

Relapse and Intervention Strategies in the Recovery Process of Drug Dependents

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Abstract

Transitioning from addiction into sober living is an immense challenge among drug dependents. After leaving rehab's safety net, they need to manage more obligations at home, such as placing new coping strategies into practice and encountering the possibility of relapse. Recent studies on relapse and recovery in the Philippines delved more into predictors and re-investigation of their recovery journey, and the role of the unprecedented COVID-19 pandemic in preserving sobriety is necessary. Using the convergent parallel design, 23 drug dependents who completed the 6-month drug rehabilitation and treatment program in Negros Island participated in the study. The DAST-10 was utilized to measure the degree of drug abuse-related problems, and the relapse tendency was differentiated using relapse and lapse. Results revealed that there were no significant differences between the participants' degree of drug abuse-related problem ($\bar{X}=1.96$) and relapse tendency ($\bar{X}=1.78$) when grouped according to sex ($\bar{X}=1.22$), chronological age ($\bar{X}=32.35$), civil status ($\bar{X}=1.57$), educational attainment ($\bar{X}=3.13$), employment status ($\bar{X}=2.26$), and types of illicit drug used ($\bar{X}=3.13$). Five participants were purposively selected for the episodic narrative interview. The themes revealed in relation to the purpose of the study are transitioning out of rehab, encounters during drug abstinence and relapse, driving force for change, ways of managing relapse, and pandemic's impact on life and sobriety. The findings of the study have implications for the program implementer of R.A. 9165 and provide evidence for the benefit of sectors offering facility-based drug rehabilitation and treatment programs, including the implementation and sustaining of the "Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention."

Keywords: DAST-10, drug addiction, intervention strategies, relapse, recovery

Introduction

The National Institute on Drug Abuse (NIDA) disclosed the reality of drug relapse in terms of statistics. Globally, about forty and sixty percent of individuals recovering from drug addiction experienced setbacks or relapses (NIDA, 2020). Literature suggested that relapse prevalence rates were between forty to seventy-five percent for heroin and other illicit drugs. The high relapse rate was a peculiarly frustrating situation, and the notion of a “cure” remains elusive. Given the patterns of relapse and remission, various interpretations of the nature of drug abuse as a state of disease, how it should be treated, and treatment goals have evolved (Andersson et al., 2019). Recovering from drug addiction can be highly challenging. When these drug dependents begin their recovery process, they may encounter situations, including the possibility of relapse. Drug relapse is a gradual process that commences weeks or months before an individual takes an illicit drug (Melemis, 2015). Each person’s recovery is incomparable, and not everyone experiences a setback after the treatment ends (Deveney, 2021). There were no reported relapse prevalence statistics in the Philippines, but in 2019, the estimated number of drug users was 1.3 million. The drug dependents’ profile was 20-29 years old, married, employed, and high school graduates. The commonly abused substances were methamphetamine hydrochloride, cannabis, inhalants, or contact cement in polydrug use (Dangerous Drugs Board, 2019).

In these unprecedented times, when anxiety, fear, and isolation have become significant players in people’s lives as COVID-19 sweeps the world, it is imperative to find the practices to help these recovering drug addicts successfully avoid relapse. Experts postulated that pandemic-related social isolation, economic and housing instability, and disruption to substance use disorders treatment and support networks contributed to decreased well-being and increased risks for relapse (Volkow, 2020). The recovery from drug addiction was most successful with enriched resources that facilitate and sustain its recovery, including social support, employment, health care, and an overall sense of meaning and purpose in life (Hurley et al., 2021). Intervention strategy was considered the first critical step towards healing, involving family members and mental health professionals stepping in to aid the person addicted to drugs. A holistic treatment approach with a combination of cognitive-behavioral, medical, social, and spiritual components was more favored by drug rehab patients. Suggestions for improving existing programs may include better tailoring treatment to individual needs and providing more post-treatment group support (Chie et al., 2016).

In the practice of Psychology, understanding the dynamics of relapse and intervention strategies in the recovery from drug addiction at the onset of the pandemic would be of assistance in understanding these drug

dependents and recovering addicts holistically.

Recent studies on drug relapse and recovery in the country delved more into the predictors of relapse among drug dependents. Thus far, the exploration of relapse and recovery episodes of these drug dependents after completing the 6-month facility-based rehabilitation program and the element of the ongoing pandemic in sustaining their sobriety were still scant. Additionally, the participants' involvement and shared experiences materialized the experiential gap in the literature and were valuable in helping others with the same situations. The underlying relapse experiences of drug dependents after completing the six months drug rehabilitation and treatment program at the onset of the pandemic were needful in optimizing the drug addiction intervention efforts of the government and other sectors and maintaining the sobriety of drug dependents while observing the pandemic health and safety protocols. With these, it is hoped that the output from this study may serve as baseline data for designing and formulating a "Strengthened-Individualized Drug Relapse Prevention Intervention" program and other drug abuse-related community extension projects.

This study intended to ascertain the participants' conditions leading to drug abuse relapse. It also aimed to explore drug dependents' relapse experiences and intervention strategies in their recovery process. Specifically, this study sought to answer the following questions: What is the demographic profile of the participants in terms of sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used? What is the degree of drug abuse-related problem of the participants? What is the relapse tendency of the participants? Is there a significant difference between the participants' degree of drug abuse-related problem when grouped according to sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used? Is there a significant difference between the participants' relapse tendency when grouped according to sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used? What are the relapse experiences of participants after the completion of the 6-month drug rehabilitation program? What are the post-treatment relapse intervention strategies of the participants?

Based on the preceding statement of the problem, the following hypotheses were formulated: There is no significant difference in the participants' degree of drug abuse-related problem when grouped according to sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used. There is no significant difference between the participants' relapse tendency when grouped according to sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used.

The study’s theoretical framework was grounded on Relapse Prevention Model developed by George Alan Marlatt and Judith R. Gordon in 1985. It was based on social-cognitive psychology and integrated the relapse conceptual model and a set of cognitive-behavioral strategies to deter or limit relapse episodes (Marlatt & Gordon, 1985, cited in Marlatt et al., 1999).

Methods

This descriptive study employed the mixed methods design to investigate the data relevant to the study. The study utilized the convergent parallel design to collect and analyze quantitative and qualitative data separately. The quantitative data was used to test the theory of the Relapse Prevention Model by Marlatt & Gordon (1985), predicting that the independent variables (e.g., degree of drug abuse-related problem and relapse tendency) were positively or negatively influenced by the dependent variables (e.g., sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used). The qualitative data explored the participants’ post-treatment relapse experiences and intervention strategies and the impact of the COVID-19 pandemic on their drug addiction recovery. The survey method and episodic narrative interviews were the quantitative and qualitative research methods used, respectively.

The 23 completers of the “Z Drug Rehab Center,” Negros Island, Philippines, were the study’s potential participants, particularly those who completed the 6-month drug rehabilitation and treatment program from 2016 to 2020. The total population was based on the records of the facility-based center. Purposive sampling was used for the quantitative data collection. The names of the entities and the participants were undisclosed to protect their identities. Table 1 shows the distribution of participants in the “Z Drug Rehab Center” based on records and those who provided their consent to be part of this research undertaking.

Table 1. Distribution of Participants

Calendar Year	Total No. of Admission on Records	6-month Completer (N)	Those who Provided their Consent (n)	%
2020	28	16	7	30.43
2019	58	19	9	39.13
2018	35	17	3	13.04
2017	42	8	3	13.04
2016	35	6	1	4.35
Total	198	66	23	100.00

Among the twenty-three survey participants, five were purposively selected for the qualitative data collection using the eligibility criteria for inclusion in the study, as follows: had been diagnosed as drug dependent or with SUD, of legal age, had completed the 6-month drug rehabilitation, and treatment program on or before March 16, 2020, as the onset of COVID-19 pandemic and the implementation of ECQ in the Philippines, able to recall and write down information with reasonable clarity and accuracy, residents of Negros Occidental, and had past relapse experiences. On the contrary, the diagnosis of comorbidities or any acute or chronic condition that would limit the ability of the participant to partake in this undertaking, the refusal to give informed consent, and the instance of relapse during the narrative interview session were the study's exclusion criteria. Furthermore, using the maximum variation or heterogeneous sampling technique, a wide range of perspectives relating to the study was captured. The variation in perspectives ranged from those conditions that were viewed to be typical to those that were more extreme in nature.

The instrument used was the Drug Abuse Screening Test-10 (DAST-10) to measure the degree of drug abuse-related problem. It is a 10-item self-report instrument condensed from the 28-item DAST and was copyrighted in 1982 by Harvey Skinner. It had a high convergent validity ($r=0.76$) and a Cronbach's alpha coefficient of 0.92, indicating an excellent internal consistency reliability scale (Evren et al., 2013). For each "Yes" response to items 1, 2, 4, 5, 6, 7, 8, 9, and 10, one point was earned. For a "No" response to item 3, one point was accorded. To interpret a participant's profile on the degree of drug abuse-related problem, see Table 2 for the verbal interpretation of the DAST-10 scores.

Table 2. Verbal Interpretation of the DAST-10 Scores

Score	Equivalent Scale
0	None Reported
1-2	Low Level
3-5	Moderate Level
6-8	Substantial Level
9-10	Severe Level

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To differentiate between relapse (return to regular use) and single-use episode or irregular use (lapse), participants who were identified as using illicit drugs except for alcohol and tobacco 2-4 times or more frequently were defined as having a relapse (Bernstein et al., 2015, cited in Andersson et al., 2019) after the date of completion from the drug rehabilitation program.

An episodic narrative interview guide was used to examine the post-treatment relapse experiences and intervention strategies in the recovery process among the drug dependents at the onset of the pandemic. The overarching questions were as follows: (1) Could you walk me through your relapse experiences after completing the drug rehabilitation program? (2) Tell me about your post-treatment relapse interventions, and (3) Tell me about the time when the COVID-19 pandemic impacts your drug addiction recovery. When the researcher sought clarification for particular narratives, probing questions were used.

Before initiating the data collection, approval from the DOH-accredited Drug Rehabilitation and Treatment Centers in Negros Occidental and Negros Oriental was sought. Right after the approval of the “Z Drug Rehab Center,” appointments were set with the administrator and staff concerning the following significant information needed for the study.

Those participants who confirmed their acceptance of the invitation to be part of the study were given two options for the orientation, either face-to-face or in an electronic setting (e-setting). The retrieval of data came in two forms. First, the researcher gathered the filled-out survey forms right after the face-to-face administration of the research materials. Lastly, the filled-out Google Forms were extracted from the G Suite or Google Workplace.

Simultaneously, the researcher established the inclusion and exclusion criteria before the qualitative data collection. The participants were interviewed individually in two separate sessions in their preferred setting. The first session’s objective was to complete the writing materials on the episodic narrative interview guide. In the provided writing materials, the participants composed their stories about a particular episode in their life. No identifying data was required. Only their demographic characteristics and pseudonyms were requested. Participants were free to write as they pleased. At the same time, the second session was intended for clarification and follow-up questions. It provided an opportunity to reflect and build upon the first session and explore the participants’ responses in the second session, thereby providing detailed and thicker descriptions. Additional interviews were also conducted to gather more data. In the series of sessions, probing and follow-up questions were used to collect detailed views from the participants to recall events related to their post-treatment relapse and recovery from drug addiction and to allow a deeper understanding and clarification of the narratives or stories. Each interview session lasted for 30-45 minutes only. All interview sessions were digitally audio-recorded with the participant’s permission. Afterward, the data were tabulated, transcribed, and analyzed using the appropriate software applications. The time frame for data collection was one to two months only.

Data analysis employed a side-by-side technique (Creswell & Creswell, 2018), with each data set collected and analyzed differently. Also, the interview data from the participants were analyzed separately and compared to determine whether participants demonstrated the same understanding of their post-treatment relapse and intervention strategies and the impact of the ongoing pandemic on their drug addiction recovery. The data were processed using the Excel Spreadsheet and SPSS (Statistical Package for the Social Sciences). The data codings were in two ways. The quantitative data or variables with corresponding number indicators were codified, while the qualitative data taken from participants' responses in writing materials and narrative sessions were transcribed and merged before coding. The frequency distribution and percentage were used to determine the demographic profile of the participants, the degree of drug abuse-related problem, and the relapse tendency. Subsequently, the significant differences between the variables were processed using inferential statistics. To test the normality of data, the Shapiro-Wilk's Test ($p > 0.05$) was employed together with a visual inspection of their histograms, normal Q-Q plots, and box plots.

Since the data were not normally distributed, the Mann-Whitney U test and Kruskal-Wallis test as non-parametric statistical tools were used to analyze the significant differences between the participants' degree of drug abuse-related problem and relapse tendency when grouped according to demographic variables. Simultaneously, the qualitative data were analyzed using the "LEARNS" (Listen, Extract, Arrange, Refine, Name, Structure) developed by Marsh et al. in 2018. The framework provided transparency and credibility and negated the need to restrict findings to broad themes via content or thematic analysis. In data validation and verification, Creswell and Creswell (2018) defined qualitative validity and reliability as the steps a researcher takes to check for the accuracy of the findings by utilizing specific procedures. The researcher employed member-checking, documentation of an audit trail, and thick descriptions in data analysis.

The ethics approval from the Research Ethics and Review Office (RERO) in a certain university was obtained before the data gathering. The formulated inclusion and exclusion criteria were ethically sound and relevant since they focused on the specific group to be studied and supported by the Informed Consent Form. The procedures of the study and processes to guarantee adherence to ethical guidelines and human participant protection were diligently reviewed and approved by the RERO in March 2020. An Informed Consent Form (ICF) was sought from the participants before conducting the data collection procedures with strict adherence to the commitment to confidentiality of responses. The ICF outlines the rationale, involvement as a participant, their rights (e.g., right to refuse or to answer during the narrative sessions, right to discontinue or withdraw the participation at any time), means of

maintaining confidentiality, and the risks and benefits of being involved in the study. It was also stated in the ICF that should the participants wish to read the interview transcripts and the study result, they have the free will to contact the researcher. They were also reminded that there are no remunerations for participating in the study. The risk to human participants in this study was minimal. All participants were 18 years old and above and did not demonstrate any impaired mental capacity. They were familiar with the English language, and the researcher translated the statements to the local dialect if necessitated by the situation. Some participants may find telling their stories very emotional, posing a potential ethics risk. An appropriate plan (i.e., psychosocial processing) was prepared in advance for how the researcher could manage these situations (e.g., giving the participant the option of a break, stopping the interview, or identifying sources of support outside the interview). Since some of the data were collected online, there was always a possibility of this information being leaked. Specific measures and protocols were implemented to avoid the leakage of data.

Data gathered from the site users were only accessed by the researcher using a secure password. The participants' responses were recorded digitally and were used for research purposes only. The data of the participants were de-identified, and their identities were kept confidential, adhering to the Philippine Data Privacy Act of 2012 or R.A. 10173 in handling data privacy and anonymity. It was guaranteed that extra precautions be taken to ensure the safety and anonymity of the participants who were considered highly vulnerable using codes (e.g., numbers, pseudonyms) throughout the study. There was no existing conflict of interest concerning the researcher's line of work or business since most of the participants were outside the researcher's work setting. Upon paper publication, the executive summary of the study will be provided to the "Z Drug Rehab Center," including the proposed aftercare program for utilization. The length of data storage time depends on the nature of the research project and the resultant data. Most studies store their data for at least five years after final publication. However, there are times when keeping data goes beyond the agreed retention period for instances of re-analyzing data. There are time-frame standards for storing research data and disposal. In this study, the electronic copies of data, transcripts, and other information provided at any point in any section of the study would be stored for a maximum of six (6) months in a password-protected cloud storage facility right after the date of research publication. Only the researcher shall be granted access to this facility. All e-documents would be removed from the cloud computing storage facility and deleted permanently.

Results and Discussions

As indicated in Table 3, the majority of participants were males, accounting for seventy-eight percent (78.3%), while females made up the remaining portion (21.7%), with an average age of 32. The highest percentage of participants fell into the middle adulthood age group, aged 25 to 65, comprising ninety-one percent (91.3%) of the total. Approximately eight percent (8.7%) were classified as early adults, falling within the age bracket of 18 to 24. Consequently, most participants belonged to the middle adult category.

Regarding marital status, approximately sixty-one percent (60.9%) were single or unmarried. The rest reported being married (26.1%), widowed (8.7%), or in a live-in relationship (4.3%).

In terms of educational attainment, the majority held a bachelor's degree (43.5%), while others had completed a vocational course or some college credits (34.8%). Only about nine percent (8.7%) of the participants had attained a high school level, followed by those who graduated from high school (13.0%).

In terms of employment, forty-four percent (43.5%) were self-employed, while thirty-nine percent (39.1%) were employed as workers or employees. Approximately seventeen percent (17.4%) of the participants were unemployed.

The primary drug of abuse among participants was methamphetamine hydrochloride, with twenty-six percent (26.1%) reporting its use, followed by cannabis at approximately four percent (4.3%). Polydrug use was prevalent, accounting for around seventy percent (69.6%) of the participants' drug-taking behavior. The most common combination included shabu and marijuana, while some participants added "syrup," cocaine, and other inhalants to their drug usage.

These findings underscore the prevalence of middle-aged males in the sample, diverse marital and educational backgrounds, varied employment statuses, and a significant instance of polydrug abuse involving commonly used substances.

Table 3. Demographic Profile of the Participants

Variables	Groups	f	%
Sex	Male	18	78.3
	Female	5	21.7
	Total	23	100.0
Chronological Age	Early Adulthood (18-24 years old)	2	8.7
	Middle Adulthood (25-64 years old)	21	91.3
	Total	23	100.0
Civil Status	Single or Unmarried	14	60.9
	Married	6	26.1
	Widowed	2	8.7
	Others (e.g., Legally Separated, Annulled, etc.)	1	4.3
	Total	23	100.0
Educational Attainment	Grade 1-11	2	8.7
	High School or SHS Completer	3	13.0
	Vocational Course or College Credit	8	34.8
	Bachelor's Degree or more	10	43.5
	Total	23	100.0
Employment Status	Unemployed	4	17.4
	Employed	9	39.1
	Self-Employed	10	43.5
	Total	23	100.0
Types of Illicit Drug Used	Methamphetamine Hydrochloride (Shabu)	6	26.1
	Cannabis (Marijuana)	1	4.3
	Others (e.g., Cocaine, Inhalants, Syrup, etc.)	0	0.0
	Polydrug Use	16	69.6
	Total	23	100.0

The findings from Table 4 highlight the varying degrees of drug abuse-related problems among the participants. The data indicates that a significant portion of participants, comprising 56.5%, were classified as having a moderate level of drug abuse-related problems. This suggests that these individuals likely engage in behaviors that are detrimental to their well-being and require attention. They might benefit from interventions such as feedback, counseling, or even a referral for a more specialized psychological assessment. Furthermore, approximately 26.1% of participants fell into the low-level category. This implies that they exhibit risky behaviors associated with drug abuse. While their problems may not be as severe as those in the moderate or higher categories, they still warrant intervention. Providing input and advice to this group could help prevent their behaviors from escalating. About 13.0% of participants were classified as having a substantial level of drug abuse-related problems. This group likely faces more pronounced issues and challenges due to their drug abuse behaviors. For these individuals, a more intensive assessment and targeted interventions are recommended to address their specific needs. The smallest proportion,

at 4.3%, was identified as having a severe level of drug abuse-related problems. This group requires immediate attention and comprehensive interventions to address the gravity of their situation. Effective strategies may involve intensive therapy, medical treatment, and support networks to facilitate recovery. In essence, the results shed light on the diverse spectrum of drug abuse-related problems within the participant group. By categorizing individuals into different levels, the study provides a framework for tailoring interventions based on the severity of their issues. This approach ensures that appropriate support is offered to each participant, ranging from advice and counseling for low-level problems to more intensive and specialized interventions for those facing more severe challenges.

Table 4. Degree of Drug Abuse-Related Problem of the Participants

Level	Score	<i>f</i>	%
Severe Level	9-10	1	4.3
Substantial Level	6-8	3	13.0
Moderate Level	3-5	13	56.5
Low Level	1-2	6	26.1
None Reported	0	0	0.0
Total		23	100.0

As presented in Table 5, about twenty-two percent (21.7%) of the participants had lapsed with a single-use episode or irregular illicit substance use. Around seventy-eight percent (78.3%) of the participants had a relapse, using 2-more illicit substances. Hence, most participants experienced relapse with two or more illicit substances after completing the 6-month drug rehabilitation and treatment program. The results were substantiated by Kabisa et al. (2021) that the likelihood of relapse among the patients with SUD at Icyizere Rehabilitation Centre was statistically significant with these variables: parental status, hospitalization time, influences of peer groups, accessibility, types of accessibility, number of substances used, influences of stress, and family related problems. The findings indicated that peer pressure and distress from family members were the two most important prevalent causes of relapse. Clients with SUD who lived only with their moms were more likely to relapse than those who did not live with either biological parent. The clients who spent one and three months of hospitalization were 11.2 times more likely to relapse after treatments than those hospitalized for more than three months. It was also indicated that patients who used two to three substances or in polydrug use were associated with increased odds of relapse compared to those using substance or monodrug use. Individuals were more likely to relapse if they lived with their peers or drug dealers, with family-related problems such as intra-family conflicts. But the results indicated that the participants with geographical accessibility had less risk of relapse than others.

In contrast, factors other than the profile variables may influence the participants' tendency to relapse. Alvarez et al. (2017) disclosed that social acceptance (e.g., acceptance from family, peers, and community), family intimacy, and psychological capital (e.g., self-efficacy, optimism, hope, and resilience) were potential variables or factors of relapse. It was found that only social acceptance predicted a low risk for relapse and accounted for variance. It was recommended that acceptance from the family and peers might help lessen the risk of relapse among drug dependents. Zeng et al. (2021) confirmed that family intimacy negatively predicts relapse tendencies in PWUDs or people who use drugs. At the same time, psychological capital mediated the relationship between family intimacy and relapse tendency. Moreover, Haghghi et al. (2018) affirmed that the high rate of drug use relapse was considered a major problem in drug addiction rehabilitation and treatment centers, even after a long period of quitting. Moreover, findings were supported by Mousali et al. (2021) that personal willingness, pleasure and enjoyment, drug availability, and family disputes were significant predictors of substance use relapse. As such, the likelihood of substance use relapse was 8.18 times larger in those who reported a "tendency to substance use" or relapse tendency than the others. The possibility of substance use relapse in those who expressed the pleasure of drug use was 2.73 times more extensive compared to those who did not mention such a pleasure. Easy access to the drug increased the risk of recurrence by 3.39 times, and the risk of substance use relapse among the subjects with family disputes was 4.58 times larger than those with no family disputes.

Table 5. Relapse Tendency of the Participants

Relapse Tendency	<i>f</i>	%
Lapse (1/single-use episode or irregular use of illicit substance)	5	21.7
Relapse (2-more use of illicit substance)	18	78.3
Total	23	100.0

As shown in Table 6, results revealed that there was no significant difference between the participants' degree of drug abuse-related problem when grouped according to sex [$U=33.500$, $p=0.338$], chronological age [$U=19.000$, $p=0.807$], civil status [$H=2.115$, $df=3$, $p=0.549$], educational attainment [$H=2.691$, $df=3$, $p=0.442$], employment status [$H=1.210$, $df=2$, $p=0.546$], and types of illicit drug used [$H=2.990$, $df=2$, $p=0.224$]. Results failed to reject the null hypothesis since the p -value was greater than the significance level ($p=0.05$). The findings implied that the data had insufficient evidence to conclude that the drug dependents' degree of drug abuse-related problem varies on their sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used. Therefore, the null hypothesis was accepted. The no significant differences in results imply that regardless

of sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used, the degree of drug abuse-related problem is still the same. These demographic variables are more likely not the predictors of the degree of drug abuse-related problem. The results were substantiated by the statement of Haghghi et al. (2018) that age, educational attainment, civil status, and type of illicit drug used have no variance with the degree of drug abuse-related problem. But there was a significant difference between the demographic variables (e.g., employment status and marital status) and the obsession with using drugs. Family size, other vices (smoking), family disputes, and a person's hopes were found to be the other factors in assessing the degree of drug abuse-related problems (Haghghi et al., 2018). Findings revealed significant relationships between sleep quality and the degree of drug abuse-related problems, smoking, and substance abuse. Sleep quality decreased consistently with a high level of drug abuse-related problems. More so, it was noted by the study of Fadhel (2020) that the severity of drug abuse-related problems was significantly correlated with poor quality or insufficient sleep, smoking, and substance abuse. It also revealed significant differences in the degree of drug abuse-related problems in Yemen and Saudi Arabia.

Table 6. Differences between the degree of Drug Abuse-Related Problem when grouped according to Demographic Variables

Variables	Group	Test	<i>p</i>	Decision
Sex	Male	Mann-Whitney U Test	0.338	Retain H_0
	Female			
Chronological Age	Early Adulthood (18-24 years old)	Mann-Whitney U Test	0.807	Retain H_0
	Middle Adulthood (25-64 years)			
Civil Status	Single or Unmarried	Kruskal-Wallis H Test	0.549	Retain H_0
	Married			
	Widowed			
	Others (e.g., Legally Separated, Annulled, etc.)			
Educational Attainment	Grade 1-11	Kruskal-Wallis H Test	0.442	Retain H_0
	High School or SHS Completer			
	Vocational Course or College			
Employment Status	Bachelor's Degree/more	Kruskal-Wallis H Test	0.546	Retain H_0
	Unemployed			
	Employed			
Types of Illicit Drug Used	Self-Employed	Kruskal-Wallis H Test	0.224	Retain H_0
	Methamphetamine Hydrochloride			
	Cannabis (Marijuana)			
	Others (e.g., Cocaine, Inhalants, Syrup, etc.)			
	Polydrug Use			

*Significant: *p*-value < 0.05

As indicated in Table 7, a no significant difference was found between the participants' relapse tendency when grouped according to sex [$U=44.000$, $p=0.917$], chronological age [$U=16.000$, $p=0.446$], civil status [$H=4.062$, $df=3$, $p=0.255$], educational attainment [$H=1.760$, $df=3$, $p=0.624$], employment status [$H=1.448$, $df=2$, $p=0.485$], and types of illicit drug used [$H=0.448$, $df=2$, $p=0.799$]. Therefore, the null hypothesis was accepted. Results disclosed that the participants' relapse tendency when grouped according to sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used yielded no significant differences. Thus, the null hypothesis was accepted. The not significant differences imply that regardless of sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used, relapse tendency is the same and constant. Zeng et al. (2021) study supported that chronological age had no significant difference with relapse tendency. However, it varied on civil status, educational attainment, and types of illicit drug used, with significant values of 0.023, 0.007, and 0.003, respectively. Additionally, drug dependents who were remarried were more likely to relapse than those who were single, married, divorced, or widowed same as those who indicated elementary school or below than those who attained junior high school, senior high school, or technical secondary school. There are factors other than sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug use that may differ from relapse tendency. These factors could be social acceptance (acceptance from family, peers, and community), family intimacy, and psychological capital (e.g., self-efficacy, optimism, hope, and resilience). These potential variables or factors were evident in the study of Alvarez et al. (2017) that only social acceptance predicted low risk for relapse and accounted for 10.1% of the variance and recommended that acceptance from the family and peers may help lessen the risk of relapse among drug dependents. More so, family intimacy negatively predicted relapse tendency in PWUDs or people who use drugs. At the same time, psychological capital mediated the relationship between family intimacy and relapse tendency (Zeng et al., 2021). Finally, the variance analysis of this study affirmed the logistic regression analysis of Mousali et al. (2021) that the association between the variables involved, among the demographic variables (age, marital status, place of residence, educational attainment, income, and employment status), marital status was the significant predictor of drug relapse ($p<0.005$) as such the likelihood of substance use relapse among the single participants was 2.69 times larger than among married participants.

Table 7. Differences between the Relapse Tendency when grouped according to Demographic Variables

Variables	Group	Test	<i>p</i>	Decision
Sex	Male	Mann-Whitney U Test	0.917	Retain H_0
	Female			
Chronological Age	Early Adulthood (18-24 years old)	Mann-Whitney U Test	0.446	Retain H_0
	Middle Adulthood (25-64 years)			
Civil Status	Single or Unmarried	Kruskal-Wallis H Test	0.255	Retain H_0
	Married			
	Widowed			
	Others (e.g., Legally Separated, Annulled, etc.)			
Educational Attainment	Grade 1-11	Kruskal-Wallis H Test	0.624	Retain H_0
	High School or SHS Completer			
	Vocational Course or College Bachelor's Degree/more			
Employment Status	Unemployed	Kruskal-Wallis H Test	0.485	Retain H_0
	Employed			
	Self-Employed			
Types of Illicit Drug Used	Methamphetamine Hydrochloride	Kruskal-Wallis H Test	0.799	Retain H_0
	Cannabis (Marijuana)			
	Others (e.g., Cocaine, Inhalants, Syrup, etc.)			
	Polydrug Use			

*Significant: *p*-value < 0.05

At the rear of substance use disorder (SUD) is people. People with genuine victories and hardships, such as those who have overcome drug addiction, are typically overshadowed by brief, faceless news segments. But each story has a more profound, human element that is frequently left out. These 5 participants' stories—all of whom have battled drug addiction and are now leading sober lives while encouraging and assisting others—were heard in this study. The following case vignettes provided a glimpse into the life of these participants who successfully finished their drug rehabilitation and treatment program:

Case Vignette 1: Henry

Henry finished his 6-month program at "Z Drug Rehab Center" in 2017. When the interview took place, he was 34 and unmarried. He initially tried marijuana at the age of 14 and smoked it at school. Because he prioritized his buddies over anything else, he used to dislike studying. His second year of high school was cut short as a result. In the past, he utilized a variety of drugs, with marijuana and shabu being his favorite. When his father began to sell drugs in their community, his substance abuse worsened. On the DAST-10, he had a score of 8, which indicates a

serious level of drug abuse. He admitted that he had over 30 relapses after transitioning from rehab, on the average. He is presently living together with his sister's family, happy with his new path and a new career, and trying his best to contain any compromising environment in substance use.

Case Vignette 2: Greg

Greg completed his 6-month program at "Z Drug Rehab Center" in 2020. He was 41 years old when the interview took place. He is a widower; his wife passed away from illness. He has a daughter but stays at her aunt's place. He lives with his parents. He completed his degree, Bachelor of Science in Computer Systems, at a university. He used to be a polydrug user, particularly marijuana and shabu. Based on the DAST-10, he scored 5, which corresponds to a moderate level of drug abuse. He disclosed having an estimation of more than 20 instances of relapse. He is now trying his best to manage his relapse and wants to earn his sister's trust, particularly in being a father to his daughter.

Case Vignette 3: Jude

Jude completed his 6-month program at "Z Drug Rehab Center" in 2018. He was 37 years old and with a live-in partner at the time of the interview. He has two children, aged 12 and 15. He completed a vocational course in automotive. His meth use began when he was 26 years old as a way of coping with his father's death. Based on the DAST-10, he scored 1, which corresponds to a low level of drug abuse. He disclosed having an irregular use of drugs (lapse) after completing the program. He is now continuing his journey to recovery with the help of his partner and kids.

Case Vignette 4: Kate

Kate completed her 6-month program at "Z Drug Rehab Center" in 2019. She was 29 years old at the time of the interview. She is married and has a daughter, aged nine years old. Her substance use began when she was 20 years old as one of the paraphernalia at a party and the influence of her college classmates and friends. She continued her drug abuse after failing the board exam in nursing. She used to be a polydrug user, particularly marijuana and shabu. Based on the DAST-10, she scored 6, which corresponds to a substantial level of drug abuse. She reported having more than seven instances of relapse after completing the program. Kate is outgoing; hence, her soul shines through her eyes. She is currently a volunteer in a particular barangay and has developed a routine to keep herself occupied for the whole week.

Case Vignette 5: Charles

Charles' road to recovery has been long and arduous. He was 50 years old and single at the time of the interview. His substance use began when he was 13 to make friends and fit in. And like much other progress, his improvement did not always happen in a straight line. Charles' drug use

escalated. He always got into multiple fights and was in and out of jail. Charles entered the treatment facility at age 29 with the help of a government official, the father of his former girlfriend. But he stayed for roughly three months only. He had his last rehab at age 45 and completed the 6-month program in 2017. He has a son (25 years old) and two daughters (27 and 23) with different mothers. His daughters live in their mothers', while his son lives with his aunt. He completed his high school years in their hometown. He used to be a meth user. Based on the DAST-10, he scored 5, which corresponds to a moderate level of drug abuse. He disclosed having an estimation of more than 11 instances of relapse after completing the program. Charles is now focusing on his business that started at the onset of the lockdown. He constantly stays in touch with his son and daughters from time to time as his motivation to remain clean and continuous recovery. Table 8 presents the profile of the participants for the qualitative data.

Table 8. Profile of the Participants for the Qualitative Phase of the Study

Pseudonym	Sex	Age	Civil Status	Educational Attainment	Types of Illicit Drug Used	Degree of Drug Abuse Related Problem	Relapse Tendency
Henry	Male	34	Single	High School Level	Polydrug Use	Severe Level	Relapse
Greg	Male	41	Widowed	Bachelor's Degree	Polydrug Use	Moderate Level	Relapse
Jude	Male	37	Others (LP)	Vocational Course	Shabu	Low Level	Lapse
Kate	Female	29	Married	Bachelor's Degree	Polydrug Use	Substantial Level	Relapse
Charles	Male	50	Single	High School Graduate	Shabu	Moderate Level	Relapse

Participants' Relapse Experiences

When describing their relapse experiences after completing the 6-month drug rehabilitation and treatment program, participants revealed themes that provided context for their after-treatment relapse experiences. Participants discussed the following emerging themes, to wit: (1) transitioning out of rehab, (2) encounters during drug abstinence, and (3) encounters during drug relapse. These were substantiated by the studies of Yang et al. (2015), Chie et al. (2016), Andersson et al. (2019), and Lovett and Weisz (2020).

Theme 1: Transitioning out of Rehab. Responses coded as "transitioning out of rehab" dealt with factors concerning the encounters and feelings of the participants after completing the rehab program and returning home, including facing ramifications leftover from before going to rehab, a sense of unease, making better decisions, and facing familiar triggers. One of the participants expressed that despite their rehabilitation

completion, he was seen as a drug addict and faced discrimination at the onset of returning home. "I experienced discrimination when I was out of rehab." – Charles

Additionally, one of the participants verbalized that he lived in a less favorable socioeconomic condition and felt powerless to change. Unemployment and insufficient income sources were the pressing concerns during his transition from rehab. "After completing the 6-month rehab program, everything appeared to be fine, but faced with financial instability, I resorted to becoming a drug runner to make ends meet. Unfortunately, I was only earning between twenty (20) to thirty (30) pesos, barely enough to afford a cup of coffee." – Henry

Participant disclosed that before entering the rehab, she was abandoned by her husband together with their daughter due to her intolerable drug abuse and neglected her family responsibility.

Theme 2: Encounters during Drug Abstinence. Responses coded as "encounters during drug abstinence" described the episodes, happenings, and experiences of the participants during the periods of abstinence from illegal substances, including facing continual social stigma, social support, renewed trust from others, and confronting stereotypes and labeling, among others. Majority of the participants expressed several instances of continual stigmatization.

"As the ride went on, they remarked, Hey, dude, you know what, we came up to you because we heard you're also into drugs." – Jude

"He kept emphasizing that I was still grappling with addiction." – Charles

Theme 3: Encounters during Drug Relapse. Responses coded as "encounters during drug relapse" delineated the happenings and the individual experiences of the participants during their lapse and relapse to substance use after completing the program. The participants' reasons for returning to drug use which involved aspects of the surrounding circumstances, events, and feelings, were also included. The sub-themes were not limited to interpersonal conflicts, lack of willpower, old peer influence, cue-evoked drug cravings, substance withdrawal, and relationship loss.

Most of the participants disclosed having relapses due to the influence of acquaintances on substances.

"I have a friend who used to engage in theft, and unfortunately, their influence led me to participate in stealing items from their own house to fund our purchase of illegal drugs." – Henry

"It's unavoidable that friends come to our house and tempt me back into old vices." – Kate

The lack of willpower could lead the participants to use it again even

though they know they should not. "Once you've started, stopping becomes much more challenging." – Kate

Cue-evoked drug cravings emphasized the participants' reactivity to drug-related environmental cues, which include family members who used drugs, old acquaintances in substance use, and sensing or seeing objects that remind them of their drug addiction which caused extremely intolerable cravings and led to relapse.

"At one point, I succumbed and went back to using drugs. That experience triggered thoughts of returning to that lifestyle, especially when I smelled cigarette smoke or tasted alcoholic beverages again. I felt a strong urge to fall back into those habits." – Greg

"I attempted to stay clean for around three months, but during that time, I realized that my environment played a significant role in triggering my relapse. Specifically, the presence of my old acquaintances involved in substance use was a major trigger." – Kate

To avoid withdrawal symptoms, many individuals relapse in the first week of stopping drugs or because of post-acute withdrawal symptoms, which can persist for up to six (6) to eighteen (18) months, which may include nausea, hot and cold sweats, restlessness, vomiting, diarrhea, insomnia, muscle aches, impaired social functioning, changes in cognitive functioning, and persistent symptoms that remind them of using again to name a few.

"I thought I was fine, but suddenly my entire body started shaking, and I broke out in a cold sweat. It was an unfamiliar sensation." – Jude

"I couldn't sleep as my mind and body were restless." – Greg

Participants' Relapse Intervention Strategies

When describing their relapse intervention strategies after completing the 6-month drug rehabilitation and treatment program in "Z Drug Rehab Center," participants revealed themes that provided context for their developed aftercare intervention strategies and coping mechanisms to relapse, including (1) driving force to change, and (2) ways of managing relapse. These were substantiated by various studies that the enriched resources for social support, employment, health care, and an overall purpose in life (Hennessy, 2017, cited in Hurley et al., 2021), strong determination and will (Martinez & Guadamor, 2017), self-improvement, and rekindling, rejoining, and restarting social connections (Co & Canoy, 2020), motivation to quit, developing coping skills, and family involvement (Guenzel & McChargue, 2019) would overcome the effects of drug withdrawal and inhibit themselves from using illicit drugs and further sustain their drug addiction recovery.

Theme 4: Driving Force for Change. Responses coded as "driving force for change" referred to the factors that encouraged and motivated participants to abstain from drugs, seek a better change and continue the

recovery process, including family responsibility, criminal justice issues, individual desire to heal, and other driving forces. One participant described family responsibility related to the death of his former girlfriend and the only parent left for his son. "I had to be clean since I am his only parent left." – Charles

Individual desire to heal referred to the personal wishes and hopes of the participants to recover, which included wanting a normal life, a new life, a better future, a better one, and a sober one clean.

"I chose to live a new life." – Henry

"I want to change, not just for myself." – Kate

One of the participants expressed that she wanted to recover their marriage and relationship with his husband with the help of God. "I want to show to my husband that I have changed, that everything I'm doing is for him and our family, and for the support they provide me. I want them to see that, with the help of the Lord, I have transformed for their sake." – Kate

Theme 5: Ways of Managing Relapse. Responses coded as "ways of managing relapse" referred to various ways that the participants overcome or manage their withdrawal symptoms and relapses to drugs after completing the 6-month drug rehabilitation and treatment program in "Z Drug Rehab Center," including utilizing willpower, self-reflection, staying occupied, reconnecting with family, avoiding old acquaintances, and reconnecting with God. Most participants disclosed that each person must take full responsibility for their life.

"I conditioned myself that the real change starts with me." – Henry

"Stopping yourself is solely within your control. Others cannot force you to quit; only you have the power to make yourself stop." – Charles

Another participant acknowledged that he is an addict but a recovering addict worthy of trust and new life. "I know that an addict is always an addict, but I am a recovering addict." – Jude

One of the participants disclosed that diary writing helps her to reflect and understand her life in recovery. "This was my way of coping with my emotions. It's like I kept journal notes during my time in rehab." – Kate

Participants discussed participating in sober recreation, such as playing basketball, doing chores, playing mobile games, playing with nephews and nieces, and other tasks, as means of staying oneself occupied and busy during recovery. They also felt that these activities increased their morale and provided a sense of purpose and connection to a sober future. More than half of the interviewees reported avoiding old acquaintances in substance use to prevent the possibility of relapse.

“Since completing rehab, I have been consciously avoiding individuals who are still using drugs to maintain my sobriety.” – Jude

“Upon leaving rehab, the initial step is to refrain from befriending anyone whom you suspect might be using drugs. I promptly distance myself from such individuals.” – Charles

One of the participants divulged that one of the coping techniques that helped him avoid his old companions and other triggers was reconnecting with God and church volunteering.

“As I persisted in staying away from them, one significant factor that greatly aided me was reconnecting with God. I also resumed attending church services.” – Greg

Participants’ Recovery Experiences

When describing their recovery experiences during the COVID-19 pandemic, participants revealed themes that provided context for their recovery process from drug addiction amidst the global crisis of COVID-19, including (1) pandemic impact on life and (2) pandemic impact on sobriety.

Theme 6: Pandemic’s Impact on Life. Responses coded as “pandemic impact on life” dealt with factors and instances that the COVID-19 pandemic influenced the lives of the participants, including disrupted life, isolation and hindered capabilities, negative feelings, protocol violation, productivity in lockdown, uncertainties, challenges brought by the rigorous implementation of pandemic protocols, delayed access to healthcare, and among others. One participant expressed that pandemic isolation increased negative feelings such as boredom, anxiety, and loneliness. “The pandemic wasn't beneficial for me. I frequently felt bored, and my mind wandered aimlessly.” – Kate

Most participants disclosed having an additional source of income at the onset of the COVID-19 lockdown. They were productive in managing their businesses and work.

“Thanks to COVID, my family and I started a business, and we've been fully dedicated to it. I am immensely grateful because it allowed me to steer clear of unpleasant activities.” – Greg

“Lockdown is more favorable to me, for I am able to continue selling fruits way better since the business went well too.” – Charles

Theme 7: Pandemic’s Impact on Sobriety. Responses coded as “pandemic impact on sobriety” dealt with factors and instances that the COVID-19 pandemic influenced the sobriety of the participants, including abstinence in isolation, increased difficulty in abstinence, strengthened relationships, substance use as coping, and others.

Some participants developed new coping techniques to pull off cravings and triggers—some set new positive distractions. “Due to the isolation, I constantly stayed at home, and as a result, I managed to avoid relapse.”
– Jude

One of the participants disclosed that the pandemic helped strengthen his family relationships. “COVID-19 proved to be beneficial for me. It strengthened my bond with my two kids and my spouse. We had ample time to engage in meaningful conversations about my past as an active user, and we were completely open with each other. We discussed both minor and major issues, resolving them promptly.” – Jude

One of the participants disclosed having difficulty abstaining from drugs, and the use of illicit substances helped her cope with the pandemic’s isolation, loneliness, and anxiety. “This way, I find some relief from my emotions; if I don’t use it, I experience a sense of loneliness.” – Kate

Keeping sobriety during a pandemic is not easy, but it is possible with the help of planning and fortitude, recovering addicts could maintain their health and recovery during the global crisis.

Conclusions

Transitioning from a life of drug addiction into soberness can be highly challenging for many individuals in recovery, and it may be enticing to give up and use again. Findings revealed that most 6-month completers of “Z Drug Rehab Center” were male, middle adults (25-64 years old), single, employed and attained a bachelor’s degree. Most of the participants misused shabu and marijuana in polydrug use nature.

Results disclosed that the participants’ degree of drug abuse-related problem was not one of the conditions influencing relapse tendency. It was further denoted that sex, chronological age, civil status, educational attainment, employment status, and types of illicit drug used were not auxiliary aspects that persuade degree of drug abuse-related problem and relapse tendency, respectively. Presenting this study in congruence with other studies that displayed no significant difference between the two constructs, it is needful to ascertain the rationale of the precedent high-risk situations leading to substance abuse and relapse among drug dependents.

Results revealed that most participants had successfully abstained at some point from substance use after completing the rehab and had maintained that abstinence for several months, while others, in years but from time to time, were daunted by triggers and experienced lapse and relapse.

During the post-treatment recovery, the lives of these completers were occupied with several challenges such as living in a less favorable socioeconomic condition and feeling powerless to change, unemployment, insufficient source of income, felt uncomfortable and uneasy when returning home, suffering stigmatization and discrimination, separation from one's family, loneliness, caught-off guard situation from an old companion in substance use, and father's arrest due to drug trading.

Most of the triggers were old acquaintances and an environment of substance use, cigarettes smoke, alcoholic beverages, and family conflicts. It was tough for drug dependents to remain abstinent in an environment full of risk factors. Multi-sectors should initiate a good environment filled with job opportunities, psycho-educational programs, and social and family support systems and mitigate discrimination. Some participants experienced sleeplessness or insomnia, changes in appetite, and changes in cognitive functioning after misusing a substance. The main implication of exploring these relapse experiences is to understand what might trigger and the conditions leading to relapse. A comprehensive and realistic plan for these triggers is one of the first steps toward relapse prevention intervention.

On the other hand, most participants had ways of effectively overcoming withdrawal symptoms, driven by willpower and desire for normalcy, and were substantiated by related studies. It implies that each drug dependent must take full responsibility for their life and action in recovery. Another disclosed post-treatment intervention strategy was engaging in activities, staying occupied, and allowing their minds to be distracted from cravings in various tasks. Avoiding old acquaintances in substance use and spending quality time with positive family and friends may prevent the possibility of relapse and maintain sobriety. It implies that being protective of the environment may help overcome cravings. These narrated intervention strategies would be the baseline data in designing holistic and individualized aftercare relapse prevention.

Another important finding of the study that has implications for the proposed intervention was the element of the ongoing pandemic in drug addiction recovery. Participants expressed negative feelings governing relapse, including fear, boredom, and anxiety due to social isolation and the father's arrest at the onset of the pandemic. In contrast, pandemic isolation strengthened family relationships, developed new coping skills, and increased productivity. It was implicated that the strong family connection may positively influence the continuing journey of drug dependents to recovery. New coping techniques to pull off cravings and triggers, setting new positive distractions, were evident to some participants. Others disclosed being productive in managing their businesses and work. These findings contradicted the results of other

studies that solely focused on the negative consequences of the COVID-19 pandemic. These findings implicated that isolation and lockdown could be another factor in avoiding triggers and possible relapse. Despite the no significant differences in outcome between the variables involved, still, it was supplemented by the qualitative results. With this, the existing aftercare intervention of the Z Drug Rehab Center should be modified and strengthened. The findings may unleash various possibilities for future studies to design and develop, such as the inclusion of the implementers of R.A. 9165 and the employees of sectors offering drug rehabilitation and treatment program.

Recommendations

From the findings and conclusions presented, the following recommendations are forwarded for possible implementation:

For Drug Rehabilitation and Treatment Centers and other institutions and sectors offering drug rehabilitation programs, there is a need to strengthen the aftercare program (e.g., livelihood, wellness, mindfulness, spiritual, among others) and monitor their clients to maintain the constant recovery process and reduce the risk of relapse and possible readmission.

A “Drug Rehabilitation and Treatment Management System” may be considered in automating the existing traditional pen-and-paper operations of the facility-based center. This innovation may be a tool for monitoring the treatment and recovery of the clients. The system may be accessed only by authorized users (e.g., administrator, admission officer) of the institution in observance of Data Privacy Law.

Other predictors of post-treatment relapse must be addressed and premeditated by a psychologist to aid the presented issues in drug addiction recovery and other matters related to substance abuse.

For Mental Health Professionals, it is necessary to identify the high-risk situations leading to substance abuse and relapse as baseline data for designing appropriate relapse prevention interventions.

There is a need to formulate and initiate drug rehabilitation training, workshops, programs, and talks to reduce the tendencies of drug relapse and setbacks. A client-centered development plan is necessary to optimize targeted goals.

For the academe, there is a need for a school-based program that could promote illicit drug use prevention in which the students could increase their psychological capital and empower them to make better choices. Educators may integrate understanding the context of substance abuse

and its associated risks to the self, significant others, and the community in their learning materials. It could be a powerful tool in influencing the youth that it is always a “NO” for illicit drugs.

For individuals diagnosed with substance use disorder (SUD) or drug dependents, be mindful that drug addiction could progress quickly, especially during pandemic social isolation. In dealing with strong cravings or a possible relapse, seek professional help with the support of family and significant others. Drug dependents’ significant others (e.g., parents, spouse, friends, etc.) are highly encouraged to support and partake in the aftercare program. A good support system is one of the main factors in reducing relapse and maintaining sobriety. The strength and strong support and connection of the drug dependents’ significant others (e.g., parents, guardians, siblings, relatives, friends, etc.) could help renew their lives and possibly reduce the rate of relapse.

The “Z Drug Rehab Center” and other institutions offering rehabilitation and treatment for drug dependents may consider integrating the proposed program of the study into their existing aftercare program.

Future researchers may consider the other possibilities of linkage in exploring drug-related stipulations. They may consider the implementers of R.A. 9165 and the employees of facility-based centers as their potential supplementary variables.

The limited academic Philippine-based knowledge on the experiences of individuals in substance abuse and recovery revealed a knowledge gap. Existing literature and studies focused predominantly on cause-and-effect dimensions in drug addiction, rehabilitation, and sobriety.

Acknowledgment

This academic undertaking was supported by the Carlos Hilado Memorial State University, Philippines.

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Beverly E. Resuelo, an esteemed Registered Psychometrician and dedicated Licensed Professional Teacher specializing in Values Education, stands as a beacon of academic and professional achievement. Her academic journey, marked by excellence and dedication, led her to the corridors of Riverside College, where she graduated Cum Laude with a Bachelor's degree in Psychology, majoring in Special Education, alongside being honored with the Service Award for her exceptional commitment. Continuing her pursuit of knowledge, Ms. Resuelo earned her Master's degree in Psychology from the University of Negros Occidental and, subsequently, a Ph.D. in Psychology from the prestigious University of St. La Salle.

Beyond academia, Ms. Resuelo's dynamic career spans multiple dimensions. Her seasoned experience as a Human Resources Consultant and former Human Resources Officer, coupled with her roles as a Senior High School Coordinator and Curriculum Development Coordinator at Carlos Hilado Memorial State University, has demonstrated her versatility and proficiency in driving organizational growth and educational advancement. Presently holding the esteemed position of Assistant Professor III, Ms. Resuelo continues to inspire and mold young minds while serving as a Lead Auditor for Internal Quality Audit within the university.

Appendix A Proposed Program

Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention

Rationale

The proposed program entitled “**Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention**” is the upshot of the study – Relapse and Intervention Strategies in the Recovery Process of Drug Dependents of the 6-month completers of the “Z Drug Rehab Center.” Despite the no significant results, the researcher strongly advocates that the existing “Multi-disciplinary Treatment Modality” of the facility-based institution must be reinforced and give importance to the aftercare relapse prevention of the clients.

The projected “Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention” is a 3-year aftercare plan designed to ensure that the efforts of the “Z Drug Rehab Center” and other facility-based drug rehabilitation and treatment centers fulfill its mission of quality and sustainable rehabilitation and treatment services for its substance abuse clientele and transform them into healthy and productive individuals acceptable to the society.

The primary purpose of this program is to provide an individualized structure after completing the 6-month drug addiction rehabilitation and treatment, which may help maintain and sustain long-term abstinence.

An aftercare plan is an effective tool that benefits both the clients and the institution. This proposal provides schedules that will be utilized for the planning and execution of activities and interventions. The arrangement will require cooperation from different individuals and will be spearheaded by the administrator of the facility-based drug rehab center. Implementing this aftercare plan properly will bring significant positive change to the rehab and the community.

General Objectives

The “Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention” aims to:

1. sustain the recovery from addiction,
2. learn how to resist relapsing,
3. strengthen the commitment to recovery,
4. help build a support system, and
5. acquire a life that is rich in meaningful relationships and purpose driven.

Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention

- I. **Mindfulness: “I am in control”** is a 5-day session intervention to be conducted every six months from the date of completion. This program was adopted from the intervention known as Mindfulness-Based Relapse Prevention (MBRP), which combines mindfulness techniques and CBT drug relapse prevention. The primary purpose of this intervention is to help the completers of the “Z Drug Rehab Center” and other facility-based drug rehabilitation and treatment centers to employ mindful awareness in managing involuntary and unhelpful reactions to relapse triggers. Through this intervention, drug dependents are taught to take a step back, be present in the moment, and recognize that they have a certain degree of control over various situations. The intervention will be initiated and facilitated by the administration of the facility-based center. Experts on mindfulness techniques will be invited for the series of sessions.
- II. **Aftercare Health and Wellness Program** is a 4-hour session that will be conducted quarterly. The program’s primary purpose is to boost the positive outlook and confidence among drug dependents, which could help maintain abstinence and overall well-being. Supporting drug dependents to have healthy lifestyle choices will be of assistance to their recovery and relapse prevention. External health care professionals will be invited to the said program. Health and Wellness Committee will be appointed for mentoring and monitoring. The committee should coordinate their efforts and meet regularly to keep each other updated on the progress of the clients and the whole program.
- III. **Alumni Day Out** is a recovery support program for former clients that will be conducted yearly. The program’s main goal is to help drug dependents remain connected to the facility-based center, positive peers, and significant others. This program may rebuild the support system of drug dependents while in recovery and could be a significant factor in a successful relapse prevention plan. This support program will be organized and facilitated by the alumni with the assistance of the personnel of the rehab. It could be a day tour event, a friendly competition, a sports fest, a family day, or team building, depending on the plan and agreement of the alumni and the center.

**Proposed Strengthened-Individualized Aftercare Drug Relapse Prevention Intervention
for Drug Rehabilitation and Treatment Centers**

AFTERCARE PROGRAMS	OBJECTIVES	STRATEGIES EMPLOYED	PERSONS INVOLVED	ESTIMATED FINANCIAL ALLOCATION	TIME FRAME	EXPECTED OUTCOME
Mindfulness: "I am in control"	At the end of the aftercare program, the participants will be challenged to: <ul style="list-style-type: none"> □ gain an understanding of several triggers to relapse and habitual responses, □ establish a break or pause in what appears to be spontaneous process, identify challenging experiences, both physical and mental, and how to react to them effectively, □ develop a compassionate and nonjudgmental approach towards yourself and your experiences, and □ develop a way of life that encourages mindfulness and recuperation. 	Conduct of mindfulness technique, Group Dynamic, Expertise of Mental Health Professional, and Presentation in form of video clips, and/or slideshows.	Administrator & Staffs Mental Health Professionals Experts on Mindfulness 6-month Completers/ Drug Dependents	P181,500.00	5-day session every 6-mo from the date of completion	Practiced and employed the mindfulness in managing relapse triggers Recognized having a degree of control over relapse situations
Aftercare Health and Wellness Program	<ul style="list-style-type: none"> □ improve general health and well-being, morale and attitude (e.g., positive outlook, confidence), and □ maintain abstinence and overall well-being. 	Workshops, Training, Talks, Group Dynamic, Expertise of Health Care Professionals, & Presentation in form of video clips, and/or slideshows.	Administrator & Staffs Health Care Professionals Health and Wellness Committee 6-month Completers/ Drug Dependents	P95,400.00	4-hour session every 4 months	Improved general health and well-being, morale & attitude Maintained abstinence and overall well-being
Alumni Day Out	<ul style="list-style-type: none"> □ enhance social connections and foster a feeling of belongingness within the support network, □ give others an opportunity to build a healthy self-concept by serving as mentors and positive reference group, and □ break down obstacles and continue to participate in the recovery. 	day tour event, friendly competition, sports fest, family day, team building	Administrator & Staffs 6-month Completers/ Drug Dependents Family Members Significant Others	P60,000.00	1 day per year	Strengthened support system