

# Phenomenological Study on Drug Relapse and Recovery Experiences of Re-admitted Drug Dependents in After-Care Program

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## Abstract

This phenomenological study is an in-depth analysis of the relapse and recovery experiences of recovering drug dependents who had been re-admitted undergoing another program for the same purpose. The study participants were undertaking an aftercare program, discharged after completing their most recent treatment, and have been allowed to reintegrate into the community. The study provided a semi-structured guide interview with open-ended questions to probe the experiences of the participants and to address the study's statement of the problems (SOP) concerning [1] the common triggers and circumstances that led to the participants' relapse and [2] their recovery experiences. Interpretative Phenomenological Analysis framework was used to develop themes from the participants' lived experiences. For the first SOP, four main themes were garnered: [1] social influence, [2] accessibility to drugs, [3] intrapersonal struggles, and [4] unsuccessful prior treatments. For the second SOP, six main themes were developed: [1] feelings during the turning point to recovery, [2] new path to recovery, [3] Realizations during treatment, [4] growth developed from an intervention program, [5] support during rehabilitation treatment, and [6] willpower. Deriving from the enumerated themes, supplemented with corroborating subthemes, it concludes that environmental and intrapersonal factors are to be considered in the occurrence of relapse; that the suitability of the treatment program to the needs of the dependent may affect the outcome of recovery; continuous evaluation of the program is highly significant; and psychological interventions and external support are essential to the dependent's full recovery.

**Keywords:** After-care Program, Drug dependents, Drug relapse, Drug Treatment and Intervention, Recovery Experiences

## Introduction

The irresponsible use of drugs has a pervasive impact on the holistic life of an individual. Common problems consequent to drug addiction are complications in family and interpersonal relationships, abuse and violence with partners and children, insecurity in economics due to loss of employment, an upsurge in the rate of crime, and an increase in mortality because of overdoses (Daley, 2013; Egan, 2018). These harmful effects of abusive use of drugs should be taken into action for the wellness of people in general.

The Republic Act 9165, known as "The Comprehensive Dangerous Drug Act of 2002," imposed the objective of the state to offer viable treatment and rehabilitation programs that effectively facilitate the

reintegration of individuals who have become victims of drug addiction or serious drug dependence back into society.

The reformation of drug dependents undertaking rehabilitation programs is evident. Drug treatment helped the dependents reduce the symptoms of withdrawal and drug cravings (Ghani et al., 2015). They can also adapt to new and habitual environments, which positively affects their psychological health and well-being (Soriano, 2023). Hence, recovery can be attained while they are still undertaking the rehabilitation. However, the reoccurrence of urges and triggers of drug use in a patient after completing treatment is not assured.

Several statistics manifest that drug relapse, or the return to the use of drugs of patients who have been discharged from rehabilitation, is significantly alarming. In the study of Adem et al. (2024), it is stated that 50-90% of drug dependents relapsed. Moreover, the study of Kabisa et al. (2021) provided specific data that the rates of drug relapse are inflated to 40-75% specifically in the period of 3 weeks to 6 months after treatment. The said study implies that the subsequent days from discharge are crucial to the possibility of relapse. During those crucial days, it is very significant to understand the factors affecting the probability of relapse to guide dependents who have completed treatment to avoid triggers and refrain from relapse.

Most drug dependents attain recovery while in rehabilitation centers. However, relapse occurs when a dependent uses drugs again, ceasing his period of abstinence. Various factors are to be considered to comprehend the dependents' relapse despite completing rehabilitation programs. Environmental factors such as family functioning have an impact on the recurrence of drug use. Specifically, those who have family members who used drugs, with low emotional support, and experiencing stigmatization with family are prone to return to drug use (Zeng and Tan, 2021; Razali et al., 2023). Another factor that predicts the recurrence of drug use is the individual aspect wherein low psychological well-being, lack of willpower, and low self-esteem lead to having low determination while facing challenges in life and increase the risks of drug relapse (Amat et al., 2020; Mousalli et al., 2021; Santos-Sta. Isabel & Felipe, 2023). The severity of this societal turmoil should not be set aside and requires a deeper understanding for the deliberation of prevention and solution before the worsening of the situation.

Individuals with drug addiction, despite its relapsing condition, still have the chance to recover from this challenging life event. Drug recovery is a diverse and complex process where individuals actively maintain control over substance use and take full advantage of strength (Inanlou et al., 2020). The recovery of drug dependents also relies on enlightening their minds to attain renewed perspective through self-realization. Moreover, Martinelli et al., (2023) suggest that dependents recovering from drugs need to reconnect with every area of life by gaining a new perspective to meet the goal of total abstinence. Through the help of supportive people in their lives, such as their family, employer, and support group, they may experience relationships that are affectionate and trusting which can help them in the recovery process (Prangley et al., 2018; Santos-Sta. Isabel and Felipe, 2023). From here, the importance of the guidance brought by their support systems as well as the treatment programs are imperative considerations to help them develop self-control and maintain sobriety.

Most studies emphasize mainly the factors that affect the relapse of dependents to drug use. However, the objective of this study is to identify the patient's underlying issue for relapse, their perspective on returning to rehabilitation, and their motive in reaching full recovery developed through integration programs conducted by rehabilitation facilities. Thus, the researcher aimed to grasp an in-depth understanding of the relapse and recovery experiences of former residents who have completed

rehabilitation treatment more than once. They were recovering drug dependents discharged after completing their most recent program and have been allowed to reintegrate with their family and the community, currently undertaking the after-care program. The findings of this study sought to contribute to the enhancement of rehabilitation programs, focusing on the salient needs for recovery of individuals while undergoing rehabilitation programs.

After having established the purpose of this research, the study sought to address the question, “How do drug dependents make sense of their experience of relapse and recovery from being re-admitted to a Rehabilitation Center?”

Specifically, it aimed to answer the following guide questions:

1. What are the common triggers and circumstances leading to relapse?
2. How do re-admitted drug dependents describe their recovery experience?

## **Methodology**

### **Research Design**

A Qualitative Research Design is used in this study to maximize the understanding of drug relapse and recovery of re-admitted residents who had completed treatment programs. It focuses on the participants' experiences to gain a thorough understanding of their own experiences (Dempster & Hanna, 2015).

The study used a phenomenological approach to develop a full understanding of the phenomena, experiences, and perceptions of the re-admitted clients about their drug relapse and recovery experience. The phenomenological approach describes the participants' mutual experience of the phenomenon (Creswell, 2007). The qualitative framework of the study is the Interpretative Phenomenological Analysis (IPA). It is the appropriate framework because the study aims to understand the lived experiences of the re-admitted residents who had completed the rehabilitation program.

### **Research Participants**

The data collected is from the six (6) drug dependents who have previously been re-admitted from a rehabilitation center and have completed their respective treatments. For their first treatment, they completed the program, causing their release from the rehabilitation center. However, they were re-admitted to undergo treatment programs again because of relapse to the use of illegal drugs. Presently, they have already completed their most recent in-patient treatment program in a rehabilitation center. In addition, they are now reintegrated into their family and community and undergoing an after-care program.

### **Research Instrument**

This study used a semi-structured guide interview with open-ended questions. The interview is divided into two (2) parts. The first part includes questions related to demographics. It is intended to build rapport and to evaluate the backgrounds of the participants. The second part contains questions designed to understand the experiences of the participants not limited to their treatment program but also their exposure to drug relapse and perception about their recovery.

Two Subject Matter Experts (SME), specifically two Registered Psychologists with expertise in the field of drug addiction and rehabilitation, evaluated and validated the interview form to check the meaning, clearness, and relevance of the guide questions to the goal of the study.

## Gathering Procedure

The study obtained the Ethics Review Clearance from Polytechnic University of the Philippines. Then, with the permission of the center directors of the two (2) rehabilitation facilities, they granted access for the researchers to meet the four (4) participants personally and the other two (2) via an online platform. Before the execution of the formal interview, the consent form was explained and given to them. The researchers conducted formal one-on-one interviews with the participants who agreed and signed the consent form.

This study adapted the fundamental principles of interpretative phenomenological analysis of Pietkiewicz and Smith (2014). The first step entailed the careful reading of the transcript several times. It was also the stage for noting the observations, reflections, or any other remarks regarding the interview. The next phase was transforming notes into emerging themes. In this stage, the researchers worked closely on the notes that had been formed earlier to produce emergent themes. Then, it was followed by the seeking relationships and clustering themes stage. In this stage, the researchers identified links between emerging themes, classified them based on their conceptual similarities, and assigned a descriptive label to each cluster. After that, the researchers proceeded to the other cases' transcripts and did the same process. The researchers looked for the patterns across cases. The emerging themes for each case were used to look for the relationship to combine the themes based on their conceptual connections.

Regarding reflexivity, this study ensured that the personal biases and subjectivity of the researchers did not influence the research process as well as the results of the study. Moreover, to guarantee the credibility of the results, the researchers returned to the rehabilitation center and requested the views of the participants to validate the outcome of the study. The researchers discussed the results with the two participants and asked for collaborative feedback to validate the latter. Premises considered, the researcher carefully observed that biases and values were set aside during data gathering for its analysis.

## Ethical Considerations

This research study followed ethical guidelines. Primarily, informed consent was given to the participants to have a formal agreement toward their participation in the study. Then, the participation of the participants was voluntary, and they could withdraw their participation at any stage of the research as they wanted. Moreover, the decision of the participants is respected and no psychological or moral harm is caused to them. And lastly, the collected data is used solely for the purpose and objectives of the study. The participant's identity is guaranteed to remain anonymous and the data disclosed are strictly confidential.

## Results and Discussion

### 1. Triggers and Circumstances Leading to Relapse

#### 1.1 Social Influence

This theme explores the social experiences considered as factors to relapse of the drug dependents after being discharged from a rehabilitation facility. It is noticeable that this theme is an extrinsic factor, which is, generally, events or circumstances that became avenues to their rediscovery of drug use.

##### 1.1.1 Familial Estrangement and Insufficient Support

The presence of family is necessary during the participant's transition during his integration into the community. Drug dependents who had been discharged from rehabilitation facilities were vulnerable to

going back to their old habits, especially when they had lack of guidance, motivation, or emotional support. However, when assistance is vital in their condition, they revealed that the support of their family members was insufficient after their discharge from their respective facilities.

“I was free to do anything I want. Because my brother is already married, my mother is living abroad. So, I am living alone” (R2)

“When I got home, my family thought that I would be back to using drugs again. Since that is how they think, so I joined my friends again anyway.” (R6)

The absence of the participants’ families led them to live alone with no one to communicate with or interact with. When the family has no involvement in the reintegration of the drug dependents into the community, it is easy for them to return to drug use since they are free to do whatever they want, no one cares about what they do, or no one even motivates them to stay on track. Similar to the study of Amat et al. (2020), factors affecting relapsed addicts are low family support, especially when they have no interaction with family members.

### **1.1.2 Influence of Former Peer Networks**

Rejoining the same circle of peers of drug users upon reintegration into the community was another avenue to drug relapse. It was difficult for them to avoid such a group because of their proximity and previously established friendship. As expected, mingling with the same social network led to doing the same old habits of using drugs.

“Those people, I was still with them. I was not able to avoid them. That is why I was induced. At first, [I was taking] with a small amount until I maxed myself out again.” (R1)

“We were drinking. Then, they used [drugs]. I became envious of them. So, I relapsed.” (R2)

Peer groups are one of the high-risk factors in relapse among newly discharged dependents from inpatient treatment. Old friends became the [dependent’s] resource of drugs (Kabisa et al., 2021; Neeraj et al., 2022). Similar to the findings of this study, peer groups have been a factor in the relapse of some participants. It means that it is hard to resist retaking drugs when peers directly influence them by supplying the drugs or through indirect influence—in recreational ways such as in drinking sessions, then followed by drug sessions.

### **1.1.3 Reintegration of Former Rehabilitation Residents**

Having shared experiences inside the center, residents developed a camaraderie that they extended after discharge. This study revealed that newly discharged dependents reunite with their rehabilitation co-residents after completing their program. Their reintegration with each other is a risky avenue for relapse.

“I encountered different persons inside the rehabilitation center – mostly are addicts. I engaged with them even when I was discharged. Because of that, I found myself behaving like an addict as well.” (R2)

“There were others who induced me, those who I was with [my previous rehabilitation]. That was like a reunion with my former mates [in the rehab]. They said, “Oh Let’s take it again, let’s just try it again.”” (R5)

### **1.1.4 Pressure in the Workplace Environment**

The participants also had experience of relapse due to the pressure in the work setting. It is revealed that they used drugs as stimulants to perform work-related tasks as well as to get along with workmates.

“Related to work, as in work, I need to be charged [with drugs] so my body will be active. Because my work was really hard at that time.” (R3)

“To get along with my workmates. They were pretty influential. It was a wrongful way of getting along

that caused me to use [drugs]. Specifically, during the birthday of my co-worker, it seemed they pranked me that no one would serve them [drugs]. At first, I was denying it until I was encouraged to do so and I was also challenged. They said, “You can do it, you’re going to serve”. Then, after I served them, they forced me to taste it. That’s where it started again” (R4)

This subtheme revealed that participants used drugs again due to social cues and the nature of the job in the work setting. While work can help the dependents in the restoration of their self from addiction, the work environment can also influence the users to the recurrence of drug use. The work setting implies the social cues where colleagues can influence drug relapse. In the study of Kiepek et al. (2022), it was found that social and occupational circumstances, such as improving social ties and reducing stress at work, had an impact on substance use.

## 1.2 Accessibility to Drugs

### 1.2.1 Reintegration to a Drug Risk Environment

The environment where participants reside after discharge plays a huge part in their re-encounter with drug use. Usually on a dependent’s reintegration, they merely return to their home with the same drug risk environment before their admission to a rehabilitation facility.

“Everywhere I go, there was always someone grinding drugs, even at work. Even more at home, in my neighborhood, at the back of our house, beside our house, outside our house, there are even pushers. The environment I am in, everywhere, some people are using drugs.” (R1)

The rehabilitation restrictions ceased once they were released from the center and upon reintegration into the community. If the location of their residence is prone to drug users, they are more likely to engage with drugs again when encountering the same group of people and practicing old habits. As agreed by Ndou and Khosha (2023), when drugs are readily available, users return to their previous usage patterns, negating the benefits of treatment.

### 1.2.2 Financial Capacity to Purchase Drugs

Aside from the accessible location where drug sellers are usually marked, the financial capacity to purchase drugs is also an indispensable factor. Considering that drugs are not inexpensive; one must have the financial capacity to purchase illegal drugs.

“My wife is giving me allowance before leaving for work, I even ask [for money] daily. It means, I have money, but I have nothing to spend it on. 300, 500, 400, once I tried, it goes straight ahead. So, what I am doing, when I taste it, sooner I’m going to ask my sibling, my mother, my father, and they will give me [money]. Then every time I asked [for money], it was easy to do so.” (R1)

“My reason was because I have money, I do what I want. I was lax in spending my life, in money, [I was] free.” (R2)

Some participants revealed that they went back to the use of drugs merely because of having money. The availability of financial resources can lead to access to purchasing and taking drugs again. Based on the study of Valencia et al. (2021), the generation of income has a significant relationship with dependency on drugs and presumably has risks of relapse. As a result, the financial capacity of the user is an indispensable factor in determining the possibility of relapse, especially when they have access to money but no obligations or have nothing to spend it on.

### 1.3 Intrapersonal Struggles

The participants revealed that they experienced internal triggers that made them retake drugs. As analyzed in this study, internal triggers are phenomena that occur in the dependents' minds and bodies, such as thoughts, emotions, and feelings that stimulate drug relapse.

#### 1.3.1 Physiological Cravings and Withdrawal Distress

Having experienced the effects of drugs on their body, participants experienced physiological cravings and withdrawal distress urges them to feel the same active experience of the effects of drug use after their discharge from a rehabilitation facility.

"I want to take drugs every day to get rid of my fatigue. Because if I did not take drugs, I couldn't sleep either. So, I got this mindset of taking it every day. And I need to strategize a way to take [drugs] daily." (R3)

This statement inferred that the participant had been dependent on its effects to the extent of consistently seeking it. It was revealed that the body system seeks the effects of drugs to sleep.

"Upon my discharge, since I'm still in the peak of my age that I can still take drugs, I return to my vices" (R2)

The participant's youthful body might not have experienced the negative effects of drugs, instead, stimulates them. At a young age, his body urged him to use drugs for satisfaction.

#### 1.3.2 Cognitive Struggles and Psychological Turmoil

The study reveals that participants faced cognitive struggles even after completing the treatment program. Paradoxically, while participants were expected to have learned to control their urges after their rehabilitation, it is found that their urge to use drugs is still occurring resulting in psychological turmoil.

"My mind was always disturbed when I do not have drugs on me. I am longing for drugs. I was always wanting drugs with me." (R2)

"Every time I am being discharged [from rehabilitation center], I cannot predict myself. My mind is always disturbed because of my cravings. And the need to take again is there. It's a cycle." (R6)

During the rehabilitation treatment, dependents were forbidden to use drugs. They were being taught to abstain and regulate drug intake. It was found in the study of Koob and Volkow (2016) that, addiction [in drugs] is characterized by a profound desire to seek and use drugs, inability to regulate an intake, and the emergence of distressing feelings when access to the substance is restricted. Evident in the experiences of the participants, dependents face difficulty in managing their mental state when restricted from access to drugs. Such regulation, which is part of the rehabilitation program, is a crucial period for the dependents' mental struggles not limited to emotional distress.

#### 1.3.3 Emotional Dysregulation and Substance Use as an Escape

Participants disclosed that they returned to the use of drugs for ease and enjoyment. The most direct benefit that can be acquired from the use of drugs is the pleasurable effect on its user.

"I was only using it for joy. Also, for the sadness I take alone. I used it so I would stop thinking... to be numb. So, I won't feel those things. I am not using then becoming angry, I'm just steady. I'm just using drugs to be numb." (R1)

"Actually, its [drugs] was the joy of my life. I did not care about everything even when I became ugly, I became sick, I did not care. What I only wanted is to have my vices." (R2)

The pleasure of the participants, which comes from taking drugs, relieves them from sadness and loneliness. The study by Amat et al. (2020) revealed that relapsed addicts think that taking drugs again

can help them feel good and it can solve their problems. Similarly, in this case, the participants' relapse was caused by the need for a mechanism to escape problems. According to a study, drug dependents easily experience negative emotions, and drug use is the coping mechanism, a short-term solution to their negative feelings (Hardy and Hogarth 2017; Iqbal et al., 2023). However, such escape is only an intrapersonal struggle that does not solve their actual problems but merely justifies their use of drugs.

## **1.4 Unsuccessful Prior Treatments**

### **1.4.1 Inadequate Rehabilitation Programs and Unmet Recovery Needs**

This subtheme explores the experiences of the participants during their prior rehabilitation treatments. Participants still ended up having relapses despite the completion of previous programs. Analysis of the participants' responses reveals that rehabilitation centers rendered programs inadequate to the former's needs.

"Nothing happened [in rehabilitation]. It was like... when you wake up in the morning, you should stand and just stare. It seems you were always punished because it was more of a military activity. There were no psychologists to assist us, to teach us... to give lectures. It's more on military approach. That's why I was thinking just to finish it, then I will go out and use it again. It was because I did not learn anything that time." (R3)

This highlights the essential purpose of rehabilitation programs that would guide dependents to control their triggers and stay sober. The chance of recovery may depend on the quality of the rehabilitation program. According to Yin and Zakaria (2016), one of the factors for the recurrence of drug use among dependents is the insufficient outcome of rehabilitation caused by lack of occupational skills, poor rehabilitation programs, and absence of activities to alter negative behaviors in the rehabilitation.

### **1.4.2 Non-adherence to Rehabilitation Guidelines**

After establishing the need for a purposeful rehabilitation program, the same will not be effective if the dependent will disregard the treatment at all.

"That time I did not undergo [the rehabilitation] by heart. I just wanted to take a rest." (R1)

"When I was in rehabilitation, I was just taking it easy. I was not paying attention to what I was doing. I was not taking the things I was doing seriously. And another thing, I'm not giving rehabilitation programs any importance. I always wanted to follow what I wanted." (R2)

Participants had no focus on their prior treatment programs. The study of Papamalis et al. (2019) explained that the engagement of persons undertaking substance treatment programs can be affected by their personality functioning. Similar to the results of this study, poor counseling rapport and treatment participation were linked to clients' dysfunctional interpersonal patterns.

## **2 Recovery Experiences of Re-admitted Drug Dependents**

### **2.1 Feelings during Turning Point to Recovery**

The crucial phase of recovery is the process of ascending again from the catastrophic event of their life. As the participants experienced returning to using drugs, they knew the consequences of their actions led to drug addiction. Since they have prior experience of rehabilitation, they seek another treatment to recover from their dependency.

#### **2.1.1 Embarrassment for Repeating the Same Process**

This subtheme explores the feelings of the participants upon their return to the rehabilitation center. It was found that they experienced different negative emotions considering the fact that returning to



rehabilitation is unacceptable. They revealed being embarrassed for repeating the same procedure which they had already completed.

“I was ashamed of myself and of those people who made an effort to change me. At first, I didn’t want to confess because I was ashamed. Then I told myself, I can decline [using drugs] alone without undergoing rehab. That was what I felt at first. However, it cannot be changed until I conduct the rehabilitation.” (R4)

“I was Sad because I told myself that I don’t want to be here [in rehabilitation center]. But it cannot be, else if I am out, I’d be still having my vices.” (R2)

As explained by Santos et al. (2019), patients admitted to the rehabilitation center experienced dread and confusion because of withdrawal from chemicals which caused them to feel lost, disoriented, furious, and confused. The study of Sol & Dominguez (2021), supporting the aforementioned study, explains that the first stage of Recovery pertains to the Exhaustion Stage wherein people with SUD experience a great deal of discomfort and unpleasant emotions in all facets of life such as psychological, physical, societal, religious, and intellectual depletion as a result of drug use. The same traits were evident to the participants.

### **2.1.2 Sense of Guilt Doing Old Habits**

“I feel guilty of myself... that I tasted [drugs] again. Then, my behavior was changing again, it was like I cannot be firm when I take [drugs].” (R5)

According to Snoek et al. (2021), drug dependents may experience feelings of shame and guilt. However, in comparison to shame, feelings of guilt are more helpful to overcome drug dependency. Drug dependents can use the feelings of guilt as scaffolding to see themselves as capable of positive change.

## **2.2 Taking a New Path to Recovery**

From previous discussions, participants in this research experienced ineffective prior treatments. In this theme, the researcher culled the experiences of the participants during their most recent rehabilitation program compared to the prior ones. The participants revealed that they experienced an effective treatment program and engaged with the treatment program, which lacked elements from their prior rehabilitation programs.

### **2.2.1 Addressing Dependent’s Needs**

It was established in the previous theme that a purposeful treatment program aligned with the needs of dependents is necessary for their recovery. A psychological, rather than merely physical activity, is important to address the mental struggles being faced by a recovering drug dependent.

“[Recent] Rehabilitation Center helped me a lot. It’s because of the therapeutic community here. The way of approach is different; unlike [former rehabilitation center], activities were more physical. Here, the mentality is being fixed. That is why on the first [rehabilitation], it was difficult for me to recover.” (R3)

These results strengthen the essence of psychological treatment as a vital activity compared to merely physical ones. A study explained that the reduction of chances for drug relapse may involve improving the psychological capital and self-efficacy of drug addicts through group psychological counseling and psychological education programs (Zeng and Tan, 2021). Therapeutic activities and psychoeducational programs can aid the client in drug recovery. Specifically, if it is aligned with the participants’ needs, rather than those of physical ones, as they feel supported and understood in this kind of service.

### 2.2.2 Hopeful of Recovery

As previously discussed, one reason for an ineffective treatment program is the dependent's disregard of it. For this theme, participants declared how their engagement with the program helped them to remain sober. Participants disclosed that the psychological treatment in their recent rehabilitation center assisted them to become positive and hopeful of recovery.

"Gradually, I accepted [my return to rehabilitation] since there are psychologists here assisting in activities. I had hope for the future, and I told myself "I will end this." This is the last time." (R3)

"Upon admission in [recent rehabilitation center], I have high hopes to change the way I think and the course of my life because I felt there that the staff looks for the best interest and concerns of their patients... there are many activities for the patients to establish a good mindset for co-residents" (R5)

Rehabilitation treatment and activities, continuously performed by the dependent, helped them realize the need for recovery resulting in their engagement in the rehabilitation program. It is congruent to the study of Davidson and Young (2019), that treatment engagement of the participants can raise beneficial effects on the program given to them because of high involvement expressing positive results after their release in the program.

## 2.3 Realizations During Treatment

### 2.3.1 Enlightenment from the Disastrous Substance Effects

One general realization of participants is the tragic results of drug dependency on their personal lives.

"When I got here [in rehabilitation center]. I realized that everything was wrong because it always comes into my mind the idea of getting well in life... that vices won't lead to anything good. Your life is ruined, your money is gone, and people are even angry at you because you are not doing anything good." (R2)

"A drug user can do many things whenever he wants to use drugs. They can lie, steal, and hurt. Will do everything just to satisfy their wants." (R1)

It is noticeable that participants have come up with realizations about their past catastrophic situations when they were still dependents. They were now conscious of their disorder and accepted the fact of substance abuse issues, and how it significantly disrupted every part of their lives which led them to understand the significance of recovery and the necessity of receiving treatment. As of now, they can envision their past life which motivated them to stay sober to avoid returning to the same situation.

### 2.3.2 Consideration of Aging Body

Another notable factor in the participants' realizations is age-causing degeneration of the human body.

"I was already tired. Since 13, 14 years old I was doing it. I doubt if I can still use drugs" (R1)

"I entered rehab several times, back then I realized, because of my age, I thought of stopping [taking drugs]" (R2)

"I am now aging; I need to recondition myself... I am already tired, my family was also tired of the experiences I brought to them, to us." (R6)

As generally known, the human body degenerates as it ages. Hence, the participants have already realized the effects of drug use and become concerned if their bodies could still take it at their age. As the participants aged, they also experienced tiredness regarding their involvements with drugs, specifically, the time they lost for the repetitive seeking behavior just to consume drugs in the past. Now that they are in the process of recovery, they have realized the effect of drugs on their body.

### 2.3.3 The Call for Change and Concern of Family's Welfare

Another moving realization for the participants is their developed concern for the welfare of family members. While a drug dependent is expected to think of their personal benefits from the use of drugs, the participants, on their road to recovery, think of the welfare of others, especially of their loved ones. Participants revealed a turning point in life calling for change motivated by concern for their family's welfare.

"I realized, If I will turn back [to using again], my three children will suffer. They will say, their father is an addict, and it seems to be painful to them. Also, I don't want to be an embarrassment to my father and mother anymore for being known as a drug user." (R1)

"I realized, my child is already growing up, so I'll proceed this continuously." (R3)

The readmission of the participants in their recent rehabilitation guided them to realize the negative effects of the use of drugs on their lives and develop concern for themselves and the welfare of their family, which motivated them to recover. Indeed, the realizations concerning the negative impact of drugs in their lives and the need to foster their well-being and their family members can help the individual attain full recovery from drugs.

## 2.4 Growth Developed from Intervention Program

The researcher enumerates the outcomes of the intervention programs that helped participants maintain sobriety. The said outcomes are results of their recent rehabilitation programs from the services rendered by their facilities, not limited to psychological, social, and health services.

### 2.4.1 Daily Achievement to Desired Recovery

One of the learning outcomes of the participants' rehabilitation program is having a daily achievement. A consistent step-by-step goal, however small it could be, is salient to attain recovery. One function of rehabilitation programs is to set the participants' daily activities.

"By being successful in life each day. No distraction, no vice, no foolishness. To accomplish my goal in life... Whenever you feel that it's right, follow it. Perhaps it's not a loss of your personality. You're just doing what you think will help you to be better, to be sober. And another thing, you should have a schedule to have the right time for every day you do." (R2)

Participants experienced small successes from daily tasks inside the facility, which led to motivation to continue and adapt to the daily routine even when they are already back in the community – not just to recover but to remain sober. The findings of Malinao (2024) stressed that when clients start their journey toward recovery, they eventually start focusing on the basics of daily life. Dismantled by the guidance of rehabilitation personnel, participants started the challenge of facing daily life on their own. From here, they are required to have autonomy in decision-making towards recovery.

### 2.4.2 Embracing the Habit of Rehabilitation Activities

Part of the effective treatment that guides dependents to remain sober are routinized practices performed in the rehabilitation center. Rehabilitation programs have structured activities to promote recovery and personal development. The scheduled activities executed in the rehabilitation center became the participants' daily habits from the time of treatment inside the rehabilitation centers. Consequently, they were advised to adopt it even if they were already reintegrated into the community until they embraced it in their daily lives.

"I learned to love what I am doing in the rehabilitation center until I already liked to do it... in fact, until now I am still doing it even though I'm already out of rehab... Waking up early... doing household chor-

es, attending regular church mass, and positively connecting with others.” (R5)

“I adopted what I learned in 12 steps. It is important to have a routine, structured activities and actions in order not to make mistakes again. And stay grounded, make sure to spend time with family.” (R6)

Rehabilitation programs usually emphasize self-sufficiency for drug dependents before letting them be integrated into the community. The routinized activities were helpful to the participants to gain confidence in abstaining from drug use by means of fulfilling their scheduled time for their tasks and responsibilities in life. In the treatment program, a huge percentage of the tasks are to engage in daily routine in order to establish their habits of fulfilling their day-to-day responsibilities (Kitzinger et al., 2023).

#### **2.4.3 Regained Trust from Family**

The rehabilitation programs aid the participants in gradually reclaiming such trust of their loved ones through different therapeutic sessions. After discharge from the facility, they regained the trust that they once lost by showing financial transparency to their partner, taking paternal responsibility, and redefining their identity to prove parents their changed personalities.

“They [my family] now believe in everything I say. Unlike when I had vices, there was almost none because they know that I would just take my vices.” (R2)

“When I was working, I gave only one-fourth of my salary to my wife. But now, she can feel that I am giving my whole salary and I only asking for transportation fare. I am now responsible unlike before I used to neglect my child.” (R3)

Participants lose the trust of their families because of their addiction during their drug dependency period. As part of the recovery process, the former gradually regained such trust proven by the positive changes evident in their life. As a result of the family’s trust in the participants, the latter became motivated to recover and the recovery is expected to be faster.

#### **2.4.4 Awakening of Spiritual Belief**

It is common in rehabilitation programs to strengthen the spiritual aspect of drug dependents. They were thought of as having a spiritual connection through prayer, attending weekly mass, confessions, and other spiritual group activities. As a result, participants experienced a spiritual awakening as they felt that they were not alone during their recovery process.

“I cannot do this alone. I said, I need the presence of God.” (R3)

“...Also, having a fear of God helped.” (R5)

The spiritual development of drug dependents in recovery who build up their relationship with God has confidence in attaining full recovery. Specifically, the spiritual belief in God’s presence guided them to stay clean and avoid using drugs.

### **2.3 Support During Reintegration Journey**

The intervention programs became more effective with the aid of a support system that helped recovering dependents. The external support coming from the concerned persons is helpful for drug dependents who are in the process of recovery.

#### **2.3.1 Care Expressed by Family**

People usually spend most interaction with family. It is the circle of persons where the drug dependent is expected to ask for support, especially after discharge. Hence, despite the strained relationship between the participants and their relatives in the past, still, the support of family was one of the most vital factors to the former’s recovery process.

“When you see other people give importance to you. Like in my case, there are someone who helps me to go back to work... My wife, my children... they helped me a lot to avoid [using drugs].” (R4)

Common to the experiences of the participants mentioned, they were motivated by the support rendered by their families. A study by Razali et al. (2023) reveals that a good relationship with the family and the acknowledgment of their presence and support to recovering drug dependents increase the likelihood of recovering from their downfall and motivate them to attain full recovery. Congruent with the findings, the good relationship with the families has significantly helped them maintain their sobriety. The external support of the families served as the motivation of the participants to control their urges and focus on recovery.

### **2.3.2 Trust Rendered by Employers**

The support from the employers and the work environment is vital to the recovery process of the recovering drug dependents performing the after-care program. Their employment is an indication of their contribution to society. Gradually, they become valued and are treated normally until fully immersed in society without any influence of drugs. They become motivated by maintaining such employment status, and their engagement in work redirects their attention away from their past experiences and identities.

“I asked my employer, “Boss, I am going to be rehabilitated because I was a drug dependent.” Then I was happy because he told me, “After your rehab, get back here, I will hire you.” Until now, I still work in that same job. In another company, I will no longer be accepted if he knows I’m drug dependent. So, that’s what I thought, like that...” (R3)

“The assistance of my superior is still there, he helped me to avoid the mistake, they don’t put me on the schedule that they know will trigger me to go back there [in using drugs].” (R4)

### **2.3.3 Motivation from Support Group**

While it has been discussed that there is a risk of relapse when recovering dependents join their circle of friends, it can be paradoxically applied otherwise. A support group can be helpful motivation for the recovery of dependents given their same goal and focus. With the same objective, a dependent together with his support group watch each other’s back to keep focused on the road to recovery.

“I am talking to my recovering friends, go to “NA” meetings and I got sponsors. So, for the status of my recovery, I can say that I am more focused this time.” (R6)

## **2.4 Willpower**

Aside from the external factors already discussed, internal factors specifically, willpower is equally important to the dependents to attain recovery. The willpower pertains to the determination of the recovering drug dependents to fight the temptation of using the drugs again by having self-control over drug use, redirecting focus on what is more important in life rather than drugs, and avoiding the triggers that might lead them again to drug use. The recovering drug dependents revealed that they experienced an intrinsic way of combating drug use and maintaining their recovery process even after discharge from the rehabilitation center.

### **2.4.1 Unblemished Self-control**

Considering most of the factors that could lead to relapse of a drug dependent who has already completed a treatment, the act of breaking sobriety will boil down to the dependent’s self-control. Having previously experienced drug relapse, they then become aware of how they will restrain themselves from using drugs again employing self-control.

“Self-control is the most important. Because if you can’t control yourself, you will be dragged down.” (R3)

Indubitably, self-control is very important for the recovering dependent to remain firm in sobriety and keep his focus on the goal of full recovery. It is similar to the study of Sulaiman et al. (2021), which concluded that self-control, which congruently means self-discipline, is important to resist the cravings for drug use and rehabilitation centers should incorporate the importance of self-control in their psychological programs and activities.

#### **2.4.2 Redirected Focus unto Meaningful Life Aspects**

Redirecting focus is one of the methods used by recovering drug dependents to manage their triggers and avoid drug relapse. They revealed that they spent most of their time on the use of drugs in the past, but presently, their focus is redirected to the meaningful aspects of life.

“I am focused on my family and work. I am focused on how to correct my mistakes. Based of my experience, I already know that I made mistakes. But it’s already there. Now, I am focused on my life and there is no reason to turn back again to vices.” (R4)

In rehabilitation treatment, it is usually advised to keep the idea of drugs out of the dependents’ attention. As a result, it has been effective for the participants whose focus has become firm, to focus on what matters most in their life – their family, work, self, and seriousness in recovery. According to Inanlou et al. (2020), attributes such as learning healthy coping strategies, seeking out assistance, and discovering new and better coping mechanisms for life's stresses are essential to the healing process. For the participants, they learn to have better coping skills, it is to redirect their focus on how they will remain in recovery.

#### **2.4.3 Trigger Avoidance towards Full Recovery**

Trigger avoidance is when recovering drug dependents become aware of their personal triggers and learn to avoid them. This time, they have a clear mind and a better perspective on combatting triggers to avoid relapse. As they become focused on achieving a full recovery, they also develop a way to dodge situations, settings, and people that will lead them to relapse.

“To get away from people using [drugs]. Also, you know in yourself it would trigger, avoid it. Any kind of trigger that will lead you [to vices], stay away from it. Even if it comes into your mind, dodge it... don’t think about it. Else, that will be the start again of your misery—to return under vices.” (R2)

“Me, as a drug independent as of now, there are a lot of triggers in the surroundings but I chose to avoid them because it’s good to live without bad vices at all.” (R5)

The participants explained that they have awareness that triggers are just in their surroundings, such as friends who use drugs. But they need to combat the triggers and cravings using their minds by avoiding the situations that might lead to drug use again. Harmoniously, people in recovery experienced the need for detachment relating to their past usage of drugs. It is to strategically protect themselves from the triggering circumstances, scenarios, and people associated with their drug use (Pettersen et al., 2023).

### **Conclusion**

Upon gathering the data and analyzing the themes culled from the experiences of the drug-dependent participants, this study led to the following conclusions.

1. Completion of rehabilitation treatment is not an assurance of full recovery. There are environmental and intrapersonal factors to consider in the occurrence of relapse. As per the environmental aspect, the participants were exposed to drug use upon return to the community with the same residential

location and work environment. Relapse occurred due to the same or even broader accessibility to drugs. They were reacquainted with their peers, including their colleagues and old friends who had the same drug-related experience. In the intrapersonal factor, the recurrence of drug use is mainly to satisfy their personal needs, including pleasurable effects, coping mechanisms to the problem, and using drugs as stimulants to be productive at work.

2. The suitability of the treatment program to the needs of the dependent, his will and interest to recover, and his engagement in the program may affect the outcome of recovery. Effective treatment differs for every person depending on their distinct needs and situations. The efficiency of the treatment can be achieved if the program is suited to the emerging needs of the client undergoing treatment. Thus, continuous evaluation and modification of the program are highly significant in addressing the recovery needs.
3. Psychological interventions and other psychotherapeutic activities, including but not limited to: individual/group counseling sessions, anger management, stress management, and self-awareness activities can help the drug dependent become mindful about one's self, realize the negative effects of drugs, and become more determined avoid relapse.
4. A combination of family support, positive work engagement, spiritual belief, and motivation to accomplish personal life goals can increase the dependent's motivation to attain full recovery.

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