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A Phenomenological Study of Underlying Factors Contributing to Substance Use Relapse after Long-Term Sobriety

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ABSTRACT

This study explored the lived experiences of male participants who experienced relapse after long-term sobriety, as well as the factors that contributed to their relapse among the residents of Rebirth Therapeutic Community Foundation Inc. It is a qualitative study that uses a phenomenological approach to identify subjective experiences, emotions, and the meanings that residents attach to various life events or situations during their sobriety. The participants of the study were six (6) residents of the program who completed a formal rehabilitation for substance use disorder and maintained at least six months of continuous sobriety before experiencing any relapse within the past twelve (12) months. Eight (8) general interview questions were used during the interview process with responses interpreted, analyzed, and categorized to patterns and themes through interpretative phenomenological analysis. Spending prolonged time, member checking, and description are all utilized to ensure the study's reliability and validity. Results have shown that lived experience of residents, such as dealing with relationship conflict, experiencing loss, and falling into a cycle of progressive substance dependence, were factors of relapse despite long-term sobriety. Consequently, they have employed coping strategies for recovery such as building supportive relationships, purposeful engagement and embracing learning and transformation during their rehabilitation process to pursue a meaningful life beyond recovery.

INTRODUCTION

There was a growing global concern about the rising number of people using and misusing drugs. In 2021, around 296 million individuals aged 15 to 64 were reported to have used psychoactive substances, with about 39.5 million struggling with drug use disorders, which are marked by harmful consumption patterns or dependence. Each year, 0.6 million deaths are attributed to drug use, including around 420,000 men and 160,000 women. Back in 2019, drug use accounted for a staggering loss of over 36 million years of healthy life, as measured in disability adjusted life years (World Health Organization, 2019). Over the past decade, the number of people using illicit drugs has climbed to 292 million (UNODC, 2024). Note that cannabis is the most commonly used drug worldwide, with 228 million users, while opioids are consumed by 60 million people globally. Additionally, 30 million people used amphetamines, 23 million used cocaine, and 20 million took ecstasy. A drug is any substance, other than food, that is used to prevent, diagnose, treat, or ease symptoms of a disease or abnormal condition. These substances can also affect how the brain and other body systems work, leading to changes in mood, consciousness, thinking, emotions, or behavior. Some types of drugs, especially opioids, carry a risk of misuse and can lead to addiction (NCI Dictionary of Cancer Terms, n.d.). Drug addiction is a worldwide problem. Both males and females suffered from drug addiction. Addiction treatment is a very serious matter. If treatment is not given properly, maintenance is not done, and special treatment is not

given according to need, then relapse occurs (Devi *et al.*, 2023). In the context of addiction, a relapse involves resuming drug use after a period of abstinence or reduced use (Alex Salman, 2024). Additionally, >50 % of patients with substance use disorders (SUD), relapse after treatment and rehabilitation (Kabisa *et al.*, 2021; Mousali *et al.*, 2021; Nagy *et al.*, 2022; Umoh *et al.*, 2021). Vafaie and Kober (2022) assessed the indicators of drug use and relapse across time lags: they defined short-term (1 day to 1 month), medium-term (1 to 6 months), and long-term (longer than 6 months). In the Philippines, there are eighty-five (85) relapse cases or readmissions recorded in the treatment and rehabilitation facilities (Dangerous Drugs Board, 2023). The Republic Act 9165 of the Philippines, or "The Comprehensive Dangerous Drugs Act of 2002," section 2 mandates that it is the State policy to provide effective mechanisms and measures to reintegrate individuals who have become victims of drug abuse or dependence into society through sustainable programs of treatment and rehabilitation. Furthermore, previous studies have revealed that various determinants are involved in the relapse of addiction after treatment, including personal factors such as young age at initiation, sex, personal willingness, and pleasure, which have been found to influence the return to addiction (Nagy *et al.*, 2022; Mousali *et al.*, 2021). Social determinants, such as having an educational level lower than secondary school, rural residency, unemployment, single status, peer group influence, family history of substance use, conflict and poor family support, and living only with their mothers,

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have also been identified as key factors contributing to relapse (Nagy *et al.*, 2022; Kabisa 12 *et al.*, 2021; Mousali *et al.*, 2021). Additionally, drug availability and accessibility are the most significant predictors of substance use relapse (Moradinazar *et al.*, 2020; Mousali *et al.*, 2021). Most studies focus on short-term relapse, leaving long-term factors underexplored. Therefore, the researchers conducted this phenomenological study to fill this gap by identifying the lived experiences of male residents inside the rehabilitation center and the main contributors to their relapse into long-term sobriety. Ultimately, this aims to help reduce relapse rates by supporting continuous recovery and preventing future relapses in people who use drugs. This study aimed to explore the underlying factors of relapse by examining the lived experiences of individuals who have previously undergone treatment at any rehabilitation facility, experienced relapse, and are now residents at the Rebirth Therapeutic Community. The study aimed to uncover: the struggles faced by Persons Who Use Drugs (PWUDs), external triggers, and support systems that influence their ability to maintain long-term recovery. This research intends to contribute to the broader understanding of relapses in long-term sobriety and offer insights that could inform future rehabilitation practices and support strategies. To know what the lived experiences of individuals in recovery contribute to their relapse after maintaining at least six months of sobriety. To evaluate personal factors, including emotional and psychological coping strategies, influence individuals' experiences and vulnerability to relapse.

LITERATURE REVIEW

Relapse remains a challenge among recovering Persons Who Use Drugs (PWUDs), even after long periods of sobriety. Studies have identified factors such as unresolved emotions from failed relationships, family conflict, grief, stigma, persistent urges, unhealthy coping mechanisms, peer and environmental triggers, and access to rehabilitation as contributors to relapse. This review explored these factors from residents' perspectives to deepen understanding and improve prevention efforts. It also highlighted positive learnings in recovery, including insights from shared experiences, motivation from family support, purposeful activities that helped manage triggers, coping skills gained from therapy, self-discipline developed through routines, seeking support groups post-rehabilitation, and renewed hope after rehabilitation. According to Mousali *et al.* (2021), who emphasized that several risk factors, including behavioral, environmental, social, personal, and demographic characteristics, are linked to drug use relapse. It illustrated how they navigated between personal challenges and the supportive resources available to them. Moreover, family functioning can significantly affect the chances of relapse, as well as impact an individual's self-esteem and resilience (Xia *et al.* 2022). If relationship issues are not resolved, they may result in continued conflict and relapses into drug or alcohol abuse (Association for Marriage and Family

Therapy, 2025). On the other hand, Crabbe (2022), stated that addiction led to a loss of control, which could be terrifying for the individual. They may have felt like they were losing their grip on reality and that nobody could understand what they are going through. A study by American Addiction Centers (2025), also evidenced that drug use became a way to manage physical exhaustion or demanding tasks, particularly in the absence of strong emotional regulation skills, which left them more susceptible. Furthermore, this reliance on illegal drugs is driven by the high level of dependency that develops from changes in brain structure and function, making it difficult to break free from addiction and increasing the likelihood of relapse (Fahrizal, Y., Hamid A., & Daulima, N. 2019). Literary evidence negative interactions with peers play a significant role in predicting individual illegal drug use behavior. Most residents have easy access to drugs, and whenever they were emotionally triggered, they would obtain substances from familiar sources—some of whom were identified as their cousins, co-workers, or former drug using peers (Zeng, X., & Tan, C. 2021). The study of Balana, L. D., and De Leon, C. V. (2024) found that the support and camaraderie of a small community within the rehabilitation center helped residents adjust to both the people and the processes of the program. As they observed their peers making progress and bettering themselves, the residents gained a renewed sense of hope and motivation to continue their recovery. Lastly, recovery was not just about abstaining from illegal drug use, but about navigating the push and pull of these opposing forces. While relapse remained a real and continuous concern, it was shown that recovery was still attainable with continued support, meaningful connections, and personal growth (Setiawan *et al.*, 2024).

MATERIALS AND METHODS

Research Design

The study used a qualitative phenomenological design, which was particularly valuable when studying subjective experiences, emotions, and the meanings people attached to various life events or situations. Prime (2024) added that researchers can gain insights into the shared aspects of human experiences and lived experiences while also acknowledging individual variations from a qualitative perspective.

Population and Sample of the Study

The participants of this study consisted of adult males, aged between 18 and 50 years old, who met the following inclusion criteria: must be either single or married; must have completed a formal rehabilitation program for substance use disorder; must have maintained at least six months of continuous sobriety before experiencing a relapse within the past 12 months; (d) must be current residents of the Rebirth Therapeutic Community Foundation Inc., located in Wakas, South Pilar, Bataan; must have been enrolled in the rehabilitation program for at least three months at the time of data collection;

must be willing to share their experiences related to recovery and relapse; and must be in stable mental health, with no diagnosed psychiatric disorders, as assessed by mental health professionals at the Rebirth Therapeutic Community. One of the residents was no longer part of the study as he did not meet the specific inclusion criteria for the data gathering. Furthermore, the researchers proceeded with the five remaining male residents.

Instrumentation

The researchers used an in-depth interview, a qualitative research technique that invests a significant amount of time with each participant employing a conversational format through interview guides of specific questions, observations, and audio recording. These questions are primarily open-ended and lead to a discovery-oriented approach. The purpose of in-depth interviewing is to get detailed information that sheds light on an individual's perspective, experiences, feelings, and the derived meaning of a particular topic or issue. Necessary to explore the underlying factors contributing to substance use relapse and maintain long-term sobriety, Rutledge *et al.* (2023).

Data Gathering Procedure

A written permission letter to conduct the study was given personally by the researchers at the rehabilitation center. The rehabilitation selected six (6) participants for the preparation of data gathering. The researchers conducted the two (2) said activities for the participants along with the other residents inside the rehabilitation center for teamwork. The primary method for data collection, in-depth interviews, is aimed at understanding the factors contributing to substance use relapse and maintaining long-term sobriety. The six (6) participants were subjected to in-depth interviews. The data gathered from the interviews were interpreted using interpretative phenomenological analysis. The full transcripts were transcribed into text with the help of audio recordings as tools for data analysis. The data was later subjected to coding analysis.

Data Analysis

This research was interpreted using phenomenological analysis. Interpretative phenomenological analysis. IPA is a qualitative method intended for eliciting the lived experiences of people. The process seeks to interpret how these experiences are understood and what meaning people attach to them. As with all IPA approaches, it is dialogical because the researcher delves into the meanings derived from experiences through communication with participants rather than following a theory-driven framework (Smith & Fieldsend, 2021). The data was extracted from the interviews. Afterward, the themes from the interview were identified and categorized. Thematic analysis will be used to get the themes from the responses of the participants.

RESULTS AND DISCUSSION

Dealing with Relationship Conflicts and Loss

The first main theme emphasized how Persons Who Use Drugs (PWUDs) were affected by unresolved emotional issues, family conflicts, grief, and experiences of judgment and discrimination. These challenges often became overwhelming, which led to relapse, even after they had managed to stay sober for a long period of time. Feelings of isolation, especially when faced with criticism or discrimination, diminished their ability to cope, pushing them toward substance use to escape and find temporary relief from their emotional pain. These findings showed that emotional struggles and relationship issues were key factors that influence the residents' recovery journey.

Unresolved Emotions and Family Conflicts. This sub-theme delves into the emotional turmoil that PWUDs endure due to feelings of abandonment and betrayal in romantic relationships, as well as conflicts within the family. Residents shared that these experiences left them with deep emotional scars that were tough to navigate. The pain not only triggered relapse but also pushed them to continue using illegal drugs as an emotional escape, emphasizing how these relational struggles significantly affected their recovery process and their quest for sobriety.

“Bumalik ako dahil iniwan ako ng asawa ko.” (I returned to illegal drugs because my wife left me.) [Code RE]

“Down na down ako, hindi ko alam kung sino yung... ah... Lalapitan ko.” (I'm feeling really down, I don't even know... who... I can turn to.) [Code RA]

“Nag start yung hindi nako pumapasok sa office tapos yun nga parang laging nasa isip ko yung yung nga yung babae, then yun nga ma'am parang ano nako nun ma'am parang na... depressed nako tapos parang yung way of ano ko para maging masaya parang yun nga gumamit ng... drugs.” (It started when I stopped going to the office, and I kept thinking about the woman. Then, ma'am, I started feeling depressed, and the only way I knew to feel happy was to use drugs.) [Code RA]

“Pero yung kapatid ko, ma'am, parang, yun yung ano sa akin, yung galit, yung ayaw nila sa akin is yung ano mga bisyo ko ganon yung mga vices kaya yun siguro yung ikinakagalit.” (But my sibling, ma'am, I can tell they're really hurt and disappointed in me—what they can't accept are my vices. I think that's what really caused the anger.) [Code RA]

“Naiinis na sa akin yung mga kapatid niya nung huli ganon. ngayon, yung mga bayaw ko naiinis na sa akin na kumbaga nakatayo kasi yung bahay ko sa lupa ng misis ko, sa side ng misis ko. eh kumbaga lahat ng nakapaligid doon, naiinggit sa akin kaaway ko lahat ng kapatid.” (Her siblings were already getting annoyed with me before. Now, even my brothers-in-law are annoyed with me, since my house is built on land that belongs to my wife's side of the family. It's like everyone around me there is envious of me—now all her siblings are my enemies.) [Code RS]

Challenges in Grief and Loss

The second subtheme focuses on the grief experienced from losing loved ones, along with a deep sense of abandonment which had a deep emotional impact on the residents. This pain became a contributing factor to their relapse and continued use of illegal drugs.

“Yung dati kong asawa na, gusto ko lang magtanong kung bakit niya ako iniwan kasi hindi niya rin ako inalagaan. Ngayon nung hinahanap ko na siya tapos hindi ko siya mahanap.” (My exwife, I just want to ask why she left me because she didn’t take care of me either. Now that I’m looking for her, I can’t find her anymore.) [Code RE]
 “Mas lalo akong na depressed nung ano nung namatay si papa ko.” (I became even more depressed when my father passed away.) [Code RA]

Judgment and Discrimination Due to Rehabilitation

When asked about the challenges residents have encountered after their previous rehabilitation, two out of the five residents expressed that people continued to view them from their past substance use. A stigma remains attached to their identity as individuals who undergo rehabilitation. Rather than being embraced for their efforts to change, they felt judged and disbelieved, which made their recovery journey even more challenging.

“Ahm, yung tingin sa akin ng tao...stigma.” (The way people looked at me—stigma.) [Code RE]
 “...Nung nakikita nilang naggrow ako, marami naman nainggit, marami naman hindi naniwala... kaya naging kampante na ko sa buhay ko... Ayun pala dapat hanggang sa huling pagpantay ng paa, dapat hindi ka gumamit, dapat sober pa rin.” (When they saw me growing, many became envious, many didn’t believe in me... so I got too comfortable with life... I didn’t realize that until your last step, you should never use again—you must stay sober.) [Code RS]

Falling into a Cycle of Progressive Substance Dependence

The second theme captures residents’ challenging experiences that led to their return to substance use. Their accounts illustrate a diminishing sense of control, reliance on unhealthy coping strategies, and heightened vulnerability to environmental and social stimulus. This cycle demonstrated the intricate interplay of environmental, social, and psychological elements that compromised their long-term sobriety.

Struggles To Resist Urges

This subtheme represents the negative effects and consequences of an unsuccessful effort to maintain sobriety—how it affected various aspects of their lives, including their physical health, mental well-being, and social connections.

“Mahirap pala talagang subukan mahirap talunin ang droga.” (It’s hard to try; it’s hard to defeat illegal drugs.) [Code RS]

“Parang masyado akong naging kampante sa sarili ko na syempre sa tagal ko ng hindi gumamit tapos gumamit ako

ulit nasa isip ko na kaya kong gumamit siguro kahit isa lang to kaya kong i-handle ganon.” (It’s like I became too complacent with myself—since it had been so long since I last used it, I thought I could handle it again. I told myself, maybe just this once, I can manage it, something like that.) [Code EM]

“Para sakin, perwisyo. Sisirain lahat sayo,” (For me, it’s a nuisance. It will ruin everything for you.) [Code CL]

“Ang effect is ano masisira yung... career mo, yung... kung ano man yung pinupursue mo, yung trabaho mo, mawawala yun, pag gano’n, then yung maraming masisira.” (The effect is that it can ruin your career—whatever you’re pursuing, your job, all of that can be lost. And a lot of other things can be destroyed too.) [Code RA]

Unhealthy Coping Mechanism

Several residents shared their stories about turning to unhealthy coping mechanisms when faced with emotional turmoil or stress. This subtheme came up with 4 out of 5 individuals who confessed to slipping back into habits such as gambling, drinking alcohol and smoking cigarettes, particularly when the weight of personal or work-related pressures became too much to handle. They acknowledged that these alternative substances or unhelpful responses posed a significant risk for relapse, offering only a fleeting sense of relief while damaging their sobriety to illegal drugs.

“Ginawa namin na energizer eh.” (We used it like an energizer.) [Code CL]

“Pero hindi naman nawawala ma’am yung ayun nga yung pag-iinom, oo, pagka yung, pagka yung stress sa trabaho tapos may libreng oras yan, kasama yung mga katrabaho, lalo pag birthday yan.” (But it’s not like it disappears, ma’am. The drinking, yes, especially when there’s stress at work, and then if there’s free time, you’re with your coworkers, especially during birthdays.) [Code RA]

Continuous Exposure to Peer and Environmental Triggers

This subtheme sheds light on how Persons Who Use Drugs (PWUDs) were often influenced by their social environments, especially when they were around former or current peers who also used drugs. These interactions easily brought back old habits and reignited cravings that residents believed they had overcome. The comfort of familiar faces and places created a misleading sense of safety, which lowered their guard and made them more vulnerable to relapses.

“Yun, nagpupunta lang ako sa kanya. Unang una, pag-andon yung bisyo ko sa drugs, nasa barkada ako. Wala kaming kahirap-hirap o takot na baka mamaya mahuli pagkabumili. Kaya pag gusto gumamit, pupunta lang kami sa pinsan niya.” (So, I would just go to her. First of all, when I was deep into drugs, I was always with my group of friends. We didn’t feel any difficulty or fear of getting caught when we bought. So whenever we wanted to use, we’d just go to her cousin.) [Code CL]

“Naano ako nung ka work ko, nung katrabaho ko, bali parang inaaya ako na ganoon, nung una parang sabi ko ayoko dahil alam ko na yung ano epekto nun.” (I was with my coworker, and it seemed like they were inviting me to do that. At first, I said no because I knew the effects of it.) [Code RA]

Strengthening recovery through supportive relationships and purposeful engagements

The third theme focuses on the gradual motive for recovery of the Persons Who Use Drugs (PWUDs). The presence of supportive relationships—whether with family members, colleagues in recovery, counselors, or spiritual mentors—had a significant impact on recovery. On the other hand, engagement in meaningful activities provided the residents with a sense of purpose and direction. When combined, these factors foster resilience and reinforce their commitment to sustained recovery.

Shared Insights and Experiences in Recovery

The first subtheme highlights the experiences of the residents who gained understanding and insight from shared involvement in recovery.

“Okay naman ma’am, para saken ma’am ano ma’am effective din yung... ano yung program.” (It’s okay, ma’am. For me, ma’am, the program is also effective.) [Code RA]

“Pwede mong gamitin sa labas...maganda naman yung suporta dahil nagogrow yung sarili mo.” (You can use it outside...they have a great support because you’re growing.) [Code CL]

Motivation from Family-Driven Support

The second subtheme focuses on the experiences of the residents, the motivation that the residents obtained from their family’s support that drives them a spur to recovery. “Swerte lang ako dahil may kakayahan ako na pagamutin ng pamilya ko.” (I was only lucky because my family had the capability to put me into rehabilitation.) [Code RS]

“Yung mga nakakapag motivate saken parang, yung ano ma’am siguro yung ano ko siguro si mama ko... sabi nga ni Doc Tria, hanggat andiyan pa si mama mo pakita mo na ano na nagbago kana ganon.” (The things that motivate me were like..like maybe my mom..Doc Tria told me that until my mother is still here, I should show her that I’ve changed.) [Code RA]

“Kapit lang siguro hanggang huli, magsisimula na naman ako, bahala na kung paano ko kakayanin...mapanatili ang motibasyon. hmm, siguro pamilya.” (Hang on until the end, I am starting over again, it’s all up to me if I can take it...staying motivated. hmm, perhaps for my family.) [Code RS]

“Yung nakakafocus lang ako sa goal ko para sa pamilya ko, hindi na issue yung pagkakaroon ng bisyo.” (I can only focus on my goals when it’s for my family, it’s not an issue to have vices.) [Code CL]

“Ah syempre mga mahal ko sa buhay, kailangan nila ako, kailangan ng tulong ko lalo na ngayon na may mga edad

na yung mga magulang ko. yung may edad na, kailangan ko ng umayos. at ayaw ko rin na patay na sila nagrerehab pa ko. gusto ko eh talagang tapos na pagrerehab dahil matanda na mga magulang ko. kailangan may papalit na sa mga magulang ko sa mga anak ko.” (Ah of course my loved ones in life, they need me, they need my help especially right now that my parents are getting older. I need to put my life together and i don’t being in rehabilitation while my parents are already dead. I want to finish my months on rehabilitation because my parents are already old. I need to replace them to take charge of my family.) [Code EM]

Purposeful Tasks for Managing Triggers

This subtheme focuses on the residents’ awareness of possible urges as they share ways on how to prevent it. In this third sub-theme, the resident shared his thoughts on how he deals with resisting urges during recovery.

“Maghanap ka lang ng gagawin ma’am parang ganon para mawala yung mga urge.” (You can find something to do ma’am so that the urge will be gone.) [Code RA]

“Nakasanayan ko yung pagpapalaki sa mga anak ko, tsaka naghanap buhay na lang ako, kapag naging tambay ka lang, siguradong sa iba papasok.” (I was used to taking care of my kids, and I got a decent job. If I end up unemployed, I am sure it will end badly.) [Code RS]

Learning and Transformation During the Rehabilitation Process

This captures the deeply personal journey of change, experienced by individuals undergoing rehabilitation. It depicted how the organized environment, therapeutic inputs, social dynamics, and internal realizations in the rehabilitation setting contributed not just to drug abstention but also to substantial psychological, emotional, and behavioral change.

Coping Mechanisms through Structured Interventions

This subtheme highlighted how individuals in rehabilitation settings learned to build effective coping strategies through the structured programs and guidance provided by the facility. These programs were designed not only to fill their daily routines but also to foster greater self-awareness, responsibility, and emotional resilience. Experiences shared by the residents revealed the powerful influence of peer conflicts, seminars, life coaches, and spiritual counselors in transforming their beliefs and behaviors.

“Okay naman, maganda naman yung suporta dahil nag-grow yung sarili mo. Yung programa maganda dahil kung sa iba na di marunong sa program. Makakatayo ka sa sarili mong paa, matutunan mo paano maghandle ng tao, ng stress.” (The support is good because you grow as a person. The program is good, especially for those who don’t yet know how it works. It teaches you how to stand on your own and handle people and stress.) [Code CL]

“Dito, rito, binabago nila ang routine ko...pagkagising sa

umaga, sa mga function, pag-iisip ganon. Nababago yung routine ko pati yung bodyclock.” (Here, they changed my routine... from waking up in the morning, to functions, even my thinking, my body clock changed too.) [Code EM]

Building Self-Discipline

This subtheme captures how residents gradually developed discipline by adhering to consistent routines and learning to set internal boundaries. Structured schedules, rule-based environments, and repetitive tasks within the rehabilitation center helped them build a rhythm that supported their recovery. These routines not only kept them busy but also helped build accountability, emotional regulation, and self-control which are essential qualities for long-term sobriety.

“Ngayon tong nag-usap ko ng asawa ko, pagka naalala ko na gumamit. Minsan naliligo ako, para mawala sa isip ko. Kumbaga yung atensyon ko, tinutuon ko sa ibang bagay para mawala sa isip ko.” (Now that I’ve talked to my wife, whenever I remember using drugs, sometimes I just take a shower to clear my mind. I redirect my attention to something else to take my mind off it.) [Code CL]

“Basta sakín lang, lagi ka lang busy ganon, kasi ayun lang naman yung ginagawa ko eh. Paulit ulit lang, basta kailangan malibang ka.” (For me, you must stay busy. That’s what I do, it’s repetitive, but you have to be entertained or occupied.) [Code EM]

Seeking Future Support Groups

This subtheme focuses on how residents plan to maintain their recovery by leaning on support groups, friendships, spiritual communities, and social circles after leaving the rehabilitation center. These relationships serve as vital external anchors that help them resist temptation, navigate emotional challenges, and stay accountable. Aware of the ongoing need for guidance and encouragement, residents understand that having a solid support network is essential for long-term sobriety.

“Pero may mga kaibigan naman ako, ma’am, nag-advise sakín na nakatulong din naman. Mag-focus ako sa ano ma’am, sa church, tapos ah... yun nga lalapitan ko yung mga... mga... ano friends ko na... active sa... sports.” (But I have some friends who gave me advice, and it really helped. I’ll focus on church, and then I’ll also reach out to my friends who are active in sports.) [Code RA]

“Yung asawa ko. Yung paggabay niya sakín.” (My wife. Her guidance to me.) [Code CL]

Hope and Aspiration in Recovery

Several residents have shared how their time in the Rebirth therapeutic community has helped them rediscover hope and reignite their aspirations for a better life. These personal stories not only reflect a deeper commitment to sobriety but also showcase a transformative shift in their mindset, driven by newly discovered knowledge, motivation, self-confidence, and a refreshed determination to pursue meaningful goals.

“Siguro ma’am ano tingin ko yun nga parang yung maachieve ko pa rin naman yung pangarap ko na... parang yung sabi nga na parang cycle lang den na parang minsan hindi pa laging masaya na ganon minsan maakakaramdam ka ng mga problema, mga ganon mga struggles kaya yun, parang yun din yung natutunan ko ma’am na hindi palaging masaya yung... buhay.” (I think I can still achieve my dream. Like they say, life is a cycle—it’s not always happy. Sometimes you’ll go through problems and struggles. That’s what I’ve learned too, ma’am—that life isn’t always happy.) [Code RA]

“Malaking tulong yung rebirth kasi aaah pinakita niya na yung pagmamahal ng pamilya tsaka yung mga dapat kong ano sa pamilya aaah ayun malaking tulong po yun... aaah binalik niya ulit ako sa sarili ko, pinatatag sa laban.” (Rebirth really helped me—it showed me my family’s love and what I should be doing for them... It helped a lot. It brought me back to myself and gave me strength in the fight.) [Code RS]

RESULTS AND DISCUSSION

The framework that emerged from these findings reflected the dynamic and transformational potential of recovery, highlighting the complex, opposing forces that residents in rehabilitation faced. Results showed that relapse was not something impulsive or sudden, but rather a multifaceted and gradual process influenced by emotional, psychological, relational, and environmental factors. This aligns with Mousali *et al.* (2021), who emphasized that several risk factors, including behavioral, environmental, social, personal, and demographic characteristics, are linked to drug use relapse. It illustrated how they navigated between personal challenges and the supportive resources available to them. Residents in recovery carried unresolved emotions from failed relationships, challenges in grief and loss, difficult family dynamics, and social stigma. These interpersonal struggles made it difficult for residents to establish a stable recovery foundation, which increased their risk of relapse. Xia *et al.* (2022) emphasized how well family functioning can significantly affect the chances of relapse, as well as impact an individual’s self-esteem and resilience. If relationship issues are not resolved, they may result in continued conflict and relapses into drug or alcohol abuse (Association for Marriage and Family Therapy, 2025). Moreover, the study identified factors that contributed to relapse, which were not commonly emphasized in existing studies; one of the most prominent factors shared by Person Who Used Drugs (PWUDs) was falling into a cycle of substance use relapse. Residents have struggled to resist persistent urges despite awareness. These urges often surfaced during emotional lows, specifically, when the weight of personal or work-related pressures became too much to handle, resulting in their engagement in unhealthy coping mechanisms. Residents described relying on substances to keep themselves energized and functional during long and demanding work shifts. Most of the residents confessed to taking drugs to escape from deep emotional

pain and turning to other vices such as drinking alcohol, smoking cigarettes, and gambling served as alternatives to maintain sobriety from illegal drugs, which eventually led to negative physical, psychological, and social effects. Residents shared that getting deeply involved in substance use made them pull away from social interactions, often choosing to stay in their rooms instead of engaging with others. Crabbe (2022) stated that addiction led to a loss of control, which could be terrifying for the individual. They may have felt like they were losing their grip on reality and that nobody could understand what they were going through. This feeling of isolation could be so strong that it led them to believe they are better off alone. This demonstrated how substance use could negatively impact relationships, which resulted in a discernible decline in social support. A study by American Addiction Centers (2025), also evidenced that drug use became a way to manage physical exhaustion or demanding tasks, particularly in the absence of strong emotional regulation skills, which left them more susceptible. This reliance on illegal drugs is driven by the high level of dependency that develops from changes in brain structure and function, making it difficult to break free from addiction and increasing the likelihood of relapse (Fahrizal, Y., Hamid A., & Daulima, N. 2019). Complacency in sobriety emerged as another challenge, particularly in behavior modification, as it led some residents to underestimate their risk of relapse—which began as a harmless trial turned into a pattern of repeated use, leading to an inability to stop and be hooked again by illegal drugs. It reflects the idea in which the individual overestimates

their self-control, leading to decisions that compromise their sobriety as well as their behavior of abandoning the previous strategy of complete avoidance of illegal drugs. Additionally, exposure to peer and environmental triggers further exacerbated the risk of illegal drug use. Literary evidence negative interactions with peers play a significant role in predicting individual illegal drug use behavior. Most residents have easy access to drugs, and whenever they were emotionally triggered, they would obtain substances from familiar sources—some of whom were identified as their cousins, co-workers, or former drugusing peers (Zeng, X., & Tan, C. 2021). On the other hand, rehabilitative support, including shared learnings and experiences with co-residents, developing positive coping mechanisms through structured daily routines, as well as support and encouragement from family played a crucial role in fostering recovery. These elements helped residents manage triggers, rebuild their lives by instilling discipline, emotional strength, and a renewed sense of purpose, enabling them to overcome many of the obstacles in their path. Several residents frequently mentioned the importance of connecting with others who had faced similar challenges, as it provided them with valuable insights and emotional support. This finding was also evident in the study of Balana, L. D., and De Leon, C. V. (2024), which stated that the support and camaraderie of a small community within the rehabilitation center helped residents adjust to both the people and the processes of the program. As they observed their peers making progress and bettering themselves, the residents gained a renewed sense of hope

Table 1: Biographical Sketch of the Residents. The residents’ ages range from 30 to 46 years old. Two (2) of them are single fathers, two (2) are married, and one (1) is separated. Four (4) residents previously underwent rehabilitation at Rebirth Therapeutic Community Foundation Inc. in Bataan, while one (1) is in the Central Luzon Drug Rehabilitation Center in Magalang, Pampanga. All of them are committed to long-term sobriety and have been free from illegal drugs; however, they relapsed into illegal drug use. They have each spent more than three (3) months in their current rehabilitation program.

Residents	Age	Marital status	Previous Rehabilitation	Period of sobriety	Months in current rehabilitation
Code RE	30	Single	Rebirth Therapeutic Community Foundation Inc. (Bataan)	10 years	9
Code RA	33	Single	Central Luzon Drug Rehabilitation Center (Magalang Pampanga)	6 years	6
Code CL	38	Married	Rebirth Therapeutic Community Foundation Inc. (Bataan)	11 years	6
Code EM	40	Separated	Rebirth Therapeutic Community Foundation Inc. (Bataan)	13 years	4
Code RS	46	Married	Rebirth Therapeutic Community Foundation Inc. (Bataan)	10 years	5

Table 2: Summary of Superordinate and Subordinate Themes. Following the semi-structured interviews, the analysis produced four master themes. These themes reflect both the external aspects of the phenomenon and the internal experiences of the residents, as expressed through their narratives. Table 2 presents these master themes along with their corresponding subthemes.

Superordinate Themes	Subordinate Themes
1. Dealing with Relationship Conflicts and Loss	1.1 Unresolved Emotions and Family Conflicts 1.2 Challenges in Grief and Loss 1.3 Judgment and Discrimination Due to Rehabilitation
2. Falling into a Cycle of Progressive Substance Dependence	2.1 Struggles to Resist Urges 2.2 Unhealthy Coping Mechanism 2.3 Continuous Exposure to Peer and Environmental Triggers
3. Strengthening Recovery through Supportive Relationships and Purposeful Engagement	3.1 Shared Insights and Experiences in Recovery 3.2 Motivation from Family-Driven Support 3.3 Purposeful Tasks for Managing Triggers
4. Learning and Transformation During the Rehabilitation Process	4.1 Coping Mechanisms through Structured Intervention 4.2 Building Self-Discipline 4.3 Seeking Future Support Groups 4.4 Hope and Aspiration in Recovery

and motivation to continue their recovery. Recovery was not just about abstaining from illegal drug use, but about navigating the push and pull of these opposing forces. While relapses remained a real and continuous concern, it was shown that recovery was still attainable with continued support, meaningful connections, and personal growth (Setiawan *et al.*, 2024).

The overall findings of this framework presented a dynamic balance between relapse and recovery. While relapse remained a significant threat, shaped by internal and external factors, recovery was attainable through continuous support, meaningful connections, and personal growth. It emphasized the vital role of community, structure, and hope in the rehabilitation process.

CONCLUSIONS

The findings of this research study shed a new light on the underlying factors contributing to substance use relapse after long-term sobriety. Results indicate that the contributing factors include: (1) dealing with relationship conflicts and loss, (2) falling into a cycle of progressive substance dependence, (3) the role of supportive relationships and purposeful engagement, and (4) learning and transformation during the rehabilitation process. Relationship conflicts, such as family tension, breakups, and the death of loved ones, often trigger vulnerability, which leads back to substance use. This study revealed findings that are both crucial and different from previous research; Persons Who Use Drugs (PWUDs) rarely identify a single reason for their continued substance use. However, the current study results revealed some of the resident reports that linked specific family and relationship problems as a key factor that led them back to substance use. Complacency

emerged as a significant threat to long-term sobriety. As the residents became overconfident and developed a false belief in their self-control, they underestimated the risk of relapse, highlighting the dangers of complacency in maintaining sobriety. Our findings also emphasized the significant contributing factor of work, not only due to the influence of work peers, but also to meet job demands. Residents turned to illegal drugs as a means to stay awake and energized during work periods. Once relapse occurs, they find themselves ensnared in a pattern of dependence and a relapse cycle. This study highlights that personal factors influence individuals' experiences and vulnerability to relapse. However, strengthening recovery through supportive relationships and purposeful engagement, such as gaining insight from shared experiences in recovery, finding motivation from family-driven support, and focusing on purposeful tasks to manage relapse triggers, provided participants with renewed strength for recovery. In addition, intensifying community awareness programs to reduce stigma and discrimination against those who are in recovery plays a crucial role in reducing stigma. The rehabilitation process is integral to the individual, providing them with learning and transformation they can use in their recovery journey. Overall, the research stressed the importance of internal and external factors in relapse. Interventions that address their needs must be implemented to offer a path to recovery, healing, and growth.

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