in addiction treatment.** http://www.al-madina.com. Saudi Arabia.

ALMOTAIRI, A. 2017. **Evaluate the effectiveness of the extended care program in facing relapse.** Unpublished Master Thesis. Riyadh. Naif Arab University for Security Sciences. Saudi Arabia.

ALOTAIBI, A. A. 2015. **The role of the aftercare program in the rehabilitation of drug addicts.** Unpublished Master Thesis, Riyadh, Naif Arab University for Security Sciences. Saudi Arabia.

STACEY, C. E. 2016. **Rehabilitated Substance Abusers' Experience of Aftercare Following Completion of Inpatient Treatment.** Unpublished Master Thesis. The University of the Western Cape. South Africa.

ALRSHOOD, A.S. 2012. **Evaluation of programs in drug addiction treatment.** Riyadh. Naif University for Security Sciences. Saudi Arabia.

ALSULTAN, A. M. 2005. **The role of aftercare in the rehabilitation of addicts socially.** Unpublished Master Thesis. Riyadh. Naif Arab University for Security Sciences. Saudi Arabia.

AL-ZAHRANI, H. 2016. **"70% of the drug addicts are less than 20 years".** http://www.aleqt.com. Saudi Arabia.

AL-ZYADAT, M. 2013. **The effectiveness of a training program for emotional intelligence in improving the satisfaction of life with drug abusers.** PhD, University of Jordan, Amman, Jordan.

ANJOMSHOA, H., & MOHAGERY, A. 2016. **Evaluation of discovery and understanding of the conditions and backgrounds addiction treatment and recovery among members of Narcotics Anonymous Forum.** Iranian Journal of Social Sciences and Humanities Research, Vol. 4, N° 3. pp. 44-49. Iran.

ARTHUR, K. 2017. **Rural Colorado Drug Courts: A Program Evaluation of Two Different Modalities.** Walden University. USA.

BIN MESHKHIS. 2011. **15 recuperative in AlAmal Complex succeed in quitting smoking.** Riyadh. http://www.alriyadh.com. Saudi Arabia.

EZZEDINE, N. 2015**. Numbers... Gulf at risk... The reason «drug».** http://www.sayidy.net. Saudi Arabia.

GHAITHI, F. 2009. **"AlAmal Complex" Step towards life.** http://www.aleqt.com. Saudi Arabia.

GUILI, Z., NANCY, Z., ROBIN, G., DEBBIE, M., JENNIFER, W., CHRISTINE, SH. & KATHERINE, M. 2011. **Using the Context, Input, Process, and Product Evaluation Model (CIPP) as a**

Comprehensive Framework to Guide the Planning, Implementation, and Assessment of Service-learning Programs. © Journal of Higher Education Outreach and Engagement, Vol. 15, N° 4. USA.

HANNA, J. 2007. **The impact of a program based on the modification of cognitive behaviour in the development of the self-efficacy of drug addicts in the governorate of Acre and its relation to some variables.** Unpublished Master thesis. University of Jordan, Amman, Jordan.

HILAL, A. 2016. **Tour rates of drug consumption in some Arab countries.** http://raseef22.com , Saudi Arabia.

JENAABADI, H., & ISSAZADEGAN, A. 2014. **The analysis of personality features, coping strategies and stress relations in drug addicts.** UCT Journal of Management and Accounting Studies, Vol. 2, N° 1. pp. 22-26. Iran.

JIBRIL, A. 2003. **Advanced Practices for Social Service In the field of family and childhood care.** Cairo: university office. Cairo.

KHALIFA, I. 2014. Figures - **the Kingdom of the drug in Saudi Arabia**, translated from the German: Quoting newspaper (Die Zeit) German. http://www.almanypress.com. Germany.

MITRA, F. & MARYAM, S. 2014. **Stufflebeam's CIPP Model & Program Theory: A Systematic Review.** International Journal of Language Learning and Applied Linguistics World (IJLLALW), Vol. 6, N° 3. pp. 400-406. Malaysia.

MITTAL, S. 2017. **Aftercare services for drug dependent persons.** New Delhi: United Nations Office on Drugs and Crimes (UNODC). India.

NAOBES, A. 2016. **An Exploratory study into the nature of aftercare services for recovering substance abusers.** Master Thesis. The University of Namibia. South Africa.

NIAZI, T. 2008. **Psychological and social problems facing the disabled and the role of social service in dealing with them.** Riyadh: Al-Amal Mental Health Center. Saudi Arabia.

STUFFLEBEAM, L., & SHINKFIELD, J. 2007. **Evaluation theory, models, & applications.** San Francisco, CA: Jossey-Bass. USA.

THE GENERAL DIRECTORATE FOR DRUG CONTROL. 2016. **the tasks**. http://gdnc.gov.sa/Pages/default.aspx, pp. 1-7. Saudi Arabia.

TINYIKO, M. 2013. **Perceptions of social workers regarding their role in aftercare and reintegration services with substance-dependent persons.** The University of Pretoria, Faculty of Humanities. South Africa.

UNITED NATIONS. 2016. **World Drug Report**, pp. ix. New York.

VEISI, M. 2017. **Surveying the Causes of Tendency of Islamabad Qarb Youth to Synthetic Drugs and Ways to Prevent It.** Iranian Journal of Social Sciences and Humanities Research, Vol. 5, N^{o} 1. pp. 22-27. Iran.

WILLIAM, K. 2006. **Research Methods Knowledge Base**. Web Center for Social Research Methods. http://www.socialresearchmethods.net. USA.

UNIVERSIDAD DEL ZULIA

opción
Revista de Ciencias Humanas y Sociales

Año 35, Especial N° 19, 2019

Esta revista fue editada en formato digital por el personal de la Oficina de Pubñlicaciones Científicas de la Facultad Experimental de Ciencias, Universidad del Zulia.
Maracaibo - Venezuela

www.luz.edu.ve

www.serbi.luz.edu.ve

produccioncientifica.luz.edu.ve