

Sparks of Hope: Journeys of Drug Surrenderers

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ABSTRACT

Community-based rehabilitation, personal resilience, and support systems help people get their lives back on track. This research examined the lived experiences of individuals who have surrendered taking drugs and took their pathways to recovery, transformation, and reintegration. It used transcendental phenomenology research design. Results showed that at first, the participants were stigmatized, scared, and unsure, but they got better thanks to rehabilitation programs, family support, and advice from local authorities. These programs offered counseling, job opportunities, and moral support, which helped people get back on track, fix broken relationships, and find a new sense of purpose. The significant statements of the participants resulted to how they saw the program, how the program helped them and observed things that might help improve the program. From their responses, themes were generated, such as Meaning Making and Personal Transformation, External Support and improvement needs, Personal and Social Barriers, Strengthening self-management recovery, Sustained Personal Strength and faith anchored recovery, Life Re-structuring through skills, environment and purpose and Family as the Core-Anchor of Post rehabilitation support. The study also stresses how important it is to be accepted by others and to be involved in the community in order to stay healthy. Even though they faced problems like discrimination and a lack of opportunities, many of the participants showed strength and a desire to change. Recovery is more than just quitting drugs; it also means getting back their sense of dignity, belonging, and hope. Community-based programs are very important for long-term healing and reintegration.

Keywords: Drug Surrenderers, Community-Based Rehabilitation, Phenomenology, Addiction Recovery, Philippines

INTRODUCTION

Illegal drugs are a regular menace to social stability and health in the Philippines. Consequently, combating drug abuse has been a priority of the government. To be a part of this large-scale effort, thousands of people have voluntarily surrendered themselves. It has resulted in the complex response that is not limited to the law enforcement. It comprises community-based programs and moral healing. Community-Based Rehabilitation (CBR) has become an essential measure that can help to increase the quality of life of people with health issues or disabilities. Using the criterion of the World Health Organization, CBR fits the criterion of community-building and aims to encourage social inclusion, equal opportunity, and rehabilitation of all people, particularly the disabled. The narratives of struggle and change are the foundation of the interpretation of the actual experience of individuals who have relinquished drugs under organized rehabilitation programs.

CBR is a holistic and proactive rehabilitation approach that is driven by World Health Organization (WHO, 2010) standards. It focuses on empowerment, social inclusion and equitable opportunity; it gives people the resources to overcome the recovery and reintegration into the society. Cultivating an open and interactive atmosphere in which individuals and their communities can actively engage, CBR does not only help mitigate short-term issues of drug dependence but also enhance resilience and well-being over the long term.

In the context of this rehabilitation, the lived experiences of drug surrenderers are valuable narratives which should be studied closely. Those who come to community-based rehabilitation programs voluntarily tell tales of

strength, hardship, and optimism. Although they may be different in terms of finances, culture and demographics, these individuals have one thing in common: the harmful impact of addiction and a desire to break free of it. They give up, a significant acceptance. It indicates their wish to change and their intention to take back the control of their lives.

Background of the Study

The problem of drug dependence in the Philippines has been on the rise, with the number of estimated users being 4.7M in 2017, as reported by the Philippine Drug Enforcement Agency (PDEA). Drug-affected are 20,872 of the 42,036 barangays that constitute about 49.67 percent of the total number of barangays in the country. In retaliation, the government initiated Oplan Tokhang, which urged the drug users to turn themselves in and rehabilitate themselves.

Community-based rehabilitation programs have emerged as a general response and includes counseling, psychotherapy, group therapy, skill development and reintegration support. These programs are designed to bring positive transformation by tackling psychological, social and practical issues, helping participants to heal and reentering the society. Nevertheless, these attempts do not eradicate gaps in comprehending factors that affect participation, motivation, and outcomes of the drug surrenderers participating in CBR programs, which necessitates further studies.

This study is based on the previous research conducted in other provinces in the Philippines and examines the lived experiences of drug surrenderers in the CBR programs. The study aims to provide insights that lead to better programs, better support systems, and, finally, better results of the participants and their communities through in-depth interviews.

Theoretical Perspectives

The study uses several learning and social theories to frame the experiences of drug surrenderers in community-based rehabilitation. The Social Control Theory describes that close relationships with family, friends, or community encourage the conformity to social norms and influence individuals to pursue rehabilitation. This plays a central role in the involvement with rehabilitation programs. The Stages of Change Model describes the behavior change process, which is useful in determining the support requirements at different recovery stages. Strain Theory explores the role of socioeconomic pressures and environmental stresses in causing deviant behavior and helps to understand the risk factors of drug use. Social Learning Theory and Experiential Learning emphasizes the significance of observational learning, reflective practice, and skill development in a therapeutic and group context. Cognitive-Behavioral Theory demonstrates the interaction of thoughts, feelings, and behaviors, and how beliefs can be transformed to help in recovery.

Through an integration of these theoretical perspectives, the study attains a more profound comprehension of the processes, societal factors and personal experiences that shape the recovery stories of drug surrenderers.

Problem Statement

Although CBR programs are widespread, the diverse experiences and outcomes of drug surrenderers in CBR programs are less known. The study will fill the knowledge gap in understanding the problems, motivations and recovery trajectories of the participants, and opportunities that can be leveraged to enhance the program.

Purpose of the Study

This phenomenological research explored the experiences of drug surrenderers in CBR programs. The research aimed to deliver insights that could enhance program effectiveness, promote their well-being, and be used in other wider rehabilitation by capturing their personal realities, challenges, changes, and perspectives.

Research Questions

The following research questions guided the exploration into the experiences of drug surrenderers:

1. What insights can be gained from their experiences, and how do these experiences reflect the effectiveness of the program, suggesting potential improvements?
2. What challenges and difficulties do drug surrenderers face, and how do they cope? What self-management techniques do they use during their time in the program?
3. What long-term results and relapse prevention methods do drug surrenderers implement after completing the Community-Based Rehabilitation Program?
4. How do drug surrenderers anticipate incorporating social support networks into their lives after rehabilitation?

Significance of the Study

The research on the lived experiences of drug surrenderers in community-based rehabilitation programs can potentially impact policy, enhance interventions, and support systems to assist people who want to overcome their drug addiction. The lessons acquired during this research may be useful to different stakeholders, such as policy makers, health care professionals, treatment providers, and local organizations.

Drug Surrenderers. Their experiences, struggles, and knowledge that the research captured can be used to transform the community-based rehabilitation programs to better and more individualized ones.

Rehabilitation Program Providers. This study can also be useful to rehabilitation program providers because the conclusions could help to better understand the struggles of those in recovery. It is this knowledge that may be translated into the creation of an improved intervention, treatment plan, and support services within community-based rehabilitation programs which will lead to the professional development and training of rehabilitation workers.

Policy Makers/Program Designers. The analysis of the experiences of the drug surrenderers may help in developing evidence based policies and holistic interventions to improve community based rehabilitation programs and lead to effective treatment and recovery of drug addiction.

Academicians and researchers. This study can help in widening the knowledge base and producing information which can inform further interventions and practices. The findings of the research can also lead to new research questions and approaches which will encourage development in the field of phenomenology and addiction studies in general.

Leaders of Government, Private and the Religious Sectors. This study can be used to determine the programs and actions that can assist people who have started afresh after giving in. Such projects can have a positive impact on the society as a whole.

Definition of Terms

Operational definitions have been given to key terms to clarify terminology used in the study. These terms are understood in the context of this research and these definitions are provided so that there will be consistent and clear interpretations of these terms throughout the research.

Community-Based Rehabilitation Program. This term refers to a programmed method of drug addiction rehabilitation in a communal context. The program usually entails therapeutic activities, support services, and community participation, all geared towards assisting drug addicts in the recovery process.

Drug Surrenderers. These are individuals who have voluntarily sought help or turned themselves in due to their drug use or addiction. They have acknowledged their problems and have chosen to enter a rehabilitation program to tackle their drug-related issues.

Lived Experiences. This term refers to personal experiences and thoughts of people in their everyday life. In this paper, this term is devoted to the specific issues, feelings, and changes that drug surrenderers experience as they take part in a community-based rehabilitation program.

Organization of the Study

The first chapter is the introductory one that provides the background and the purpose of the research. It gives the theoretical viewpoints behind the study and gives the purpose and objectives of the study. This chapter suggests possible beneficiaries of the research, and it defines the key terms in a very clear manner.

Chapter 2 contains the thesis where the pertinent literature on drug addiction, community-based rehabilitation programs, and phenomenological research are thoroughly reviewed. The literature review was conducted to develop a sound theoretical foundation, critically evaluate the available information and indicate those gaps in research that should be addressed further.

Chapter 3 describes the research methodology that includes participant selection criteria, data collection procedures, data collection methods, and data analysis procedures. It also considers the ethical aspects that comply with guidelines making sure that the welfare of the participants is preserved and their confidentiality is protected. In this chapter, a clear structure of how the research should be conducted was laid down and it added credibility and reliability to the findings.

LITERATURE REVIEW

This chapter is a review of the scholarly literature and empirical research on community-based rehabilitation programs (CBRP). The conversation is general to specific. It begins with theoretical and scientific knowledge of drug usage and addiction. It subsequently explores the Philippine context and policy climate, approaches to treating and rehabilitate community-based programs, published lived experiences of people under recovery, and discusses the success of community-based rehabilitation programs. This framework reveals the gaps in what is known and the importance of conducting a phenomenological investigation on the experiences of drug surrenderers in community-based rehabilitation.

Understanding Drug Use and Addiction

Drug addiction is commonly perceived as a multifaceted and chronic disease influenced by biological, psychological and social factors. According to recent research, addiction is not a vice or weakness of will, but a condition with a strong effect on the brain structures and functions associated with reward, motivation, and self-control (NIDA, 2018; Volkow et al., 2016; Koob and Volkow, 2016). The neural pathways also change with long-term use of substances and a person is less able to control the impulses and to resist cravings even when there are adverse consequences.

Addiction is also considered to be a chronic and relapsing disorder. Relapse is not an indication that treatment failed but emphasizes the persistent character of the condition and the persistent difficulties in staying on track of recovery (Volkow and Koob, 2015). Thus, successful interventions in addiction should be multidimensional, long-term, and integrated support, i.e., not just short-term or punitive nor clinical.

Although today the emphasis in discourse is on biological frameworks, previous approaches to addiction like psychoanalytic and attachment-based approaches offer further information on addiction. These views point out the role of unresolved trauma, inability to control emotions and relationship problems in substance use and recovery (Yalisove, 1997). Phenomenologically, these theories are important in that they are used to explain how people make sense of such feelings as shame, guilt, belonging, and identity in the recovery process.

The multidimensional characteristic of addiction is an indication that one should not only observe the clinical outcomes but also subjective experiences of those attending rehabilitation. Nonetheless, a large body of existing literature focuses more on biomedical answers than lived experiences, which highlights the necessity of qualitative research that portrays how people perceive and experience their recovery experiences within particular social settings.

Drug Addiction in the Philippines

The problem of drug addiction in the Philippines has been viewed in many different perspectives such as epidemiological, sociocultural, and policy perspectives. The overwhelming impacts of substance abuse on individuals, families, and communities have been reported, and it is crucial to consider combined preventive and treatment plans (Barrido, 2008; Santiago, 2014). Community dynamics, cultural beliefs, and social networks are also important factors in determining drug use and recovery, and how people perceive addiction and rehabilitation (Chen, 2011).

The policy responses to drug addiction have changed in line with the changing priorities of politics. The strengthened anti-drug campaign that began in 2016 has attracted both national and international interest because of the punitive nature and high number of victims who have been involved in the campaign (Ratcliffe, 2020). The use of methamphetamine, or shabu, as it is commonly referred to locally, is the key element of this campaign; however, it is the most commonly used illicit substance in the country (Dangerous Drugs Board, 2015; PDEA, n.d.).

In addition to its epidemiological importance, the emphasis on shabu is also a kind of reflection of the wider sociopolitical discourse that influences how people understand drug users. Stigmatization of people who relate to drug use usually leads to fear, exclusion and increased monitoring on the community level. These conditions affect the choice to give up, attend rehabilitation and become a member of the society. Through these dynamics, it was seen that the problem of drug addiction in the Philippines can not be interpreted only in the light of clinical or legal paradigm but must be placed in the context of broader sociopolitical and cultural factors.

The drug policy environment in the Philippines had a significant influence on the lived experiences of drug surrenderers, especially in the way that they are perceived to be stigmatized, relationships with the community, and safety and support. This context is critical to the understanding of how surrenderers interact with community-based rehabilitation programs and how they make meaning of their recovery processes.

Drug Treatment and Rehabilitation Approaches

The drug treatment programs involve various interventions that involve physical, psychological and social aspects of addiction. Detoxification is generally considered the first step of treatment that aims at addressing the withdrawal symptoms and stabilizing individuals (Smith, 2018; Brown et al., 2017). Nevertheless, the detoxification is not enough to guarantee long-term recovery, as the addiction is a complicated behavioral and psychosocial phenomenon, which needs to be treated with continuous therapeutic intervention.

In the community-based setting, cognitive-behavioral therapy (CBT), motivational interviewing (MI), group therapy, family involvement, and relapse prevention strategies are evidence-based techniques that seem to be especially relevant. CBT is aimed at changing maladaptive thoughts and behavior related to substance use, whereas MI is focused on intrinsic motivation and client-centered involvement into the process of recovery (Magill and Ray, 2009; Miller and Rollnick, 2012). Group and family-based interventions also emphasize the social aspects of recovery and the importance of interpersonal relationships and the community support system.

In addition to formal therapeutic models, aftercare and reintegration support is a key element of sustainable recovery. These are livelihood programs, peer support networks and community engagement programs that respond to the socioeconomic issues that people in recovery experience. These interventions are especially important when it comes to community-based contexts in which rehabilitation is closely connected to the local social fabric.

Although a lot of treatment models have been reported in the literature, there is little study on the accessibility, acceptability and effectiveness of these models in the Philippine community-based rehabilitation programs. This disjuncture highlights the importance of investigating the effects and perception of drug surrenderers towards these interventions in their daily lives.

Experiences of Individuals in Rehabilitation

Research on the process of addiction recovery always emphasizes the emotional and psychological dynamics of addicts in the treatment process. The emotions of shame, hopelessness, frustration, and fear are common in the initial phases of recovery, as they are an expression of the disruptive nature of addiction on the sense of individuality and social connections (Scharff, 2018; Troncale, 2017). Recovery pathways are also complicated by trauma and unresolved emotional conflicts, which may require specific therapeutic interventions (Khantzian, 2013).

When people are going through the rehabilitation, they slowly build up their self-identity, coping mechanisms, and build up quality relationships. It is through this identity construction that phenomenological theories of recovery focus on the subjective meanings of people towards their experiences. Nevertheless, the majority of available literature targets clinical groups in an institutionalized setting as opposed to those undergoing community-based programs.

Qualitative research studies which specifically focus on the drug surrenderers in community based rehabilitation are scanty in the Philippine setting. The current literature is more based on policy outcomes or program effectiveness and not on individual accounts of participants. The stigma attached to the community, family relations, interaction at the barangay level, and livelihood reintegration are issues that are not always addressed despite their importance in influencing the experiences of recovery.

International literature records emotional and psychological issues of recovery, but there is a lack of a study on how drug surrenderers in Philippine community-based programs perceive these issues in terms of stigma and family commitments and relations with communities. This research endeavored to fill this gap by examining their lived experiences in a phenomenological approach.

Community-Based Rehabilitation Programs (CBRP)

Concept and Principles of CBRP

Rehabilitation programs that are community-based are based on the concepts of accessibility, continuity of care, social reintegration, and community involvement (WHO, 2004; UNODC, 2014). In contrast to rehabilitation within institutions, CBRP focused on the least amount of interference with the social networks of the individuals and encourages the role of families and communities in the recovery process. This strategy identified addiction as a multidimensional syndrome that needed integrated actions within the health, social, and community systems.

Core Components of CBRP

CBRP is a process that normally entails a number of aspects that relate to each other, such as assessment and intake, individualized treatment planning, counseling and psychosocial interventions, skills development, relapse prevention, and aftercare support (Pescador, 2018). These components aimed to address both individual and structural factors influencing recovery, such as emotional well-being, family relationships, and socioeconomic stability.

Effectiveness of CBRP in the Philippines

Empirical research in the Philippines proposed that community-based rehabilitation programs will help in the better social functioning, strengthening of family relationships, and the enhancement of community safety. According to Jimenez (2022), participants of a CBRP in Pangasinan found the program to be effective in bringing about the process of rehabilitation and decreasing stigma. Pescador (2018) also discovered that community-based interventions had a positive impact on attitudes, behavior, and social integration of participants.

Implementation Challenges and Gaps

Despite positive outcomes, CBRP implementation faces several challenges, including limited resources, inadequate training of implementers, persistent stigma, and varying levels of community support. Resistance to

certain therapeutic approaches and difficulties in sustaining participant motivation further complicate program delivery. These barriers highlight the need for context-sensitive strategies that align evidence-based practices with local realities.

While existing studies demonstrated the potential of community-based rehabilitation programs, they often focused on program evaluation rather than participants' subjective experiences. There remains a significant gap in understanding how drug surrenderers perceive, negotiate, and make meaning of their participation in CBRP. This study addresses this gap by examining their lived experiences within a specific community context.

Alignment with RVM Pedagogical Perspectives

The paper compliments the pedagogical and institutional orientations of the graduate school by prioritizing community engagement values, individual responsibility values, and social change values. Through the lived experiences of drug surrenderers, the research will help gain a deeper insight into how rehabilitation programs can lead to behavioral change, moral, social, and spiritual growth within the community context.

CBRP implementation has a number of challenges despite positive results, such as limited resources, lack of training of implementers, stigma that persists, as well as different community levels of support. The unwillingness to undergo some treatment methods and challenges in maintaining the motivation of participants also complicate the delivery of the programs. These obstacles point to the necessity of local-specific strategies that would allow matching evidence-based practices with local realities.

Although the literature shows the effectiveness of community-based rehabilitation programs, it was mostly dedicated to the evaluation of the program and did not pay much attention to the subjective experiences of participants. The gap in the knowledge of drug surrenderers about how they experience, negotiate and construct meaning about their involvement in CBRP is still huge. This paper is an attempt to fill this gap by looking at their experiences in life within a particular community setting.

Alignment of the Study to the Graduate School Research Agenda

This paper concerns itself with the description of drug surrenderers within a community-based rehab program and exploring the experiences of drug surrenderers. It suits the future research that Lourdes College is about to carry out, which is the construction of the communities and collaboration with social workers. The graduate school notices the larger issues in the country and would like to assist in correcting them such as addressing the drug issues. This work attempts to arrive at a solution to what hardships these people go through.

The findings may actually assist Lourdes College and even the entire nation to progress. It comes up with better ideas on how policies could be improved and how it could assist in drug rehab by putting itself into the experiences that these participants may face and the challenges they may face ahead. That knowledge might result in wiser approaches toward treatment and reintegration in society. I believe that is one of the reasons why it is worth doing.

In the literature, addiction entails a lot, such as brain stuff, psychology, social stuff and even politics. They write about treatments and community programs in other locations and at this location in the Philippines but not much in how drug surrenderers experience it here in our locality. The latter gaps are reasonable in the sense that a phenomenological study is required, which explores the way they experience and perceive the rehab process.

SUMMARY

The literature reviewed shows that addiction is a complex phenomenon that is influenced by neurobiological, psychological, social, and political factors. Although there are international and domestic studies that offer information about treatment methods and community-based rehabilitation, little has been done on subjective experiences of drug surrenderers in Philippine contexts. The outlined gaps in the current literature support the necessity of the phenomenological investigation of the way people experience, perceive, and find their way through the community-based rehabilitation programs.

METHODOLOGY

This chapter presents the methodological framework of the study, detailing the research design, setting, participants and sampling procedures, recruitment process, data collection methods, data management, phenomenological data analysis, and strategies to ensure trustworthiness and ethical integrity. Guided by a qualitative descriptive phenomenological approach, the study aimed to capture the lived experiences of drug surrenderers participating in a community-based rehabilitation program (CBRP) in one of the cities in Misamis Oriental.

Qualitative Research

Qualitative research was found as an effective method in investigating the problem of the real world, as it does not just use numerical data points but gets into the details of the phenomena (Tenny et al., 2022; Merriam and Tisdell, 2016). It aims at acquiring a holistic view of subjective experiences, meanings, and views so that researchers can make profound descriptions and insights (Merriam and Tisdell, 2016). Qualitative researches reveal subtle information that might be missed by quantitative methods through the use of interviews, observations, and text or visual data analysis, which led to a better understanding of the phenomenon in question (Tenny et al., 2022).

Furthermore, qualitative research plays a crucial role in hypothesis generation and further exploration of research issues (Patton, 2015). It supports the new worldviews and creation of theoretical frameworks, broadening the body of existing knowledge and promoting the scholarly discussion (Patton, 2015). Being context-oriented and considering that human experiences are shaped by social, cultural, and historical contexts, qualitative research considers the effect of social, cultural, and historical factors on the individuals and their behavior, thus, offering a holistic view of the phenomenon of interest (Denzin and Lincoln, 2018). It acknowledges the significance of various perspectives and provides the participants with a chance to share their lived experiences, increasing the validity and depth of the results (Tenny et al., 2022; Denzin and Lincoln, 2018).

Nonetheless, it is imperative to mention that qualitative research is limited in nature. Results of qualitative research are usually contextual and are not easily applicable to larger groups of people (Creswell, 2014). Qualitative research also has smaller sample sizes, which are more focused on in-depth exploration than statistical representativeness (Creswell, 2014). Thus, one should be careful in interpreting the results and drawing overall conclusions.

Phenomenological Research Design

This study adopted a qualitative research design to explore how drug surrenderers interpret and make meaning of their experiences of surrender, rehabilitation, stigma, and reintegration within a community-based context. Qualitative inquiry is appropriate because it prioritizes participants' subjective realities and contextual meanings rather than measuring predetermined variables or testing hypotheses (Creswell & Poth, 2017; Merriam & Tisdell, 2016).

Specifically, the study employed Transcendental Phenomenological design based on the philosophical foundations of Husserl and the methodological procedures articulated by Moustakas (1994). Phenomenology seeks to describe the essence of a phenomenon by examining how it is experienced by individuals in their everyday lives. In this study, the phenomenon under investigation is the lived experience of drug surrenderers undergoing community-based rehabilitation, encompassing their perceptions, emotions, motivations, challenges, coping strategies, and social interactions within the program and the broader community.

A phenomenological approach is particularly suitable for this research because it allows for an in-depth exploration of meanings attached to surrender, recovery, stigma, and reintegration, dimensions that cannot be adequately captured through quantitative measures. Compared with other qualitative approaches such as grounded theory, narrative inquiry, or case study, phenomenology is most aligned with the study's objective of describing and synthesizing the essential structures of participants' experiences rather than generating theory or constructing individual life stories.

Research Setting

The study was conducted in a city in Misamis Oriental, Philippines. The city has implemented a Community-Based Rehabilitation Program (CBRP) in partnership with 15 barangays. The program is coordinated by the local government unit through relevant offices such as the City Social Welfare and Development Office (CSWDO) and the City Anti-Drug Abuse Council (CADAC), in collaboration with barangay officials and other partner agencies.

The focus of the study is on participants belonging to the first batch of the CBRP implemented in 2017 specifically in three selected barangays of the city. These barangays were selected because they represent the initial implementation phase of the program, allowing participants to reflect on their experiences across different stages of rehabilitation and reintegration.

The CBRP generally includes orientation sessions, counseling, group activities, skills development initiatives, and community-based support mechanisms. Participants in this study are former or continuing program beneficiaries who have completed or substantially engaged in the rehabilitation process. Considering the time gap between program participation and the interviews, the study acknowledged the possibility of recall bias and addresses it through probing questions and triangulation with contextual information.

Participants and Sampling Procedure

Sampling Strategy

The participants were chosen on the basis of purposive sampling technique which is popular in phenomenological research where the researcher would choose participants that have a first hand experience with the phenomenon being studied. The sampling method was to ensure that there is a variety of views and yet the depth of inquiry is achieved.

The following criteria were observed in choosing the participants. They should 1) have voluntarily surrendered and joined the community-based rehabilitation program; 2) have undergone the program at least three months; 3) be adults (18 years old and above); and 4) willing and able to express themselves in interviews.

The individuals were excluded when they: 1. had severe cognitive impairment, or active psychotic symptoms that might impede meaningful participation; 2. had been under the influence of substances during the interview process; 3. were minors. The study was aimed at ten (10) participants in line with the phenomenological research practices.

Sampling Procedure

Potential participants were identified with the assistance of CSWDO personnel, who provided an initial list of eligible individuals. Invitations to participate were extended privately by the researcher to avoid coercion and power imbalances. Participants were informed that their involvement was entirely voluntary and that their decision to participate or decline would not affect their access to program services or benefits.

Data Collection

Semi-structured, in-depth interviews were the major means of data collection. The individual interviews took about 45 to 90 minutes, and were held in a neutral and private place to guarantee confidentiality and comfort of participants. The interviews were done in the Cebuano or Filipino language, as preferred by the participants, and recorded in audio with informed consent.

The interview guide was created according to the research objectives and literature. All interviews were verbatim transcribed. Information that could be identified was deleted in the process of transcription, and the participants were given pseudonyms or codes. Transcripts and audio files were kept in digital folders that were password-secured and could only be accessed by the researcher.

To promote trust and reduce re-traumatization, the researcher used a trauma-informed interviewing method, which focused on empathy, respect, and autonomy of the participants during data collection.

Data Analysis

Data analysis followed Moustakas' (1994) adaptation of the Van Kaam method, implemented through the following steps:

Familiarization and Transcription. Interview recordings were transcribed verbatim, and transcripts were repeatedly read to achieve immersion in the data. **Epoché / Bracketing.** The researcher maintained a reflexive journal to identify and set aside personal assumptions and biases.

Horizonalization. Significant statements relevant to the phenomenon were identified and treated with equal value.

Reduction and Clustering of Meaning Units. Statements were grouped into meaning units and clustered into emerging themes.

Theme Development. Core themes representing shared patterns across participants' experiences were generated and refined.

Textural Descriptions. Descriptions of what participants experienced were constructed using verbatim excerpts from interviews.

Structural Descriptions. Descriptions of how participants experienced the phenomenon within social, cultural, and contextual conditions were developed. **Essence Synthesis.** Textural and structural descriptions were integrated to articulate the essential meaning of the lived experience of drug surrenderers in the CBRP.

Trustworthiness

In order to make the study rigorous and credible, the researcher implemented the criteria of trustworthiness suggested by Lincoln and Guba (1985) i.e., the criteria of credibility, dependability, confirmability and transferability. The conduct of the research was conducted in the following strategies:

Credibility

Some level of credibility was achieved by further interaction with the subjects. The five (5) participants were interviewed over a period of six months and five days to enable in-depth insight into their lives. The interviews took about 90 minutes each participant per session to capture detailed data but not to lose concentration of the participants.

Interviews were taped with the consent of the participants, making sure that the responses were transcribed accurately. The audio recordings were transcribed verbatim to preserve the exact wording and tone of the participants and prevent misinterpretation. Questions were probed to explain the responses and to elaborate on the emergent themes. Moreover, [academic advisers/colleagues] were also peer debriefed to discuss the coding and emergent interpretations of the researcher.

Member validation was also used to enhance credibility whereby the participants were invited to go through the initial findings and interpretations to make sure that the conclusions of the researcher were not against the lived experiences of the participants.

Dependability

To achieve reliability, the researcher employed a consistent semi-structured interview guide, that was used on all the participants in the study. The guide provided flexibility as it was uniform yet provided flexibility for follow-up questions depending on the specific answers of the participants.

The researcher ensured that there was a record of the audit trail where he recorded the major decisions taken during the research process. This involves the reasoning of modifications to the interview questions, coding methods, and development of themes. The purpose of these records was to give transparency and also to enable external review of the research process.

Confirmability

Confirmability was achieved by using reflexive journal, which was kept by the researcher during the study. Personal reflections, biases and assumptions that could have affected the interpretation of the data were recorded in the journal. This enabled the researcher to bracket his own views and have the findings based on the data that the participants provided.

Raw data (audio recordings, interview transcripts and field notes) were safely locked up in the event of future review. Analytic memos were also maintained by the researcher in order to record insights during data analysis. These helped in supporting the validity of findings as well as transparency of the process of data analysis.

Transferability

The issue of transferability was taken care of by giving thick descriptions of the research context, participants and data collection processes. Such descriptions covered the demographic nature of the participants, the environment under which the interviews were conducted and the methods of conducting interviews. With such detailed descriptions, the researcher allowed the readers to determine whether the results can be generalized to other settings or groups.

Epoche

I have been working at the Local Government Unit (LGU) of El Salvador City in the Philippines, in the City Social Welfare Development department. Since my joining at the LGU in 2012, I have been able to participate in different programs and initiatives that will empower and help the members of our community. My experience at the LGU started with my skillful involvement in the PAG-ASA youth association of El Salvador Chapter. I was happy to have been involved with young people and offer a training on skills and advice on how to acquire National Certification 2. Over the years, I have had the privilege of working on different projects. The role has been varied and significant, since I assist people in crisis situations, and the solo parent program, and I also work with the Pantawid Pamilya Pilipino Program as the LGU LINK. Through these experiences, I was able to relate more with the community and respond to their needs with sympathy and compassion. My roles have been varied, but now I am concerned with the AICS-MEDS assistance, burial support, Balik Probinsya Program, and educational assistance. These programs have given me the opportunity to extend a helping hand to those who are in need and make a positive effect in their lives. Being a part of the LGU has been a fulfilling journey. I am inspired to work towards the improvement of our community and add to the improved future of the El Salvador City people every day. The opportunity to serve individuals and families who need our support and help is something I am thankful of.

Ethical Considerations

The researcher obtained ethical clearance from approval from the Lourdes College Research Ethics Committee (LCREC) and followed the set of ethical standards of the social science research. The ethical issues that were discussed during the course of this study were of great importance since the drug surrenderers are a vulnerable population. All participants signed informed consent, and the purpose of the study, procedures, risks, and benefits were explained.

Participation was optional and participants could drop out at any time without any repercussions. Pseudonyms were employed to ensure confidentiality and transcripts were cleared of all personal information. All data were safely stored and will be stored for a certain duration after which they will be destroyed. Only the researcher has access to data.

In order to overcome possible emotional distress, interviews were held with tact and the participants were made aware of the fact that they could take a break in the interview or even end the interview anytime. In case of distress, the referrals to relevant support services, via CSWDO, were ready.

FINDINGS AND DISCUSSION

The chapter displays the operational data collection, the operational data analysis, the profile of the participants, and displays the findings of the study. The study explored the lived experience of drug surrenderers in terms of their active participation in the community-based rehabilitation program. The study analysis and data collection were done using the phenomenological methodology. The outcomes of the study are the shared lived experience of the phenomenon by the participants who are drug surrenderers and took part in the community-based rehabilitation program.

Profile of the Participants

There were five drug surrenderers who took part in the in-depth interview. All participants underwent three separate sets of interviews.

Name	Age	Barangay	Sex	Civil Status
Tantan	30	Sinaloc	Male (LGBT)	Single
Mel	45	Poblacion	Male	Married
Borjie	28	Molugan	Male (LGBT)	Single
Roel	54	Linabu	Male	Married
James	28	Sinaloc	Male	Single

The first respondent is a male aged 30 years old, is single and employed. He has two degrees in college, pursuing his Master's degree in Human Resource Management. He was a shabu (drug) user, and a graduate of the Community Based Rehabilitation Program.

The second interviewee is a 45-year-old male, a father, who is currently working with a job order in a Local Government Unit. He is running a small business as a sideline. He was an ex-convict, a drug user and seller.

The third interviewee is a 54 years old male, and a father. He is now working with a job order in a Local Government Unit. He was an ex-convict and a drug addict.

The fourth participant is a male, 28 years of age, single and a graduate of Bachelor of Science in Information Technology. He is currently working as a Virtual Assistant online and was a drug user.

The fifth interviewee is a 28-year-old male, who currently has a sideline job as a delivery rider, a college graduate in a Community College and a drug user.

Operational Data Collection

During the first interview, I experienced problems and fear of finding their houses because of lack of familiarity with the areas they live in. I was unsure of the type of personalities I would meet. Participants were introduced to the study, provided with informed consent forms, and given the choice of using aliases. Establishing rapport was an agendum, and participants exchanged their experiences in the rehabilitation program, how they were chosen as drug surrenderers, their motivations, observations, struggles, coping mechanisms, and support systems. Other sessions lasted longer or shorter than anticipated and follow up interviews were scheduled when necessary. Time limitations were also an issue as interviews needed to be arranged according to work and family schedules and usually on weekends or evenings. The recorded interviews were transcribed by listening to the records multiple times to observe accuracy in the records and the researcher consulted mentors and classmates about the subsequent steps including the coding process.

Operational Data Analysis

On the first day, I was in the graduate laboratory, but I was late due to work and traffic and the research head assisted me by advising me to highlight common statements of the participants in order to make the coding process easier. I struggled initially to develop clean and meaningful codes of significant statements when I started using HyperResearch software, and needed to do a few corrections and adjustments. As I read further I narrowed down to statements that answered my research questions. The lab was busy so I was unable to complete coding in three days so I carried on with it between 5:00 p.m. and 8:00 p.m.

Flooding and heavy rain in Cagayan de Oro City led to cancellation of some of the sessions. Two weeks of work and assistance of the research head, my mentor, and my adviser helped me to complete all the codes and to classify them into categories. During the final day in the lab, I checked the outcomes and was really satisfied as I understood how much effort the team worked on the research. Viewing the final themes, which fulfilled my research questions, made me feel a big accomplishment and gratitude to all those who helped in the process, the participants, the social worker, and my mentors in the graduate school. Such themes demonstrated not only the outcomes of thorough analysis, but also patience, persistence, and collaboration that enabled the study to be conducted.

Presentation of the Findings

This section presents the answers to the overarching question of the study: What insights can be obtained from their lived experiences and how will lived experiences be reflective of the efficacy of the program providing potential improvement? Answers to the research questions are arranged by theme. Under each theme are categories and codes.

Table 1 Themes Book

Themes	Categories	Sample Codes	Significant Statements
MEANING-MAKING AND PERSONAL TRANSFORMATION	1. Awakening	- wake-up call -Path for Change - 2 nd Chance	<p>“maynalang ako tungod sa pagkurat sako sa CBRP ahhh mura kog kanang na-alimukawan ba nga layo naman diay kayo kog na-abtan sa bawal na gamot (laughed)”. (<i>It’s a good thing for me that because I got startled by the program’s surrenderers list I was like woken up to the truth that my addiction of drugs went too far</i>) (Transcript No.2, Participant-5, Page 47).</p> <p>“Bale ga-lecture ba, moy maghatag sa imoag dalan og hayag pero sa atoa sir og mag-usab bag dili(smile)”. (<i>the lectures gives path and light but ourselves with decide if we will change or not</i>) (Transcript No. 2, Participant3, Page28).</p> <p>“Usa pa, wala man mi pa adtoa para pa intereson didto or kanang pa ganahan, gipa-adto mi para tagaag 2nd chance, ka yahay bag kami pay agdon og ganahan ba mis programa (frowned)”. (<i>besides we were not invited to be entertained and to be made interested, we were invited to be given a second chance</i>) (Transcript No. 2, Participant 5, Page46).</p>
	2. Immediate effect	-Hesitant upon notice -Minimized peer communication	<p>“tapos mao to, sa pagkabalo nako sa year 2021 hesitant pa gyud ko nga mo mo ano mo undergo kay labi na nakabalo na labi na nakabalo na ang mga silingan so mura nakog ga baklay nga walay ulo sa amoa. Tapos kuan siya sir kana bitawng di nako ganahag gawas inana ba. Mao nang ano, out of pressure pod seguro og will nga gusto nako na ma undang siya, year 2022 dayon ko nag undego og 1-month nga CBRP”. (<i>When I was informed last 2021, I was hesitant to undergo the program especially that the information leaked in my neighborhood I was like</i></p>

			<p>walking with shame and I don't like to be outside the house. So, because of pressure and willingness to end it all year 2022, I decided to undergo CBRP) (Transcript1, Participant4, page-48).</p> <p>“Kay after nako nadawat ang letter gi-undang man gyud ko ditso”. (After, I received the letter I immediately stopped) (Transcript 2, Participant5, page-48).</p> <p>“ma-contact nako sakong mga barkada, ako silang giputol, gi minus-minusan gyud nako akong mga pagkuan, dili nako gagawas sa balay”. (I minimized my contact with peer influence) (transcript No.1, Participant5, Page 64).</p>
	3. Reflections on Recovery	<ul style="list-style-type: none"> -Depends on person -Determination -Change is choice 	<p>“Pero ambot sa tao, sa tao raman gyud na, unsay isaad niyas sa kaugalingon og mag bag-o siyag dili”. (I don't know with the person, it only depends on the person on what will he promise himself if he will change or not) (Transcript 2, Participant3 page-28).</p> <p>“Desidido gyud ka mag bag-o”. (a person should be determined to change) (transcript No. 1, Participant2, Page 17).</p> <p>“Then choice sa tao ba, so dili siya madala og thinking bitaw nga depende ra na sa inyo kung gusto mo-change” (it's the person's choice, it depends on them if they want to change) (Transcript No. 3, Participant3, Page 24).</p>
	4. Gratitude towards program	<ul style="list-style-type: none"> -Thankful of program -Appreciate lectures -Government initiative 	<p>“To be honest, after—after sa ano, after sa CBRP, wala na gyud sir uhmm ang ako lang ma-ingon kay thankful kayko sir sa program kay kung wala ang program, walay avenue nga ma-change ko”. (to be honest after the program, I did not relapse, all I can say is I am very thankful of the program because without the program I had no avenue to change myself) (Transcript 3, Participant4, page-23).</p> <p>“Pero ang CBRP, gwapo gyapon kay og ikaw maminaw ka sa pulong sa mga lecture-lecture”. (its was good if you will listen to the lectures) (Transcript No. 1, Participant4, Page 32).</p> <p>“Initiative, naa silay initiative sir ba nga mag-mag create og ing-ani nga program bitaw, for those ano kanang mga paryas sa 'koa nga ga gamit sa ana bitaw.” (the government had initiative to creat a program like this for us drug users) (Transcript No. 2, Participant3, Page 43).</p>
	5. Motives	<ul style="list-style-type: none"> -deletion of names -fear of program -parent's anger 	<p>“Nahadlok kog unsaon ko sir kay lain ko nga tao ba, advance mag isip (laughed) dayon dili mi daw ma-erase amo ngalan og dili mi mag CBRP or kung dili mi matiwas</p>

			<p>ana nga program.” <i>(I was afraid of what will happen to me because im the kind of person who thinks in advance also it was said that our names will not be deleted from the list if we will not complete the program).</i></p> <p>“maong naka-desisyon gyud ko og apil sa ako mama nga pangasaba maong naka uhhh decide ko ba nga, mudayon og tambong sa CBRP.” <i>(that’s why I decided to continue joining the program including the anger of my mother influenced me to push through with the program)</i> (Transcript 2, Participant5, page-46).</p>
EXTERNAL SUPPORT AND IMPROVE-MENT NEEDS	6. Support from social workers	-Active social workers -Facilitators -Social worker involvement	<p>“Sa kuan sir sa akong madumduman kay kuan sir, sila ang ga-facilitate sa lecture samoa sa CBRP.” <i>(As I can remember sir, they were the once who facilitates lectures for us in CBRP)</i> (Transcript 2, Participant4, page 36).</p> <p>“Ahhh kuan, naa man sila permi tawag nila sa amoa igsoon, kami pod kapwa sa CBRP igsoon napod tawagan.” <i>(Uhm, they are always present and they call us brother as well as we participants call each other as brother).</i></p> <p>“Naa man to silay mga topic, mga illegal drugs manto, mao pod to katong ilang gipatawag mga asawa or isa sa pamilya para maminaw.” <i>(they have topics such as illegal drugs and invited the spouses of all participants or any from the family to attend)</i> (Transcript 2, Participant5, page 48).</p>
	7. support from law enforcement	-Police reminders -Led exercises -monitoring	<p>“And then sa PNP pud naa siyay mga seminar pud regarding on sa... sa unsa ang mga violation sa mga, og madakpan gyud ka, I mean madakpan gyud ka nga gadala ka og drugs murag naa silay, naa silay ge introduce sa amoa, if ever daw nga paghuman sa program makita gyapon me nila nga nag gamit or ga baligya ug drugs.” <i>(And then PNP they conducted seminars regarding violations on being caught in illegal possession of illegal drugs they introduced that to us and if ever after program if they will catch us still using illegal drugs)</i> (Transcript 2, Participant1, page 2).</p> <p>“tapos ang mag lead sa exercise is kuan taga PNP.” <i>(PNP led morning exercises)</i> (Transcript No.2, Participant1, Page 6).</p> <p>“Sa list sa PDEA and then kuan uhhh nag stop gyud ko kay naa may—daan naman nag ingon didto nga CIDG nga naa gyud silay after ana nga program is under monitoring mi ang then surveillance kung baga ano siya ahhh kanang probationary murag probationary ba.” <i>(in PDEA list, I really stopped because it was said that CIDG will monitor us as if we are on probation)</i> (Transcript No. 2, Participant1, Page2)</p>
	8. Support of Religious groups	-Ex-convict pastors -Bible sharing	<p>“Kanang mga pastor diha grabe pod nag kaagi, mga adik og na priso pod na sila sauna. Maka-inspire sila sa uban ba.” <i>(The pastors also had terrible experiences; they were</i></p>

		<p>-Lectures about God</p>	<p><i>also drug addicts and ex-convicts before. They can really inspire others</i>) (Transcript1, Participant2, page-28). <i>“Dayn isa pod sa kuan sir kay kaning-kanang kato sa mga bible sharing bitaw sa kuan sir sa CBRP?”(also there is bible sharing in CBRP) (Transcript No.2, Participant3, Page 39).</i> <i>“Maigo gyud sila og pulong sa Ginoo tandog sila.” (they will be struct or touched by words of God) (Transcript No. 3, Participant2, Page 8).</i></p>
	<p>9. Provisions and Helpful informations</p>	<p>-Effects ofHarmful chemicals -Illegal drugs seminar -Open forum (sharing of experiences about drug use)</p>	<p><i>“Og mga, kanang mga kuan mga storya unsay mga chemicals gipang-sagol ana murag hinadlok ra ba.” (talks about chemicals that are mixed to scare us).</i> <i>“Ohhh nga grabe, grabe mga sagol mga albatross, Mga gisyuyop nimo albatross (smiled). Maka-daot gyud og mao gyoy kasagara ga e-ingon nga di gyud maayo nya imong utok basta ning shabu ayy, kaning mga cells gyud mga mao nay akong nakuanan. Kaning mangamatay, mao na bitawng mag-loading kunog ayo.” (Yes, harmful chemicals like albatross, that we inhaled albatross. Really harmful as they said especially your brain cells will be damaged, that’s why sometimes comprehension is really slow) (Transcript 1, Participant2, page 17).</i> <i>“Kuan, kuan, naghatag og kuan, naghatag silag mga kuan ayy katong gi-ingon nako saimo sa mag-estorya kas tunga, unsa imong—unsay imong kuan duna bakay nahibaw-an about sa imong kuan – sa imong kuan, imong nakuan ba murag behavior ba nga murag ga-drama ba” (sir just like what I told you that we were asked to talk in front and share about our experiences) (Transcript No.1, Participant4, Page 39).</i></p>
	<p>10. Presence of Social support</p>	<p>-Barangay council -Family and friends -Monitoring after rehabilitation -Respectful community</p>	<p><i>“And... while working nagkuha napod dayon ko, kani nagkuha dayon ko og kanang masteral sa Liceo, dayon kanang balik dayon ug dula-dula.</i> <i>And kanang tawag ani uhmmm... kanang (paused) dula-dula and then, gapang-ga balik kog sabay-sabay sakong mga workmates, uban ko sa ilaang mga trekking. Nature, basta kay ma kuan lang, say tawag ana? Maka likay!</i> <i>“(And while working I took Master’s degree at Liceo and then played again(volleyball) and then what do you call this? Playing and go with my workmates and go Mountain trekking with them. Nature, as long as to divert) (Transcript 2, Participant1, page 4).</i></p> <p><i>“Kada session namo every morning naa ang barangay... mga taga barangay sila poy mag provide sa pamainit ana snacks... tapos ang mag lead sa exercise is kuan taga PNP.” (Every morning session the members of barangay council and barangay workers are always present providing snacks and early meals and PNP leads morning exercises) (Transcript 2, Participant1, page 6).</i></p> <p><i>“Mmm... (paused) wala naman kay og kuan sa surroundings diani di man pod sila ga kuan, di naman, dili sa ingon nga wala silay pakialam but ahhh... in respect nalang sa kuan ba, sa akoo. “(my neighbors have no reactions but it doesn’t mean that they don’t care but to show respect) (Transcript 2, Participant1, page 7).</i></p>

	<p>11. Observed half-hearted participants</p>	<p>-Others avoided drug test -Others ignore program -Noticed non-serious participants</p>	<p>“Pero surprise, pag tan-aw nila nga manira na ahh pa-ideya nag pangihi ang uban di nana mamalik.” (<i>But surprise, if they noticed that the doors are closing some of them pretends and makes excuses to go to the comfort room but never came back</i>) (Transcript 2, Participant2, page 20).</p> <p>“Ohhh kay nay uban ikapila na gi kuhit sa panahon, sa ginoo kuan wa gyapon! Sigeg balik balik.” (<i>others no matter how many times their attention was called, they still ignored</i>) (Transacript No. 3, Participant 5, Page 29).</p> <p>Kasagara ang uban, wa naman gud na rag dula dula ra ang uban (<i>others were not serious and seems to be just playing</i>) (Transcript No.2, Participant2, Page 22).</p>
	<p>12. Identities made public (as a structural or systematic concern affecting their participation)</p>	<p>-Ashamed of uniform -Leaked identities -Attending is shameful</p>	<p>“Kada attend gyud sir challenge kay kuan, sa ako gi-ingon pa, ulaw gyud kada mo-attend ko gaka-conscious ko ba sa palibot. Agwanta lang, usahay magbalon kog t-shirt pang ilis inig human CBRP.” (<i>Every time I attended sir was a challenge because as I said I felt ashamed every time I attend, I was getting self-conscious due to my surroundings. Just endured, sometimes I brought extra shirt to change every after a whole day session</i>) (Transcript 2, Participant5, page 47).</p> <p>“Unya kuan kaning mao to siya sa 2021 nako siya nahibal-an tapos pagkabalo pod nako kay nakabalo man pod ang akong mama og papa tapos apil nang silingan nga kanang kalat kalat na unya akong mga relatives sa gawas nakabalo na unya ang dungog samong pamilya, ing-ana labi na kay nasagulan kay nag eskwela ko gikan sa murag dili man sa ingon nga sikat nga skwelahan sa kuan Cagayan pero lain siya nga-lain siya nga dungog ba.” (<i>In 2021 upon notice of the letter and list my parents already knew about it and followed by the neighbors as well as my family abroad. The information leaked especially that I’m still going to school and the reputation of my family it was a bad reputation</i>) (Transcript 1, Participant4, Page-48).</p>
<p>PERSONAL AND SOCIAL BARRIERS</p>	<p>13. Social Stigma</p>	<p>-Ashamed of family and community -Public shame -Neighbors gossip</p>	<p>“Uhhh (looking above) una sa ako gyong mama og mga igsoon nya daghan kayo nakabalo nga silingan, murag ambot og huna-huna raba nako pero lain nag tinan-awan sako ang palibot.” (<i>Uhhh, first of all to my mother and siblings, many of my neighbors knew, I don’t know if its just me thinking about it but the people surrounds me looked at me differently</i>) (Transcript 2, Participant 5, page 46).</p> <p>“Yes sir, makita gyud siya sir, then mao na siyang reason sir mao nang challenges actually sir nga gaka face, kana bitawng mo-attend sa sa CBRP kay kanang, kung mo apil man gyud kag CBRP sir kay normal naa gyud miy ginasuot gyud nga uniform nga puti” (<i>yes sir, we are very visible in public and then attending is really challenging due to white uniform</i>) (Transcript No. 1, Participant3, Page 53).</p> <p>“Ma-ilhan rako sir ba unya kana dayong ang mga estorya man gud nga mag dagan kay “Uy anak mani ni kuan oh” (<i>im easy to recognize, also the gossip thats been passed</i>)</p>

			<p><i>like being identified whos son am i</i>) (Transcript No. 1, Participant3, Page53).</p>
	14. Family-based challenges	<ul style="list-style-type: none"> -Family disappointment -Silent treatment of family -Challenged relationships 	<p>“Sa tinood lang gyud sir kay sakong mama palang daan kay naghilak siya sir ahhh suko kay gi-matod pa niya gihatag lagi daw niya ang iyang role para as pagka-inahan. <i>(sad expression)</i> Asa lagi daw siya nag kulang kay nganong mo tolibagbag(<i>pariwar</i>a) kog dalan daw kuno. Nya sakong papa sir di gyud nato malikayan nga mas masuko siya kay akong papa tarong man.” <i>(The truth sir is my mother cried and got mad because according to her she gave me everything and did her role as a mother. Where did she fell short that I strayed from the right path. And to my father sir his anger was inevitable because my father is a righteous man)</i> (transcript 1, Participant4, page 48).</p> <p>“Kuan sir, kanang wa pagyud nay—kanang gina-ingon Nakong ang rason nga kuan ‘say tawag ana ha, ‘di nako gusto madapatan balik.”</p> <p>“Tapos kuan pod kanang gusto pod nako nga mabalik ang pag salig ni mama og papa sa ‘koa.” <i>(Uhhh sir, as I’ve said the reason was, what do you call this? I don’t want to be beaten up again. And also, I would like to regain the trust of my mother and father)</i> (Transcript 2, Participant 4, page 39).</p>
	15. Other vices	<ul style="list-style-type: none"> -Alcohol consumption -Alcohol temptation -Cigarette smoking 	<p>“Ako nang gi huna-huna daan og unsay dawbeg maka ana inom paghuman gi advance nako ba ako nang gi-unsay mahitabo (smiling). Murag akong huna-huna, ma kuan napod ko ani. Ohh, ma murag akong huna-huna, maka tilaw man gani ko na malo-malolong napod ko ani.” <i>(I was thinking in advance, what if I drunk alcohol what will happen after. In my mind id be addicted again. Yes, in the back of my mind if id be able to taste again id be addicted again)</i> (transcript 2, Participant2, page 11).</p> <p>“Ohh kay kaysa silay mahimo magtagay inom, inom ra dayon, Ahh, diha na magsugod.” <i>(drinking alcohol with friends can start other vices)</i> (Transcript No. 3, Participant 2, Page 8).</p>
	16. Danger of too much freedom	<ul style="list-style-type: none"> -Absence of parents -Carefree participants -Freedom after activity 	<p>“Ay after sa program kuan sir after sa kuan session kay mo uli nami sir, pwede makagawas so bale, na free mi sa among pang buhaton.” <i>(After the program sir, after session we all go home, we can go outside and free to do anything)</i> (Transcript 1, Participant 4, page 52).</p> <p>“Maotong naka-offer ko samong balay sir kay tungod mu man lagi sir broken family, wala akong mama, wala akong papa. So, free kayko always sa among balay nga maski unsa oras mo-uli.” <i>(that’s why I was able to offer my house sir because, I have a broken family my mother and father are not at home. So, I am free always in my house and to go home anytime I want)</i> (Transcript 1, Participant 5, page 60).</p>

			<p>“Mura bitawg nay uban gani diha binata Seguro” (<i>other participants are immature</i>) (Transcript No. 3, Participant 2, Page 31).</p>
	17. Program observations	<p>-Difficult livelihood requirements -Spouses were invited -Program not enforced</p>	<p>“Kadtong murag, kato sigurong kuan pag hatag unta sa amoa ug livelihood program para murag kuan siya uhmm murag form of coping mechanism?” (<i>that which seems, maybe like supposedly the program will give us a livelihood program for maybe a form of coping mechanism?</i>) “So, gitagaan, tagaan unta me nila ug, unta kay wala man gud namo na, nganong unta kay wala man gud namo nabuhat ang, taas pud tong process like, unsa na? kanang... kato mga by laws katong maghimo bitawng kuan before me tagaan ug budget para sa kung unsaon namo pag start sa among livelihood.”</p>
			<p>(<i>so the program supposedly would give us budget for livelihood program but we were not able to avail the livelihood program due to a long process such as coming up with bi-laws, and we need to do something more before they will give us budget for the said livelihood program.</i>) (Transcript 1, Participant 1, page 3). “Dili kaayo hugot ilang kuan, pero ilang drug test kay mga pulis gyuy mag (paused).” (<i>program was not that strict but drug tests are conducted by PNP</i>) (Transcript No. 2, Participant 2, Page21)</p>
	18. Reasons of Addiction	<p>-Curiosity is -Addiction enjoyment -Peer influence</p>	<p>“so sa akong panagtapok gyud sir sa among mga barkada sir didto gyud naka-influence na sir nga nakagamit gyud kog ing-ana kay sa among tapok kay naa man gyud poy user ato sir ba then ahh na-topic rapod namo nga ing-ana, unsaon paggamit, kung unsay epekto ing ana sir so, mo dayn to nga hantod nga na-inganyo pod tong mga kauban pod nako nga mga first timer murag naka-offer pod mi nga ma, ana, mo-take sir, mugamit na.” (<i>so when me and my friends are together one of us was a drug user and as we go along with our chit chat, drug use became the topic on how to use and the effects of it, and so me and my friends who are first timers got curious and was persuaded to try and offered to try the substance</i>) (Transcript 1, Participant 5, page 59-60). “Ahh, honestly speaking ahh purely enjoyment gyud sir.” (<i>honestly addiction is purely for enjoyment</i>) (Transcript No. 2, Participant 3, Page 35) “Og naay mang-hanggat labi nag naay occasion ahhh!! Ma-excite ko perog wala, wala sad ko kay ako sukad-sukad wala ko nag-una unag hanggat, kaning kani ra akong mga barkada man gud” (<i>if someone will invite</i>)</p>

			<i>specially on occasions it gets exciting, but if none then be it because I never initiated first)</i> (Transcript No. 3, Participant 5, Page 24)
Strengthening Management and Recovery	Self- and	19. Personal resilience	-Self-discipline -Mental toughness -Self-perception
		20. Program influence	-Constant reminders -Positive advices -Police reliance
		21. Healthier environment	-Establishing New Networks -disengaging from contacts -Redirecting focus

	22. Religious Influence (as a coping anchor)	<ul style="list-style-type: none"> - Bible learnings - Prayer - Religious facilitator 	<p>“Spiritual ra gyud siguro, Naa, naay mga bibliya nga mga kuan. Dili lang kay ingon nga religion kana sa kuan gyud pang, pang Ginoo gyud kanang mga estorya. Iyang mga kaayo, iyang mga milagro, naa man gyud na! Nya usa nga moy sa, sa ako lang maoy usa nako na, na wa na gyud ko nakabalik.” <i>(Probably spiritual, there are bible not only base on religion but words of God. God’s goodness, his miracles are present, and then for me one of the reason or influence that I was able to stop drug use)</i> (Transcript 1, Participant 2, page 15).</p> <p>Wat ay lain mahimo ampo raman gyud ta <i>(the only thing we can do is pray)</i> (Transcript No. 3, Participoant 2, Page 6).</p> <p>Tapos naa siyay mga kanang programs nga kana bitawng gina pangulohan sa amoa, kaning mga pastor. <i>(and then there are programs that are led by pastors)</i> (Transcript No. 1, Participant 3, Page 51).</p>
	23. Other vices (managed through program guidance)	<ul style="list-style-type: none"> -Alcohol consumption -Alcohol temptation -Other occasional vices 	<p>“Kay ang usa gyud nga maka-undang ang, naa man gyud ni sa bala naa man gyud nas balaod sa, niagi man pod kog probation, Nga lahi, lahia gyud imong barkada. Usba imong barkada ayaw gyug uban uban sa mga mag-inom inana gyud.” <i>(One of the factors that influences the stop of drug use is it is in the law I went under probation also; you need to change your peers. Change your peers don’t go with peers who drinks alcohol)</i> (Transcript 1, Participant 2, page 16-17).</p> <p>“Ako nang gi huna-huna daan og unsay dawbeg maka ana inom paghuman gi advance nako ba ako nang gi-unsay mahitabo (smiling).</p> <p>Murag akong huna-huna, ma kuan napod ko ani. Ohh, ma murag akong huna-huna, maka tilaw man gani ko na malo-malolong napod ko ani.” <i>(I was thinking in advance, what if I drunk alcohol what will happen after. In my mind id be addicted again. Yes, in the back of my mind if id be able to taste again id be addicted again)</i> (transcript 2, Participant 2, page 11).</p>
Sustained Personal Strength and Faith-Anchored Recovery	24. Self-resilience	<ul style="list-style-type: none"> -Self-control -Self-decision -Refuse temptations 	<p>“Adik, graben ga adik gyud! Mao nang naa ra gyud pod saimong kaugalingon og control, balibad, balibad gyud ka. Importante mobalibad gyud ka.” <i>(I was really an addict before, that’s why it depends on yourself to control, you really need to refuse. It’s important that you refuse temptations)</i> (Transcript 2, Participant 2, page 12).</p> <p>“Ayy, ohh, sa tao ra gyud naa ra gyud sa iyang desisyon gyud.” <i>(yes, its with the person’s decision to change)</i> (Transcript No. 2, Participant 2, Page 11).</p> <p>“Siguro para sa akoa depende ra man gud sa akoa if magpa tempt ko or dili so ang, ang big challenge nalang ana if magpa influence gyapon ka sa katong mga friends nimo nga first nga nag influence saimoa unsa ni, unsay effect saimo ani nga drugs, unsa ni siya so, ang big challenge is nalang if (paused) kanang... gapa tintal gyapon ko pero... pero based sa akoang experience adtong during sa... sa program uhm makaya man nako gyud ug kanang iwas so (paused) kuan para sako ang big challenge nalang is ang pag-iwas gyud sa imoang naka</p>

			influence saimo og mag gamit paba ko ani o dili.” (<i>for me it really depends on the person to refuse temptation, if the person will still be influenced by peers. For me based on experience I was able to refuse temptations, I can do it.</i>) (Transcript No. 1, Participant 1, Page 3).
	25. Faith as Foundation	-Prayer is solution -Guidance of God -Trust God	<p>“Kay na gyoy panahon gyud nga inani magbikil sa kuan, masuko ka, kana makuan kag lain na, ampo lang gyud sa Ginoo sa tanan-tanan inana ra gyud ako sir ba.” (<i>there are times that you encounter conflicts in the family and felt angry, then here comes the negative thoughts, just pray to God in all matters, that’s my only way</i>) (Transcript 3, Participant 2, page 7).</p> <p>“Paduol gyuds Ginoo permi, halosa gyud nako nga kuan sabit kay lisod man og manginabuhi tag walay Ginoo gyud saako lang sauna way Ginoo lisod” (<i>lets be close to God always, its hard to live life with no God</i>) (Transcript No. 3, Participant 2, Page7).</p> <p>“Ingka nga unsa may akong mahimo Ginoo way gyoy lain isalig gyud nako tanan kay siya ra may bahala!” (<i>whatever I do God theres no one else but you I trust everything to you</i>) (Transcript No. 3, Participant 2, Page 12).</p>
	26. Bright outlook	-Life goals and career -Overall growth -Self-perception of future	<p>“Kuan og mahimo lang jud is uhmm, magpadayon nga... magpadayon unta nga kanang dili na (looking up thinking) dili na magbalik or sainyong gina term nga relapse? Relapse noh?” (<i>if possible prevent relapse</i>) (Transcript No. 3, Participant 1, Page 2).</p> <p>“Kuan kanang syempre unang una successful sa— successful sa akoang bag-o nga gi tahak nga uhmm additional educational attainment, and then secondly, naa gyud career growth and third is kuan uhmm, personal growth gyud pod.” (<i>Uhmm if possible, to maintain my recovery, not to go back or the term relapse? relapse, right? And of course, first of all to be successful with the new path that I’m taking suck as additional educational attainment and secondly career growth and third is personal growth of course</i>) (Transcript 3, Participant 1, page 1).</p> <p>“Kuan kanang syempre unang una successful sa— successful sa akoang bag-o nga gi tahak nga uhmm additional educational attainment, and then secondly, naa gyud career growth and third is kuan uhmm, personal growth gyud pod.” (<i>ofcourse, to be successful with the new path that I took, career growth and personal growth</i>) (Transcript No. 3, Participant 1, Page 1).</p>

	27. Reduce harmful habits	-Alcohol for occasions -Avoid vices -Drink minimally	<p>“Ohh, og maka-undang kag og gar sa pormerohan di sa gyud una tanan, kaning inom moy isa maka-trigger kay grabe og na adik gyud kog shabus nauna.” <i>(Yes, if you stopped do it gradually. Drinking alcohol is one of the factors that can trigger because I was really addicted with drug use before)</i> (Transcript 2, Participant 2, page 12).</p> <p>“Inom ginagmay,Amo amo ra pero di na kayo” <i>(Drink moderately but with family only during occasions)</i> (Transcript No. 2, Participant 2, Page 13).</p> <p>“Seguro og, seguro imong buhaton pa layo-layo gyud ka sa mga, samot anang bisyo” <i>(maybe, what to do is to distance yourself especially from vices)</i> (Transcript No. 3, Participant 2, Page7).</p>
Life Restructuring Through Skills, Environment, and Purpose	28. Program learnings	-Program reminders as a guide -Spiritual learnings	<p>“Ang akoang... kuan nalang ahh... naka tabang (looking up) ang ila gyung kuan (looked back at me) ang ilang pag hatag gyud ug reminder (paused) reminder, uhmm, ahh kato ilang seminar is form of reminding us nga kuan, uhmm nga kailangan gyud nga iwasan gyud ang pag gamit adto nga, nga droga so ang kuan siguro is kadtong... ilang pag hatag ug kuan information saamoa unsa ang mapadulngan ug mupadayon ba me or dili.” <i>(For me the program helped through giving us reminders, the seminars are form of reminders for us that we need to prevent drug use, and then providing us information on the consequences if we wont stop using drugs)</i> (Transcript 1, Participant 1, page 2-3).</p> <p>“Kay ang CBRP usa sad na siya sa naghatag saimo og kanang guide sa imong pagkatao kung kanang murag mag-usab ka nga silay mo tulak saimo sa kaayuhan ba.” <i>(CBRP provides guidance as a person, to change, program will push you to better life)</i> (Transcript No. 1, Participant 4, Page 34).</p> <p>“Sa ako ba? Naa man para nako nga spiritual gyud gyapon.” <i>(for me? Yes there is benefit and that's spiritual aspect)</i> (Transcript Noi. 2, Participant 2, Page22).</p>
	29. Modifying environment	-New friend circle -Change peers -Change environment	<p>“Maka tabang gyud nga kuan kanang palibutan nimo imong kaugalingon og lahi nga grupo ba, focus sa skwela.” <i>(It can really help if you surround yourself with a different group and focus on education)</i> (Transcript 2, Participant 5 page 47-48).</p> <p>“Importante gyud... ahhh imong palibot, environment pero sa ako lang, ang imo lang bag-ohon kay katong imong mga og katong kauban nimos bisyo sauna pero palibot gani nga normal ok ra gud.” <i>(environment is really important, for me the only thing you need to change is those peers who influenced you with their addiction)</i> (Transcript No. 2, Participant 2, Page 13).</p>

			<p>“Uhhh total sugod man kos hanggat dapat mubalibad gyud kos hanggat dayon gi lahi nako ako palibot sir” (well I started with peer invites, I should refuse those invitations and I change my environment) (Transcript no. 2, Participant 5, Page 47).</p>
	30. Career Engagement	<ul style="list-style-type: none"> -Job hunting -Masteral degree -Work and save money 	<p>“Kuan, ga part time kog delivery sa milk tea shop dire sa Poblacion, El Salvador. Syempre ga-andam nako mangitag permanent nga trabaho, planu nako dire ras dool kung pwede dire ras mga kompanya sa El Salvador(smiled). Andam nakog daghan resume (smiled) (seems excited).” (<i>Uhm, I do part time job in milk tea delivery and of course getting ready to look for a permanent job, my plan is companies near El Salvador City. I did a lot of resumes</i>) (Transcript 3, Participant 5, page 27).</p> <p>“So unta maka human ko sa akoang ehem masteral degree and makuha pod unta nako to ako gina aim certification para man pod na siya sa, uhmm in line pod siya sa, sa akoang current job which is uhmm internal auditing og pwede rapod ko mo padulong sa human resource department in—in every company nga akong gusto applyan and then, second is uhhh career growth nga unta maka platar nako og uhmmm”(hoping to finish my masteral degree and also the certificate that I was waiting for in relation with my current job so that I can penetrate human resource department) (Transcript No. 3, Participant 1, Pages 1 & 2).</p> <p>“ Ohhh... mao gyud akong plano, manarbaho og mag tigom para puhon maka puhonan mag Negosyo.” (<i>yes that is really my plan to work earn money and save so that someday I can start a business</i>) (transcript No. 3,Participant5,Pages27-28)</p>
Family as the Core-Anchor of Post-Rehabilitation Support	31. Family is pillar	<ul style="list-style-type: none"> -Family encouragement -Family guidance -Motherly advice 	<p>“Ahhh... motherly advice, kuan gyud kanang wala man gyud hinoon, thankful gyapon ko wala bitaw gyapon kanang discimi-discrimination ba kuan ana or kanang murag gi abandona ba.</p> <p>Tungod sa ka rampant sa substance kuan lang gyud iyang gi ingon pa remind gyapon nga... never na mag kuan and then always gapa remind nga about sa future unahon gyud ang kanang kaugalingon nga dili gyud, dili magpa dani (tempt) anang mga inana kay para pod malikayan ang mga major problems nga-nga umaabot sa-in the future kung baga (referred sa advice sa iya mama).” (<i>Motherly advice, uhm I was not, I’m thankful that they did not discriminate me or abandoned me, Because of the rampant use of drugs my mother told me or reminded me to never indulge with drug use again and always reminded me about my future, prioritize myself and to never be tempted again with those things, so that major problems will be prevented in the future</i>) (Transcript 2, Participant 1, page 5).</p> <p>“Though free nako unsa akong buhaton pero naa gyapoy guidance nila sir.” (<i>though I am free now on what will I do still the guidance of my parents is there</i>) (Transcript No. 2, Participant 3, Page 42)</p>

			<p>“Akong pamilya, akong mama maski naas layo gamonitor gyud, ako pong lola palangga kay nako to” (<i>My Famil, my mother even though shes'far she monitors my recovery journey</i>) (Transcript No. 2, Participant 5, Page 48).</p>
	32. Family motivation	<ul style="list-style-type: none"> -Vision of family future -Focus on family -Effort earns family support 	<p>“Karon focus na sa pamilya. Basta piskay lang me layu sa gubot, Ako mga anak maka pamilya pud puhon nya di pod ma guba ilang pamilya ba, bahalag simple ra gud. Simple ra man gud ako pangandoy sir, nya, kuan ba puhon-puhon maka pamilya sila maayu pud ang dagan ba, kana bang, tiguwang na man gyud ko hapit na ma senior ang imong mga anak pwede na byaan.” (<i>My focus now is family. As long as we are in good health, away from chaos, my children will have their own family soon and I hope their family will not be ruined even if its just simple. My dreams are just simple sir and may things go well with their family; I'm already old ill be elderly soon I want to see my children ready to stand on their own</i>) (Transcript 3, Participant 3, page 15-16).</p> <p>“nya, kuan ba puhon-puhon maka pamilya sila maayu pud ang dagan ba, kana bang, tiguwang na man gyud ko hapit na ma senior ang imong mga anak pwede na byaan.” (<i>in the near future if my children will hae their own family their life will be good and since im old already I can say that I can leave them already</i>) (transcript No. 3, Paticpant 4, Page 16).</p> <p>“Ohhh... basta, bisag kinsa seguro nga ginikanan, igsoon basta tan-aw nila ga bag-o.” (<i>no matter what if your family sees your effort to change</i>) (Transcript No. 2, Participant 2,Page 15).</p>
	33. Family involvement (as motivation for self-management)	<ul style="list-style-type: none"> -Mother monitors -Restore family trust -Monitored by family 	<p>“Ahh, importante gyud siya sir kay akong mama sir... gapanawag man gyud siya sa akoa sir then gapanawag siya sakong igsoon kung ga-attend bako sa CBRP dayn ga-monitoron gyud ko sir kung nakag-apil bakos kuan.” (<i>it's really important sir, my mother calls me every time, sometimes calls my sister to monitoring my attendance with the program</i>) (Transcript 1, Participant 5, page 66).</p> <p>“Tapos kuan pod kanang gusto pod nako nga mabalik ang pag salig ni mama og papa sa 'koa.” (<i>I want to regain the trust of my parents</i>) (Transcript No.2, Participant 3, Page 39).</p> <p>“Akong pamilya, akong mama maski naas layo gamonitor gyud, ako pong lola palangga kay nako to” (<i>my mother monitors my CBRP attendance eventhough shes far</i>) (Transcript No.2, Participant 5, Page 48)</p>

Theme 1: Meaning-Making and Personal Transformation

Based on the narratives of the participants, meaning-making and personal transformation means sparks of hope, immediate effect, reflections, gratitude, motives, reasons of addiction, program observations, and identities made public. These categories speak about the experiences and insights of the participants about the program implementation.

Category 1: Awakening

Sparks of Hope for the participants means, CBRP gives them second chance, path for change, warning for users, and wake-up call. The participants narrated that the community-based rehabilitation program was a wake-up call for them. It was because their addiction to drugs had become noticeable and had gone too far. They also saw the program as opportunity to change themselves and everything is not too late for them. The program for them is a second chance and a path for change that will potentially help them in their recovery journey. James said: "...maynalang ako tungod sa pagkurat sako sa CBRP ahhh mura kog kanang na-alimukawan ba nga layo naman diay kayo kog na-abtan sa bawal na gamot (laughed)." (...it's a good thing for me that because I got startled by the program's surrenderers list I was like woken up to the truth that my addiction of drugs went too far.) (Transcript 2, Page No. 47). He added that: "usa pa, wala man mi pa adtoa para pa intereson didto or kanang pa ganahan, gipa-adto mi para tagaag 2nd chance, ka yahay bag kami pay agdon og ganahan ba mis programa (frowned)". (Besides we were not invited by the program to be pleased, we were invited to be offered a second chance, how convenient that we're the once being asked if we even like the program). (Transcript 2, page No. 46).

For the participants, the program served as a wake-up call for them and served as a second chance to renew their lives (Walag, Melliza-Descallar, Patana, & Hechanova, 2024).

Category 2: Immediate Effect

Immediate Effect for the participants means, to cease upon notice, received letter, informed as drug addict, advance thinking, fear due to selling, fear of surveillance, hesitance of the program, minimized peer communication, and information about CBRP. Immediate effect of the program means what are the immediate changes happened in their lives upon notice that their names were on the list of drugs surrenderers and invited to participate the Community based rehabilitation program. Borjie said:

"tapos mao to, sa pagkabalo nako sa year 2021 hesitant pa gyud ko nga mo mo ano mo undergo kay labi na nakabalo na labi na nakabalo na ang mga silingan so mura nakog ga baklay nga walay ulo sa amoa. Tapos kuan siya sir kana bitawng di nako ganahag gawas inana ba. Mao nang ano, out of pressure pod seguro og will nga gusto nako na ma undang siya, year 2022 dayon ko nag undego og 1-month nga CBRP". (When I was informed last 2021, I was hesitant to undergo the program especially that the information leaked in my neighborhood I was like walking with shame and I don't like to be outside the house. So, because of pressure and willingness to end it all year 2022, I decided to undergo CBRP) (Transcript 1, Page No. 48).

Participant 5 said: "Kay after nako nadawat ang letter gi-undang man gyud ko diretso (After, I received the letter I immediately stopped)". (Transcript 2, Page No. 48). For the participants an immediate effect was felt and realized the moment it came to their knowledge about the inclusion of their names in the list of drug surrenderees, they realized that their addiction of the substance already reached authorities, advance thoughts of what will happen to them and fear of the program made them minimize their contact to their peer influences and stopped using the substance due to fear of surveillance (Estacio Jr. et al., 2025).

Category 3: Reflections on Recovery

Reflections on recovery for the participants means that they realized that change depends on the person, program influenced recovery, change is choice, determination, program effectivity takes time and regrets are late. Roel said:

"Pero ambot sa tao, sa tao raman gyud na, unsay isaad niyas sa kaugalingon og mag bag-o siyag dili." (I don't know with the person, it only depends on the person on what will he promise himself if he will change or not) (Transcript 2, page No. 28). For the participants the program triggered Reflection that recovery or change depends on the person, person's choice and determination (Paudac et al., 2025).

Category 4: Gratitude towards the program

Gratitude for the participants means that they expressed appreciation to lectures. They appreciated that the government had initiative. They are very thankful that they are still alive because of the program. Borjie said:

“To be honest, after sa CBRP, wala na gyud sir uhhh ang ako lang ma-ingon kay thankful kay ko sir sa program kay kung wala ang program, walay avenue nga ma-change ko.” (*to be honest after the program, I did not relapse, all I can say is I am very thankful of the program because without the program I had no avenue to change myself*) (Transcript 3, page No.23). For the participants they expressed gratitude towards the program, for them they were still thankful of the program and that the government had initiative for drug surrenderers and gave them a second chance to change and recover (Pedroso, Reyes, & Mendez, 2025).

Category 5: Motives

Motives for the participants means that they had motivations behind their participation such as, participants were afraid of program, participants want to ensure deletion of names from the drug surrenderers list, program is for free, some of them is by court order, Mothers influenced participation, parents’ anger pushed them to participate, shame and fear were factors also, threats, and fear of once life. James said: “Nahadlok kog unsaon ko sir kay lain ko nga tao ba, advance mag isip (laughed) dayon dili mi daw ma-erase amo ngalan og dili mi mag CBRP or kung dili mi matiwas ana nga program.” (*I was afraid of what will happen to me because I’m the kind of person who thinks in advance also it was said that our names will not be deleted from the list if we will not complete the program*). “maong naka-desisyon gyud ko og apil sa ako mama nga pangasaba maong naka uhhh decide ko ba nga, mudayon og tambong sa CBRP.” (*that’s why I decided to continue joining the program including the anger of my mother influenced me to push through with the program*) (Transcript 2, Page No.46).

For the participants their strong motivations are the reasons behind their participation of the community-based rehabilitation program (Walag, Melliza-Descallar, Patana & Hechanova (2024).

Theme 2: External Support and Improvement needs

Based from the narratives of the participants, Program Structures External Support and Improvement needs means support from social workers, support of law enforcements, support of religious groups, well-organized programs, danger of too much freedom, observed half-hearted participants, and identities made public.

Category 6: Support from Social Workers

Support from social workers for the participants means, social worker involvement, social workers as facilitators, social worker facilitates and active social workers. Borjie said: “Sa kuan sir sa akong madumduman kay kuan sir, sila ang ga-facilitate sa lecture samoa sa CBRP”. (*As I can remember sir, they were the once who facilitated lectures for us in CBRP*) (Transcript 2, page No. 36).

For the participants, support from social workers means that they felt the support of social workers through their active involvement as facilitators of the program which sparked their active participation (McGregor & Hill, 2021; Ayon & Aisenberg, 2023).

Category 7: Support from Law enforcements

Support of law enforcement for the participants means the involvement of law enforcers during program such as, knowledge as drug addict, Monitoring, led exercises and police reminders. Tantan said:

“And then sa PNP pud naa siyay mga seminar pud regarding on sa... sa unsa ang mga violation sa mga, og madakpan gyud ka, I mean madakpan gyud ka nga gadala ka og drugs murag naa silay, naa silay ge introduce sa amoa, if ever daw nga paghuman sa program makita gyapon me nila nga nag gamit or ga baligya ug drugs.” (*And then PNP they conducted seminars regarding violations on being caught in illegal possession of illegal drugs they introduced that to us and if ever after program if they will catch us still using illegal drugs*) (Transcript 2, page No. 2).

For the participants, support from law enforcement means they saw the support of law enforcement by their active participation on their parts of the program by giving them reminders and monitoring them after the program (Milla, Dayrit, & Pimentel, 2022; Wood, DeBeck, & Cheng, 2021).

Category 8: Support of religious groups

Support of religious groups for the participants means, Bible sharing, bible studies, ex-convict pastors, lectures about God, religious lecturers and Couples for Christ. Mel said: “Kanang mga pastor diha grabe pod nag kaagi, mga adik og na priso pod na sila sauna. Maka-inspire sila sa uban ba.” (*The pastors also had terrible experience they were also drug addicts and ex-convicts before. They can really inspire others*) (Transcript 1, page No.28).

With the statement the participant emphasized that the pastors in the program are relatable and, inspiring. For participants, support from religious groups was visible due to their participation in the program through their lectures about God which contributed to their Bible learnings (Hechanova & Egusquiza, 2025).

Category 9: Provisions and Helpful informations

Well-organized programs for the participants mean the activities or part of the program that are well delivered by program implementers such as, open forum, illegal drugs topic, drug chemicals, effects on family, effects of drugs, guidance of program, helpful activities, physical exercises, HIV Seminar, effects and consequences, understanding effects and consequences. Mel said: “Og mga, kanang mga kuan mga storya unsay mga chemicals gipang-sagol ana murag hinadlok ra ba” (*Talks about chemicals that are mixed to scare us*).

“Ohhh nga grabe, grabe mga sagol mga albatross, mga gisyop nimo albatross (smiled). Maka-daot gyud og mao gyoy kasagara ga e-ingon nga di gyud maayo nya imong utok basta ning shabu ayy, kaning mga cells gyud mga mao nay akong nakuanan. Kaning mangamatay, mao na bitawng mag-loading kunog ayo”. (*Yes, harmful chemicals like albatross. We inhaled albatross. Its really harmful as they said especially your brain cells will be damaged, that’s why sometimes comprehension is really slow*) (Transcript1, page No.17).

For the participants, well organized program are activities of the program that are well delivered and contributed to their learnings about harmful chemicals, understanding other participants as well as the effects and consequences of illegal drugs (Chie, Kaewprom, & Ryu, 2021; UUNODC, 2020).

Category 10: Presence of Social Support

Presence of social support for the participants means, family and friends, visible friend support, respectful community, barangay encouragement and new college friends. Tantan said:

And... while working nagkuha napod dayon ko, kani nagkuha dayon ko og kanang masteral sa usa ka university dayon kanang balik dayon ug dula-dula. And kanang tawag ani uhmmm... kanang (paused) dula-dula and then, gapang-ga balik kog sabay-sabay sakong mga workmates, uban ko sa ilaang mga trekking. Nature, basta kay ma kuan lang, say tawag ana? Maka likay! “ (*And while working I took Master’s degree at University and then played again(volleyball) and then what do you call this? Playing and go with my workmates and go Mountain trekking with them. Nature, as long as to divert*) (Transcript 2, page No. 4).

For the participants, presence of social support is channeling to different kinds of people for a different kind of environment and for them these new people provided them new activities like nature, they considered this a support for their recovery journey, as well as other networks that offered them a different kind of support (Best, D., Irving, J., & Albertson, K. (2021), (Williams, G.C., Smith, K., & Anderson, J. (2021).

Category 11: Observed half-hearted participants

Half-hearted participants means having behavioral observation, being non-serious, avoidance of drug test, others ignoring the program, others not being not sober and peers who are devoid of self-awareness. Mel said: “Pero surprise, pag tan-aw nila nga manira na ahh pa-ideya nag pangihi ang uban di nana mamalik”. (*But surprise, if they noticed that the doors are closing some of them pretends and makes excuses to go to the comfort room but never came back*) (Transcript 2, page No. 20).

Participants shared their observation of their fellow participants who did not take the program seriously and continued with their risky behaviors. For the participants these observations towards their co-participants should be looked into by program organizer of community-based rehabilitation program (Kelly & Hoepfner, 2020; White, & Kelly, 2021).

Category 12: Identities made public (as a structural or systemic concern affecting their participation)

Identities made public for the participants means, ashamed of uniform, attending is shameful, exposure caused fear, leaked identities, leaked information to neighbors, public visibility of program, venue open to public, and shame in participation. James said:

“Kada attend gyud sir challenge kay kuan, sa ako gi-ingon pa, ulaw gyud kada mo-attend ko gaka-conscious ko ba sa palibot. Agwanta lang, usahay magbalon kog t-shirt pang ilis inig human CBRP”. (Every time I attended sir was a challenge because as I said I felt ashamed every time I attend, I was getting self-conscious due to my surroundings. Just endured, sometimes I brought extra shirt to change every after a whole day session) (Transcript 2, page No. 47). For the participants identities made public are parts of the program where identities as drug surrenderers were exposed to the public as well as their attendance during program is at public venue which made them uncomfortable and felt the shame, this made their participation a challenge for themselves (Lasco & Yu, 2021; Room, Rhem, & Fischer, 2020).

Theme 3: Personal and Social Barriers

Based on the narratives of the participants, Navigating Personal and Social Barriers During Program Participation consists of the categories namely Social Stigma, Family-based challenges, Other vices, Danger of too much Freedom, Program Observation, and Reasons of Addiction.

Category 13: Social Stigma

Shame during program for the participants means, shame and self-pity, ashamed of family and community, gossips, public shame, public visibility, shame due to venue and attending is shameful. James said:

“Uhhh (looking above) una sa ako gyong mama og mga igsoon nya daghan kayo nakabalo nga silingan, murag ambot og huna-huna raba nako pero lain nag tinan-awan sako ang palibot”. (Uhhh, first of all to my mother and siblings, many of my neighbors knew, I don't know if its just me thinking about it but the people surround me looked at me differently) (Transcript 2, page No. 46). For the participants, shame during program is shame to family and community that they need to deal with personally during participation of the program (Lasco & Yu, 2021; Livingston, Milne, Fang, & Amar, 2020).

Category 14: Family-based challenges

Family-based challenges for the participants means, challenged family relationship, disappointment of family, Family conflict triggers, silent treatment of family. Borjie said:

Sa tinood lang gyud sir kay sakong mama palang daan kay naghilak siya sir ahhh suko kay gi-matod pa niya gihatag lagi daw niya ang iyang role para as pagka-inahan. (sad expression) Asa lagi daw siya nag kulang kay nganong mo tolibagbag(pariwara) kog dalan daw kuno. Nya sakong papa sir di gyud nato malikayan nga mas masuko siya kay akong papa tarong man. (The truth sir is my mother cried and got mad because according to her she gave me everything and did her role as a mother. Where did she fell short that I strayed from the right path. And to my father sir his anger was inevitable because my father is a righteous man) (Transcript 1, page No. 48).

For the participant, family-based challenges were one of the challenges they faced, disappointment, and changed relationship with family upon knowing that the participant's name was on the drug surrenderers list (Luoma, Kohlenber, Hayes & Fletcher, 2020; Corrigan, Bink, Schimdt, & Jones, 2021).

Category 15: Other Vices

Other vices for the participants mean alcohol consumption, alcohol temptation, cigarette smoking and, other occasional vices. Mel said:

“Ako nang gi huna-huna daan og unsay dawbeg maka ana inom paghuman gi advance nako ba ako nang gi-unsay mahitabo (smiling). Murag akong huna-huna, ma kuan napod ko ani. Ohh, ma murag akong huna-huna, maka tilaw man gani ko na malo-malolong napod ko ani”. (*I was thinking in advance, what if I drunk alcohol what will happen after. In my mind id be addicted again. Yes, in the back of my mind if id be able to taste again, I'd be addicted again*) (Transcript 2, page No. 11).

For the participants, other vices are challenges for their recovery, temptations of vices and indulging them could trigger relapse (Marlatt & Donovan (Eds), 2025); Wikiewicz, Roos, & Mann, 2020).

Category 16: Danger of too much freedom

Danger of too much freedom for the participants means, absence of parents, carefree participants, freedom after activity and participants has freedom. Borjie said: Ay after sa program kuan sir after sa kuan session kay mo uli nami sir, pwede makagawas so bale, na free mi sa among pang buhaton. (*After the program sir, after session we all go home, we can go outside and free to do anything*) (Transcript 1, page No. 52). This statement showed that after every session of the program the participants are free to do what they want and they are prone to risky behaviors. James said: “Maotong naka-offer ko samong balay sir kay tungod mu man lagi sir broken family, wala akong mama, wala akong papa. So, free kayko always sa among balay nga maski unsa oras mo-uli”. (*that's why I was able to offer my house sir because, I have a broken family my mother and father are not at home. So, I am free always in my house and to go home anytime I want*) (Transcript 1, page No.60).

For the participants Danger of too much freedom exposed them to indulge with risky behaviors that might trigger relapse, freedom after every session of the program and freedom at home (Witkiewicz & Villarroel, 2020; (Marlatt, Bowen, & Chawla, 2022).

Category 17: Program Observations

Program observation for the participant means the random observations that they noticed during their participation of the program such as, pending livelihood program, 1-month program, short-term program, Program not enforced, difficult livelihood requirements, Program effectiveness, needs improvement, invited spouses, little effectiveness, reminders, seminars and drug test, strengthen bible studies, questionable list and seminars. Tantan said: “Kadtong murag, kato sigurong kuan pag hatag unta sa amoa ug livelihood program para murag kuan siya uhhh murag form of coping mechanism?” (*that which seems, maybe like supposedly the program will give us a livelihood program for maybe a form of coping mechanism?*)

So, tagaan unta me nila ug, unta kay wala man gud namo na, nganong unta kay wala man gud namo nabuhat ang taas pud tong process like, unsa na? kanang... kato mga by laws katong maghimo bitawng kuan before me tagaan ug budget para sa kung unsaon namo pag start sa among livelihood.” (*So the program supposedly would give us budget for livelihood program but we were not able to avail the livelihood program due to a long process such as coming up with by-laws, and we need to do something more before they will give us budget for the said livelihood program.*) (Transcript 1, page No. 3).

For the participants, program observations are the things that they noticed during program participation and for them their observations might contribute for improvements of the program (Hennessy & Tanner-smith, 2022; Kelly & Hoepfner, 2020).

Category 18: Reasons of Addiction

Reasons of addiction for the participants mean curiosity, enjoyment, Family conflict, peer influence, for sports, for studying, remedy for tiredness, awakens, contribution of vices, good feeling, energizing effect, prolong alcohol consumption, money and good feeling. James said:

“so sa akong panagtapok gyud sir sa among mga barkada sir didto gyud naka-influence na sir nga nakagamit gyud kog ing-ana kay sa among tapok kay naa man gyud poy user ato sir ba then ahh na-topic rapod namo nga

ing-ana, unsaon paggamit, kung unsay epekto ing ana sir so, mo dayn to nga hantod nga na-inganyo pod tong mga kauban pod nako nga mga first timer murag naka-offer pod mi nga ma, ana, mo-take sir, mugamit na. *(so, when me and my friends are together one of us was a drug user and as we go along with our chit chat, drug use became the topic on how to use and the effects of it, and so me and my friends who are first timers got curious and was persuaded to try and offered to try the substance)* (Transcript 1, pages No. 59-60).

For the participants, reasons of their addiction are the influences behind their start of drug use and addiction; it became a clear factor during the program, key factors to be avoided (Paudac et al. (2025).

Theme 4: Strengthening Self-Management and Recovery

Based on the narratives of the participants, this theme covered the categories of Personal resilience, Program influence, Healthier environment Religious influence, and Vices.

Category 19: Personal Resilience

Personal resilience for the participants means being afraid of consequences, depending on self, mental toughness, physical discipline, physical exercises, recovery is self-decision, resisting peer temptation, self-discipline, self-perception, stopped peer communication, focus on college, internal effects of drug use, thoughts of consequences and sports as diversion. Roel said: “Kung mag bag-o ka sa imong kaugalingon kay ang maka bag-o sa imong kaugalingon ikaw raman, ikaw ra may nay disiplina sa imong kaugalingon” *(If you want to change yourself, only you can change yourself. It is you who disciplines yourself)* (Transcript 1, page No. 32).

For the participants, personal resilience is a strength that they came to realize during program that recovery cannot be relied to someone-else or to the program it is them who needs to decide for their recovery journey (Ungar, 2021; Hser, Mooney, Saxson, & Huang, 2020).

Category 20: Program influence

Program influence for the participants means, constant reminders, easy participation, instill lectures, police reliance, positive advices, vitamins and food. Borjie said:

Tapos kuan sir kanang, mao to didto pod sa CBRP, tungod sa mga tungod sa program, naa gyud ko nahibal-an mao nang if ever man gali nga kuan kanang nasayop ka og ing-ana, paminaw gyud sa mga advices then at-ato siyang sabayan og pag-ampo (serious expressions) *(And then sir uhm, in CBRP because of the program I learned something and if ever I made mistakes, just listen to the advices and put prayers along with it)* (Transcript 2, page No. 41).

For the participants program influence gave them learnings, advices and reminders of the consequences of their risky behaviors; these learnings could be used as their reference for their recovery journey (Hennessy, Tanner-Smith, & Steinka, 2020; Magill & Longbaugh, 2021).

Category 21: Healthier environment

Healthier environment for the participants means avoiding peer influence, avoiding temptation and changing environment, distance from bad influence, redirecting focus, home early, disengaging from contacts and establishing new networks. James said:

Didto ko kuyog-kuyog sako mga barkada sa CCE sa college total lingaw man pod ko nila. Nah kay mag kina-unsara raba mayrag manabang nimo mga adik (smiled). Mao raman seguro ahhh gi-change nako ako number, nag deactivate kos FB, inig human CBRP mo-uli ko ditso. *(I was going along with my new college friends at CCE besides, I'm really happy with their company, and then whatever happens to me there's no assurance that those addict friends will help. I think that's all, I changed my number and deactivated my Facebook and then after CBRP I went home early)* (Transcript 2, page No. 47).

For the participants, a healthier environment is essential for their recovery journey, new positive environment away from previous influence such as people and places that restrict their availability from bad peer influence

could really contribute to their recovery and a fresh reset of their lives (De Leon & Wexler, 2020); Kelly & White, 2021).

Category 22: Religious influence as a Coping Anchor

Religious influence for the participants means, bible learnings, prayer, religious facilitators and prayer. Mel said:

Spiritual ra gyud siguro, Naa, naay mga bibliya nga mga kuan. Dili lang kay ingon nga religion kana sa kuan gyud pang, pang Ginoo gyud kanang mga estorya. Iyang mga kaayo, iyang mga milagro, naa man gyud na! Nya usa nga moy sa, sa ako lang maoy usa nako na, na wa na gyud ko nakabalik (*Probably spiritual, there are bible not only base on religion but words of God. God's goodness, his miracles are present, and then for me one of the reason or influence that I was able to stop drug use*) (Transcript 1, page No. 15).

For the participants, religious influence during the program from lectures of religious groups awakened their relationship with God. They saw His goodness and miracles and for them prayer is one of the influences for their positive recovery journey (Galanter, Glickman, & Dermatis, 2021; Kelly & Eddie, 2020).

Category 23: Vices

Vices for the participants means alcohol consumption, alcohol temptation, cigarette smoking and, other occasional vices. Mel said:

Kay ang usa gyud nga maka-undang ang, naa man gyud ni sa bala naa man gyud nas balaod sa, niagi man pod kog probation, Nga lahi, lahia gyud imong barkada. Usba imong barkada ayaw gyug uban uban sa mga mag-inom inana gyud". (*One of the factors that influences the stop of drug use is it is in the law I went under probation also; you need to change your peers. Change your peers don't go with peers who drinks alcohol*) (Transcript 1, pages No. 16-17).

For the participants other vices were minimized during program participation due to program reminders and advices that they need to change their peers who has risky behaviors and still using drugs to improve their recovery journey (Witkiewitz, Roos, & Bowen, 2020), (Kelly, Green, & Bergman, 2021).

Theme 5: Sustained Personal Strength and Faith-Anchored Recovery

Based on narratives of the participants, this theme consists of the categories namely Self-resilience, Faith as foundation, Bright outlook and Reduce harmful habits.

Category 24: Self-resilience

This category was crafted from the codes such as changed himself, Control, depends on person and environment, discipline, divert attention, handle anxiety, heart to change, personal decision, refuse temptations, self-control, determination, avoid relapse, change is prevention, know how to refuse, maintain recovery, recovery as vow, self-awareness, self-empowerment, self-recreational activities and work. Mel said: "Adik, grabe ga adik gyud! Mao nang naa ra gyud pod sa imong kaugalingon og control, balibad gyud ka. Importante mobalibad gyud ka" (*I was really an addict before, that's why it depends on myself to control, I really need to refuse. It's important that I refuse temptations*) (Transcript 2, page No. 12).

For the participants, self-resilience, the ability to control oneself and their determination will strengthen their ability to refuse temptations and prevent relapse (Hser et al., 2020).

Category 25: Faith as foundation

Faith as foundation for the participants covers the codes on house of worship, inspirational religious leaders, interpret bible verses, prayer, prayer is solution, call for God, guidance of God, serve God, spiritual aspects, and trust God. Mel said: "Kay na gyoy panahon gyud nga inani magbikil sa kuan, masuko ka, kana makuan kag lain

na, ampo lang gyud sa Ginoo sa tanan-tanan inana ra gyud ako sir ba” (*There are times that you encounter conflicts in the family and felt angry, then here comes the negative thoughts, just pray to God in all matters, that’s my only way*) (Transcript 3, page No. 7).

For the participants, faith as foundation is their cornerstone to sustain long term recovery in times of all kinds of challenges that might trigger relapse their faith in God prevails and gives them the strength to overcome those obstacles (Galanter, Glickman, & Dermatis, 2021; Kelly & Eddie, 2020).

Category 26: Bright outlook

This category covers the codes on family thoughts, inspire others, life goals and career, mistakes are fixable, strong family bond, achieve goals, big plans, do not be a family burden, education restored, self-respect, focus on goals, happiness, house renovation, life contentment, maintain peace, overall growth, peaceful life, personal growth, plans of migration, protect children from harm, save money, self-perception of future, simple life and peace. Tantan said:

Kuan og mahimo lang jud is uhmm, magpadayon nga... magpadayon unta nga kanang dili na (looking up thinking) dili na magbalik or sa inyong gina term nga relapse? Relapse noh? Kuan kanang syempre unang una successful sa—successful sa akoang bag-o nga gi tahak nga uhmm additional educational attainment, and then secondly, naa gyud career growth and third is kuan uhmm, personal growth gyud pod. (*Uhmm if possible, to maintain my recovery, not to go back or the term relapse? relapse, right? And of course, first of all to be successful with the new path that I’m taking suck as additional educational attainment and secondly career growth and third is personal growth of course*) (Transcript 3, page No. 1).

For the participants, having a bright outlook is a future vision that arose during their participation of the program. They saw where their lives will end if they continued doing drugs and refused to end it that way. Instead their bright outlook of life and what awaits them if recovery is maintained gave them a drive to support their recovery and somehow preserve what they already gained and achieved at the moment (Kelly, Greene, & Bergman, 2021; Witkiewitz, Roos, & Bowen, 2020).

Category 27: Reduce harmful habits

Reducing harmful habits for the participants means taking alcohol only during special occasions, drink minimal, eliminate vices, avoid vices. Mel said:

“Ohh, og maka-undang ka, sa pormerohan di sa gyud una tanan, kaning inom moy isa maka-trigger kay grabe og na adik gyud kog shabu sa una”. (*Yes, if you stop, do it gradually. Drinking alcohol is one of the factors that can trigger because I was really addicted with drug use before*) (Transcript 2, page No. 12).

For the participants reducing harmful habits can help them strengthen and maintain their recovery journey. If they could not eliminate it right away, they reduce them gradually so that habits that may trigger relapse will not jeopardize their recovery journey (Marlatt & Witkiewitz, 2020; Hser, Mooney, Saxon, & Huang, 2020).

Theme 6: Life Restructuring Through Skills, Environment, and Purpose

Based on the narratives of the participants, this theme encompasses the categories namely Program learnings, Modifying Environment and Career engagement.

Category 28: Program learnings

Program learnings for the participants came from the codes such as program reminders, fear of monitoring, instill advices, livelihood program, police contact, program as guide, relatable pastors, religious lectures, reminders and words of God, reminders of consequences and spiritual learnings. Tantan said,

“Ang akoang... kuan nalang ahh... naka tabang (looking up) ang ila gyung kuan (looked back at me) ang ilang pag hatag gyud ug reminder (paused) reminder, uhmm, ahh kato ilang seminar is form of reminding us nga kuan,

uhmm nga kailangan gyud nga iwasan gyud ang pag gamit adto nga, nga droga so ang kuan siguro is kadtung... ilang pag hatag ug kuan information saamoa unsa ang mapadulngan ug mupadayon ba me or dili.” (*For me the program helped through giving us reminders, the seminars are form of reminders for us that we need to prevent drug use, and then providing us information on the consequences if we won’t stop using drugs*) (Transcript 1, pages No. 2-3).

For the participants, program learnings can be used as guide in their recovery journey a reference on how to restructure their lives (Kelly, Greene, & Bergman, 2021; Magill & Longabaugh, 2021).

Category 29: Modifying environment

Modifying environment for the participants refers to the absence of temptations, avoiding peer influence, avoiding users, change of contact details, change of environment, change peers, having different circle of friends, distance from peers, focus at home, home early, mountain trekking, nature tripping, new friend circle and peer influence. James said, “Maka tabang gyud nga kuan kanang palibutan nimo imong kaugalingon og lahi nga grupo ba, focus sa skwela”. (*It can really help if you surround yourself with a different group and focus on education*) (Transcript 2, pages No. 47-48).

For the participants, modifying environment helps them focus on their recovery journey or maintain recovery. Modifying environment kept them away from past influences who might trigger them to relapse (Kelly J.F., & White, W.L. (2021), (Livingston, N.A., Milne, T., & Fang, M.L. (2020).

Category 30: Career engagement

This category was discerned based on the codes 2nd course as diversion, continuing education, focus on education and side jobs, focus on work, full time job, master’s degree, stable work, business as diversion, career stability, change career, job hunting, sideline jobs, work and save money, work promotion, and work to provide. James (not his real name) said:

Kuan, ga part time kog delivery sa milk tea shop dire sa Poblacion, El Salvador. Syempre ga-andam nako mangitag permanent nga trabaho, planu nako dire ras dool kung pwede dire ras mga kompanya sa El Salvador(smiled). Andam nakog daghan resume (smiled) (seems excited)”. (*Uhm, I do part time job in milk tea delivery and of course getting ready to look for a permanent job, my plan is to apply in companies near El Salvador City. I did a lot of resumes*) (Transcript 3, page No. 27).

For the participants career engagement is both a diversion and a reset of life and purpose, it keeps them busy and sees hope for them and their family, slowly building their careers to provide for their family is a refreshing self-purpose for them (Davis, J.P., Smith, D.C., & Briley, A. (2021), (Laudet, A.B., & Bouchard, L.M. (2020).

Theme 7: Family as the Core-Anchor of Post-Rehabilitation Support

Based on the narratives of the participants, this theme on the Family as the core anchor of post-rehabilitation support came from the categories on Family as Pillar, Family Motivation, Presence of Social Support.

Category 31: Family as Pillar

This category was crafted from the codes of the participants’ responses such as family encouragement, family focus, family guidance, family influence, family is friends, family monitors progress, family support, guidance of mother, motherly advice, spouse participation, church as family bond, family business, family financial support and supported by family. Tantan said,

Ahhh... motherly advice, kuan gyud kanang wala man gyud hinoon, thankful gyapon ko wala bitaw gyapon kanang discimi-discrimination ba kuan ana or kanang murag gi abandona ba. Tungod sa ka rampant sa substance kuan lang gyud iyang gi ingon pa remind gyapon nga... never na mag kuan and then always gapa remind nga about sa future unahon gyud ang kanang kaugalingon nga dili gyud, dili magpa dani (tempt) anang mga inana kay para pod malikayan ang mga major problems nga-nga umaabot sa-in the future kung baga (referred sa advice

sa iya mama)". (*Motherly advice, uhm I was not, I'm thankful that they did not discriminate me or abandoned me, Because of the rampant use of drugs my mother told me or reminded me to never indulge with drug use again and always reminded me about my future, prioritize myself and never be tempted again with those things, so that major problems will be prevented in the future*) (Transcript 2, page No. 5).

For the participants family is their source of strength to go on with their goals and maintain recovery. The guidance and support of their family is a strong foundation of their strength. As long as they can feel their family's support and encouragement, their self- strength to move forward boosts (Lewis, A.B., Allen, J.P. (2021), (Tracy, K., & Wallace, S.P. (2020).

Category 32: Family as Source of Motivation

Family motivation for the participants as a category comes from the codes on efforts earns family trust, focus on family, importance of marriage, not a family burden, rebuild family relationship, regain family trust, maintain trust and vision of family future. Roel said:

Karon focus na sa pamilya. Basta piskay lang me layu sa gubot, Ako mga anak maka pamilya pud puhon nya di pod ma guba ilang pamilya ba, bahalag simple ra gud. Simple ra man gud ako pangandoy sir, nya, kuan ba puhon-puhon maka pamilya sila maayu pud ang dagan ba, kana bang, tiguwang na man gyud ko hapit na ma senior ang imong mga anak pwede na byaan. (*My focus now is family. As long as we are in good health, away from chaos, my children will have their own family soon and I hope their family will not be ruined even if its just simple. My dreams are just simple sir and may things go well with their family; I'm already old ill be elderly soon I want to see my children ready to stand on their own*) (Transcript 3, pages No. 15-16).

For the participants, family motivation is not just from family but also because they saw the value of their family during recovery journey and what keeps them motivated is their hopeful vision of the future of their family (Brody, G.H., Yu, T., & Miller, G.E. (2021), (McCann, T.V., & Stephenson, J. (2020).

Category 33: Family involvement

Family involvement for the participants means, father punishment, mother monitors, restore family trust, family worries deter relapse and, monitored by family. Borjie said:

Kuan sir, kanang wa pagyud nay kanang gina-ingon nakong ang rason nga kuan 'say tawag ana ha, 'di nako gusto madapatan balik. Tapos kuan pod kanang gusto pod nako nga mabalik ang pag salig ni mama og papa sa 'koa". (*Uhhh sir, as I've said the reason was, what do you call this? I don't want to be beaten up again. And also, I would like to regain the trust of my mother and father*) (Transcript 2, page No. 39).

For the participants' family involvement such as pressure from family, monitoring and the desire to restore family trust can be considered as both challenge and support (McCann & Lubman, 2020; Jackson & Owens, 2021).

Exhaustive Description

Rehabilitation is a pivotal moment where participants reinterpret past detriments and consciously create new significance for their lives. Throughout the program, they underwent personal change: more defined life objectives, revitalized motivation, and increasing self-confidence. The program's established frameworks (such as skills training, routines, and counseling) along with its informal supports (like peers and staff) offered useful tools and a supportive atmosphere. However, participants also pointed out areas for enhancement and areas that needed attention—such as improved aftercare planning, more robust connections with community resources, and increased personalized follow-up. Throughout their involvement, many confronted various social and personal obstacles: stigma from their families and communities, internal feelings of shame, financial stress, and sporadic health or mental health issues; these challenges occasionally hindered progress but also inspired adaptive coping strategies. Elements of the program that emphasized self-management (such as time management, relapse prevention, and emotional regulation) enabled participants to apply what they learned in their everyday lives and contributed to initial recovery successes.

Faith and spirituality frequently surfaced as vital resources that provided hope and significance beyond the completion of the program. Participants shared their experiences of tangible life changes—establishing new routines, pursuing jobs or education, and reshaping their relationships—and explained how developing new skills, altering their surroundings, and fostering a sense of purpose contributed to lowering the likelihood of relapse. Family was consistently identified as the key stabilizing factor: emotional backing, monitoring, and practical help from family members were essential for successful reintegration. Additionally, participants highlighted the importance of broadening support networks (including employers, faith communities, peer groups, and formal community services) to attain lasting social inclusion; when such networks were available, reintegration outcomes improved. In summary, the lived experience reflects a gradual transition from crisis to purposeful reconstruction, influenced by the combination of personal effort, program support, family stability, faith, and the availability or lack of wider social resources.

Fundamental Structure

Recovery following rehabilitation is a dynamic, purpose-driven process where personal growth is facilitated, but not assured, by the frameworks of programs, the development of skills, and belief; ongoing reintegration relies on family support and the expansion of constructive social networks to overcome ongoing personal and societal obstacles.

Validation

The researcher presented the study's findings to the participants and engaged in discussions regarding the results. Participants were provided with a semi-refined summary that highlighted the main outcomes and themes of the research, as well as their perspectives derived from face-to-face meetings. All participants expressed their contentment with the findings, which accurately captured their emotions and experiences.

SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS, REFLECTION, AND UTILIZATION

This phenomenological study explored the lived experiences of drug surrenderees in terms of their participation in the community-based rehabilitation program. The researcher was interested in knowing about their experiences as drug surrenderees, struggles, challenges and learnings while participating in community-based rehabilitation program. The study aimed to investigate how the program influenced their recovery journey and their important insights that contributed potential improvements to the program, their struggles as drug surrenderees, their learnings, realizations, emerging issues, coping mechanism, program observations and how they renewed their lives. The study involved 5 participants who are drug surrenderees who completed the community-based rehabilitation program.

Summary

The research indicated that the experiences of individuals surrendering drugs while participating in a community-based rehabilitation program were influenced by a combination of personal challenges, societal factors, and transformative insights. Participants noted that their entry into the program was initially met with feelings of fear, shame, and uncertainty, but as they progressed, they began to cultivate a sense of hope and personal accountability.

A key finding was that support from family, friends, community volunteers, and program facilitators was essential in encouraging participants to persist in their recovery. Counseling, spiritual support, and group activities aided them in rebuilding self-confidence, managing cravings, and reconstructing their identities beyond drug usage.

Participants also indicated significant changes in behavior and lifestyle, such as enhanced relationships with family, greater engagement in community activities, and a stronger determination to steer clear of drug-related environments. Skills development and livelihood programs further empowered them by offering alternative means to rebuild their lives.

Nonetheless, the study revealed that participants continued to encounter challenges like social stigma, limited job prospects, and occasional triggers for relapse, underscoring that recovery is an ongoing journey rather than a single event. In spite of these hurdles, the majority of participants expressed appreciation for the program, characterizing it as a pivotal moment that offered structure, discipline, and a renewed sense of purpose.

In summary, the findings highlight that community-based rehabilitation programs play a crucial role in healing, reintegration, and transformation for drug surrenderers, particularly when anchored in a supportive and inclusive community atmosphere.

Implications

The results emphasize the importance of ongoing government backing for community-oriented rehabilitation, as participants gain significant advantages from interventions that are accessible, non-punitive, and rooted in the community. There is a need for policies to enhance cooperation among local government units, health departments, social service offices, and law enforcement to ensure a comprehensive and sustainable recovery journey for drug surrenderers. These findings suggest that rehabilitation programs need to incorporate robust psychosocial elements like counseling, spiritual support, and peer assistance since these have been transformative for participants. Expanding skills development and vocational training is crucial, as economic empowerment plays a vital role in preventing relapse and facilitating reintegration.

The beneficial impact of community support highlights the necessity for increased community engagement and awareness initiatives to diminish stigma and foster acceptance of individuals in recovery. Support groups at the barangay level and volunteer-led programs can aid in maintaining recovery after the formal conclusion of treatment. The research indicates that families are essential in reinforcing behavioral changes; thus, integrating family education and counseling into rehabilitation efforts is important to enhance the recovery environment at home. Participants' experiences indicate that rehabilitation programs encourage self-awareness, resilience, and personal accountability, suggesting that interventions should focus on activities that promote self-esteem and coping strategies. Aftercare programs are vital for helping individuals navigate relapse triggers, especially when they return to their previous environments.

Given that participants continue to face discrimination, the findings advocate for wider societal changes aimed at decreasing stigma, fostering inclusive job opportunities, and acknowledging recovering individuals as capable contributors.

Conclusion

The study finds the journey of drug surrenderees as meaningful while participating in community-based rehabilitation program. While participating in the program, they navigated few challenges that made their participation quite difficult such as fear and public shame or social stigma. Nevertheless, with their family support they still managed to continue with the program and achieve their aim of clearing their names off the list.

During the program, they also acquired a lot of information like the risks and consequences of drug use and the programs provided them with hope that they can still change and turn their life in the right direction. The program opened their eyes or made them realize that in case they wanted to change themselves, they had to make a decision to quit. They had to be persistent in quitting drug addiction because only they can change themselves.

Although there are lots of challenges such as the freedom to use drugs again, the program served as a guide or reminder on what will happen to them if they don't stop using drugs. Their families were also very supportive. They also formed a relationship with God through the program, and decided to choose new environment to avoid relapse and temptation. The community-based rehabilitation program, although not a perfect program, but it did contribute to the life change of the participants by giving them hope, new learnings and strong support such as family and new circle of friends.

Recommendations

Based on the findings and conclusion of the study, the following recommendations are endorsed:

1. The Heads of the City Social Welfare and Development Office, PNP, City Anti-drug Abuse Council (CADAC) and Barangay Anti-drug Abuse Council (BADAC) of El Salvador City may consider the following:
2. Conduct More Individual And Group Counseling Sessions To Help With Emotional Challenges, Trauma, And Triggers That Could Lead To Relapse; And Train Additional Local Counselors, Peer Facilitators, And Volunteers, So That The Drug Surenderees May Receive Steady Support During And After The Program.
3. Offer A Wider Range Of Easy-To-Access Livelihood Options To Help The Durg Surenderees In Recovery Support Themselves Financially And Work With Local Businesses And Tesda-Accredited Training Centers To Give Them Skills Certification And Job Opportunities;
4. Set Up Organized Aftercare Systems With Support Groups, Mentoring, And Regular Check-Ins To Help People Stay On Track After The Main Program Ends, Develop Ways To Manage Relapse And Set Up Easy-To-Reach Help Lines Or Referral Services.
5. Provide Family Education Sessions About Addiction, Ways To Communicate Better And How To Create A Supportive Home And Add Family Counseling To Help Heal Strained Relationships And Build Stronger Support Networks.
6. Run Community Awareness Campaigns To Help People See Addiction As A Health Issue, Not A Moral Failing, Promote Acceptance In The Community By Sharing Success Stories And Positive Changes From Program Graduates.
7. Find Long-Term Funding For Community-Ased Rehabilitation By Using Local Budgets, National Support, And Working With Ngos; Regularly Review And Update Program Parts Based On Feedback From Participants And Results From Evaluations; Provide Safe And Inclusive Community; Set Up Community Centers Or Recovery Hubs Where People Can Meet, Learn, And Take Part In Useful Activities; And Support Community Activities That Help People Reconnect With Others And Feel Less Isolated.
8. Abolish The Policy Of Asking Them To Wear Their Uniforms During The Community Based Rehabilitation Programs To Avoid Hypening The Embarrassment And To Reduce Social Stigma.

Limitations

This paper recognizes a number of limitations. There can be a recall bias or social desirability bias in the accounts of participants. Besides, the results can be considered context-dependent and not applicable to other rehabilitation programs or sites. However, the research offers comprehensive, contextualized information on the lived experiences of drug surrenderers, which can be used to gain a better understanding of the rehabilitation of communities in the Philippine context.

The limitation notwithstanding, the phenomenological methodology can be applied to delve in detail into the experiences of the participants and provide suggestions on how to better rehabilitation programs, enhance community support mechanisms and inform policy and practice in drug rehabilitation programs.

The researcher could not obtain the number of participants they wanted because of time and the fact that there were few participants who met the criteria. Many individuals fitting the criteria were either busy, hesitant to participate and has doubts towards the researcher's true intentions. As a result, the findings of the study were limited to the experience of the 5 participants who participated in the study and cannot be applied to other drug surrenderors who underwent the community-based rehabilitation program in other areas.

Reflection

There are numerous challenges that drug surrenderers faced in their day to day lived experience during participation in the community-based rehabilitation program particularly the shame as a participant of the program, work conflict and family challenges. The research emphasized the value of a qualitative inquiry

uncovering the emotions, personal struggle and transformation, the program served as a wake-up call a spark of hope and paved the way for participants to strengthen themselves for their recovery.

Utilization

Program Enhancement

Community-based rehab centers and local government units can use these insights to boost psychosocial support, improve aftercare, and strengthen livelihood programs that address participants' needs.

Policy Development

Local policymakers may use the results to advocate for sustained funding and standardized guidelines for community rehabilitation programs, ensuring uniform quality and accessibility across barangays.

Training and Capacity Building

Social workers, counselors, barangay staff, and volunteers can use these findings in training that highlights empathy, trauma-informed care, and good communication with people in recovery.

Community Awareness and Advocacy

The study can support community education campaigns that fight stigma and encourage acceptance of people in recovery, helping create a more welcoming environment for their return.

Academic Purposes

Teachers and students in social work, psychology, public health, and criminology can use these results as references for research, class discussions, and case studies about drug rehab.

Basis for Future Research

These findings can be a starting point for future studies on long-term recovery, how well aftercare works, or comparing different rehab models.

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