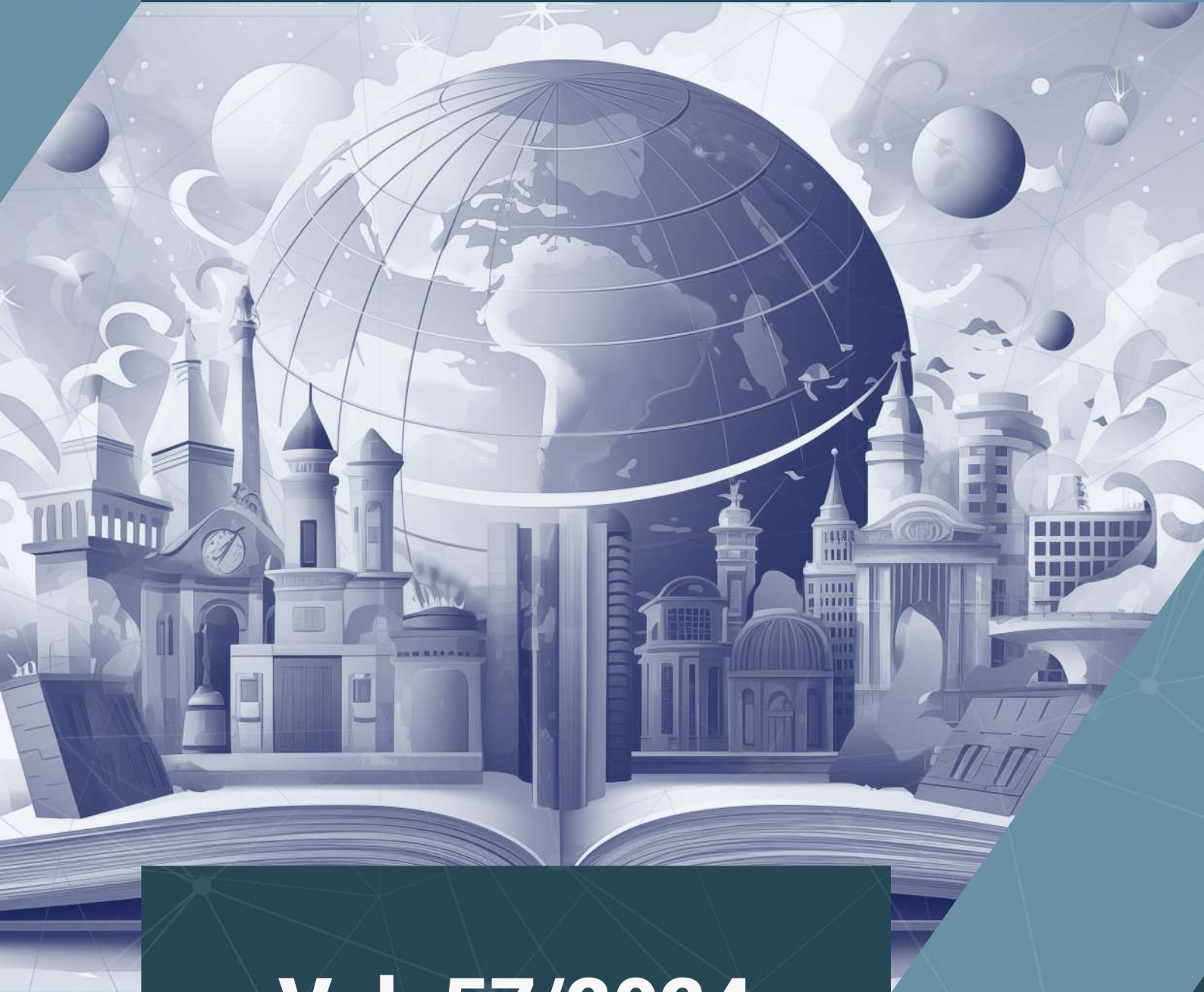




TECHNIUM
SOCIAL SCIENCES JOURNAL



Vol. 57/2024
A New Decade for Social Changes

PLUS
COMMUNICATION P



International
Communication & PR

A Concurrent Analysis of Drug Relapse Risk, Drug Avoidance Self-Efficacy, and Aftercare Experiences among Aftercare Program Clients

Dennise Mari D. Malinao, RPh

Brgy. 95, Caiba-an, Tacloban City
malinaodennise@gmail.com

Abstract. The cases of drug use and abuse have predominantly increased globally. This issue has become the most significant challenge among mental health professionals, the national government, and the general population. With the absence of substantial research about drug relapse and avoidance in the Philippines, this mixed-method research seeks to find out the relationship between drug relapse risk and drug avoidance self-efficacy among substance users who participated in the aftercare program.

This study employed a concurrent mixed method design, combining both quantitative and qualitative approaches. In the quantitative phase, the Advance Warning of Relapse (AWARE) Questionnaire and Drug Avoidance Self-Efficacy Scale (DASES) were administered to 66 participants from the Aftercare Program (ACP) at the Department of Health Treatment and Rehabilitation Center in Eastern Visayas. The aim was to establish a correlation between the risk of drug relapse and drug avoidance self-efficacy. In the qualitative phase, interviews were conducted with five participants who met the study's inclusion criteria. Purposive sampling was used to select these participants.

Quantitative findings revealed that ACP clients had low drug relapse risk and high drug avoidance self-efficacy. Moreover, Pearson product-moment correlation shows an inverse relationship between lower drug relapse risk and high drug avoidance self-efficacy, and vice-versa. However, the correlation between these variables is weak, indicating that drug avoidance self-efficacy is not a strong predictor of relapse risk in aftercare program clients. Similarly, qualitative results exposed the client's experiences in the After Care Program. Six themes emerge from their experiences, such as their various reasons for taking the drugs, the effects of substance use, their effective coping mechanisms, the treatment of their communities, their accomplishment of recovery goals, and overcoming challenges in their recovery.

The study suggests that individuals who participate in the aftercare programs are trying their best to recover and increase their self-efficacy to avoid using drugs. This strong self-efficacy, in combination with various factors such as family support, the acceptance of the community, and continued reminders of the consequences of substance abuse, decreased their vulnerability to use drugs in high-risk situations. The findings will increase the awareness of Filipinos in the prevention and treatment of substance use among their loved ones, relatives, and friends. Likewise, the findings recommend improving the aftercare program to increase its effectiveness and efficiency in preventing relapse among individuals in recovery.

Keywords. Addiction, Substance Use, Relapse Risk, Drug Avoidance Self-efficacy, Recovery.

1. Introduction

Drug abuse, characterized by the excessive use of psychoactive substances such as cigarettes, alcohol, and illegal drugs in a harmful manner to oneself and society, is a significant societal concern (Khatib et al., 2018). It gives rise to a multitude of social issues, including distracted driving, aggression, stress, child abuse, and challenges in maintaining employment, which, in turn, contribute to problems like criminal conduct, absenteeism from work, and unemployment (National Institute on Drug Abuse [NIDA], 2020). Often, the individual caught in the cycle of addiction remains unaware of the adverse effects of their drug abuse on their family and the community (AspenRidge Recovery, 2020). The repercussions include strained family relationships, emotional distress among family members, children's vulnerability to mental and psychological issues, and an increased risk of engaging in criminal behavior (Lipari & Van Horn, 2017).

Globally, there were over 296 million individuals who used drugs in 2021. There is an increase of 23% over the previous decades. Likewise, the global estimate of people who inject drugs is 13.2 million, which signifies a rise of 18% from previously estimated. Further, the number of people who suffer from substance use disorders has risen steeply to 39.5 million, a 45% increase over the last decade (United Nations Office on Drugs and Crime [UNODC], 2023). In the next few years, the treatment of substance use disorders will be the primary concern among mental health professionals as well as the national government.

Similarly, illicit drug use is an ongoing issue in Southeast Asia. There is a mass production of methamphetamine on the borders of Thailand, Myanmar, and Laos. As a consequence, it made amphetamine available and affordable to the general population, most especially the youth (Lancet Regional Health, 2023). Likewise, the number of amphetamine-type stimulants (ATS) and new psychoactive substances (NPS) reached Southeast Asia in 2019. The cases peaked at a new record of 115 tons, equivalent to an increase of 210 percent compared to five years ago (UNODC, 2020). Consequently, there were 554,234 criminal drug cases in Southeast Asia, especially in Malaysia, Indonesia, Singapore, Laos, and the Philippines (ASEAN – NARCO, 2019).

In the Philippines, there were an estimated number of 41,500 reported cases of illegal drugs in the country. Most of the cases were reported by the National Capital Region's (NCR) regional police office. In the NCR region alone, reported cases of illegal drugs were 12,400 (Statista Research Department, 2023). In 2016, the Philippine government initiated an unprecedented campaign against illegal drugs, placing the responsibility of resolving the drug problem squarely on the shoulders of the criminal justice system (Simbulan et al., 2019). This campaign led to a surge in criminal drug cases, resulting in overcrowded prison facilities. To address this challenge, there was a substantial increase in the enrollment of mandatory rehabilitation facilities and community-based treatment centers operated by local government units (UNODC & UNAIDS, 2022).

In some studies about addiction, it has been discovered that perceived self-efficacy plays a specific role in relapse (Nauser, 2021; Erci, 2021; Dhankar et al., 2021; Razali & Madon, 2020). Drug avoidance self-efficacy, often known as the confidence that one can successfully abstain from using drugs in any circumstance, is specifically thought to support continued sobriety after completing a rehabilitation program and participation in aftercare treatment (Clingan & Woodruff, 2017). Numerous researches were conducted to explore how young people perceive and experience substance use services (Turuba et al., 2022), substance use and mental illness (Okoro, 2018), finding out the relationship between addiction relapse and self-efficacy rates in injection drug users (Abdollahi et al., 2014); effectiveness of therapy and

rehabilitation programs (Kabisa et al., 202; Kattenberg, 2022), substance use craving and self-efficacy among addict patients (Abdelmouttelb et al., 2022); effectiveness of gender and drug avoidance self-efficacy among adolescence (Erci, 2021); and factors affecting substance use and self-efficacy status (Karatay & Baş, 2019). Presently, there is still a need to further investigate the experiences of these recovering drug dependents with their beliefs in avoiding drugs and the tendency to relapse (Nauser, 2021; Razali & Madon, 2020; Supriyanto & Hendiani, 2018). According to Cruz (2023), continuous assessment and enhancement are vital to maintaining the program's ability to adapt to the evolving requirements of its participants and consistently provide high-caliber care.

In the field of addiction research, the primary focus has revolved around quantitative research designs, particularly involving comparisons, correlations, and cross-sectional analyses, with relatively few investigations delving into qualitative data (Abdelmouttelb et al., 2022; Erci, 2021; Wangithi & Ndurumo, 2020; Karatay & Baş, 2019; Uzun & Kelleci, 2018; Kadam et al., 2017). Thus, the current study has embraced a concurrent mixed methods research approach, aiming to offer a comprehensive grasp of the subject matter. This approach has laid a sturdy foundation for evaluating the relationship between the risk of drug relapse risk and drug avoidance self-efficacy, simultaneously exploring the unique experiences of individuals within the aftercare program. The insights gleaned from this study bear practical significance by augmenting the effectiveness of treatment and intervention programs designed for individuals navigating the challenges of substance use in the context of aftercare.

This research will be valuable for people addicted to drugs since it will assist them in their treatment process. The study's findings will help aftercare patients gain awareness of the relationship between their drug relapse risk and drug avoidance self-efficacy, aiding them on their road to sobriety. Drug-dependent family members will also learn how to improve and support their loved one's sobriety and drug avoidance self-efficacy. This will guarantee that the families know the issue, benefiting everyone involved. Moreover, rehabilitation practitioners, counselors, and psychologists will be guided in their treatment plans by implementing individual therapies focusing on the two variables mentioned. The results of the study will also serve as inputs for improving the ongoing aftercare program of the Department of Health - Treatment and Rehabilitation Center. This study has the potential to serve as the Department of Health's foundation for its rationales in policies connected to drug control and misuse, especially for the aftercare program. In addition, future researchers will be able to use this study as both a vantage point and a reference point for the variables that may or may not have been addressed in the previous research.

1.1 Literature Review

1.1.1 Drug Misuse and Abuse. In the Philippines, the most widely abused narcotic in 2021 was Methamphetamine Hydrochloride, commonly known as "shabu" (Dangerous Drugs Board, 2021). The typical drug user in this context was described as male, middle-aged, unmarried, with a high school diploma or less, employed, and from a household with a median income. Disturbingly, a significant number of 15 to 19-year-olds had already initiated substance use. The consumption of shabu has both psychological and physiological consequences, including disruptions in sleep patterns, irregular eating habits, and a lack of self-care (Sy et al., 2021).

Cannabis use is also prevalent in the Philippines, with a reported rate of 26% (Dangerous Drugs Board, 2021). Tetrahydrocannabinol (THC), the principal psychotropic component of Cannabis sativa, has seen an increase in concentration over the past four decades

due to different breeding and cultivation conditions. Because THC plays a vital role in brain development and neuronal processes during adolescence, it can impact the teenage brain differently than the adult brain, leading to structural changes, such as decreased gray matter in specific brain regions. This research suggests that THC affects the brains and behaviors of adolescents and adults differently, and early exposure to THC may lead to cognitive impairments (Dhein, 2020).

Benzodiazepines were found to be the third most commonly abused drug in the Philippines. This surge in interest is due to the use of benzodiazepines as sedative medications for anxiety, insomnia, seizures, and specific mental health issues related to Covid-19. Additionally, "LSD" was reported as a new drug in 2020, ranking 11th in the Dangerous Drugs Board's (2021) statistics report.

The motivations for drug use are multifaceted. Research by Nawi et al. (2021) identified a range of factors, encompassing individual, family, and community influences. These factors include a history of abuse, high impulsivity traits, hostile parenting, preexisting psychological disorders, low parental education, inadequate supervision, family members who use substances, and peer pressure. Some individuals resort to drug use as a means of coping with work-related stress and other life challenges, including family conflicts, legal issues, and boredom (Sy et al., 2021). For many adolescents, drug use serves as a coping mechanism to navigate life crises, especially for street children who use drugs to deal with the physical or sexual abuse they've experienced. As individuals age, addressing substance use becomes increasingly challenging, with parental support, communication, attachment, psychological control, and parental monitoring all playing a role in the development of deviant behaviors like substance abuse (Saladino et al., 2020). Additionally, social networks, religion, socioeconomic status, and stress have been identified as factors influencing substance abuse (Zafar & Ijaz, 2020; Jorge et al., 2018). An individual's susceptibility to substance misuse can also be influenced by stress, as well as racial and gender differences (Feyisa, 2021).

1.1.2 Drug Relapse. A drug relapse is a complex phenomenon that often occurs when an individual in recovery, who has been abstinent from their drug of choice, returns to using substances. It's essential to understand that relapse is more of a process than a single event. This process unfolds gradually and typically begins with subtle signs, gradually worsening over time. To effectively address relapse and prevent it, it's crucial to comprehend the stages involved (Parisi, 2019). The process of relapse typically consists of three distinct phases: psychological, social, and physical. Understanding these stages is instrumental in minimizing the risk of relapse (Ackermann, 2021; Tatari et al., 2020; Wemm & Sinha, 2019; Preston et al., 2018).

Relapse prevention aims to help individuals in recovery identify early warning signs and develop coping strategies to avert relapse, particularly during the initial stages when the chances of success are the highest (Preston et al., 2018). As patients progress through their recovery journey, the risk of relapse increases. Recognizing one's personal warning signs is essential for relapse prevention. The study by Chan et al. (2019) revealed that many respondents believed they could attain sobriety with determination, self-efficacy, and competence. However, relapses are still common, especially in low- and middle-income countries, even after detoxification and rehabilitation. Relapses can result in severe consequences, including job loss, homelessness, legal issues, and even loss of life (Kabisa et al., 2021).

Relapses often happen because individuals tend to forget the negative aspects of their past substance use and only remember the pleasurable elements, which can serve as powerful triggers prompting drug cravings (Tatari et al., 2020). These triggers can be external or internal

stimuli, such as environmental cues, stress, emotions, or even specific places or people that remind the individual of their past drug use. While triggers may not immediately lead to relapse, they significantly raise the risk of resuming drug use (Tagliareni, 2020).

The likelihood of relapse is influenced by numerous factors, including marital status, personal motivation, drug availability, family conflicts, the presence of friends or acquaintances with substance use issues, and the history of addiction in the family (Mousali et al., 2021). Younger patients and those with co-occurring mental disorders have been associated with a higher risk of relapse. Conversely, patients who complete their inpatient treatment have a lower risk of recurrence, and the characteristics of the treatment site also play a role (Andersson et al., 2019).

Familial relationships have a significant impact on relapse, as a study by Zeng et al. (2021) found a strong association between family connectivity and relapse risk. During the COVID-19 pandemic, measures like physical distancing and lockdowns reduced communication between individuals in recovery and their families, which had a negative impact on sobriety. Additionally, peer influence, particularly from old peers who continue to use drugs, has been identified as a significant factor contributing to relapse (Kinyua, 2019; Ramsewak et al., 2020). Negative community support can also lead to relapse, as individuals may feel alienated when the community takes a hostile stance toward them (Azmi et al., 2018).

Relapse prevention strategies are essential to maintain sobriety. These strategies involve recognizing and managing high-risk situations, boosting self-efficacy, dispelling misconceptions about substance use, learning to control lapses, and restructuring cognitive patterns (Menon & Kandasamy, 2018). In summary, understanding the dynamics of the relapse process and implementing effective prevention strategies are crucial components of addiction recovery and maintaining long-term sobriety.

1.1.3 Drug Avoidance Self-Efficacy. Self-efficacy, the belief in one's ability to perform a specific task or achieve a particular goal, plays a critical role in the context of addiction and relapse prevention. Several studies have examined the relationship between self-efficacy and addiction, and the findings provide valuable insights into this complex issue.

Razali and Madon (2020) highlight the role of self-efficacy in addiction by emphasizing that an individual's anticipation of fulfillment increases their confidence in their capacity to relapse. In contrast, linking drugs with negative consequences can motivate individuals to avoid relapse. This underscores the importance of self-efficacy in shaping behaviors and choices related to addiction.

Dhankar et al. (2021) provide a comprehensive understanding of how self-efficacy can help manage addictive habits. They emphasize that self-efficacy is rooted in an individual's control over their physical, social, and emotional capacities. This control can serve as a valuable resource for individuals with a history of substance abuse, enabling them to make positive changes in various aspects of their lives.

Family support is another crucial factor in the context of self-efficacy and relapse prevention. Wangithi and Ndurumo (2020) found that there is a strong link between family support and self-efficacy, with an increase in family support leading to a significant boost in self-efficacy. This highlights the important role that a supportive family environment can play in helping individuals maintain their belief in their ability to avoid relapse.

However, it's important to note that not all studies consistently support the idea that self-efficacy is a strong predictor of treatment outcomes. Gorgülü's (2019) research suggests that self-efficacy may not substantially predict treatment outcomes, particularly in cases where respondents have a history of drug addiction, limited educational backgrounds, employment

issues, and a history of suicide. This highlights the complexity of the relationship between self-efficacy and addiction recovery, as it can be influenced by a range of individual and contextual factors. Various socio-demographic characteristics have also been linked to self-efficacy in different studies. Factors such as employment status, age, academic performance, family dynamics, history of substance use, illness, and exposure to traumatic events have been associated with decreased self-efficacy (Karatay & Baş, 2019; Uzun & Kelleci, 2018).

In summary, self-efficacy is a crucial concept in addiction and relapse prevention. It influences individuals' beliefs and attitudes regarding their ability to avoid substance use. While numerous studies have explored the relationship between self-efficacy and addiction, it's important to recognize that this relationship is complex and can be influenced by a variety of individual, familial, and contextual factors. Further research is needed to gain a more comprehensive understanding of the role of self-efficacy in addiction and recovery.

1.1.4 Drug Relapse Risk and Drug Avoidance Self-Efficacy. Scholarly research has consistently underscored the pivotal role of an individual's self-efficacy in the context of addiction recovery and long-term sobriety. Various studies have elucidated how a person's perception of their own capabilities directly impacts their susceptibility to relapse and heightened drug or alcohol use (Nauser, 2021; Erci, 2021; Dhankar et al., 2021; Razali & Madon, 2020). When an individual struggles with low self-efficacy, the path to recovery becomes arduous as they may perceive abstinence as an insurmountable challenge. Patients who lack confidence in their ability to navigate life's challenges find it challenging to resist relapse, even after undergoing treatment, due to their diminished resilience against triggers and high-risk situations (Sakari, 2021).

To fortify one's coping mechanisms and overall rehabilitation, it is imperative to place self-efficacy at the foundation, wherein an individual believes in their physical, emotional, and social competencies (Dhankar et al., 2021). Nauser's (2021) study has particularly emphasized the substantial negative correlation between self-efficacy and the risk of relapse. Elevated self-efficacy corresponds to lower stress levels, promoting effective self-management, self-awareness, resilience in the face of setbacks, and a heightened determination to succeed. Consequently, the prevention of relapse becomes significantly more attainable.

Self-efficacy isn't just a determinant of post-treatment relapse; it can also influence the initial onset of addiction. A person's anticipation of gratification can bolster their confidence in their ability to avoid relapse. Conversely, linking substance use to adverse consequences motivates individuals to steer clear of relapse (Razali & Madon, 2020). Some studies, exemplified by Clingan and Woodruff (2018), hypothesize that self-efficacy in drug avoidance can lead to sobriety after completing rehabilitation and participating in aftercare therapy. Furthermore, cravings and self-efficacy play a significant role in individuals' struggle to abstain and avoid returning to drug use. There's a statistically significant inverse relationship between the desire to use drugs and the self-efficacy to resist them (Abdelmouttelb et al., 2022).

Dhankar and colleagues (2021) have elaborated on the role of self-efficacy in managing addictive behaviors. As self-efficacy revolves around a person gaining control over their physical, social, and emotional capacities, it can serve as a resource for individuals grappling with drug addiction to instigate positive changes across various aspects of their lives, be it occupational, social, or personal. According to this research, self-efficacy stands as a significant predictor of future drug usage, with greater self-efficacy equating to diminished future drug use. Over time, clients who maintain sobriety exhibit improvements in self-efficacy compared to those who experience relapse after treatment. This evolution enhances their motivation to modify problematic behaviors and reinforces their capacity to stave off relapse.

Effective treatment approaches aimed at curbing drug use or other dependencies must prioritize the enhancement of self-efficacy, nurturing a steadfast belief in one's ability to evade drugs even when confronted with triggers and high-risk situations (Khazae-Pool et al., 2021).

Nonetheless, it's crucial to recognize that drug avoidance self-efficacy varies among individuals. Nikmanesh and colleagues (2016) as well as Hendianti and Uthis (2018) have all established a strong negative correlation between self-efficacy and the potential for drug relapse in substance users. Individuals with higher self-efficacy beliefs and robust social support are less prone to relapse, as highlighted by Nikmanesh et al. (2016). These findings emphasize that individuals with stronger self-efficacy tend to exhibit self-protective behaviors and enjoy greater success in overcoming drug addiction. The act of increasing self-efficacy significantly contributes to diminishing the risk of relapse following treatment (Hendianti & Uthis, 2018). Notably, internal factors of self-efficacy, including outcome expectations, emotional states (both positive and negative), and cravings, wield a positive and substantial influence on the risk of drug relapse (Hendianti & Uthis, 2018).

Abdelmouttelb and colleagues (2022) have expounded how self-efficacy levels fluctuate in response to various factors, encompassing negative emotions, peer influence, physiological states, and cravings. This research demonstrates that a firm belief in abstinence can significantly counteract the risk of relapse, even in the face of factors like negative emotions, the allure of positive emotions with peers, unfavorable physiological conditions, and high-risk situations. Moreover, Samson (2021) has underscored the substantial variations in the struggles individuals encounter during their aftercare programs, as these variations may hinge on both internal factors, such as emotional responses, and external factors, including socio-economic status and work environment. Furthermore, longitudinal research by Müller and colleagues (2019) suggests that an individual's self-efficacy evolves over time, particularly if they maintain sobriety for an extended period. When there's a strong conviction that one can limit or abstain from heavy drinking after a residential program, the prospect of achieving sobriety even five years later becomes increasingly probable. Consequently, self-efficacy and motivation play pivotal roles in sustaining long-term sobriety.

However, discrepancies do exist in the literature. A study by Dhankar et al. (2021) discovered that most male respondents exhibited robust self-efficacy in drug avoidance. In contrast, another study noted that 60% of participants demonstrated little to no self-efficacy, while the remaining 40% exhibited moderate levels (Abdelmouttelb et al., 2022). Karatay and Baş (2019) and Amodia (2018) revealed that male teenagers tend to have lower drug avoidance self-efficacy. Additionally, a specific study involving young adult male substance abusers in Cebu rehab centers, as explored in Amodia et al. (2018), noted that, regardless of civil status, treatment length, or rehabilitation method, most respondents displayed low drug avoidance self-efficacy. Intriguingly, the use of methamphetamine did not correlate with drug avoidance self-efficacy in a separate study (Hussain et al., 2021). Furthermore, cannabis users appeared to exhibit more confidence in avoiding substance use compared to other drug users (Amodia, 2018).

Razali and Madon's (2020) research indicates that self-efficacy serves as a robust mediator between various coping strategies (problem-focused, emotion-focused, avoidance), family support, peer support, and societal support concerning the likelihood of reverting to drug use. Thus, self-efficacy significantly influences these factors and the risk of relapse. Furthermore, research by Zeng and Tan (2021) demonstrates that family support exerts a strong negative predictive influence on the probability of drug-dependent individuals experiencing relapse, and self-efficacy partially mediates this relationship. Additionally, Zeng et al. (2021)

conducted a study connecting self-efficacy as a mediating factor for relapse and family intimacy, revealing that reduced family intimacy impedes the individual's capacity to recognize their changing capabilities, thereby hindering their ability to manage negative emotions and adopt effective coping strategies, ultimately increasing the risk of relapse.

However, not all studies align with these findings. Sakari (2021) discovered that self-efficacy, emotional intelligence, and social support all share substantial negative connections with drug recurrence. Consequently, this research suggests a holistic approach to rehabilitation that encompasses counseling, skill development, religious knowledge, and moral education to cater to the needs of drug users, thereby reducing the incidence of relapse and fostering more well-adjusted individuals. Furthermore, Manrique and colleagues (2018) observed a weak negative association between self-esteem levels and the frequency of drug use, indicating that self-esteem alone may not serve as a definitive predictor of future drug relapse. It's important to acknowledge that multiple internal and external factors can significantly influence the recovery process of clients. This viewpoint is supported by Hussein (2018), who asserted that there is no significant relationship between self-efficacy and substance abusers with clinical characteristics. Another study by Kadam et al. (2017) disclosed that male opioid users, in particular, tend to have lower self-efficacy in drug avoidance. Consequently, further research is needed to address the gaps in the existing literature and provide more definitive insights into drug avoidance self-efficacy.

In summary, the body of research underscores the intricate relationship between self-efficacy and addiction recovery. While self-efficacy can significantly bolster an individual's ability to resist relapse, there is notable variability among individuals, and numerous internal and external factors come into play. Moreover, the interplay of self-efficacy with other elements, such as family support, coping strategies, and emotional intelligence, presents a multifaceted picture of addiction recovery that necessitates a comprehensive and individualized approach to treatment and rehabilitation. Additional research is required to further elucidate these complexities and to refine strategies for enhancing self-efficacy in the context of addiction recovery.

1.1.5 Aftercare Program. Republic Act No. 9165, commonly referred to as the Comprehensive Dangerous Drugs Act of 2002, serves as a governmental directive aimed at addressing the pressing issue of drug abuse and dependency. The mandate emphasizes the need for effective solutions, particularly long-term treatment and rehabilitation programs, to aid individuals in their journey to reintegrate into society. Implementing these policies in select regions has yielded valuable insights, indicating the importance of tailoring rehabilitation facilities to align with societal perceptions, cultural appropriateness, and geographic relevance (Dangerous Drugs Board, 2022). Nevertheless, achieving optimal and enduring treatment outcomes, including relapse prevention, necessitates the thoughtful integration of aftercare programs, also known as recovery management, as emphasized by the Department of Health in 2018. Aftercare programs are a crucial component of addiction treatment, designed to support individuals in their transition from intensive treatment to sustained recovery. These programs aim to reduce the risk of drug relapse and enhance avoidance self-efficacy in high-risk situations.

The Dangerous Drug Board (DDB) of the Philippines introduced Board Regulation No. 01, series of 2006, which provides detailed guidelines for the aftercare program designed to assist individuals in recovery from drug use. In Article III of these guidelines, the Aftercare Program (ACP) is defined as a comprehensive initiative that supports individuals in their journey toward recovery and their reintegration into the community after completing treatment

and rehabilitation. The guidelines underscore the important roles that various industries and groups play in helping individuals successfully transition back into society after following aftercare programs. The ACP offers a secure and supportive environment for those in recovery until they no longer require such assistance. It serves as a crucial component of the recovery process, particularly during the period when individuals return to the community after leaving a rehabilitation facility. This program eases the process of clients reintegrating into society and is effective in preventing relapse. To ensure and maintain positive treatment outcomes, the ACP encompasses medical, psychological, and financial elements (Dangerous Drugs Board, 2022).

The program's primary objective is to equip participants with essential skills for long-term recovery, facilitating their successful reintegration into their communities and positive contributions to society. These skills encompass finding employment, effectively managing a job, repairing relationships with family and friends, and gaining a fresh perspective on one's psychological and emotional well-being. Prior to admission to the Aftercare Program (ACP), a comprehensive evaluation is conducted by a team from the Drug Rehabilitation Center, involving input from the participant's family and, when applicable, their employer. Social preparedness of both the family and the community is considered crucial (Dangerous Drugs Board, 2018). Rehabilitation clinics are accessible across the nation, providing a streamlined and voluntary mediation process for those in need. Additionally, the establishment of health service networks, in alignment with the Department of Health's Formula One Plus, is imperative to ensure a robust referral system for Persons Who Use Drugs (PWUDs) (Dangerous Drugs Board, 2022; Department of Health, 2018). In the rehabilitation process, individuals who have finished the residential program are required to go through the ACP. This treatment program helps them transition back to daily life in the community and is carefully planned in collaboration with the Drug Rehabilitation Center team, their families, and employers. It also involves preparing the family and community for the return of these individuals. Specific entry and completion criteria are established for each patient to ensure comprehensive recovery (Ackerman, 2021; Dangerous Drugs Board, 2022). At DOH-TRC Dulag, aftercare patients are divided into three phases based on their time in recovery: Phase 1 (0-6 months), Phase 2 (7-12 months), and Phase 3 (13 months and above). ACP activities for all phases include psycho-education on relapse prevention, group sessions, individual therapy, family discussions, community outreach, stress-relief activities, spiritual support, and referrals for financial assistance through the LGU. When ACP clients reach the third phase and meet all criteria, their case manager may recommend them for graduation after an assessment. However, if ACP clients experience setbacks like drug relapse, they engage in a series of activities and worksheets to address behavioral relapses and strengthen relapse prevention skills.

Kattenberg's (2022) study found that the aftercare intervention helped maintain abstinence, increase refusal self-efficacy, enhance psychological flexibility, and improve emotional and psychological well-being in participants, suggesting its potential effectiveness in preventing substance use relapse. However, further research is needed to understand the mechanisms involved. Aftercare programs offer a potential remedy to the persistent issue of relapse within drug addiction social rehabilitation centers. This potential lies in the reinforcing mechanisms embedded within the Therapeutic Community (TC) model, which creates a structure resembling supervision, thereby exerting a positive influence on residents' behavior (Ritonga et al., 2022). Notably, the Philippines frequently employs the Therapeutic Community (TC) model in various contexts, including rehabilitation facilities, parole and probation programs, and the Department of Justice (DOJ) (DOJ, n.d.). To address the inherent relapse risks associated with the TC model, aftercare programs have been introduced. These programs

serve to enhance residents' perception of monitoring, resulting in a constructive impact on their conduct (Ritonga et al., 2022).

In Indonesia, drug social rehabilitation facilities predominantly utilize two aftercare treatment approaches: The Therapeutic Community (TC) and Narcotics Anonymous (NA). Both of these interventions are firmly grounded in the principles of behaviorism psychology, seeking to bring about transformative changes in clients by adhering to the established guidelines of the rehabilitation staff. The overarching objective is to guide individuals from the role of a victim of substance abuse toward a path of recovery (Bondad, 2020). Ritonga et al.'s (2022) research aligns with the perspective that the behavioral aspects, particularly the techniques administered by social group workers within social rehabilitation centers, leveraging the Therapeutic Community Models (TC) and Narcotics Anonymous (NA), have the capacity to effectively induce changes in resident behavior. Residents, with the guidance of social workers, counselors, or the goals outlined by drug social rehabilitation centers, actively participate in programs that draw upon the Therapeutic Community (TC) and Narcotics Anonymous (NA) models.

In a separate study conducted by Kattenberg (2022), positive outcomes were similarly observed in the context of aftercare programs, albeit employing a distinct approach. This study involved four participants who successfully maintained abstinence during their treatment. The Acceptance and Commitment Therapy (ACT)-based aftercare program, which exhibited a high level of acceptability, demonstrated promise as an effective approach for addressing Substance Use Disorder (SUD). Additionally, individual assessments of reliable change indicated the preservation or enhancement of factors such as refusal self-efficacy, well-being, and psychological flexibility throughout the treatment process. The success in implementing the program was attributed to its adaptability and the involvement of early-adopter therapists who contributed to raising awareness about the program. Nevertheless, the study identified substantial obstacles in the domains of organizational communication and planning. Research suggests that various aftercare models, such as Therapeutic Community, Narcotics Anonymous, ACT-based, and contingency management, can be effective in continuing treatment for recovering drug dependents. The choice of aftercare approach may depend on individual preferences and needs.

Relapsing into drug use can carry heightened risks of adverse effects, particularly after a sustained period of abstinence and intensive inpatient therapy. The recovery process can become notably intricate when individuals lack confidence in their capacity to overcome addiction. Self-assurance in remaining drug-free equips individuals with the resilience to devise effective relapse prevention strategies even in the face of triggers and challenging situations. Despite the existence of continuing care programs like Aftercare Programs, some individuals in recovery still face relapse. For instance, in Russell and Gillis's (2022) research, 70.8% of the participants acknowledged experiencing a relapse, while 29.2% claimed they had not relapsed, following a 90-day treatment program that employed Adventure Therapy as its approach. Among those who admitted to relapsing, 73.8% described their relapse as "severe," with the remaining 26.3% considering it "not severe." Notably, clients expressed overall satisfaction with their treatment experiences and expressed a desire for more structured aftercare options upon completing their treatment. Interestingly, these clients also exhibited statistically significant improvements in mindfulness skills, which played a role in their ability to maintain sobriety. An underexplored aspect of recovery management pertains to adherence to post-treatment plans. Some studies have delved into the determinants influencing clients' sobriety in aftercare programs. These investigations unveiled two pivotal factors influencing the relapse

rates among individuals who have successfully completed their rehabilitation programs. Internal influences, including personal traits and their impacts on emotional regulation and coping mechanisms, play a significant role in this regard. These internal variables encompass various aspects, such as emotional management and coping mechanisms (Maulida & Khairulyadi, 2019).

Moreover, in their research, Costello et al. (2018) employed qualitative analysis to elucidate participants' perceptions of recovery from substance abuse. Their study aimed to provide insights into how individuals with personal experience in overcoming addiction who are engaged in Aftercare Programs (ACPs) conceptualize recovery. The study identified four overarching themes that characterize participants' outlook on recovery: (1) Recovery is an enduring journey marked by perpetual growth and learning, punctuated by fluctuations and potential setbacks, including relapses. (2) Abstinence, while crucial, is insufficient for successful recovery; instead, comprehensive life improvements are necessary. (3) Recovery encompasses various dimensions, encompassing psychological, spiritual, social, physical, occupational, daily life, and life satisfaction aspects. (4) Recovery demands unwavering commitment and dedication to the process, often involving ongoing self-assessment and self-improvement. Successful recovery includes abstinence and improvements in various life domains. Early recovery, within the first year post-treatment, was seen as a period where incremental changes occur in various aspects of life, with substantial improvements anticipated over time. Spirituality, improved relationships, and life satisfaction were emphasized. These findings support established definitions of recovery in the addiction field and underscore the importance of measuring multidimensional outcomes early in the recovery process. The results also highlight the need for comprehensive performance evaluations of addiction treatment programs, considering the chronic disease paradigm and ongoing symptom management in the recovery process.

Conversely, Samson (2021) uncovered parallel findings in local studies, illustrating the profound impact of both internal and external factors on therapeutic goals during their aftercare program. The study findings provide valuable insights into the various factors affecting the aftercare program for individuals in recovery from substance dependence. One key observation is the significant impact of emotional factors, which are deemed to be of great importance ("Highly Affecting") in shaping the outcomes of the aftercare program. These emotional factors encompass a wide range of feelings and psychological states that individuals in recovery may grapple with, such as anxiety, depression, or stress. The study highlights that addressing and effectively managing these emotional factors is crucial for the success of the aftercare program. Similarly, socioeconomic factors are also identified as highly influential ("Highly Affecting") elements that significantly impact the aftercare program. These socioeconomic factors encompass variables related to an individual's financial stability, access to resources, and overall economic well-being. The study underscores that these factors can either facilitate or hinder the progress of individuals in the aftercare program. Therefore, understanding and addressing the socioeconomic aspects of recovery is essential for maximizing the effectiveness of the aftercare initiative. On the contrary, when it comes to external factors related to the work environment, the study characterizes their impact as "Affecting." This suggests that while work-related factors do have an influence on the aftercare program, their effect is somewhat less pronounced compared to emotional and socioeconomic factors. These work-related factors might encompass issues such as job stress, workplace support, or employment stability. Recognizing the role of the work environment in the recovery process is vital, but it may require relatively less emphasis compared to emotional and

socioeconomic considerations. Furthermore, the research reveals that a substantial number of respondents have reported a decline in their interest in everyday activities, persistent feelings of sadness, and past experiences of physical or emotional abuse. These emotional and psychological challenges have had adverse effects on their journey to recovery. It emphasizes that individuals in recovery often contend with complex emotional struggles that may impede their progress. Acknowledging and addressing these difficulties, alongside the emotional and socioeconomic factors, is crucial for tailoring effective aftercare support to aid individuals in their recovery process.

1.2 Synthesis

Substance misuse and abuse, encompassing alcohol and illicit drugs, give rise to a surplus of societal challenges, spanning impaired driving, family discord, and employment impediments. In the Philippines, prevalent drugs of abuse encompass "shabu" and cannabis, with a discernible uptick in the utilization of benzodiazepines.

The motivations for engaging in drug use are multifaceted, encompassing individual, familial, and communal determinants. These motivations encompass exposure to trauma, the presence of psychological disorders, peer pressure, and the deployment of drugs as coping mechanisms for stress. The recuperation from substance abuse is a formidable endeavor due to the protracted nature of addiction and the looming specter of relapse. To address substance misuse comprehensively, a multifaceted approach that takes into account individual, social, and environmental considerations is imperative.

The phenomenon of drug relapse is intricate, unfurling when individuals in recovery revert to substance usage. It unfurls across psychological, social, and physical dimensions, frequently instigated by diverse factors, including external stimuli, stressors, and the sway of peer influences. The proclivity for relapse is influenced by an array of factors, such as age, mental health status, family dynamics, and the successful completion of treatment programs.

Strategies dedicated to preventing relapse assume a pivotal role in sustaining sobriety. These strategies encompass the recognition and adept management of high-risk situations, the amplification of self-efficacy, the dispelling of misconceptions related to substance use, the acquisition of skills for controlling momentary lapses, and the restructuring of cognitive patterns.

Self-efficacy, signifying an individual's conviction in their capability to avert relapse, is a salient factor in addiction and recovery. Empirical evidence consistently underscores that individuals with heightened self-efficacy are markedly adept at circumventing relapse. Nonetheless, this relationship is intricate and subject to influence by both individual and contextual factors. The bolstering of self-efficacy is significantly bolstered by familial support, and the need for culturally tailored assessments in diverse populations, such as the Philippines, is evident.

The essence of self-efficacy, encapsulating an individual's faith in their ability to resist relapse, plays a central role in the realm of addiction recovery. The literature uniformly corroborates the inextricable link between elevated self-efficacy and diminished stress levels, coupled with enhanced coping skills, culminating in a reduced susceptibility to relapse. Moreover, self-efficacy's impact extends beyond post-treatment relapse, influencing the very onset of addiction.

However, it is imperative to acknowledge the variabilities in self-efficacy levels across individuals, a landscape shaped by family support, emotional states, peer sway, and cravings. While some research amplifies the robust interconnection between self-efficacy and relapse mitigation, the discourse does exhibit disparities.

In summary, self-efficacy stands as a cornerstone in addiction recovery. Nevertheless, its intricate relationship with relapse underscores the need for personalized treatment paradigms that duly consider this facet. As we tread this avenue, it becomes increasingly evident that further research is indispensable in our quest for an all-encompassing comprehension.

Moreover, the Comprehensive Dangerous Drugs Act of 2002 in the Philippines is crucial for addressing drug abuse. Aftercare programs are essential for preventing relapse and supporting recovery. Various approaches, including the Therapeutic Community (TC) model, are used. Challenges include biological, psychological, social, and cultural aspects. Recommendations include involving families, teaching coping strategies, and promoting cultural sensitivity. Relapse prevention is a critical goal in these programs

1.2 Research Framework

The concept of self-efficacy developed by Albert Bandura (1977) guides the study's theoretical framework. Self-efficacy is defined as an individual's perceived ability to execute specific behaviors significantly influencing their actions and outcomes, which is necessary to create desired results successfully. To contextualize the concept of self-efficacy in the study, substance users who have high levels of drug relapse may have low self-efficacy since it will be difficult for them to produce successful goals not to indulge again in substance use. Consequently, substance users with low levels of drug relapse and drug avoidance may possess higher levels of self-efficacy because they were able to create positive results successfully. Furthermore, the behavior of substance users who are willing to prevent drug relapse and drug avoidance can be supported by Bandura's theory of triadic reciprocal causation.

The triadic reciprocal causation of Bandura (1986) states that personal factors and the social environment heavily influence an individual's behavior, which generally affects their self-efficacy. This concept relates to the situation of substance users in which personal factors may strictly reinforce or weaken their ability for drug relapse. Such personal factors include their temperament, emotional and psychological states, and stress, which may affect their efficacy for drug relapse and avoidance. Similarly, social environment triggers their ability to prevent drug relapse and increase drug avoidance. Substance users who are positioned in a positive environment, full of emotional and psychological support, and live together with those individuals who encourage them to avoid drugs are perceived to acquire high levels of self-efficacy.

Self-efficacy suggests that when a substance user experiences low levels of drug relapse, he is bound to experience a high level of drug avoidance. Thus, the concept of self-efficacy suggests an inverse relationship between drug relapse and drug avoidance efficacy. The application of self-efficacy plays an essential role in changing addictive behaviors (Diclemente, 1986). Succinctly, substance users are more likely to mobilize the necessary effort to resist, relapse, and avoid drug use with high levels of self-efficacy. In a nutshell, self-efficacy is a vital motivational construct that affects substance users' decisions, determination, perseverance, and success, and that functions as a cognitive mechanism that can assist with behavior change to avoid substances and lessen relapse occurrences.

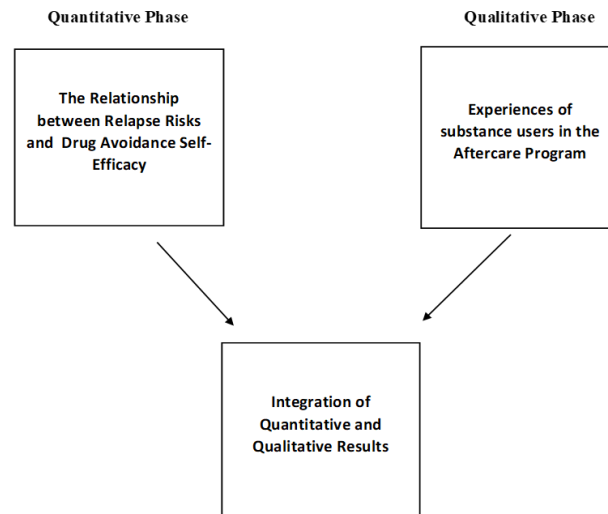


Figure 1.0 Conceptual Framework of the Study

Figure 1.0 illustrates the research framework employed in this study. The study was divided into two distinct phases, with the primary focus being an exploration of the relationship between various constructs. The first phase delves into understanding the connection between the constructs, followed by the second phase, which is an investigation into participants' experiences within the aftercare program.

The first phase of the study employed quantitative methods through the administration of two standardized instruments to assess the perceived drug avoidance self-efficacy and relapse risk among the substance users. In the context of this study, the initial construct, "drug avoidance self-efficacy," is operationally defined as the respondent's perceived self-assurance in their ability to abstain from drug use, particularly when confronted with situations that pose a high risk of relapse. The second construct, "relapse risk," is operationally defined as the probability of an individual returning to illicit drug use within the subsequent two months. Additionally, the "aftercare program" is operationally defined within this study as a treatment program designated for recovering drug dependents who have successfully completed their intensive residential or inpatient rehabilitation treatment program. Subsequently, this phase sought to explore the relationship between drug avoidance self-efficacy and drug relapse risk. Once data has been collected, further interview questions were developed to gain a deeper understanding of the relationship.

The second phase of the study utilized qualitative methods with the help of a semi-structured interview guide or protocol. This phase aimed to investigate the experiences of clients enrolled in the Aftercare Program of the drug treatment and rehabilitation program. The integration of both quantitative and qualitative were deemed necessary, as the experiences of substance users in the aftercare program can be extracted through interview data gathering. This approach allows for a more comprehensive understanding of the variables that complemented the quantitative results.

1.3 Statement of the Problem

This study principally sought to determine the relationship between the participant's drug relapse risk and drug avoidance self-efficacy. Specifically, this study aimed to answer the following questions:

- a) What is the perceived drug relapse risk among the participants in the aftercare program?
- b) What is the perceived drug avoidance self-efficacy in high-risk situations among the participants?
- c) Is there a significant relationship between drug relapse risk and drug avoidance self-efficacy among participants in the aftercare program?
- d) What are the lived experiences of the participants in the aftercare program when it comes to their level of drug relapse risk, drug avoidance self-efficacy, and the association between the two?
- e) To what extent do the quantitative and qualitative results converge?

1.4 Hypothesis

Alternative Hypothesis: There is a significant relationship between the aftercare respondents' relapse risk and drug avoidance self-efficacy.

2. Method

2.1 Research Design

This research employs a concurrent mixed-methods approach to investigate the relationship between drug relapse risk and drug avoidance self-efficacy among aftercare clients. This design combines the collection of both qualitative and quantitative data to provide a comprehensive understanding of this relationship, with equal emphasis on both types. Equal importance is given to both data types. This approach helps confirm and cross-check research findings. (Hanson et al., 2005)

The quantitative data collection method is crucial for assessing the risk of relapse and individuals' confidence in their ability to resist substance use in specific high-risk scenarios. This component of the study involves structured surveys or questionnaires administered to a sample of aftercare clients. These surveys are designed to gather numerical data on relapse risk, self-efficacy levels, and their correlation. In addition to the quantitative approach, this study supplements its findings with qualitative data collected through in-depth interviews with substance users who have undergone aftercare treatment. These interviews are essential for providing additional context, offering a deeper understanding of the respondents' lived experiences and perspectives regarding drug relapse risk and drug avoidance self-efficacy.

In the concurrent research design, data collection takes place within a singular phase, with subsequent analysis conducted independently. Consequently, this approach is well-regarded for its efficacy in mixed-methods research, attributed to the condensed timelines and the distinct nature of the analytical process (Warfa, 2016). This approach offers a more comprehensive and nuanced understanding of the connection between drug relapse risk and drug avoidance self-efficacy among aftercare program clients through their lived experiences. The qualitative data obtained from interviews complements the quantitative findings, enhancing the research's conclusions.

2.2 Participants

This study used purposive sampling in identifying the respondents, the aftercare drug-dependent clients in Leyte. Crossman (2019) defines purposive sampling as the selection of non-probability samples based on the traits of a particular demographic group and the overall research. It is a technique that is occasionally referred to as selective, subjective, or judgmental sampling, but its underlying structure stays unchanged.

2.2.1 Quantitative Participants. Participants in the study were enrolled in the aftercare program of the Department of Health Treatment & Rehabilitation Center – Dulag (DOH-TRC, Dulag), which is the only accredited residential treatment and rehabilitation center in Region VIII that catered to aftercare clients (Dangerous Drugs Board, 2021b; DOH, 2020). Moreover, the facility only provided treatment and rehabilitation programs to aftercare male clients. A total of one hundred thirty-six (136) clients were enrolled in the Aftercare Program of DOH-TRC Dulag in February 2022. Only Ninety-four (94) ACP male clients were present during the test administrations. However, seven (7) ACP clients tested positive for illicit drugs, while twenty-one (21) did not meet the inclusion criteria. Inclusion criteria included a substance-use history, 18 to 50 years old, ability to read and write, undergoing addiction psychotherapy, and was enrolled in the Aftercare Program. While the exclusion criteria included not having any cognitive disabilities, psychiatric comorbidity, and testing positive for methamphetamine and cannabis.

Specifically, the total respondents of the study for the quantitative part of the study were sixty-six (66) aftercare program drug-dependent clients in Leyte. The researcher believed that the sample size was sufficient to represent the population group expected to provide the necessary data that could be derived from the responses. According to Brewer (2014), a sample size of 60 is quite good because it depends on the required relative standard error of the mentioned parameters in the study. Furthermore, in the study of Vasileiou et al. (2018), the sample size of 60 in the range was big enough to develop new information on the studied variables. As a result, proper distribution of the survey questionnaire to the respondents was employed.

The profile of the quantitative respondents is presented in Table 1. The profile of the respondents includes age, civil status, municipality, educational background, occupation, substances used, nature of confinement, and age in the aftercare.

Table 1. *Profile of the Respondents of Quantitative Participants*

Profile	Frequency	Percent
Age		
21-30 years old	18	27.27
31-40 years old	29	43.94
41-50 years old	19	28.79
Total	66	100.00
Civil Status		
Single	35	53.03
Married	17	25.76
Single with Common-law partner	11	16.67
Separated	1	1.51
Widow/er	2	3.03
Total	66	100.00

Municipality		
Carigara, Leyte	2	3.02
Baybay City	13	19.69
Catbalogan, Samar	1	1.52
Tacloban City	29	43.93
Babatngon, Leyte	2	3.02
Palo, Leyte	2	3.02
Barugo, Leyte	1	1.52
Dulag, Leyte	1	1.52
Julita, Leyte	2	3.02
Albuera, Leyte	1	1.52
Ormoc City	1	1.52
Macrohon, Southern Leyte	1	1.52
Sogod, Southern Leyte	1	1.52
Tanauan, Leyte	3	4.55
Burauen, Leyte	1	1.52
St. Bernard, Southern Leyte	1	1.52
Sta. Fe, Leyte	1	1.52
Total	66	100.00
Educational Background		
High School Level	18	27.27
High School Graduate	10	15.15
College Level	24	36.36
College Graduate	14	21.21
Total	66	100.00
Occupation		
Unemployed	28	42.42
Self-Employed	33	50.00
Employed	5	7.58
Total	66	100.00
Substance Used		
Cannabis	5	7.57
Cannabis, Meth	17	25.75
Cannabis, Meth, Cocaine, Sedatives/Sleeping Pills	1	1.52
Cannabis, Meth, Cocaine, Sleeping pills, Hallucinogens, Injectables	1	1.52
Cannabis, Meth, Inhalants	2	3.03
Cannabis, Meth, Codeine (cough syrup)	2	3.03
Cannabis, Meth, Codeine (cough syrup), Hallucinogens	1	1.52
Cannabis, Meth, Codeine (cough syrup), Opium	1	1.52
Cannabis, Meth, Sleeping pills, Hallucinogens	1	1.52
Methamphetamine	35	53.02
Total	66	100.00

Nature of Confinement		
Plea-Bargainer	60	90.91
Voluntary	6	9.09
Total	66	100.00
Age in the Aftercare		
0-6 months (Phase 1)	25	37.88
7-12 months (Phase 2)	16	24.24
13 months above (Phase 3)	25	37.88
Total	66	100.00

The average age of the respondents is 35.65, with the majority age ranging from 31 to 40 years old (43.93%). Eighteen (27.27%) participants were 21 – 39 years old, while nineteen (28.79%) participants were 41 – 50. Most of the respondents were single (53.03%). The married group followed this with 25.76%, single with a common-law partner 16.67%, widow/er 3.03%, and separated 1.53%. Respondents came from different municipalities in Region VIII. Respondents mainly resided in Tacloban City (43.93%) and Baybay City (19.69%). One (1.52%) came from Samar, four (6.08%) from Southern Leyte, and seventeen (25.75%) from other towns in Leyte. Most of the respondents were college-level, with 36.36%. While eighteen (27.27%) did not finish high school, fourteen (21.21%) were college graduates, and ten (15.15%) graduated from high school. Thirty-three participants (50%) reported being self-employed, including business owners, construction workers, dispatchers, drivers, fruit and chicken vendors, and electrical technicians. Five participants (7.58%) indicated employment as a radio antenna installer, technical staff, utility worker, radio technologist, and store agent. In contrast, twenty-eight respondents reported as unemployed. Thirty-five (53.03%) participants identified the only substance used as methamphetamine, while five (7.58%) participants as cannabis. Seventeen (25.78%) participants have reported using both methamphetamine and cannabis. At the same time, nine (12.15 %) participants used three more substances. Respondents were mainly from phases 1 (37.88%) and 3 (37.88%) of their aftercare program. Only 16 (24.24%) respondents came from phase 2. Most of the respondents were plea-bargainers with existing drug cases, 90.91%. Only six (9.09%) were admitted to the treatment and rehabilitation program as voluntary clients. Implied from the data gathered, most of the aftercare drug-dependent clients in Leyte are 31 to 40 years old, single, residing in Tacloban City, at the college level, self-employed, and have used methamphetamine, plea-bargainers, and in phases 1 and 3 of the ACP program.

2.2.2 Qualitative Participants . The qualitative phase of the study gathered comprehensive and abundant narratives from five (5) ACP clients after being chosen among the sixty-six (66) quantitative participants. The sample for the semi-structured interview consisted of five (5) clients enrolled in the aftercare program of the DOH-TRC Dulag. The participants were selected based on the inclusion criteria: (a) the clients were enrolled in the aftercare program, (b) either had no relapse record since the beginning of their aftercare program or not, or just recently incurred a relapse, and (c) they each represented the (5) case management teams. The aftercare program comprises five (5) case management teams that handle the clients and help them achieve sobriety. Each case management team has three (3) case managers – a nurse, a social worker, and a psychometrician. The respondents came from five (5) different case management teams and were recommended by their case managers. Respondents 1, 2, and 5 were recommended for the interview as they had just incurred their

recent relapse. Meanwhile, Respondents 3 and 4 were recommended due to having no-relapse records since they started their aftercare program. Each phase of the Aftercare program was also represented. The table below features the demographic profile of the participants. Table 2 presents a summary of the demographic profile of the participants.

Table 2. Demographic Profile of Qualitative Participants

PROFILE	RESPONDENT 1	RESPONDENT 2	RESPONDENT 3	RESPONDENT 4	RESPONDENT 5
Age	39 y/o	42 y/o	50 y/o	45 y/o	32 y/o
Marital Status	Single (with common-law partner)	Married	Married (separated with partner)	Married	Single (with common-law partner)
Duration in ACP	27 months	25 months	6 months	8 months	15 months
Occupation	On-call cook; Election Campaign staff	None; Church volunteer	Barangay Tanod, Jet Matic	None	Rug seller, Barangay Volunteer
Residence	Dagami, Leyte	Baybay City	Dulag, Leyte	Tanauan, Leyte	Tacloban City
Educational Attainment	High School Graduate	College Undergraduate	College Undergraduate	College Undergraduate	High School Level
Recent relapse	March 2022	January 2022	N/A	N/A	February 2022

2.3 Instruments

2.3.1 Quantitative Instrument. The study utilized the Advance Warning of Relapse (AWARE) Questionnaire and Drug Avoidance Self-Efficacy Scale (DASES) in the correlation between drug relapse risk and drug avoidance self-efficacy.

2.3.1.1 Advance Warning of Relapse (AWARE) Questionnaire.

The Advance Warning of Relapse (AWARE) Questionnaire, as Gorski and Miller (1982) described, was first meant to measure warning symptoms of alcohol misuse relapse. Items of the test were derived from protracted alcohol withdrawal syndrome (PAWS) 37 progressive relapse steps. However, Miller and Harris (2000) revised it into a 28-item questionnaire. In investigations of relapse for treatment for alcohol and drug dependency (Kelly et al., 2011), the AWARE score was also a good predictor of relapse for any substance use. Internal consistency (Cronbach's alpha = 0.92 – 0.93) and reliability ($r = 0.80$) are both high in AWARE. (Miller & Harris, 2000) Each item was assessed as 1 = never, 2 = rare, 3 = sometimes, 4 = fairly often, 5 = often, 6 = almost always, 7 = always. They concluded that the total score was the best predictor of impending relapse. All numbers circled by respondents were added together, except the following five items were scored in reverse: 8, 14, 24, and 26. Higher scores were interpreted as more relapse warning indicators provided by respondents. The scores range from 28 (the lowest possible score) to 196 (the highest possible score), according to Miller and Harris (2002). To quantify the responses to the drug relapse risk, the mean ranges of the

corresponding descriptions were observed (Appendix E). According to their total AWARE scores, the probabilities of relapse during the next two months are presented in Table 3.

Table 3. *Probability of Heavy Drug Use During the Next Two Months (Adapted by Miller and Harris, 2002)*

AWARE Scores	If abstinent during the prior 2 months (Probability)	Qualitative Description
28 – 55	11 %	Substance users have far below chance of relapse after two months of drug abstinence. Maintain daily habits of avoiding drug use.
56 -95	21 %	Substance users have lower tendencies for drug relapse and need to put little effort into preventing themselves from future substance use.
70 – 83	24 %	Substance users have far moderate tendencies for drug relapse and need to put substantial efforts into preventing themselves from future substance use.
84 – 97	25 %	Substance users have a moderately chance of relapse by a quarter after two months of drug abstinence. Substance users should regulate personal and environmental factors for drug use.
98 – 111	28 %	Substance users have above moderate chances of relapse by a quarter after two months of drug abstinence. Substance users should regulate personal and environmental factors for drug use.
112 – 125	37 %	Substance users have a considerable degree of increased chances of drug relapse in the future. It is suggested to consult with the members of the family with regard to the consequences of drug relapse.
126 – 168	43 %	Substance users have an almost half chance of drug relapse. Users should see mental health professionals for counseling and psychotherapy.
169 - 196	53 %	Substance users have half of the chances of relapse or far above after two months of drug abstinence. Need to be readmitted to an aftercare program to monitor possibilities of relapse.

2.3.1.2 Drug Avoidance Self-Efficacy Scale (DASES).

The second self-report questionnaire is the Drug Avoidance Self-Efficacy Scale (DASES). This questionnaire was developed by Martin et al. (1995) because they observed that there were many questionnaires for other addictive behaviors' self-efficacy but none for multiple drug users. Cronbach's alpha for the overall DASES scale is .9140, with a good construct validity which implies the test's validity. Strong reliability was obtained through the Spearman-Brown (.9004) and Guttman (.8999) split-half reliabilities. Thus, DASES is a reliable unidimensional scale to measure drug avoidance self-efficacy. DASES is a 16-item self-reported questionnaire. The respondents were requested to visualize themselves in high-risk relapse settings and rate their confidence (self-efficacy) in preventing drug use. It comprises sixteen (16) indications to determine an individual's ability to deal with dangerous situations without utilizing drugs. These were answered using the Likert Scale, a 7-point scale with 1 = certainly no, 2 = very likely no, 3 = probably no, 4 = really can't say, 5 = probably yes, 6 = very likely yes, 7 = certainly yes, with seven (7) being the highest value and one (1) being the lowest. Prior to scoring, the following items are recorded: 2, 4, 7, 8, 10, 11, 12, and 16 as reversed (7 = 1; 6 = 2; 5 = 3; 3 = 5; 2 = 6; 1 = 7). The final score is calculated by adding up all 16 components.

The better the total score, the greater the self-efficacy to resist substance use. To quantify the responses for drug avoidance self-efficacy, the mean ranges of the corresponding descriptions were observed (Appendix E). Moreover, Table 4 represents the interpretation of the DASES Scores.

Table 4. *Drug Avoidance Self-Efficacy (DASES) Score Range Interpretation*

DASES Score Range	Interpretation	Qualitative Description
16 – 48	Low	Substance users have a greater tendency to indulge themselves in drug use since personal and environmental factors highly influence them. Substance users were not able to master and control themselves and their environment to avoid using drugs. The substance users are suggested to seek psychological services for support.
49 – 81	Moderate	Substance users experience a good level of drug avoidance self-efficacy since they can control and prevent themselves from using drugs. Substance users are suggested to increase their efforts in indulging themselves in substance use. Psychosocial support may be needed to maintain their levels of drug avoidance self-efficacy.
82 - 112	High	Substance users display an excellent level of drug avoidance self-efficacy. This level signifies that substance users already mastered, controlled and dominated their addiction and pleasure when taking drugs. They are knowledgeable enough about the consequences of taking substances and are ready to produce successful outcomes. Psychological counseling and support from time to time are necessary.

2.3.2 Qualitative Instrument. For the qualitative instrument, the researcher created a semi-structured interview form (Appendix F), which primarily talks about participants' experiences in the aftercare program concerning drug relapse and drug avoidance self-efficacy in high-risk situations. Questions such as *"Do you believe in your ability to change?"*, *"Do you believe you can achieve sobriety?"* and *"How can this belief help one avoid relapse?"* delve into respondents' perspectives on their self-efficacy in avoiding drug use. These inquiries also explore how this belief can aid in preventing relapse. Meanwhile, questions like *"Can you please describe to me your substance dependency?"*; *"Have you experienced a relapse?"*, and *"If yes, can you still remember the last time you encountered a relapse? Can you share it with me?"* focus on understanding participants' tendencies toward relapse. Other inquiries address additional factors such as family dynamics, past setbacks, and support systems, all of which are crucial elements in maintaining sobriety. These aspects were also evident in the quantitative data results.

Before the interviews started, the questionnaire was subjected to content validation by a registered psychometrician with experience in conducting qualitative research. The validator assessed the interview items regarding language, meaning, clarity, and subject relevance. After the validator's revisions and suggestions, the questionnaire was ready for utilization.

2.3 Data Analysis

2.3.1 Quantitative Data Analysis. The participants' demographic characteristics were collected, including age, marital status, municipality, educational attainment, occupation, the substance/s used, nature of confinement, and age in the aftercare program. Frequency counts, and percentages were employed to analyze the data gathered on the characteristics of the aftercare drug-dependent clients. Please refer to the appendices for the table of the mean ranges with the corresponding descriptions and quantification of the responses for the level of drug avoidance self-efficacy and perceived drug relapse risk of the aftercare clients.

Weighted mean scores were computed to measure relapse risk and drug avoidance self-efficacy among aftercare drug dependents. The Pearson Product Moment Correlation Coefficient was utilized to test the significant correlation between drug relapse and drug avoidance self-efficacy among aftercare drug dependents. All data analysis was processed using the Statistical Package for Social Sciences (SPSS). It tested the hypothesis at a 0.05 level of significance.

2.3.2 Qualitative Data Analysis. To explore the participants' experiences with the aftercare program, Braun and Clarke's (2006) six-step method was utilized to analyze qualitative results. First, the researcher thoroughly reads the data transcripts to understand the participant's perspective. Second, the data transcripts were divided into meaningful units to describe their experiences accurately. Third, the meaningful units were reduced to deduce the data transcripts while preserving the core. Fourth, the meaningful units were coded, which were derived from Maxqda, an online software to generate codes. Fifth, the data transcripts and codes were reviewed for consistency. Lastly, the final codes were based on differences and similarities. Codes were sorted into thematic analyses, summarized, and presented in tabular form. Four experts (two registered psychometricians and two registered psychologists) validated the results to establish the confirmability of the themes.

2.4 Procedures

Before administering research instruments, the Institutional Research Ethics Committee (IREC) validated the study's procedures to ensure that the research adhered to the research ethics. The Research Ethics Review Form was signed by the IREC chairman, panelists, and the research adviser approving the research conduct. After the approval of the IREC, the researcher submitted a letter of approval to the Chief of the Hospital of DOH – TRC, Dulag, requesting permission to conduct the study and include Aftercare clients as respondents. The consent letter had the justification for the study, the research administration procedure, assurances of privacy, and any other pertinent information. After receiving permission from the hospital's chief, the conduct of the study proceeded.

The researcher identified the Aftercare program sessions conducted by the DOH-TRC Dulag for February. ACP sessions were conducted on February 5, 12, 19, and 26, 2022, in the DOH-TRC, Dulag facility. While on February 9 and 23, 2022, ACP sessions were conducted in Baybay City and Sogod, and Southern Leyte satellites, respectively. Before the ACP session started, mandatory drug testing was conducted by the DOH-TRC staff. Also, ACP clients who did not qualify for the exclusion and inclusion criteria were identified by the DOH-TRC team.

After approval, test questionnaires were administered for the quantitative phase of the study. The researcher was given time to conduct the test questionnaires after the ACP session discussions were given. ACP clients with positive drug test results who did not qualify for the exclusion and inclusion criteria proceeded to the next part of the ACP session instead of

answering the test questionnaires. Before requesting participants to complete the survey questionnaires and interviews, they were sufficiently briefed about the purpose of the study. Each participant in the study was given an informed consent form. Before asking them to sign, they were thoroughly briefed on the consent form's contents - the risks and advantages of participation. Confidentiality, anonymity, and volunteerism were emphasized during the orientation. ACP clients who voluntarily participated in answering the questionnaires signed the consent form. Then, the researcher gave the research information and gathered the respondent's demographics. Inputting the names of the respondents was optional. The test questionnaire instructions were given next. Test questionnaires were numerically coded beforehand to ensure the anonymity of the respondents. The DASES questionnaire was answered by the respondents first before the AWARE. Test administration was approximately twenty minutes for each questionnaire. After the test was conducted, substance use updates from the ACP clients were gathered by the DOH-TRC staff. There was no admission of drug relapse cases for the past two months during the updates given by the respondents, except for those clients who tested positive during the drug testing. The data gathered were encoded for statistical data analysis.

Meanwhile, the qualitative inquiry was conducted while gathering data for quantitative results. The researcher conducted personal interviews with five study participants. The researcher did a one-on-one semi-structured interview with key informants guided by open-ended questions. A guide interview questionnaire was outlined beforehand to ensure the discussion did not trigger the participants for possible relapse. The interview began with the discussion and orientation by reading the consent letter. Emphasizing confidentiality and recording the interview, the respondents agreed to conduct the interview.

After the conduct of individual interviews, the data were transcribed by the researcher. The researcher strictly adhered to Braun and Clark's steps of data analysis. After deriving themes, four experts (two registered psychometricians and two registered psychologists) validated the findings. The researcher then carried out remarks and recommendations from the four validators.

2.5 Ethical Considerations

The researcher submitted a letter of approval to the Chief of the Hospital of DOH – TRC, Dulag, requesting permission to conduct the study and include aftercare clients as respondents. The consent letter served as a comprehensive document outlining the study's justification, research administration procedures, assurances of privacy, and any other relevant information. Once approval was obtained from the hospital's chief, the researcher reassessed the inclusion and exclusion criteria for the research subjects and notified the DOH-TRC personnel accordingly. Prior to administering the survey questionnaires and interviews, participants were briefed extensively on the study's purpose. Each participant received an informed consent form, and before signing, they were carefully briefed on its contents, including the potential risks and benefits of participation, maintenance of privacy, and confidentiality. Also, they were fully informed about their voluntary participation, and their decision to withdraw would be respected without any consequences. This thorough process ensured that participants fully understood and consented to their involvement in the study.

Answering questionnaires by the participants and interviews with the researcher, a resident Medical Doctor, and the respondent's case manager/s were around to assist in possible worst cases when study participants manifested extreme reactions while answering the questionnaires. The researcher's adviser checked the outlined questions beforehand to avoid

triggering the participants for possible relapse. All information disseminated was kept anonymous and confidential. The researcher set codes for each test questionnaire to maintain the respondents' anonymity and confidentiality. All documents used during the data gathering were kept in locked storage.

3. Results and Discussion

3.1 Results

3.1.1 SOP 1. *What is the Perceived Drug Relapse Risk among the Participants in the Aftercare Program?*

Table 5. *Perceived Drug Relapse Risk in the Aftercare Program*

Indicators	Mean	Description
Total Average Scores of Drug Relapse Risk	69.09	21% probability of relapse in the next two months

Table 5 demonstrates the total average scores of respondents, with a mean of 69.09 and a 21% probability of relapse in the next two months. The results indicate the respondents have lower tendencies for drug relapse compared to other higher scores and verbal interpretations for drug relapse risk. Though the overall mean indicates lower chances of perceived drug relapse, respondents rarely experience warning signs for relapse, such as prolonged depression, feeling lonely, tempted, and being out of control of drug use.

3.1.2 SOP 2. *What is the Perceived Drug Avoidance Self-Efficacy in High-Risk Situations among the Participants?*

Table 6. *Mean Distribution of Respondents' Drug Avoidance Self-Efficacy*

Indicators	Mean	Description
Total Average Score of Drug Avoidance Self-Efficacy	99.65	High

Table 6 presents the average scores of drug avoidance self-efficacy, with a mean of 99.65, indicating a high level of drug avoidance self-efficacy. The results signify the respondents' ability to engage in substance use. A high level of drug avoidance self-efficacy means that the respondents mastered, controlled, and dominated their addictive feelings and pleasure when taking substances. Regardless of their high level of drug avoidance self-efficacy, the respondents may experience withdrawal symptoms such as loss of appetite, depression, and substance cravings.

3.1.3 SOP 3. Is there a Significant Relationship Between Drug Relapse Risk and Drug Avoidance Self-Efficacy among Participants in the Aftercare Program?

Table 7. *Pearson Product Moment Correlation Coefficient Analysis of Drug Relapse Risk and Drug Avoidance Self-Efficacy*

Variables	r-value	p-value	Interpretation
Drug Relapse Risk and Drug Avoidance Self-Efficacy	-0.344*	0.005	Significant

*Note: Significant=0.05**

Table 7 shows a significant negative correlation between drug relapse risk and drug avoidance self-efficacy. The r-value of -0.344 produced a negative correlation, which suggests a weak correlation between the two psychological constructs. This means that when the level of drug relapse risk increases, the level of drug relapse decreases, or vice versa. Likewise, the p-value of 0.005 indicates a significant value at a 0.05 probability level. Therefore, the null hypothesis was rejected.

3.1.4 SOP 4. What are the lived experiences of the participants in the aftercare program when it comes to their level of drug relapse risk, drug avoidance self-efficacy, and the association between the two?

This section highlights the qualitative inquiry of participants' experiences in the aftercare facilities to provide more inferences about relapse risk and drug avoidance self-efficacy through the experiences of the participants in the aftercare program. The identified participants were:

Respondent 1 is a 39-year-old male from Dagami, Leyte. He was married but currently lives alone. He and his wife separated while he was still undergoing his aftercare program. He finished his secondary education and worked as an on-call cook. Due to his drug involvement, he was incarcerated and was mandated by the Court to undergo the inpatient rehabilitation program of DOH-TRC, Dulag, through a plea-bargaining agreement. At the interview, he was in the 27th month of his aftercare program. He became non-compliant with his recovery program and went to Luzon without prior notice. He also reported a recent drug relapse incident. With the help and encouragement of his case managers, he returned to Leyte and continued to attend his ACP sessions.

Respondent 2 is a 42-year-old male from Baybay City. He was a college undergraduate who transferred from one school to another and shifted to several degree programs. His wife financially supports him because he is currently unemployed. He is the son of a pastor and was expected to behave religiously. His family encouraged him to voluntarily undergo a rehabilitation program to help with substance use. He was unsuccessful in completing his first rehabilitation program. He then enrolled in DOH-TRC, Dulag, for his second treatment and rehabilitation program. He completed 18 months of ACP sessions and attended his ACP graduation last December 2021. However, he was extended due to a theft incident during the graduation ceremony. The stressful incident impacted him negatively resulting in his recent drug relapse. At the interview, he was in the 25th month of his ACP.

Respondent 3 is a 50-year-old male from Dulag, Leyte. He is in the second phase of his aftercare program. He is in the eighth month of attending his ACP sessions during the interview. He was incarcerated twice due to his drug involvement. He was mandated by the Court to undergo a rehabilitation program in DOH-TRC, Dulag, by a plea-bargaining

agreement. Legally, he is married. However, he and his wife separated due to his vices. He lives with his sister and works as a barangay tanod and a water pump laborer. He never incurred absences nor reported any relapse incidents during his ACP sessions and complies with his recovery program.

Respondent 4 is a 45-year-old male from Tanauan, Leyte. He is happily married and lives with his wife and children. His drug involvement negatively affected him and his family. He was detained and locked up. He was unable to finish his college degree and had no work. However, he plans a small business to help his family's finances. He applied for a plea-bargaining agreement and was mandated to undergo an inpatient rehabilitation program in DOH-TRC, Dulag. He reported no relapse since his enrolment to his ACP. He was in the sixth month of his ACP at the interview.

Respondent 5 is a 32-year-old male from Tacloban City. He is single but cohabitating with his partner, whom he recently met. His partner undergoes an outpatient program in DOH-TRC, Dulag. Moreover, he was not able to finish his secondary education. He worked odd jobs and volunteered in his barangay to provide for his family. Due to his drug involvement, he was incarcerated and was mandated by the Court to undergo the inpatient rehabilitation program of DOH-TRC, Dulag, through a plea-bargaining agreement. He recently relapsed because of the negative feedback he received from his community. During the interview, he is in his 15th month in the aftercare program. After completing the residential program's early phases of treatment and rehabilitation, the aftercare program was specifically tailored to help recover drug-dependent persons from adapting to their community.

Five (5) themes were identified through the reiterative process of qualitative data analysis from five (5) ACP clients. The five themes are the following:

Theme 1: Sublimating Cravings. The participants in their statement also mentioned that they redirect their cravings to cope with their situation by becoming productive. According to the participants, they need to become productive in their current status by focusing on work-related tasks and having a family support system. For them, their experience reveals that their road to recovery process was never easy. They need to sublimate their drug cravings to something worthwhile.

Table 8. Summaries with Coded Segments – Sublimating Cravings

Coded segments	Sub-Theme	Theme
RESPONDENT 1: <i>Although mayrong nagbibigay sa akin ng trabaho. Ngayon sinisugro ko na matapos ko yung aftercare ko.</i>	Being productive	Sublimating Cravings
RESPONDENT 2: <i>Nandon lang ako sa bahay, prepare ng food para sa aking asawa sa work. Tapos household chores. Pagka-hapon, pag may extra time, maglaro ng basketball. Ganyan lang... ganyan lang kasimple</i>	Focusing on work-related tasks	
RESPONDENT 3: <i>Nandon lang ako sa bahay, nagbabantay nalang ng mga manokan ng aking kapatid, tapos nagtrabaho ako...kung may trabaho, kinukuha ako... parang, nagtrabaho rin ako kung may nagpapa-ayos pareho ng mga jet-matic, iyon na mga bomba, makina.</i>		
RESPONDENT 5: <i>para sa akin te, ifofocus ko na sa aking trabaho aking pamilya, lalo na sa aking asawa siyang talaga sumusuporta sa akin ngayon... kung hindi sa kanya, baka andon na... gumagamit pa rin ako te. Mga kabataan.. lalo na sinasabihan ako nila, kahit hindi sila nag uuncle sa</i>	Family Support System	

aking, kuya lang... kuya pinapa-uwi ka ni mama, alasingko umuuwi na ako nyan, madilim pa lang, umuuwi na ako sa bahay. Yan ang nagpapa-ano te, pamilya ko

Theme 2: Embracing Self-Control. The awareness of the participants about drug relapse is positively increasing. As their knowledge increases about drug relapse and its consequences, they gradually embrace self-control. This experience might explain why they rarely experience warning signs of relapse, as they no longer want to experience relapse risk in their daily routines.

Table 9. Summaries with Coded Segments – Embracing Self-Control

Coded segments	Sub-Theme	Theme
RESPONDENT 2: <i>nandon lang ako sa bahay.. natatakot akong lumabas, natatakot akong lumabas. Natatakot ako... kailangan magthink outside the box. Hesitant talga ako yang trabaho. Takot ako na maulit ang... basta. Siguro, hindi naman siguro maganda na mag iisolate ako ng aking sarili. Pero para sa akin, risky kasi talag kung sa labas, lalo na pag may income, na makafeel ako na mayrong maliit na confidence na “uy maryon na”, at alam ko ang aking hatak ay... alam ko sa aking mismo sarili na madali lang talaga ako mahatak ba.</i>	Awareness of high risk situations Awareness of the ill effects of drugs	Embracing self-control
RESPONDENT 3: <i>two times or three times non nakagamit dahil hindi maganda ang kanyang epekto. Oo... parang hindi ko siya ma-ano.... Na parang nafefeel ko na siya ay maganda, pero siya hindi. Dahil hindi ako nakakatulog, wala kang gana kumain, at mahina ang iyong katawan. At hindi ako nakakapagtrabaho. Ito pala ang epekto ng shabu. Di nakakatulog ka-iisip ng kahit ano.</i>		

Theme 3: Increasing Perceived Self-Efficacy. The participants revealed their experiences that their family members helped them to improve their drug avoidance self-efficacy, preventing them from future relapse. Peers, as the primary influencers of drug use, were avoided most often for them to accomplish their recovery goals.

Table 10. Summaries with Coded Segments – Increasing Perceived Self-Efficacy

Coded segments	Sub-Theme	Theme
RESPONDENT 1: <i>baka ate.... Sa akin, naniniwala ako te na kaya ko yang gawin, Family support tin, although di na ito masasabi na 100% makakaya kung wala ang iyong family support. Kailangan ko ng tulong ng aking pamilya.</i>	Supportive Family	Increasing Perceived Self-Efficacy
RESPONDENT 2: <i>Ang nakakapagpa motivate po sa akin is yung dahil po sa tiwalang binigay nila sa akin, hindi ko po sisirain... ng mga mahal ko sa buhay.</i>	Mastery Experiences	
RESPONDENT 3: <i>ma-iiwasan ko yan sa sarili kong desisyon. Dahil kahit pa ako jan bigyan, pareho non nung December. May pumunta na taga Burauen...Pinakita niya yon sa akin doon sa kotse. Pinakita niya ako na non ng lighter, doon na iyon na mahaba na dose dose na mayrong parang aspalto. Maputi-puti. Doon lahat. Heto daw, para sa iyo eto. Yun din ang aking pag atras. Sabi ko, nagpromise na ako neto, doon ako sa loob ng SALAG, na kahit ano na substance hindi na ako gagamit brod.</i>	Avoiding high risk situations	

RESPONDENT 4: *Malaki po yung kumpyansa ko pero hindi po ako yung magkokompyansa ako nadidikit ako ulit don sa mga triggers. Kumpyansa po ako na, disidido po ako don sa goal ko.*

RESPONDENT 5: *ang aking pangarap te, isa lang naman, magpakalayo kami ng aking pamilya sa aming lugar. Dahil ang aking pamilya kasi.. andyan na lahat.. Dahil kung nandyan ako sa anibong, andyan na lahat ng barkada kasi. Kahit wala kang ginagawa na masama, pagtingin niya na masama... Kaya gusto ko mabigyan kami ng pabahay ba. Dahil ano na kami doon sa pabahay ba..*

Theme 4: Motivations for Drug Avoidance. From those experiences, the participants are more than convinced to be drug-free and accomplish their recovery goals. In addition, they also want to become productive at work and physically healthy, gain trust and respect from family and the community, restore material and familial loss, fulfil dreams, and save money for their family's needs. Because of their recovery goals, they pursue to refrain from using drugs again.

Table 11. Summaries with Coded Segments - Motivations for Drug Avoidance

Coded segments	Sub-Theme	Theme
RESPONDENT 2: <i>Ang akin lang goal ate, na maging sober ako.</i>	Sobriety	Motivations for
RESPONDENT 3: <i>nakikita ko ang aking sarili na naging produktibo ako, tapos healthy ang aking pangangatawan dahil lagi pa akong naglalaro ng basketball kahit singwenta na ako... Nakikita ko ang aking katawan na parang okay naman ang aking pangangatawan at nagprapractice ako ng sakto. Pinagpapawisan ako</i>	Productivity at Drug Avoidance work and physical health	
<i>ma successful yung ano... ko.. ano pagserve dito sa barangay, na hindi na ako magkakasala dito. Na hindi na ako ano, maging, biyolente. Kahit na may nag-aamok, may in-aano, marami ang aking kaibigan at maging produktibo ang aking trabaho, at maging successful ang aking pamamasada..</i>		
RESPONDENT 4: <i>Ang motivation ko po is yung makarecover po sa mga losses ko and also para maregain ko po yung trust and respect po ng family ko at saka yung community.</i>	Gain trust and respect from family and community	
<i>masaya ako dahil nakikita ko ang mga anak ko na may mga gadget na po sila, tas ayon mayron na po silang mga appliance sa bahay. Unlike before na kahit yung appliance ibebenta ko. Hihiramin ko pa yung cellphone ng anak ko para isangla. Pero ngayon po, nagsosobra yan sa bahay, Malaki po ang pinagkaiba.</i>	Restoration of Material and Familial Loss	
<i>Goals ko po is to achieve yung pinapangarap ko pa rin po na makalabas ulit ng bansa.</i>	Dream fulfillment	
RESPONDENT 5: <i>ang aking pangarap te, isa lang naman, magpakalayo kami ng aking pamilya sa aming lugar....Kaya gusto ko mabigyan kami ng pabahay ba. Dahil ano na kami doon sa pabahay ba.. hidni na nabibigyan ba. Yan din ang aking pangarap ng aking asawa. May sarili kaming bahay.</i>		

Ngayon, ang aking plano pagswesweldo ko... mayron na kaming baboy baboy, alkansiyahan... mayrong nakapangalan sa bahay ba.. Ipon.. ano? Ipon challenge ba, para sa bahay ba.. Yan ang aking iniiponan, makanili kami.. maka-ipon kami, makabili kami ng bahay, sarili.

Save money for family's needs

Theme 5: Treatment of the Community. The participants experienced discrimination, a feeling of shame from their community members, and family rejection. Whereas respondents 3 and 4 experienced a positive and welcoming environment and gained respect from their community.

Table 12. Summaries with Coded Segments - Treatment of the Community

Coded segments	Sub-Theme	Theme
RESPONDENT 1: <i>So far, parang, medyo okay, te. Katulad sa akin na galing ako sa rehab at may kasong drugs. Di maiwasan ang mga ganyan na may discrimination. May mga parinig pero iniintindi ko nalang yan, te.</i>	Discrimination	Treatment of the Community.
RESPONDENT 2: <i>Sa pagka ngayon, since sa pagkatapos ko dito.. sa SALAG, Pagkakangaling ko sa loob, ang kanilang pagtrato sa akin ay maganda na. Hinfi katulad noon, hindi katulad noon na hindi na maganda ang ilang pagtingin sa akin ba dahil sa aking bisyo, at masasabi nila na mabait lang yan sa porma pero adik adik pala. So mostly ang ibang tao sa aming lugar, walang alam... hindi lang sa aming lugar, kundi sa lahat ng baybay. Sa proper lang, hindi sa iba. Kaya naman, nahihiya ako, nahihiya</i>	Feeling of shame	
RESPONDENT 4: <i>Friendly neighborhood naman yung kung anong mayron ako dito sa amin sa Tanauan... so far po proud po sa akin sila kapitan kasi bumu... ano, tumutulong na po ako sa mga maliit na proyekto nila don sa barangay. Like for example yung clean drive... So yun po, masaya po ako dahil inaccept po nila ako. Hindi po ako nakakaradam nung tinatawag na... mayron term po tayo..</i>	Positive and welcoming environment	Respect from community members
RESPONDENT 3: <i>ang estado ko jan sa bahay. Para sa aking mga kapatid, okay man sa akin. Okay man sila sa akin. Dahil nakikita man nila ang aking pagbabago, at hindi naman ako pareho noong una na.. nandon ako sa mga istambayan, nagiging produktibo naman ako. Nagiging.... Gusto ko magtrabaho... gusto ko maging aktibo sa ano, sarili. okay ang kanilang trato dahil hindi naman ako.. hindi naman ako bayolenteng tao.. oo.. okay man ang kanilang pag-ano sa akin. ang community, okay yan sila sa akin dahil marami ang aking kaibigan. At na-ano naman ako dito sa community lalo na isa akong tanod dito sa barangay. Ninirespeto ako niyan nila. Dahil nakikita naman nila na si mano boy ay nagbago na talaga, hindi pareho noon na istambay ako kahit saan.</i>	Family Rejection	
RESPONDENT 5: <i>isa ang ina-aano, isa ang aking ano sa aking sarili... mga nakakatandang kapatid. Dahil pagnagkikita kami ngayon, sila... parang hindi ba ko nila tunay na kapatid ba.. yan na mga padinigidinig sa kanila na parang hindi mabuting kapatid, hindi ka daw ano na kapatid dahil na-iiba ka sa amin.. Pero, masakit para sa akin, pero pinapakita ko sa kanila na hindi lang ako kapatid, ipapakita ko sa inyo na nakakapagbigay ako kay tatay.</i>		

The aftercare helps recovered substance users adjust to community life after the residential treatment, allowing abstinence and recovery difficulties to be discussed. The program teaches long-term rehabilitation techniques to help individuals reintegrate into society and become productive and responsible. These skills include finding a job, managing the workplace, repairing relationships, and reassessing one's mental and emotional health. Hence, the study deemed that investigating the participants' experiences in the aftercare program is crucial since it provides a pragmatic approach to comprehending the relapse process and is essential for developing successful relapse prevention strategies.

3.1.5 SOP 5. To what extent do the quantitative and qualitative results converge?

This mixed-method study utilized a side-by-side joint display to integrate the findings of the standardized questionnaires and the phenomenological interview responses from substance users enrolled in the aftercare program of the Department of Health. The mere essence of the convergent mixed method study is to integrate the quantitative results with the qualitative quotes. In this design, we compare different results by topic to assess for confirmation or expansion between the datasets and to draw meta-inferences. Confirming suggests that the findings from quantitative and qualitative data are related, verified, and reinforced by the other. In contrast, expanding means that both data were not related and expanded insights to the descriptions of each topic by addressing complementary aspects. Thus, providing a more complete understanding of the phenomenon. Table 13 shows the appropriate data:

Table 13. *Convergence of Quantitative and Qualitative Findings*

Topics	Quantitative Results (Means, Percentage, Pearson Product Moment Correlation)	Qualitative Findings Themes Evidence of Themes	Mixed Methods Meta-Inferences
Drug Relapse Risk	X = 69.09 21% possibility of relapse	Theme 1. Sublimating Cravings. <i>RESPONDENT 1: Although mayrong nagbibigay sa akin ng trabaho. Ngayon sinisugro ko na matapos ko yung aftercare ko.</i> <i>RESPONDENT 2: Nandon lang ako sa bahay, prepare ng food para sa aking asawa sa work. Tapos household chores. Pagka-hapon, pag may extra time, maglaro ng basketball. Ganyan lang... ganyan lang kasimple</i> <i>RESPONDENT 3: Nandon lang ako sa bahay, nagbantay nalang ng mga manokan ng aking kapatid, tapos nagtrabaho ako...kung may trabaho, kinukuha ako... parang, nagtrabaho rin ako kung may nagpapa-ayos pareho ng mga jet-matic, iyon na mga bomba, makina.</i> <i>RESPONDENT 5: para sa akin te, ifofocus ko na sa aking trabaho</i>	Confirming The respondents scored a mean of 69.09, indicating a 21% possibility of relapse. The interviews confirm the participant's experience as they keep themselves from future relapse by redirecting their cravings.

aking pamilya, lalo na sa aking asawa siyang talaga sumusuporta sa akin ngayon... kung hindi sa kanya, baka andon na... gumagamit pa rin ako te. Mga kabataan.. lalo na sinasabihan ako nila, kahit hindi sila nag uuncle sa aking, kuya lang... kuya pinapa-uwi ka ni mama, alasingko umuuwi na ako nyan, madilim pa lang, umuuwi na ako sa bahay. Yan ang nagpapa-ano te, pamilya ko

Theme 2. Embracing Self-Control

RESPONDENT 2: nandon lang ako sa bahay.. natatakot akong lumabas, natatakot akong lumabas. Natatakot ako... kailangan magthink outside the box. Hesitant talga ako yang trabaho. Takot ako na maulit ang... basta. Siguro, hindi naman siguro maganda na mag iisolate ako ng aking sarili. Pero para sa akin, risky kasi talag kung sa labas, lalo na pag may income, na makafeel ako na mayrong maliit na confidence na “uy maryon na”, at alam ko ang aking hatak ay... alam ko sa aking mismo sarili na madali lang talaga ako mahatak ba.

RESPONDENT 3: two times or three times non nakagamit dahil hindi maganda ang kanyang epekto. Oo... parang hindi ko siya ma-ano.... Na parang nafefeel ko na siya ay maganda, pero siya hindi. Dahil hindi ako nakakatulog, wala kang gana kumain, at mahina ang iyong katawan. At hindi ako nakakapagtrabaho. Ito pala ang epekto ng shabu. Di nakakatulog ka-iisip ng kahit ano.

Drug Avoidance Self-Efficacy	x = 99.65 High Level of Drug Avoidance Efficacy	Theme 3: Increasing Perceived Self-Efficacy.	Confirming
		RESPONDENT 1: baka ate.... Sa akin, naniniwala ako te na kaya ko yang gawin, Family support tin, although di na ito masasabi na 100% makakaya kung wala ang iyong family support. Kailangan ko ng tulong ng aking pamilya.	The results of the quantitative phase suggest a high level of drug avoidance self-efficacy (x=99.65).
		RESPONDENT 2: Ang nakakapagpa motivate po sa akin is yung dahil po sa	Likewise, the qualitative findings confirm to the high level of drug avoidance self-

tiwalang binigay nila sa akin, hindi ko po sisirain... ng mga mahal ko sa buhay.

RESPONDENT 3: ma-iiwasan ko yan sa sarili kong desisyon. Dahil kahit pa ako jan bigyan, pareho non nung December.

May pumunta na taga Burauen...Pinakita niya yon sa akin doon sa kotse. Pinakita niya ako na non ng lighter, doon na iyon na mahaba na dose dose na mayrong parang aspalto. Maputi-puti. Doon lahat. Heto daw, para sa iyo eto. Yun din ang aking pag atras. Sabi ko, nagpromise na ako neto, doon ako sa loob ng SALAG, na kahit ano na substance hindi na ako gagamit brod.

RESPONDENT 4: Malaki po yung kumpyansa ko pero hindi po ako yung magkokompyansa ako nadidikit ako ulit don sa mga triggers. Kumpyansa po ako na, disidido po ako don sa goal ko.

RESPONDENT 5: ang aking pangarap te, isa lang naman, magpakalayo kami ng aking pamilya sa aming lugar. Dahil ang aking pamilya kasi.. andyan na lahat.. Dahil kung nandyan ako sa anibong, andyan na lahat ng barkada kasi. Kahit wala kang ginagawa na masama, pagtingin niya na masama... Kaya gusto ko mabigyan kami ng pabahay ba. Dahil ano na kami doon sa pabahay ba..

efficacy in which the participants were trying their best to increase and maintain their level of self-efficacy for them to avoid drugs. The participants also revealed that there are motivations for drug avoidance, making it as a top priority for drug relapse.

Theme 4. Motivations for Drug Avoidance

RESPONDENT 2: Ang akin lang goal ate, na maging sober ako.

RESPONDENT 3: nakikita ko ang aking sarili na naging produktibo ako, tapos healthy ang aking pangangatawan dahil lagi pa akong naglalaro ng basketball kahit singwenta na ako... Nakikita ko ang aking katawan na parang okay naman ang aking pangangatawan at nagprapractice ako ng sakto. Pinagpapawisan ako

ma successful yung ano... ko.. ano pagserve dito sa barangay, na hindi na ako magkakasala dito. Na hindi na ako ano, maging, biyolente. Kahit na may nag-aamok, may in-aano, marami ang aking kaibigan at maging produktibo ang

aking trabaho, at maging successful ang aking pamamasada..

RESPONDENT 4: Ang motivation ko po is yung makarecover po sa mga losses ko and also para maregain ko po yung trust and respect po ng family ko at saka yung community.

masaya ako dahil nakikita ko ang mga anak ko na may mga gadget na po sila, tas ayon mayron na po silang mga appliance sa bahay. Unlike before na kahit yung appliance ibebenta ko. Hihiramin ko pa yung cellphone ng anak ko para isangla. Pero ngayon po, nagsosobra yan sa bahay, Malaki po ang pinagkaiba.

Goals ko po is to achieve yung pinapangarap ko pa rin po na makalabas ulit ng bansa.

RESPONDENT 5: ang aking pangarap te, isa lang naman, magpakalayo kami ng aking pamilya sa aming lugar....Kaya gusto ko mabigyan kami ng pabahay ba. Dahil ano na kami doon sa pabahay ba.. hidni na nabibigyan ba. Yan din ang aking pangarap ng aking asawa. May sarili kaming bahay.

Ngayon, ang aking plano pagswesweldo ko... mayron na kaming baboy baboy, alkansiyahan... mayrong nakapangalan sa bahay ba.. Ipon.. ano? Ipon challenge ba, para sa bahay ba.. Yan ang aking iniiponan, makanili kami.. maka-ipon kami, makabili kami ng bahay, sarili.

Drug Relapse Risk and Drug Avoidance Self-Efficacy *r-value = -0.344*
p-value = 0.005
Significant

Theme 5. Treatment of the Community. Expanding

RESPONDENT 1: So far, parang, medyo okay, te. Katulad sa akin na galing ako sa rehab at may kasong drugs. Di maiwasan ang mga ganyan na may discrimination. May mga parinig pero iniintindi ko nalang yan, te.

RESPONDENT 2: Sa pagka ngayon, since sa pagkatapos ko dito.. sa SALAG, Pagkakangaling ko sa loob, ang kanilang pagtrato sa akin ay maganda na. Hinfi katulad noon, hindi katulad noon na hindi na maganda ang ilang pagtingin sa

The participants revealed that their experience with drug relapse and drug avoidance self-efficacy was discrimination.

However, due to sometime of struggling with their aftercare program and preventing



akin ba dahil sa aking bisyo, at masasabi nila na mabait lang yan sa porma pero adik adik pala. So mostly ang ibang tao sa aming lugar, walang alam... hindi lang sa aming lugar, kundi sa lahat ng baybay. Sa proper lang, hindi sa iba. Kaya naman, nahihiya ako, nahihiya

RESPONDENT 4: Friendly neighborhood naman yung kung anong mayron ako dito sa amin sa Tanauan... so far po proud po sa akin sila kapitan kasi bumu... ano, tumutulong na po ako sa mga maliit na proyekto nila don sa barangay. Like for example yung clean drive... So yun po, masaya po ako dahil inaccept po nila ako. Hindi po ako nakakaradam nung tinatawag na... mayron term po tayo..

RESPONDENT 3: ang estado ko jan sa bahay. Para sa aking mga kapatid, okay man sa akin. Okay man sila sa akin. Dahil nakikita man nila ang aking pagbabago, at hindi naman ako pareho noong una na.. nandon ako sa mga istambayan, nagiging produktibo naman ako. Nagiging.... Gusto ko magtrabaho... gusto ko maging aktibo sa ano, sarili. okay ang kanilang trato dahil hindi naman ako.. hindi naman ako bayolenteng tao.. oo.. okay man ang kanilang pag-ano sa akin.

ang community, okay yan sila sa akin dahil marami ang aking kaibigan. At n-ano naman ako dito sa community lalo na isa akong tanod dito sa barangay. Ninirespeto ako niyan nila. Dahil nakikita naman nila na si mano boy ay nagbago na talaga, hindi pareho noon na istambay ako kahit saan.

RESPONDENT 5: isa ang ina-aano, isa ang aking ano sa aking sarili... mga nakakatandang kapatid. Dahil pagnagkikita kami ngayon, sila... parang hindi ba ko nila tunay na kapatid ba.. yan na mga padinigdinig sa kanila na parang hindi mabuting kapatid, hindi ka daw ano na kapatid dahil na-iiba ka sa amin.. Pero, masakit para sa akin, pero

themselves to avoid drugs, they experienced bliss and fulfillment. The transition from negative perception to a positive one becomes a primary motivator for them to continue drug avoidance.

*pinapakita ko sa kanila na hindi lang ako
kapatid, ipapakita ko sa inyo na
nakakapgbigay ako kay tatay.*

3.2 Discussion

3.1.1 Perceived Drug Relapse Risk. The results revealed that most aftercare clients scored a 21% probability of drug relapse, putting them away from a distance to develop future relapse. This probability suggests that the respondents understood the three phases of relapse, such as the psychological, physical, and social factors (Ackerman, 2021; Tatari et al., 2020). Furthermore, the aftercare program, in a little way or another, increased their awareness of drug consumption. The study by Preston et al. (2018) suggests that the treatment objective for drug relapse is to help the patients notice early warning signs and develop skills to prevent relapse.

Assumingly, this low probability level of drug relapse may indicate that respondents were gradually becoming aware of how to manage their substance cravings. Relapses only happen when clients remember the pleasurable events of substance use (Tatari et al., 2020). The respondents may also be triggered by various stimuli such as their psychological states, environmental cues, or when exposed to substance users. These triggers may not lead to relapse but increase their risk of continuing drug use (Tagliareni, 2020).

Culturally, Filipinos value close family ties and genuine friendships. The respondents may also experience social support from their families, loved ones, and friends. Zeng et al. (2021) found a strong association between family connectivity and relapse risk. Meaning to say, there is a likelihood of preventing relapse when a substance user is given positive support from families and friends. Consequently, as Filipinos are easily influenced by peer pressure, old peers who continue to use drugs have been identified as a factor contributing to drug relapse (Kinyua, 2019; Ramsewak et al., 2020).

Qualitatively, the findings utilize a positive coping mechanism for them to prevent drug relapse. Adequate coping skills are necessary for achieving and maintaining abstinence and represent the foundation for developing a treatment for relapse prevention and coping skills. Treatment compliance and motivation are greater when more developed coping abilities benefit treatment participation and continuance (Görgülü, 2019).

It is important for recovering drug dependents in the aftercare program to obtain work, manage the workplace, and maintain a productive structure to strengthen relapse prevention strategies (Dangerous Drugs Board, 2018). One participant verbalized that his productivity helps him to keep his sobriety. However, another participant uses his work-related tasks to maintain his recovery program. Prangley et al.'s (2018) found out that employment and volunteering help the individual's sobriety and journey to recovery. Participants who experienced rehabilitation programs were motivated to have a productive structure (Sy et al., 2021).

In addition, a recovered substance user has the support of his sober living community, it is much simpler for them to deal with the stress encountered at work (Azmi et al., 2018). Moreover, being productive increased drug-taking avoidance self-efficacy for some participants. Wangithi and Ndurumo's (2020) suggest that work conditions had an impact on self-efficacy. A favorable alteration in age and job opportunities has a beneficial effect on self-efficacy, but an improvement in education level and career achievement would substantially decrease the probability of relapse. Unemployment and lack of education are other factors that can lead to poverty, which results in relapse (Görgülü, 2019).

Further, family support increases drug-taking avoidance self-efficacy. One participant identified how his family relationships could give him the confidence to avoid drugs. Likewise, another participant suggests that family support prevents relapse. According to the findings of Kinyua's (2019) research, the presence of family support is a significant predictor of both self-efficacy and drug relapse. Other participants perceived their families as sustaining their sobriety and source of motivation.

Failures in recovery are inevitable. These failures may be seen as a trigger for relapse, but accepting and learning from them can be an effective coping strategy. Some recovering individuals set high expectations, assuming they would never think about drugs or even use them (Guenzel and McChargue, 2019). In this study, Respondent 2 has learned to cope with his recent relapse by acknowledging and accepting his recent failure. Similarly, Menon and Kandasamy's (2018) research concluded that reframing cognitive errors can help recovering individuals on their road to sobriety. An adequate example of this is to let clients learn to see their recent lapse as a learning opportunity in their recovery. Cognitive reconstructing does not see relapse as a failure but as an instrument to gain knowledge and recognize relapse factors that can be avoided in the future.

The results imply that regardless of the low probability of drug relapse, the respondents were still susceptible to drug relapse in the future. Psychological counselling, family support, and a preventive environment may be significant for preventing drug relapse. These findings are evidence that recovery from the issue of drug addiction is challenging because addiction is a chronic condition that will reoccur when drug users are absent from the body, producing agony due to drug withdrawal syndrome (Azmi et al., 2018).

3.1.2 Perceived Drug Avoidance Self-Efficacy in High-Risk Situations. The results revealed that respondents scored a high level of drug avoidance self-efficacy, which indicates their confidence in refraining from substance use even in high-risk situations. The respondents had firm convictions in their capacity to abstain from drugs. Thus, they can better establish strategies to avoid falling back into old habits, even when confronted with potentially harmful circumstances (Nauser, 2022).

Though the respondents were still in the aftercare program, they must be cognizant that their self-efficacy still depends on the level of mastery, vicarious experiences, social persuasion, and physiological markers of the individual (Bandura, 1994). Thus, when the respondents could master their substance cravings and urges, their level of fulfillment and confidence increased over time (Razali & Madon, 2020).

Additionally, the respondents' environment may improve or worsen their level of drug avoidance self-efficacy. According to Lipari and Van Horn (2017), when a family member uses drugs, it negatively impacts the whole family and results in one's vulnerability to drug use. The person acquires the maladaptive pattern by vicarious learning. In contrast, Wangithi and Ndurumo (2020), there is a strong link between family support and relapse, and a corresponding increase in family support would boost self-efficacy by 40.7%. Moreover, some researchers (Zeng et al., 2021; Kinyua, 2019; Azmi et al., 2018) investigated the impact of familial relationships on decreased relapse occurrences.

Furthermore, this high level of drug avoidance self-efficacy may be positively rooted in their experiences in the aftercare treatment program. Mental health professionals in rehabilitation centers may strategically indoctrinate the respondents on how to manage addictive habits. According to Dhankar et al. (2021), self-efficacy is entrenched in an

individual's control over their physical, social, and emotional capacities, enabling them to make positive life changes.

Qualitatively, the participants ultimate goal in recovery is to achieve sobriety. The participants emphasized the importance of maintaining a drug-free lifestyle. Others revealed that their primary goal is to become sober, and some expressed how their plans help improved their drug-taking avoidance self-efficacy. Similar to the findings of the study, Müller, Znoj, and Moggi's (2019) research on alcohol dependence found that patients with higher self-efficacy after residential treatment may have a feeling of accomplishment because they performed better during treatment.

As clients begin the recovery process, they ultimately shift their emphasis to the fundamentals of day-to-day living at some point. Achieving autonomy is necessary for long-term success. Although learning how to accept a sober lifestyle and building a new, healthy life oriented around rehabilitation become the major goals of an addict, knowing how to embrace a sober lifestyle is necessary. This independence, which helps to recover substance users build self-confidence as they learn to adjust to the obstacles of day-to-day living, is commonly stressed in professional training programs. This is because it is one of the most important factors in a successful recovery. Recovering addicts can significantly boost their sense of self-worth and confidence in staying sober by actively seeking out and maintaining employment. People have a lot of concerns about sober life and addiction treatment, and one of those topics is how recovering drug users should approach finding work (Zafar and Ijaz, 2020).

The qualitative results found out that participants believed that aside from the support they receive from their families, the treatment of the community members also matters. Undergoing an aftercare program, the community of the recovering individual can contribute to achieving sobriety. In agreement with Dekkers, De Ruyscher, and Vanderplasschen (2020), recovering individuals highlighted the emphasized society's participation in the rehabilitation process and their new social position. The mission of rehabilitation centers in the aftercare program is to re-integrate recovering drug dependents into the community and avoid relapse (Dangerous Drugs Board, 2018).

The participants were pleased with the level of support they received from the community. With the help of a recovering drug dependent's supportive environment, self-efficacy increases, resulting in a decrease in relapse. This indicates that positive social support systems boost the self-efficacy of former addicts to face life's problems, hence preventing relapse. After treatment and rehabilitation, former addicts require encouraging support from family, peers, and members of society; yet, social support alone is insufficient to avoid relapse (Razali and Madon, 2020).

Likewise, the participants said that his community still respects them despite having a history of having a poor reputation in the past due to use of drugs. Both of the respondents said that feeling supported by their community was helpful in maintaining their recovery. According to Razali and Madon (2020), there is a correlation between strong societal support and an increased inner belief that one can change. Consequently, this decreases the likelihood of a recurrence of substance use. Some participants succeeded in keeping a positive reputation in the community because many around him were unaware of his most recent episode of substance abuse. Since then, even after he had "graduated," his community supported him.

On the other hand, not all rehabilitating addicts are lucky enough to have access to good community treatment. According to participants 1 and 2, they experienced discrimination and feelings of shame in their community. While respondents 3 and 4 had the impression that they were respected and embraced in their new community. This unfavorable reaction from the

local population contributed to Participant 5 most recent relapse. The unfortunate attitude held by the community is the root cause of bad feelings, poor confidence, and social marginalization. Participant 5 expressed that the adverse treatment of the community affects his drug-taking avoidance self-efficacy. When other people put a negative light on one's recovery, it can discourage them from continuing to change. Substance abusers experience stress as a result of these negative emotions, which leads them to relapse as they feel unable to face challenges and build a new life (Razali and Madon, 2020). It also negatively impacts one's view of being able to avoid relapse. Experiencing social stigma can lessen one's self-efficacy to prevent drugs and succeed in sobriety.

However, Participant 1 verbalized that discrimination is unavoidable, especially to drug dependents undergoing rehabilitation treatment. The findings resonate with Dekkers, De Ruysscher, and Vanderplasschen's (2020) study, family members acknowledge that recovery and the community are interrelated and there is still a stigma in addiction recovery. Recovering individuals under treatment, especially upon re-integration into one's community, begin to feel how society perceives them. The negative treatment of the community can impact the individual's recovery. Participant 5, who attempted to have a decent image in their community, but was nevertheless known as a person who was still connected with drugs, shared an experience similar to that of Participant 1. This negative response from the community contributed to his recent relapse. The community's negative attitude leads to negative emotions, low confidence, and exclusion. For recovering individuals, these negativities can hinder their change towards sobriety. (Razali & Madon, 2020)

The participants experienced a lot of challenges in their recovery process. Recovering from substance use addiction is a difficult road. There are always struggles and challenges along the way. Participant 1 concluded that relapse is a complex process. Maintaining sobriety and avoiding relapse is an everyday challenge. Relapse is always possible despite being consistent with the recovery program (Ackerman, 2021). Relapse can result in a decrease in drug-taking avoidance self-efficacy.

Participant 3 claims a decrease in self-efficacy to avoid drugs if a relapse happens. However, having a decreased self-efficacy does not entail returning to his substance use. Bandura (1982) states that developing the identified behavior through experience will help increase one's self-efficacy. Thus, clients who remain sober will believe in their capabilities despite recovery challenges. Dhankar et al. (2021) found out that clients who successfully stay sober have higher self-efficacy levels than those with a drug use history. They developed stronger personal beliefs that they can achieve sobriety, for they have already experienced and mastered it.

Many factors influence the use of illicit drugs. Some studies have identified risk and protective factors which are involved in relapse. Risk factors increase the susceptibility to relapse, while protective factors decrease it. Recovering drug dependents needs to become aware of their triggers to help them avoid relapse. Triggers may not directly lead to relapse. However, when individuals cannot manage these triggers, negative coping mechanisms are applied, such as drug use (Tagliareni, 2020).

Further, participant 2 revealed that he stays inside the house because he is terrified of returning to his old habits if he leaves. Individuals with severe drug use are more susceptible to experiencing negative emotions, distress, and unhealthy coping mechanisms. Moreover, since they have less intense reactions to drug use under stress, they need to use more drugs to maintain equilibrium, leading to increased drug use and stress disruption. Stressful situations affect our brain processing (Wemm and Sinha, 2019).

On the other hand, another respondent acknowledged that having support from family is one of the most critical factors that can assist people in avoiding returning to drug use. However, when the people expected to give the utmost support cannot provide it, the family becomes a significant factor in relapse (Azmi et al., 2018). Respondent 5 revealed that being subjected to prejudice by family members is one of his challenges in his recovery. The lack of family support and intimacy influences the involvement of oneself in deviant behaviors such as substance use (Kinyua, 2019). The process of rehabilitating an individual to the point where they may safely return home after being incarcerated is lengthy. It is assumed that family members will assist with the transition. Therefore, they require sufficient support from their families to reduce the probability of relapsing (Zeng & Tan, 2021). Razali and Madon (2020) believe that addicts whose families do not provide support are more likely to experience relapse. It is essential to have sufficient family support following the completion of the rehabilitation program to aid with the process of readjusting to life. They emphasized self-efficacy as a mediator between family, peers, and social support to relapse risk.

For a recovering drug dependent, these three factors are essential in the recovery. Also, they correlate with each other. Thus, a strong support system entails a higher self-efficacy in avoiding substance use and decreasing the possibility of relapse. Zeng et al. (2021) concurred with the previous study that family influences affect one's psychological capital. A good familial relationship can increase one's self-determination and confidence to achieve sobriety and recover from addiction.

Notwithstanding the higher levels of drug avoidance self-efficacy of the respondents, the results imply that individuals have to seek psychological services and psychosocial support to maintain and increase their drug avoidance. The respondents were suggested to develop effective personal coping habits and skills, keep themselves in a drug-free environment, and talk openly about their struggles with drug avoidance.

3.1.3 Drug Relapse Risk and Drug Avoidance Self-Efficacy. Results revealed a significant negative correlation between drug avoidance self-efficacy and drug relapse risk of respondents. It indicates that as the level of drug avoidance increases, drug relapse risk decreases, or vice versa. This correlation signifies that respondents rarely experience warning signs of relapse risk as they have high drug avoidance self-efficacy, even in high-risk situations.

Additionally, the likelihood of relapse decreases since this is proportionally related to the high level of an individual's sense of self-efficacy in avoiding drug consumption, even in high-risk situations. Vice versa, when one is more self-efficient or has higher self-efficacy to avoid substances, they experience lower stress levels, encouraging better management and a heightened awareness of their behavior, making them avoid substances. The risk of relapse and increasing drug use is negatively related to an individual's impression of their perceived efficacy or capacity to abstain from drugs. This is related to the study of Müller et al. (2019), who conducted a longitudinal study comparing alcohol use disorder patients during their 1-year follow-up treatment to their 5-year follow-up treatment after residential discharge. Their findings revealed that the longer the individual can avoid relapse, the more self-efficacy is developed.

The result of the quantitative method of this study is consistent with previous studies stating that there is a negative correlation between relapse risk and drug avoidance self-efficacy. When there is an increase in drug avoidance self-efficacy, relapse risk decreases (Sakari, 2021;

Dhankar et al., 2021; Nauser, 2021; Müller et al., 2019; Kinyua, 2019). All recovering drug dependents' goal is to avoid relapse. This recovery treatment goal of avoiding drugs entails strongly believing in one's capacity to change. Moreover, high levels of self-efficacy predict a lower risk for relapse. The higher recovering dependent's belief in their capacity to change and become sober, the lower they are vulnerable to relapse. However, a weak correlation between drug avoidance self-efficacy and relapse risk suggests that the level of confidence an individual has in their ability to avoid drug use is not a robust or dependable predictor of the likelihood of relapse. Manreque and his colleagues (2018) agree with this weak relationship. In the essence, it means that one's self-efficacy in drug avoidance does not strongly and consistently determine whether they will relapse or not. This observation implies that there are additional factors and influences at play when assessing an individual's susceptibility to relapse. In other words, various external elements, such as social support, environmental triggers, stress, or other psychological and situational factors, might have a more significant impact on a person's relapse risk than their self-efficacy alone. This understanding highlights the complex nature of addiction and the need to consider multiple factors when assessing and addressing the risk of relapse in individuals recovering from substance abuse.

Further, the results of this study are also consistent with Nauser's (2021) research denoting that the person is more determined to prevent relapse when they have higher perceived self-efficacy to avoid drug use. Thus, more effort is given by the individual to accomplish his goal of staying away from drugs. Influences such as enactive attainments, vicarious experiences, verbal encouragements, and psychological states impact self-efficacy levels, which help the individual to lessen relapse (Bandura, 1994; Bandura, 1982). Self-efficacy for clients recovering from drug use can affect the development of addiction again. Because their expectations of satisfaction also develop their belief in their ability to relapse. If they associate the drug with adverse effects, they try to avoid its recurrence.

The study's findings highlighted how drug avoidance self-efficacy is specifically thought to support continued sobriety even in the aftercare as individuals with a higher self are more likely to succeed in recovery. This stems from the hypothesis of Bandura (1997) in self-efficacy theory that a person's personal beliefs significantly influence whether they participate in addictive behaviors, quit maintaining problematic drug use patterns, or start new ones. Based on both theoretical and empirical evidence (Schunk & DiBenedetto, 2021; Bandura, 1977), self-efficacy is a vital motivational construct that affects decisions, determination, perseverance, and success of substance users and that functions as a cognitive mechanism that can assist with behavior change. Parks and Marlatt (2000) identified the involvement of self-efficacy in the relapse process. A person develops perceived control and self-efficacy while remaining sober. The longer the person remains sober, the higher the perceived self-efficacy development. Nevertheless, relapse risk increases when confronted with a high-risk situation that could impair their sense of control and self-efficacy. The greater confidence that one can handle the demands of a high-risk circumstance, the greater the likelihood of avoiding relapse and further consequences (Parks and Marlatt, 2000). This theory translates that all individuals are competent and capable of success if they have the opportunities and self-efficacy to pursue their objectives.

Likewise, recovering from substance use addiction is a difficult road. There are always struggles and challenges along the way. Participant 1 concluded that relapse is a complex process. Maintaining sobriety and avoiding relapse is an everyday challenge. Relapse is always possible despite being consistent with the recovery program (Ackerman, 2021). Relapse can result in a decrease in drug-taking avoidance self-efficacy.

Participant 3 claims a decrease in self-efficacy to avoid drugs if a relapse happens. However, having a decreased self-efficacy does not entail returning to his substance use. Bandura (1982) states that developing the identified behavior through experience will help increase one's self-efficacy. Thus, clients who remain sober will believe in their capabilities despite recovery challenges. Dhankar et al. (2021) found out that clients who successfully stay sober have higher self-efficacy levels than those with a drug use history. They developed stronger personal beliefs that they can achieve sobriety, for they have already experienced and mastered it.

Many factors influence the use of illicit drugs. Some studies have identified risk and protective factors which are involved in relapse. Risk factors increase the susceptibility to relapse, while protective factors decrease it. Recovering drug dependents need to become aware of their triggers to help them avoid relapse. Triggers may not directly lead to relapse. However, when individuals cannot manage these triggers, negative coping mechanisms are applied, such as drug use (Tagliareni, 2020).

Further, participant 2 revealed that he stays inside the house because he is terrified of returning to his old habits if he leaves. Individuals with severe drug use are more susceptible to experiencing negative emotions, distress, and unhealthy coping mechanisms. Moreover, since they have less intense reactions to drug use under stress, they need to use more drugs to maintain equilibrium, leading to increased drug use and stress disruption. Stressful situations affect our brain processing (Wemm and Sinha, 2019).

On the other hand, another respondent acknowledged that having support from family is one of the most critical factors that can assist people in avoiding returning to drug use. However, when the people expected to give the utmost support cannot provide it, the family becomes a significant factor in relapse (Azmi et al., 2018). Respondent 5 revealed that being subjected to prejudice by family members is one of his challenges in his recovery. The lack of family support and intimacy influences the involvement of oneself in deviant behaviors such as substance use (Kinyua, 2019). The process of rehabilitating an individual to the point where they may safely return home after being incarcerated is lengthy. It is assumed that family members will assist with the transition. Therefore, they require sufficient support from their families to reduce the probability of relapsing (Zeng & Tan, 2021). Razali and Madon (2020) believe that addicts whose families do not provide support are more likely to experience relapse. It is essential to have sufficient family support following the completion of the rehabilitation program to aid with the process of readjusting to life. They emphasized self-efficacy as a mediator between family, peers, and social support to relapse risk.

For a recovering drug dependent, these three factors are essential in the recovery. Also, they correlate with each other. Thus, a strong support system entails a higher self-efficacy in avoiding substance use and decreasing the possibility of relapse. Zeng et al. (2021) concurred with the previous study that family influences affect one's psychological capital. A good familial relationship can increase one's self-determination and confidence to achieve sobriety and recover from addiction.

The results imply that levels of drug relapse and drug avoidance self-efficacy were improved after participating in rehabilitative programs. Substance users' capacity for drug relapse is decreased while increasing their self-efficacy. Thus, public and private organizations should maintain and even improve their services to mitigate substance abuse in the Philippines.

4. Conclusion and Recommendations

In conclusion, this study investigated the relationship between drug relapse risk and drug avoidance self-efficacy with individuals undergoing aftercare program. Findings revealed that participants experienced few early relapse indicators but had strong drug avoidance self-efficacy. A weak inverse connection between relapse risk and self-efficacy was observed, emphasizing the importance of self-efficacy in preventing relapse. Participants' experiences such as sublimating cravings, embracing self-control, motivation for drug avoidance, and treatment of the community played significant roles. These insights inform the development of more effective aftercare programs to enhance self-efficacy and prevent relapse in individuals recovering from substance use disorders.

In summary, substance abuse and addiction can be managed, prevented, and treated by participating in rehabilitative treatment programs. Personal and environmental factors such as self-efficacy, the positive impact of family support and encouragement, confidence in managing cravings, and psychological states, among others, prevent relapse among substance users. Thus, rehabilitative programs should integrate the significant results and findings of the study for improvement.

The results recommend that psycho-education programs should be included for family and community members to become more aware of their impact on developing recovering drug dependents' drug avoidance self-efficacy and relapse risk. Treatment and rehabilitation facilities must implement programs and activities to maintain, prevent, and boost their clients' drug avoidance self-efficacy and reduce relapse risk.

Also, aftercare sessions should include strategies for building and strengthening beliefs in avoiding drugs by increasing substance user's self-efficacy. Rehabilitation practitioners should improve self-efficacy in their treatment plans when dealing with substance user clients. It is beneficial if the development of drug avoidance self-efficacy starts even during their residential program treatment. Likewise, rehabilitation practitioners should conduct a thorough assessment by utilizing a Filipino tool for assessing drug relapse and avoidance of each individual's unique needs, including their history of drug use, triggers, co-occurring mental health conditions, social support, and personal strengths. This assessment will allow treatment plans and interventions to be more customized and culturally appropriate by identifying certain relapse risk factors.

Likewise, mental health professionals are suggested to create tailored treatment programs that consider every patient's unique requirements and objectives. Incorporating various therapeutic modalities, medication management (if necessary), and other helpful services may be included. Treatment approaches should be adaptable as the patient moves forward in their recovery. They can also conduct psychoeducational and skill-building sessions to improve people's coping mechanisms and problem-solving skills and employ evidence-based therapies to reduce the chance of recurrence. Among the things they could teach are assertiveness training, stress management strategies, and effective communication tactics.

For the DOH-TRC Dulag, substance users can receive ongoing assistance and structure by being linked with neighborhood services like 12-step groups or sober housing. Monitoring and evaluating patients' progress during therapy is continuous, and interventions are changed as necessary. This entails monitoring triggers and cravings, monitoring self-efficacy levels, and assessing the success of therapies. Encourage cooperation amongst the various parties involved in a person's treatment, such as family members, community support services, and specialists in the field of mental health.

Future researchers may engage in an in-depth exploration of the variables in other regions, including private rehabilitation centers, more diverse and extensive participants, and the inclusion of other psychological constructs about drug avoidance self-efficacy. A comparative study may be conducted between the voluntary and plea-bargainers, residential and aftercare, and the three phases of DOH-TRC Dulag's aftercare clients' drug avoidance self-efficacy and relapse risk is also suggested. Furthermore, pure qualitative research about the lived experiences of substance users of drug relapse and drug avoidance may be conducted. Moreover, an experimental study is recommended to explore the possible influence of different phases of ACP treatment and ACP clients who had previous rehab experiences on their drug relapse risk and drug avoidance self-efficacy. The present study did not explore the possible influence of different phases of ACP treatment and ACP clients who had previous rehab experiences on their drug relapse risk and drug avoidance self-efficacy. It is recognized that these factors may have been attributed to the participants' perceived drug relapse risk, drug avoidance self-efficacy, and the weak negative correlation of the two variables. Thus, future studies may investigate these limitations.

References

- [1] Abdelmouttelb, A. A., Elewa, S. M. M., & Abdelsalhen, F. A. (2022). Relation between substance use craving and self -Efficacy in addict patients. *Egyptian Journal of Health Care*, 13(3), 269–289.
- [2] Abdollahi, Z., Taghizadeh, F., Hamzehgardeshi, Z., & Bahramzad, O. (2014). Relationship between Addiction Relapse and Self-Efficacy Rates in Injection Drug Users Referred to Maintenance Therapy Center of Sari, 1391. *Global Journal of Health Science*, 6(3). <https://doi.org/10.5539/gjhs.v6n3p138>
- [3] Ackermann, K. (2021, January 11). Warning signs of relapse: Depression, stress, and other triggers. Retrieved from <https://americanaddictioncenters.org/adult-addiction-treatment-programs/signs-of-relapse>
- [4] Amodia, T. M., Asehan, A. J., Sagara, M., & Cabunoc, G. R. (2018). *A cross-sectional study of level of drug avoidance self-efficacy and readiness to community reintegration across demographic factors of substance abuse disorder patients from selected rehabilitation centers in Cebu* [Thesis/Dissertations]. Cebu Doctors' University.
- [5] Andersson, H. W., Wenaas, M., & Nordfjærn, T. (2019). Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. *Addictive Behaviors*, 90, 222–228. <https://doi.org/10.1016/j.addbeh.2018.11.008>
- [6] ASEAN-NARCO. (2019). ASEAN Drug Monitoring Report 2018.
- [7] AspenRidge Recovery. (2020, July 16). Drug use vs drug abuse | what are the differences? Retrieved from <https://www.aspenridgerecoverycenters.com/drug-use-vs-drug-abuse/>
- [8] Azmi, A. A., Hussin, H., Ishak, S. I. D., & Daud@Fhiri, N. S. (2018). Drug Addicts: psychosocial factor contributing to relapse. *MATEC Web of Conferences*, 150, 05097. <https://doi.org/10.1051/mateconf/201815005097>
- [9] Bandura, A. (1997). *Self-Efficacy in Changing Societies*. Cambridge, United Kingdom: Cambridge University Press.
- [10] Bandura, A. (1994). Self-efficacy. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998)

- [11] Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37(2), 122–147. <https://doi.org/10.1037/0003-066x.37.2.122>
- [12] Bandura, A. (1986). Social Foundations of thought and action: A social cognitive theory. *Englewood Cliffs*.
- [13] Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295x.84.2.191>
- [14] Bondad, Ma. V. (2020). Bureau of jail management and penology implementation of the therapeutic community modality program in the province of Nueva Ecija: An assessment. *International Journal of Science and Research (IJSR)*, 9(1), 776–781.
- [15] Brewer, K. R. (2014). Three controversies in the history of survey sampling. *Survey Methodology*, 39(2), 249-262.
- [16] Chan, G. H. Y., Lo, T. W., Tam, C. H. L., & Lee, G. K. W. (2019). Intrinsic motivation and psychological connectedness to drug abuse and rehabilitation: The perspective of Self-Determination. *International Journal of Environmental Research and Public Health*, 16(11), 1934. <https://doi.org/10.3390/ijerph16111934>
- [17] Clingan, S. E., & Woodruff, S. I. (2017). Drug-Avoidance Self-Efficacy among exclusive cannabis users vs. Other drug users visiting the emergency department. *Substance Use & Misuse*, 52(9), 1222–1228. <https://doi.org/10.1080/10826084.2017.1305412>
- [18] Costello, M. J., Sousa, S., Ropp, C., & Rush, B. (2018). How to Measure Addiction Recovery? Incorporating Perspectives of Individuals with Lived Experience. *International Journal of Mental Health and Addiction*, 18(3), 599–612. <https://doi.org/10.1007/s11469-018-9956-y>
- [19] Cruz, D.. (2023, October 20). *Effectiveness of The Therapeutic Community Intervention Program of The Department of Health-Treatment And Rehabilitation Center DOH-TRC*. <https://eprajournals.net/index.php/IJMR/article/view/2984>
- [20] Dekkers, A., De Ruyscher, C., & Vanderplasschen, W. (2020). Perspectives on addiction recovery: focus groups with individuals in recovery and family members. *Addiction Research & Theory*, 28(6), 526–536. <https://doi.org/10.1080/16066359.2020.1714037>.
- [21] Dhankar, A., Kaur, N., Majumdar, O., & Gorver, S. (2021). Role of Self-Efficacy in dealing with drug use. *The International Journal of Indian Psychology*, 9(1), 1493–1505. <https://doi.org/10.25215/0901.157>
- [22] Dhein, S. (2020). Different effects of cannabis abuse on adolescent and adult brain. *Pharmacology*, 105(11–12), 609–617. <https://doi.org/10.1159/000509377>
- [23] Dangerous Drugs Board. (2021). Annual report 2021. www.ddb.gov.ph. Quezon City, Philippines. Retrieved from https://ddb.gov.ph/images/annual_report/Annual_Report_2021.pdf
- [24] Dangerous Drugs Board. (2021b). Treatment and rehabilitation. Retrieved from <https://ddb.gov.ph/treatment-and-rehabilitation/> Dangerous Drug Board (2016). *DDB Board Resolution to Aftercare program of Drug Rehabilitation*.
- [25] Department of Health. (2020). *DOH accredited treatment and rehabilitation centers*. Dangerous Drugs Board.
- [26] Department of Health. (2018). DOH encourages LGUs to build more community-based drug abuse recovery clinics | department of health website. Retrieved from <https://doh.gov.ph/node/15228>

- [27] Department of Justice. (n.d.). correction and rehabilitation of penitent offenders. Retrieved from <https://probation.gov.ph/correction-rehabilitation/>
- [28] Diclemente, C. C. (1986). Self-Efficacy and the addictive behaviors. *Journal of Social and Clinical Psychology, 4*(3), 302–315. <https://doi.org/10.1521/jscp.1986.4.3.302>
- [29] Erci, B. (2021). Effectiveness of gender and drug avoidance self-efficacy on beliefs and attitudes substance use in adolescence. *Journal of Substance Use, 1*–6. <https://doi.org/10.1080/14659891.2021.1953166>
- [30] Görgülü, T. (2019). The effect of self-efficacy and coping strategies on treatment motivation of individuals in the substance addiction group work process. *Düşünen Adam. https://doi.org/10.14744/dajpns.2019.00005*
- [31] Gorski, T. F. & Miller, M. (1982). *Counseling for relapse prevention*. Independence, MO: Herald House - Independence Press.
- [32] Guenzel, N. & McChargue, D. (2023, July 21). *Addiction relapse prevention*. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK551500/>
- [33] Hendianti, G. N., & Uthis, P. (2018). Factors related to methamphetamine relapse risk among clients in the substance rehabilitation center of National Narcotics Board in West Java, Indonesia. *Journal of Health Research, 32*(4), 279–287. <https://doi.org/10.1108/jhr-05-2018-035>
- [34] Hemati, Z., Abbasi, S., Oujian, P., & Kiani, D. (2020). Relationship Between Parental Communication Patterns and Self-Efficacy in Adolescents with Parental Substance Abuse. *Iranian Journal of Child Neurology, 14*(1), 49–56.
- [35] Hussain, M. A., Iudicello, J. E., Morgan, E. E., Kamat, R., Heaton, R. K., & Grant, I. (2021). Apathy is associated with poorer abstinence self-efficacy in individuals with methamphetamine dependence. *Addictive Behaviors Reports, 13*, 100331. <https://doi.org/10.1016/j.abrep.2020.100331>
- [36] Jorge, K. O., Ferreira, R. C., Ferreira, E. F. E., Kawachi, I., Zarzar, P. M., & Pordeus, I. A. (2018). Influência do grupo de pares e uso de drogas ilícitas entre adolescentes brasileiros: um estudo transversal. *Cadernos De Saúde Pública, 34*(3). <https://doi.org/10.1590/0102-311x00144316>
- [37] Kabisa, E., Biracyaza, E., Habagusenga, J. D., & Umubyeyi, A. (2021). Determinants and prevalence of relapse among patients with substance use disorders: case of icyizere Psychotherapeutic Centre. *Substance Abuse Treatment Prevention and Policy, 16*(1). <https://doi.org/10.1186/s13011-021-00347-0>
- [38] Kadam, M., Sinha, A., Nimkar, S., Matcheswalla, Y. A., & De Sousa, A. (2017). A comparative study of factors associated with relapse in alcohol dependence and opioid dependence. *Indian Journal of Psychological Medicine, 39*(5), 627–633. https://doi.org/10.4103/ijpsym.ijpsym_356_17
- [39] Karatay, G., & Baş, N. G. (2019). Factors affecting substance use and self-efficacy status of students in eastern Turkey. *Ciencia & Saude Coletiva, 24*(4), 1317–1326. <https://doi.org/10.1590/1413-81232018244.30252017>
- [40] Kattenberg, S. F. (2022). *The impact and evaluation of an ACT-based aftercare intervention in addiction care – a Mixed-Method pilot study* [Master thesis Health Psychology & Technology]. University of Twente.
- [41] Kelly, J. M., Hoepfner, B. B., Urbanoski, K., & Slaymaker, V. (2011). Predicting relapse among young adults: Psychometric validation of the advanced warning of relapse (AWARE) scale. *Addictive Behaviors, 36*(10), 987–993. <https://doi.org/10.1016/j.addbeh.2011.05.013>

- [42] Khatib, M. N., Sinha, A., Gaidhane, A., Simkhada, P., Behere, P. B., Saxena, D., . . . Syed, Z. Q. (2018). A systematic review on effect of electronic media among children and adolescents on substance abuse. *Indian Journal of Community Medicine*, 43(5), 66. https://doi.org/10.4103/ijcm.ijcm_116_18
- [43] Khazaee-Pool, M., Naghibi, S. A., Pashaei, T., Chaleshgar-Kordasiabi, M., Daneshnia, M., & Ponnet, K. (2021). Drug Abstinence Self-Efficacy Scale (DASES): psychometric properties of the Farsi version. *Substance Abuse Treatment Prevention and Policy*, 16(1). <https://doi.org/10.1186/s13011-020-00336-9>
- [44] Kinyua, W. I. (2019). *The relationship between family support, self-efficacy, and relapse occurrence among youths recovering from drug addiction in selected rehabilitation centres of Limuro sub-country* (Master's). University of Nairobi.
- [45] Lancet Regional Health - Southeast Asia (2023). Escape from Quicksand: Illicit Drug Use among Youth in Southeast Asia. *Lancet Regional Health*, 10. <https://doi.org/10.1016/j.lansea.2023.10017>
- [46] Lipari, R., & Van Horn, S. (2017). The CBHSQ report: Children living with parents who have a substance use disorder. SAMHSA. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.pdf
- [47] Manrique, J. L., Molina, E. L. L., Ong, C. K. A., Ong, M. D. C., Singh, S. R. B., Villareal, R. C., & Tiongco, M. L. D. (2018). *Self-esteem and drug relapse among drug dependents in a community-based outpatient treatment and aftercare program of Talisay City: Basis for self-esteem promotion*. [Dissertations]. Cebu Doctors' University.
- [48] Martin, G. W., Wilkinson, D. A., & Poulos, C. X. (1995). The drug avoidance self-efficacy scale. *Journal of Substance Abuse*, 7(2), 151–163. [https://doi.org/10.1016/0899-3289\(95\)90001-2](https://doi.org/10.1016/0899-3289(95)90001-2)
- [49] Maulida, D. & Khairulyadi, K. (2019). Relapse in post-rehabilitation drug addicts (Case study in addicts in Yakita Aceh). *Jurnal Ilmiah Mahasiswa FISIP Unsyiah*, 4.
- [50] Menon, J., & Kandasamy, A. (2018). Relapse prevention. *Indian J Psychiatry*, 60(Suppl 4), PMID: PMC5844157.
- [51] Miller, W. R., & Harris, R. J. (2000). A simple scale of Gorski's warning signs for relapse. *Journal of Studies on Alcohol*, 61(5), 759–765. <https://doi.org/10.15288/jsa.2000.61.759>
- [52] Mousali, A. A., Bashirian, S., Barati, M., Mohammadi, Y., Moeini, B., Moradveisi, L., & Sharma, M. (2021). Factors affecting substance use relapse among Iranian addicts. *Journal of Education and Health Promotion*, 10, 129. https://doi.org/10.4103/jehp.jehp_984_20
- [53] Müller, A., Znoj, H., & Moggi, F. (2019). How are Self-Efficacy and motivation related to drinking five years after residential treatment? A longitudinal multicenter study. *European Addiction Research*, 25(5), 213–223.
- [54] Nauser, J. (2021). *Self-Efficacy, Trait Mindfulness, and Self-Compassion as Predictors of Risk of Substance Use Relapse* [PhD dissertation]. West Virginia University.
- [55] Nawi, A. M., Ismail, R., Ibrahim, F., Hassan, M. A., Manaf, M. R. A., Amit, N., . . . Shafurdin, N. S. (2021). Risk and protective factors of drug abuse among adolescents: a systematic review. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-11906-2>
- [56] National Institute on Drug Abuse. (2023, January 27). Principles of drug addiction treatment: A Research-Based guide. Retrieved from

- <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>
- [57] Nikmanesh, Z., Baluchi, M. H., & Motlagh, A. a. P. (2016). The role of Self-Efficacy Beliefs and Social Support on prediction of Addiction Relapse. *International Journal of High Risk Behaviors and Addiction*, 6(1). <https://doi.org/10.5812/ijhrba.21209>
- [58] Okoro, E. X. (2018th). *Substance abuse and mental illness among youth in the United States*. ScholarWorks. https://scholarworks.waldenu.edu/dissertations/5765/?fbclid=IwAR3BF-UINpNeKWrSU_Jl3-sC0LgsAMrnpkE8KE4Jb7opENS2paqYun1WV4
- [59] Parisi, T. (2022, September 21). The three stages of relapse. Retrieved from <https://www.alcoholrehabguide.org/blog/three-stages-relapse/>
- [60] Parks, G. A., & Marlatt, G. A. (2000). Relapse prevention therapy: A Cognitive-Behavioral approach. *The National Psychologists*, 9(5).
- [61] Prangley, T., Pit, S. W., Rees, T., & Nealon, J. R. (2018). Factors influencing early withdrawal from a drug and alcohol treatment program and client perceptions of successful recovery and employment: a qualitative study. *BMC Psychiatry*, 18(1). <https://doi.org/10.1186/s12888-018-1864-y>
- [62] Preston, K. L., Kowalczyk, W. J., Phillips, K. A., Jobes, M. L., Vahabzadeh, M., Lin, J., . . . Epstein, D. H. (2018). Before and after: craving, mood, and background stress in the hours surrounding drug use and stressful events in patients with opioid-use disorder. *Psychopharmacology*, 235(9), 2713–2723. <https://doi.org/10.1007/s00213-018-4966-9>
- [63] Ramsewak, S., Putteeraj, M., & Somanah, J. (2020). Exploring substance use disorders and relapse in Mauritian male addicts. *Heliyon*, 6(8), e04731. <https://doi.org/10.1016/j.heliyon.2020.e04731>
- [64] Razali, A., & Madon, Z. (2020). Predictor factor on relapse among former addicts. *International Journal of Academic Research in Business and Social Sciences*, 10(16). <https://doi.org/10.6007/ijarbss/v10-i16/8311>
- [65] Ritonga, F. U., Arifin, A., Atika, T., & Fauzan. (2022). Should aftercare programs be in drug addiction social rehabilitation? *Journal of Positive Psychology & Wellbeing*, 6(1), ISSN: 2587-0130.
- [66] Russell, K., & Gillis, H. L. (2022). Exploring Aftercare Experiences and Well-Being after Completion of a Young Adult Addiction Treatment Program. *Residential Treatment for Children & Youth*, 40(2), 197–216. <https://doi.org/10.1080/0886571x.2022.2097977>
- [67] Sakari, S. (2021). The relationship between self-efficacy, emotional intelligence, and social support of drug addict on relapse. *Solid State Technology*, 63(5). 1688-1697.
- [68] Saladino, V., Hoelzlhammer, L., & Verrastro, V. (2020). Criminality, substance abuse and problematic family relations in adolescence. *Journal of Addiction Medicine and Therapeutic Science*, 6(1), 016–020. <https://doi.org/10.17352/2455-3484.000031>
- [69] Samson, J. (2021). Factors affecting the aftercare program of drug dependents. *International Journal of Advanced Multidisciplinary Studies*, 1(3), ISSN: 2782-893X.
- [70] Schunk, D. H., & DiBenedetto, M. K. (2021). Self-efficacy and human motivation. *Elsevier eBooks*, 153–179. <https://doi.org/10.1016/bs.adms.2020.10.001>
- [71] Simbulan, N. P., Estacio, L. R., Dioquino-Maligaso, C., Herbosa, T., & Withers, M. (2019). The Manila declaration on the drug problem in the Philippines. *Annals of Global Health*, 85(1). <https://doi.org/10.5334/aogh.28>

- [72] Statista. (2023, February 15). *Reported cases involving drugs Philippines 2021, by region.* <https://www.statista.com/statistics/1171104/philippines-crime-incidents-involving-drugs-by-region/?fbclid=IwAR1YHcVX8XZeeNIWRvMvPQg0DXNnk9eKD-tsNWSxzaAyNNysgHtxyBSdfAU>
- [73] Sy, M. P., Reyes, R. C. D., Roraldo, M. P. N. R., & Ohshima, N. (2021). Uncovering the lived experiences of Filipino drug recoverees towards occupational participation and justice through an interpretative phenomenological analysis. *Scandinavian Journal of Occupational Therapy*, 28(6), 457–470. <https://doi.org/10.1080/11038128.2019.1642380>
- [74] Tatari, F., Farnia, V., Salemi, S., Davarinejad, O., Ghaderi, S., Rahami, B., . . . Alikhani, M. (2021). Evaluation of stress-coping strategies and their association with relapse rate in people with methamphetamine use disorder: an analytical study. *Journal of Substance Use*, 26(2), 166–173. <https://doi.org/10.1080/14659891.2020.1800842>
- [75] Tagliareni, S. (2020). What are triggers and how do you identify them? Retrieved from <https://www.drugrehab.com/recovery/triggers/>
- [76] Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in Aging*, 1(3). <https://doi.org/10.1093/geroni/igx025>
- [77] Turuba, R., Amarasekera, A., Howard, A. M., Brockmann, V., Tallon, C., Irving, S., Mathias, S., Henderson, J., Marchand, K., & Barbic, S. (2022). A qualitative study exploring how young people perceive and experience substance use services in British Columbia, Canada. *Substance Abuse Treatment, Prevention, and Policy*, 17(1). <https://doi.org/10.1186/s13011-022-00456-4>
- [78] United Nations Office on Drugs and Crime (UNODC) & UNAIDS. (2022). Compulsory drug treatment and rehabilitation in East and Southeast Asia. In *United Nations Office on Drugs and Crime (UNODC)* (Booklet No. 3). Bangkok.
- [79] UNODC. (2020a). Myanmar Opium Survey 2019: Cultivation, Production and Implications. https://www.unodc.org/documents/southeastasiaandpacific/Publications/2020/Myanmar_Opium_Survey_2019.pdf
- [80] Uzun, S., & Kelleci, M. (2018). Substance abuse in high school students: their self-efficacy to avoid substance abuse and related factors. *Düşünen Adam*, 31(4), 356–363. <https://doi.org/10.5350/dajpn2018310404>
- [81] Valentino, R. J., & Volkow, N. D. (2020). Drugs, sleep, and the addicted brain. *Neuropsychopharmacology*, 45(1), 3–5. <https://doi.org/10.1038/s41386-019-0465-x>
- [82] Vasileiou, K., Barnett, J., Thorpe, S. J., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(1). <https://doi.org/10.1186/s12874-018-0594-7>
- [83] Wangithi, K., & Ndurumo, M. (2020). Relationship between family support, Self-Efficacy and relapse occurrence among youth recovering from drug addiction in selected rehabilitation centres in limuru Sub-County, Kenya. *African Journal of Education, Science and Technology*, 6(1), 134–148.
- [84] Wemm, S. E., & Sinha, R. (2019). Drug-induced stress responses and addiction risk and relapse. *Neurobiology of Stress*, 10, 100148. <https://doi.org/10.1016/j.ynstr.2019.100148>
- [85] Zaffar, W., & Ijaz, A. (2021). Role of peer pressure in addiction: A case study. *Clinical and Counselling Psychology Review*, 2(2). <https://doi.org/10.32350/ccpr.22.05>

- [86] Zeng, X., Lu, M., & Chen, M. A. (2021). The relationship between family intimacy and relapse tendency among people who use drugs: A moderated mediation model. *Substance Abuse Treatment Prevention and Policy*, 16(1). <https://doi.org/10.1186/s13011-021-00386-7>
- [87] Zeng, X., & Tan, C. (2021). The Relationship between the Family Functioning of Individuals with Drug Addiction and Relapse Tendency: A Moderated Mediation Model. *International Journal of Environmental Research and Public Health*, 18(2), 625. <https://doi.org/10.3390/ijerph18020625>