

Pathways to Redemption: Lived Experiences of Drug Offenders in Rehab

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ABSTRACT

This study explored the lived experiences of drug offenders who underwent rehabilitation programs in selected areas of Mindanao, Philippines. It aimed to describe their rehabilitation experiences, examine the challenges they encountered during and after treatment, and generate insights to inform more responsive recovery interventions in the regional context. The study employed a qualitative research design using a Husserlian transcendental phenomenological approach. Data were gathered through in-depth, semi-structured interviews with participants who had completed formal rehabilitation programs, selected using snowball sampling. Thematic analysis was conducted following Braun and Clarke's (2006) framework, as cited by Daymiel (2025), involving the extraction of significant statements, the formulation of meanings, and the clustering of statements into themes. Five emergent themes were identified: (1) From Compulsion to Self-Realization, (2) Relational-Spiritual Reorientation, (3) Sustained Recovery and Accountability, (4) Inner Transformation Through Psychological Struggle, and (5) Post-Rehabilitation Social Reintegration and Identity Reconstruction. Findings revealed that rehabilitation initially elicited resistance and emotional distress but gradually fostered acceptance, self-awareness, and personal responsibility. Family separation and spiritual reflection emerged as powerful catalysts for change, while recovery was understood as a lifelong process requiring discipline beyond institutional care. Despite internal transformation, reintegration remained difficult due to stigma, employment barriers, and social mistrust. The study concludes that effective rehabilitation in Mindanao requires holistic, community-based systems that integrate psychological care, family involvement, spiritual support, and structured aftercare to sustain long-term recovery and reintegration.

Keywords: drug rehabilitation, lived experiences, recovery, reintegration, stigma.

INTRODUCTION

Substance abuse continued to be a complex social, psychological, and public health concern that affects not only individuals but also families, communities, and institutions. For drug offenders, rehabilitation was often experienced not as a voluntary choice but as a mandated process shaped by legal, familial, and institutional pressures. While rehabilitation programs were designed to promote recovery and reintegration, studies suggested that compulsory entry into treatment was frequently accompanied by resistance, emotional distress, and perceptions of punishment, particularly during the early stages of confinement (Stevens et al., 2019).

Understanding the lived experiences of drug offenders was essential in capturing how they perceive rehabilitation, recovery, and personal transformation. Qualitative inquiry enables deeper exploration of the emotional, psychological, relational, and spiritual dimensions of recovery, which were often overlooked in outcome-focused or quantitative studies (Creswell & Poth, 2018). By

examining personal narratives, this study sought to illuminate how drug offenders make sense of coercion, suffering, discipline, and eventual acceptance throughout their rehabilitation journey.

Beyond individual experiences, drug offenders encounter significant challenges during and after rehabilitation that influence the sustainability of recovery. Emotional struggles, family separation, social stigma, employment barriers, and exposure to relapse risks remain persistent obstacles to successful reintegration. Research indicates that recovery was shaped not only by personal effort but also by structural and social factors, such as limited access to services, stigma, and negative societal responses that impede treatment engagement and outcomes (Farhoudian et al., 2022). Social stigma toward people with substance use disorders continues to hinder help-seeking and reduce treatment outcomes, illustrating how social relationships and community perceptions shape recovery trajectories (El Hayek et al., 2024). Perceived stigma also negatively impacts employment for individuals in recovery, limiting reintegration opportunities and underscoring the need to address both social and economic barriers in recovery planning (Han et al., 2022).

Given the complex and long-term nature of recovery from substance use, there was increasing recognition that effective rehabilitation must extend beyond institutional treatment and adopt holistic, context-responsive approaches. Contemporary recovery-oriented frameworks emphasized that sustained recovery requires attention not only to abstinence but also to emotional healing, family involvement, spiritual or meaning-based grounding, social reintegration, and structured aftercare. Empirical research indicated that interventions addressing these multiple dimensions were more effective in promoting long-term sobriety and reducing relapse and recidivism compared to narrowly clinical or punitive models (Best & Laudet, 2019; Kelly & Bergman, 2016). Recent studies further highlighted that recovery was a dynamic, socially embedded process shaped by ongoing support systems and community engagement rather than by time-limited institutional care. Recovery outcomes were strengthened when programs integrate post-treatment support, family engagement, and opportunities for social participation, enabling individuals to rebuild identity, purpose, and social roles in everyday contexts (Best et al., 2018; Neale et al., 2016). These findings underscored the need for interventions that were responsive to the lived realities of individuals in recovery and adaptable to their social and cultural environments.

Grounded in the lived experiences and identified challenges of drug offenders, the present study sought to propose an intervention program that moved beyond treatment completion by strengthening emotional resilience, reinforcing family and community support, and facilitating meaningful social reintegration. By treating recovery as a holistic, sustained process, the proposed intervention aimed to improve rehabilitation outcomes and support long-term sobriety and desistance.

Objectives

1. To look into the lived experiences of informants in rehab
2. Determine the challenges encountered during rehabilitation

METHODOLOGY

This study employed a descriptive phenomenological approach, grounded in the philosophical work of Edmund Husserl, to explore and describe the lived experiences (*Lebenswelt*) of drug offenders who had undergone rehabilitation. Descriptive phenomenology sought to understand how individuals consciously experienced a phenomenon by attending to how meaning was constituted in lived experience, prior to theoretical interpretation or causal explanation (Giorgi et al., 2017). Accordingly, the primary concern of this approach was not explanation or prediction, but the careful description of the essential structures of experience as they were lived by participants.

Central to Husserlian phenomenology was the principle of intentionality, which posited that consciousness is always directed toward something, an object, event, or experience, through which meaning is formed (Zahavi, 2019). In this study, intentionality provided a conceptual lens for understanding how participants made sense of rehabilitation, suffering, transformation, and reintegration through their conscious reflections and narratives. By focusing on participants' intentional acts of meaning-making, the study illuminated how rehabilitation was experienced not merely as a programmatic intervention, but as a personally and socially situated process. Contemporary methodological scholarship affirmed that descriptive phenomenology was particularly well suited to health, rehabilitation, and justice-related research where the aim was to illuminate subjective meanings and lived realities rather than to impose external theoretical frameworks (Neubauer et al., 2019).

Consistent with phenomenological inquiry, the study sought to remain faithful to participants' perspectives through the practice of *epoché*, or bracketing, whereby the researcher consciously acknowledged and set aside prior assumptions, personal experiences, and preconceived understandings of the phenomenon. This process was undertaken to minimize interpretive bias and to allow meanings to emerge directly from participants' descriptions of their lived experiences. As emphasized in phenomenological methodology, bracketing functioned as a critical mechanism for maintaining openness to participants' accounts and for ensuring that the analysis remained grounded in the data rather than shaped by the researcher's theoretical positioning (Tuffour, 2017). This disciplined stance enhanced descriptive rigor and supported the emergence of the phenomenon's essence from the data itself. Moreover, contemporary phenomenological scholars emphasized that bracketing was an ongoing, reflexive process rather than a one-time procedure, requiring sustained attentiveness throughout data collection and analysis (Vagle, 2018).

This approach was appropriate because the study aimed to describe the essence of rehabilitation experiences as lived by drug offenders, rather than to measure variables or test hypotheses. Accordingly, the study relied on qualitative, non-numerical data gathered through open-ended, in-depth interviews, which enabled participants to articulate their experiences, emotions, and reflections in their own words. The conversational interview format facilitated rich, detailed descriptions of meaning, psychological struggle, relational change, and identity reconstruction, which were central to descriptive phenomenological inquiry (Giorgi et al., 2017).

RESULT AND DISCUSSION

This section presents the analysis of data gathered through in-depth interviews with drug offenders who served as the study's informants. The data analysis in the study followed the thematic analysis framework proposed by Braun and Clarke (cited in Daymiel, 2025). The presentation is sequenced according to the statement of the problem, with the essence and implications discussed at the end.

In this descriptive phenomenological study, the data were analyzed using thematic analysis that emphasizes the participants' lived experiences. The researcher carefully engaged in the process of horizontalization, treating every statement made by the informants during the in-depth interviews as of equal value. All relevant data were then recorded and transcribed verbatim from the audio recordings to ensure accuracy and authenticity. Through this approach, a detailed record of the participants' words and emotions was preserved, reflecting the depth and essence of their experiences as drug offenders undergone rehabilitation.

The next phase involved identifying significant statements from the transcripts that directly related to the phenomenon of their lived experiences and challenges in the rehabilitation process. These statements were carefully reviewed to ensure they captured the lived meaning of each experience. Each significant statement was then clustered into meaningful units, grouped according to shared experiences and recurring patterns. Through imaginative variation, the researcher sought to uncover the underlying meanings and essences of these shared experiences. This process involved analyzing the data from multiple perspectives, examining personal, familial, community, and institutional dimensions, and identifying the interplay between internal struggles and external barriers. The resulting themes capture both the experiences and challenges during their rehabilitation.

PROPOSED COMMUNITY-BASED AFTERCARE FRAMEWORK

PATHWAYS TO REDEMPTION (PTR): A Holistic Reintegration and Recovery Support Program for Drug Offenders

Rationale of the Program

The findings of this study revealed that while drug offenders experienced significant psychological, emotional, and spiritual transformation during rehabilitation, major challenges persisted after program completion. Although participants gradually developed self-awareness, acceptance, discipline, and personal responsibility, they continued to struggle with stigma, guilt, employment barriers, relapse risks, and limited long-term support. These realities highlight a gap between institutional rehabilitation and sustainable community reintegration.

The proposed intervention program addresses this gap by extending structured support beyond rehabilitation centers into the community. It focuses on relapse prevention, psychosocial and trauma-informed care, family reintegration, livelihood development, and values formation. By strengthening accountability, social connectedness, and economic stability, the program aims to promote sustained recovery and reduce recidivism.

The intervention aligns with key Sustainable Development Goals (SDGs). It supports SDG 3 (Good Health and Well-Being) by promoting mental health and relapse prevention; SDG 4 (Quality Education)

through life-skills and behavioral education; SDG 8 (Decent Work and Economic Growth) by enhancing employability and livelihood opportunities; SDG 10 (Reduced Inequalities) by addressing stigma and social exclusion; and SDG 16 (Peace, Justice, and Strong Institutions) by strengthening restorative and reintegration-centered approaches.

Overall, the program translates participants' lived experiences into a structured, recovery-oriented framework that promotes holistic, person-centered, and sustainable rehabilitation.

Program Objectives:

1. Enhance emotional and psychological resilience among drug offenders during and after rehabilitation.
2. Strengthen family involvement as a central motivating force for recovery and accountability.
3. Integrate spiritual and values-based support as a foundation for inner transformation.
4. Promote lifelong recovery through self-discipline, surrender, and daily commitment.
5. Facilitate social reintegration by addressing stigma, employment barriers, and peer influence.
6. Support sustained behavioral change through accountability, mentorship, and community engagement.

Expected Outcomes:

- Reduced relapse rates among rehabilitated drug offenders
- Improved emotional well-being and self-regulation
- Strengthened family and community support systems
- Increased employability and social reintegration
- Sustained recovery through lifelong accountability and discipline

Target Beneficiaries:

- Drug offenders currently undergoing rehabilitation
- Drug offenders who have completed rehabilitation programs
- Families of drug offenders
- Community-based rehabilitation partners and support groups

Budgetary Requirement (Estimated Annual Pilot Implementation – 50 Beneficiaries)

Personnel and Professional Services

- Program Coordinator – ₱240,000
 - Psychosocial Facilitator (Part-time) – ₱180,000
 - Spiritual/Values Facilitator Honorarium – ₱60,000
 - Peer Mentor Allowance – ₱120,000
- Subtotal: ₱600,000

Training and Workshop Expenses

- Learning materials and printing – ₱80,000
 - Workshop logistics and supplies – ₱150,000
- Subtotal: ₱230,000

Livelihood and Reintegration Support

- Skills training partnerships – ₱200,000
 - Starter livelihood assistance fund – ₱250,000
- Subtotal: ₱450,000

Monitoring and Evaluation

- Monitoring tools and documentation – ₱90,000

Administrative and Operational Costs

- Transportation assistance – ₱100,000
 - Communication and coordination – ₱60,000
 - Contingency (5%) – ₱76,500
- Subtotal: ₱236,500

Total Estimated Annual Budget: ₱1,606,500

This projected budget reflects a community-based, scalable intervention model prioritizing sustainability, relapse prevention, and long-term reintegration support.

Proposed Funding Agencies and Institutional Partners

Government Agencies

- Department of Social Welfare and Development (DSWD)
- Department of Health (DOH)
- Dangerous Drugs Board (DDB)
- Local Government Units (LGUs)
- Technical Education and Skills Development Authority (TESDA)

Justice Sector

- Parole and Probation Administration (PPA)
- Bureau of Jail Management and Penology (BJMP)

International and Development Organizations

- United Nations Office on Drugs and Crime (UNODC)
- World Health Organization (WHO)
- Asian Development Bank (ADB)

Civil Society and Faith-Based Organizations

- Community-based rehabilitation groups
- Faith-based recovery ministries

- Private foundations supporting reintegration initiatives

PTR Implementation Program

Component	Basis	Strategies	Expected Outcome	Implementing Agencies and Stakeholders
Psychological and Emotional Support Enhancement	Participants experienced emotional distress, loneliness, shame, anger, and psychological strain due to strict discipline and family separation.	<ul style="list-style-type: none"> ➤ Regular individual and group psychosocial debriefing sessions ➤ Structured emotional expression activities (journaling, guided reflection) ➤ Trauma-informed counseling referrals when necessary 	Improved emotional regulation, reduced distress, and enhanced coping mechanisms.	Department of Social Welfare and Development (DSWD)
Family Reconnection and Responsibility Program	Family emerged as a primary motivation for change, responsibility, and sustained recovery.	<ul style="list-style-type: none"> ➤ Scheduled family dialogue and reconciliation sessions ➤ Family education workshops on addiction and recovery ➤ Parental and spousal involvement in post-rehabilitation planning 	Strengthened family relationships, restored trust, and increased motivation for sobriety.	Department of Social Welfare and Development (DSWD) Families and peer recovery groups
Spiritual and Values-Based Recovery Support	Spiritual awakening and faith-centered transformation played a critical role in self-	<ul style="list-style-type: none"> ➤ Optional faith-based reflection sessions respecting religious diversity 	Enhanced moral grounding, inner peace, and strengthened sense of purpose.	Faith-based and community organizations

	realization and meaning-making.	<ul style="list-style-type: none"> ➤ Values formation workshops focused on humility, surrender, and self-awareness ➤ Collaboration with faith-based organizations and spiritual mentors 		
Peer Support and Relapse Prevention Mechanisms	Managing peer influence and environmental triggers was critical in preventing relapse.	<ul style="list-style-type: none"> ➤ Peer mentorship by successfully recovering individuals ➤ Support group participation and accountability circles ➤ Relapse-prevention education focusing on trigger recognition 	Strengthened recovery identity, reduced exposure to high-risk environments, and improved peer support.	Rehabilitation Centers and Aftercare Programs
Post-Rehabilitation Reintegration and Social Trust Rebuilding	Participants faced stigma, employment barriers, and mistrust after rehabilitation.	<ul style="list-style-type: none"> ➤ Livelihood and employability skills training ➤ Referral to job placement and livelihood programs ➤ Community awareness initiatives to reduce stigma 	Improved employability, restored social legitimacy, and smoother reintegration into society.	Local Government Units (LGUs) Parole and Probation Administration (PPA)

Monitoring and Evaluation

Indicator	Monitoring Tool	Frequency
Emotional Stability	Self-assessment and counselor report	Monthly
Family Engagement	Attendance and feedback forms	Quarterly
Relapse Incident	Case tracking and peer reports	Ongoing

Employment or Livelihood Engagement	Follow-up interviews	Semi-annual
Program satisfaction	Participant evaluation forms	End of cycle

Experiences of Informants

The interview responses revealed the informants' lived experiences of rehabilitation. Five emerging themes were discovered in this study: compulsion to self-realization, relational and spiritual reorientation, enduring recovery, psychological struggle, and identity reintegration.

The following themes are discussed comprehensively below, with supporting narratives and theoretical interpretations that explain the participants' lived realities.

Compulsion to Self-Realization. This theme talks about the first and most challenging part of the rehabilitation process. Informants go to treatment against their will, they deal with strict rules and perceived unfairness, and they went through a lot of emotional pain because they were alone and separated from their families.

Informant 1 emphasized that she, back then, was compelled to undergo rehabilitation, and she stated that:

“Dili unta ko gusto na, ma rehab ko pero ang jail, ang gobyerno man ana. Kay dili man gyud ko parehab, musukol man gyud ko sa amoang warden. Nga dili gyud ko sir, bahala na magkainunsa, ikaladkad ko ninyo... Makaingon gyud ko sir ang rehab dili gyud angay sa mga tarog utok kay mabuang gyud ka sir.” I don't want to go to rehab, but the jail, the government, is there. Because I will never go to rehab, I will definitely resist our warden. I really don't, sir, it's up to you, you can drag me out. I can definitely say, sir, rehab is not suitable for people with mental disorders because you will really go crazy, sir (P1:SS1).

Being compelled is one reason that made them undergo rehabilitation, and not their own decision. Another informant supported the claim:

“Una sa tanan, during my treatment sa drug facility sa ozamis, at first pagsulod nako, dili gyud to akoang kagustuhan, it was my uyuan nga usa ka atty, iya ko gi advisan nga musulod sa rehab, at first muingon nga dili man ko buang nganong musulod man kog rehab kay mao na akong perception sauna nga ang rehab about sa mga buang.” First of all, during my treatment at the drug facility in Ozamiz, when I first entered, it wasn't really my wish, it was my uncle, an attorney, he advised me to go to rehab, at first I said I wasn't crazy, why would I go to rehab because that was my perception that rehab was about crazy people (P8:SS1).

Being in rehab was also not an option for another informant, but due to his parents' preference, he could not do anything but submit. The informant said:

“Dili unta ko mosugot na mag-parehab ko pero wala gyud koy mahimo, akong ginikanan may mao ang nag-parehab nako. Wala koy mahimmo., Karon pako ka-realize akong gi-angkon nga wala koy gahum batok sa druga.” I shouldn't have agreed to go to rehab, but I really can't do anything; my

parents are the ones who put me in rehab. Now I realized and I am admitting that I have no power over drugs (P9:SS3).

This suggests that most informants originally perceived rehabilitation as compulsive and psychologically distressing, with placement often determined by family or authorities rather than by the individuals themselves, leading to resistance, denial, and internal conflict. Previous research on compelled or legally mandated treatment has documented similar emotional responses: loss of control and autonomy has been linked to perceptions of rehabilitation as punitive rather than therapeutic (Araujo et al., 2022), and individuals subjected to court-ordered treatment report psychological distress and conflict arising from coercion (Silcox et al., 2024). Additionally, studies comparing involuntary and voluntary admissions show that involuntary patients often exhibit lower motivation and resistance at the outset of treatment, reflecting initial angry or conflicted attitudes toward their placement (Opsal et al., 2019).

Although initially experienced as restrictive, structured routines, enforced sobriety, and institutional discipline gradually reshaped how informants understood themselves. Over time, participants recognized the extent of their dependency and loss of control, leading them to reinterpret rehabilitation not as punishment but as a necessary pathway to survival and change. Contemporary desistance research confirms that sustained behavioral transformation depends on identity reconstruction and the internalization of responsibility rather than external control alone. Studies show that long-term change occurs when individuals adopt new self-concepts and align daily behavior with a redefined, pro-social identity (Paternoster & Bushway, 2016; Weaver, 2019). Consistent with this perspective, transformation in the present study emerged when informants moved from resistance to introspection and acceptance, demonstrating that rehabilitation was a gradual process grounded in reflection, emotional struggle, and growing self-awareness rather than immediate compliance.

Relational and Spiritual Reorientation. This theme explains that true transformation occurred internally, driven by relationships and spirituality. Family longing, parental responsibility, and fear of losing loved ones motivate deep reflection. Simultaneously, spiritual awakening reframes suffering and relapse as meaningful rather than purely negative.

One informant emphasized that he found a relationship with God and faith inspired him to change. He said:

“Ang ako gyung gihatagan sa credit sa akong transformation ang Ginoo kay ultimately siya nag allow, sa akong relapse daghan gihapon kog nakat-onan. Sa akong edad ro, mas taas kog experience sa akong kauban nga nag recover kay daghan kog relapse. Kanang Ginoo, through pain man gud siya motubang, kalisod, problema, kay ug wala pod dili pod ta katawag niya. Mao ng relapse nako, gitawag gyud kos Ginoo, mao ng karon, tigulang naman ko wala nakoy laing pangandoy sa kinabuhi, wala napod koy gana. Kadtong karaang ako, wala na gyud, na transform na gyud. Kung sa bible from sinner, na transform mao nay gitawag na born again.” I give the Lord credit for my transformation because ultimately he allowed my relapse, I still learned a lot. At my age, I have more experience than my friends who have recovered because I relapsed a lot. That Lord, he helps through pain, hardship, problems, because we don't have to call him. That's why I

relapsed, I really called him Lord, that's why now, I'm old, and I don't have any other dreams in life, I don't feel like it anymore. That old me, I'm really gone, I've been transformed. In the Bible, being transformed from a sinner is called being born again (P7:SS6).

Spiritual belief has a major impact on the changes experienced by the drug offender while in rehabilitation. Informant shared the experience of awakening when he surrendered himself to the presence of the God. Informant shared:

“Didto ko sa ginoo nag ampo... mura kog naka himata... Ang pag bag-o sa lifestyle is disiplina sa imong kaugalingon.” I was there with the Lord praying... I felt like I had woken up... Changing your lifestyle is self-discipline (P10:SS12).

In addition, the presence of family members appeared to elicit positive emotional responses, including happiness, attentiveness, and calmness, which, in turn, facilitated emotional regulation and receptiveness to the rehabilitation process. Informant describes the significant emotional impact of family visits during rehabilitation, emphasizing how these interactions influenced his motivation and perspective on recovery. Informant stated:

“Pag abot sa panahon sir nga pwede nami dalawon nila, makita gyud nimo sa tawo sir nga malipayon siya. Matngon na gyud ug pag bag-o, makasabot na, kalmado na siya.” When the time comes that they can visit us, you can really see that the person is happy. He is very attentive and when he is new, he understands, he is calm (P2:SS3).

Family emerged as a central motivational force in the recovery process, strengthening accountability and reinforcing commitment to change. Recent empirical studies indicate that family involvement in addiction recovery enhances treatment engagement, reduces relapse risk, and supports long-term recovery by providing emotional support, monitoring, and a sense of belonging (Kelly et al., 2017). Alongside relational change, spiritual awakening played a significant role in the recovery journey. Participants described prayer, faith-based counseling, and spiritual reflection as mechanisms that reshaped their understanding of suffering, relapse, and loss. Rather than interpreting hardship as personal failure, informants reframed struggles as opportunities for growth and moral realignment. This aligns with recent research demonstrating that spirituality functions as a source of resilience, adaptive coping, and meaning, facilitating psychological stability and sustained recovery among individuals with substance use disorders (Grim & Grim, 2019).

Furthermore, the lived experience of temptation during rehabilitation further illustrates the role of spirituality in maintaining commitment to recovery. Informant shared:

“Temptasyon gyud sir. Kanang hagiton ta nga manglayas..., Dili lang ka usa ka beses niabot ang temptasyon... Mao na nga pila ka beses sila nag plano pero kung naa ang Ginoo dili ka ka dali-dali ug desisyon.” It's really a temptation, sir. When they invite you to "run away" the temptation didn't come just once... That is why they have planned several times, but when the Lord is with you, you can't make a hasty decision (P2:SS8).

Collectively, these findings illustrate that recovery extends beyond the cessation of substance use and involves a process of relational restoration and spiritual realignment. The convergence of

family support and spiritual purpose provided the emotional, moral, and social foundation for lasting transformation. This underscores the importance of rehabilitation and reintegration programs that intentionally strengthen family engagement and provide space for spiritual reflection, treating these dimensions as core components of sustained recovery rather than peripheral supports.

Enduring Recovery. This theme shows that the people interviewed know recovery does not end with rehabilitation. The institution's initial imposition of discipline subsequently evolved into self-regulation. Recovery was redefined as a daily, renewable promise that could only be kept through giving up, having a plan, and being responsible. Informant emphasized that their recovery is a lifetime journey that needs discipline. Informant explained:

“Ang recovery namo is lifetime, dili kay sa rehab 6 months ra, paghahuman kay pwede nako mubalik, kay human naman ko. Dili ang recovery namo is a lifetime hangtud gani sa among kamatayon gani Dal-on namo. Kinahanglang limpyo ug luwas mi sa druga, dili lang siya anang naa ray time, naa ray year, dili lang. Lifetime gyud ni ang amoa mao gyud ni ang amoang course. Mao gyud ni ang among kurso hangtud sa among pagkawala kinahanglan nga maka-recover mi.” Okay, our recovery is a lifetime, not just 6 months of rehab, after finishing it because I can go back, because I'm done. Our recovery is a lifetime, even until our death. We have to be clean and drug-free, it's not just a matter of time, it's a matter of a year, not just that. This is our lifetime, this is our course. This is our course until our loss, we have to recover (P9:SS8).

Echoing this concern, another informant supported this claim that recovery from addiction is a lifetime journey. Informant shared:

“It's a lifetime journey ang addiction, ang akong recovery about drugs and alcohol is a lifetime journey, so dakong tabang pagsulod nako sa rehab.” Addiction is a lifetime journey; my recovery from drugs and alcohol is a lifetime journey, so it was a big help for me to enter rehab (P8:SS2).

In addition, another informant shared that even though they had already gone through rehabilitation, their addiction is not gone, instead they recognized it as a lifetime disease that merely sleeping meaning relapse remains possible if vigilance and self-discipline are not maintained. A Participant shared:

“Kaming mga nag recover nga addict, lifetime. Kung baga sa sakit pa na, naa ra gihapon among sakit, natulog lang., dili na mawala namo, cravings, hinuon dili man ko palainom, panalagsa raman ko moinom, gana gana ra. Ultimo tan-awg TV. Dili na mawala, tawo raman ko, among sakit natulog lang. Kung baga sa ako ra gyud mismo kung gusto ba ko mobalik ug suyop/inom, naa ra nako kay na free man ko. Dili pareha sa rehab na controlled environment.” We recovering addicts, lifetime. If it's like the disease, our disease is still there, just sleep., we won't get rid of it, cravings, but I don't drink, I rarely drink, just when I feel like it. It won't go away, I'm only human, our disease is just sleeping. If it's like me, if I want to go back to smoking/drinking, it's up to me because I'm free. It's not like rehab, which is a controlled environment (P9:SS12).

The results strongly suggest that informants viewed recovery as a lifelong journey that goes far beyond the time spent in official rehabilitation. Informants did not see rehabilitation as a permanent

fix; instead, they saw it as an important first step toward lasting change. This comprehension aligns with modern addiction frameworks that regard drug use disorder as a persistent and recurrent problem necessitating prolonged self-management and continuous assistance rather than finite treatment (Volkow et al., 2016).

Psychological Struggle. This theme shows that recovery was hard on the body, mind, and emotions. Being apart from family made people feel lonely, unhappy, ashamed, and scared. Internal character traits, such as pride, rage, and ego, exacerbated emotional pain. The informant said that the strict rules and punishments at the facility made rehabilitation very hard and limiting. These conditions sometimes made them feel like they were being treated unfairly and put a lot of mental stress on them, which made the rehabilitation period feel mentally draining. One participant shared:

“Ang hagit gyud nako sir kay ilang balaod nga maskin wala kay sala, tagaan kag sala., Pabuthon bitaw ka sir, kana. Nahagit gyud ko sa rehab. Mao gani ng isa sa dili nako balikan, maskin dili ka buang, mabuang gyud ka... Naa gyuy panahon nga nag huna-huna mi, molayas ta.,Agwantahon nalang gyud ang 6 months. Grabi!” My challenge is that their laws, even if you are not wrong, will make you feel like you made a mistake. I was really challenged to go to rehab. That's one of the things I will not go back to; even if you are not crazy, you will go crazy. There was a time when we thought, “let's run away”. Let's just endure the 6 months. It's terrible (P1:SS12).

Emotional struggle and isolation were significant challenges during the rehabilitation process, one informant shared the loneliness and emotional distress experienced during the early stage of rehabilitation which also led to question his situation.

“Kamingaw, kay una nako didtong abot wala gyud pansinay, tapad tang duha way istoryahay? Mura tag dili kaila. Bawal mag istorya. Moikyas na gyud unta ko, tungod sa kamingaw. Kasab-an pa gyud ka bisan wala kay sala. Mao gyud nay sa emotional, mao gyud nay imong bation. Mingaw gyud. Mingaw, kalagot, ana ba, nganong nakasulod ko ani. Karon kasuk-an ko nga wala koy sala.. It feels lonely, because when I first got there, there was no one there, we were next to each other, no conversation? It's like we don't know each other. We're not allowed to talk. I should have just run away, because I was lonely. You get scolded even though you did nothing. That's exactly how you feel emotionally; that's exactly how I feel. I feel lonely, I'm angry, why did I come here? Now I'm angry that it's not my fault. (P5:SS9).

Deep emotional confusion and distress during the early stages of rehabilitation was experienced. Feelings of loneliness and inner conflict were prominent. Informant shared the struggle to understand the situation and questioned why they had ended up in rehabilitation. One informant noted:

“O, emotional. Mao to sir akong giingon sa emotional kana bitawng di ka kasabot sa imong kaugalingon, nganong nakasulod ka adto, nganong ang tawo, kalibutan, unfair nako. Nganong na in-ani ko. Mao gyud nay nabatian sa akong kasing-kasing, ug huna-huna... Kamingaw, dili gyud mawala ang kamingaw. Una, kontra akong pamilya kay nganong nakasud kog ing-ana. Gipasod ko nila sa rehabilitation/reformation. Di pod ko kasabot sa una gyud... Wala gyud ko kasabot sa akong kinabuhi... Mao to sir.” Oh, emotional. That's what I mean by emotional, I mean I don't understand myself, why did I get into this, why are people, the world, unfair to me. Why did I get

into this? Loneliness will never go away. First, my family is against why I got into this. They sent me to rehabilitation/reformation. I didn't understand at first either... I really didn't understand my life (P6:SS8).

The findings indicate that psychological and emotional suffering was not merely a byproduct of rehabilitation but a central mechanism through which inner transformation occurred. Consistent with recovery literature, such emotional dysregulation is widely recognized as a core challenge in substance use recovery, often heightening vulnerability during early treatment phases (González-Roz et al., 2024). Similar to recovery capital and identity transformation frameworks, adversity served as a turning point that facilitated openness to new self-concepts and values when supported by structure, reflection, and guidance (Best & Laudet, 2019).

Identity Reintegration. This theme highlights the social dimension of recovery, emphasizing how participants reconstructed their identities as they reintegrated into their families, communities, and social roles after rehabilitation. Informants learned that sustaining sobriety extended beyond abstinence and required deliberate social adjustments, including distancing from former drug-using peers, enduring social stigma, and rebuilding trust in public spaces, particularly in employment contexts.

Informant described the difficulty of regaining social legitimacy after rehabilitation, particularly when seeking employment. Despite demonstrating behavioral change, still encountered repeated rejection due to his drug-related record, which undermined his confidence and reinforced feelings of discouragement. One informant shared:

“Lisod na kaayo e apply kung naay record about sa drugs... lisod na gyud mosalig ang tawo nimo... kinahanglan e build ang trust nila sa imo.” It is very difficult to apply for a job when you have a drug record... people find it hard to trust you... You really have to rebuild their trust (P6:SS13).

This experience reflects how social stigma and mistrust functioned as barriers to reintegration of identity, requiring patience, endurance, and sustained self-discipline. Avoiding former drug-using peers also emerged as a crucial strategy for maintaining sobriety. Informant emphasized intentional social distancing as a protective measure against relapse. One informant noted:

“Kung makakita kog amiga nga nakakuan ug droga, molikay nalang gyud.” If I see friends who are using drugs, I just stay away (P5: SS8).

Family responsibility further shaped participants' reintegrated identities. Informants expressed a strong desire to reclaim positive roles, particularly as parents, and to prevent intergenerational patterns of substance use. Reflecting on past experiences, the informant recognized the importance of personal responsibility and emphasized that genuine change begins from within. Another informant noted:

“Dili ko gusto nga isa sa akong anak musunod sa akong yapak... naa ra gyud sa kaugalingon ang kabag-ohan.” I don't want any of my children to follow my footsteps...change truly comes from oneself (P1: SS10).

Nugent & Schinkel (2016) emphasized that sustained behavioral change depends on both individual agency and social affirmation through opportunities for recognition, trust, and legitimate social roles. Reintegration required both personal commitment and opportunities for social acceptance, underscoring that recovery extends beyond individual transformation to include community and structural validation (Best et al., 2016). In an empirical research, Kelly et al. (2017) indicate that peer networks significantly shape recovery trajectories, with continued exposure to substance-using peers increasing vulnerability to relapse.

CONCLUSION

Based on the findings of the study, the following conclusions are offered:

This study concludes that drug offenders experience rehabilitation as a deeply transformative process shaped by spiritual awakening, structured intervention, and identity reconstruction. Participants' narratives reveal that spiritual reflection played a decisive role in reshaping their perceptions of addiction, responsibility, and hope, allowing them to reinterpret their past suffering as a catalyst for moral renewal and personal growth. Through engagement in spiritually grounded practices, many participants developed humility, accountability, and a renewed sense of purpose, consistent with attribution perspectives that emphasize internal meaning-making in behavioral change.

Beyond its spiritual dimension, rehabilitation emerges as a critical and humane corrective mechanism that provides emotional stabilization, discipline, social support, and opportunities for self-reflection. Participants consistently described the rehabilitative environment as a turning point that disrupted destructive patterns and replaced them with structured routines and prosocial values, highlighting the importance of recovery-oriented approaches within criminal justice systems. Most importantly, rehabilitation facilitated enduring personal transformation: participants report strengthened family relationships, improved emotional regulation, heightened self-awareness, and a sustained commitment to lawful and meaningful living. Recovery was understood not as a temporary outcome but as a lifelong responsibility requiring continuous self-discipline and vigilance. Collectively, the lived experiences affirm that when rehabilitation integrates spiritual grounding, social support, and structured guidance, it becomes a powerful pathway to redemption, enabling individuals to reconstruct their identities and reenter society as responsible and productive members.

ETHICAL CONSIDERATION

Institutional ethics procedures were adhered to in this investigation. Before data collection, ethical approval was obtained from the research ethics committee. Following an explanation of the study's objectives and the voluntary nature of their involvement, informed consent was acquired from the participants. Anonymity and confidentiality were upheld during the entire investigation.

REFERENCES

1. Amnesty International. (2024). Drug policy reform: Addressing the harms of punitive approaches. Amnesty International.

2. Araujo, C. N. D. P., & Corradi-Webster, C. M. (2022). Meanings constructed by family members about coerced treatment for alcohol and drug use in Brazil. *International Journal of Drug Policy*, 99, 103466.
3. Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of substance abuse treatment*, 63, 1-9.
4. Beaudry, G., Yu, R., Perry, A. E., & Fazel, S. (2021). Effectiveness of psychological interventions in prison to reduce recidivism: A systematic review and meta-analysis of randomised controlled trials. *The Lancet Psychiatry*, 8(9), 759-773.
5. Best, D., & Laudet, A. (2019). The potential of recovery capital. *Addiction Research & Theory*, 27(3), 189–192.
6. Best, D., Irving, J., & Albertson, K. (2016). Recovery and desistance: What the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending. *Addiction Research & Theory*, 25(1), 1-10.
7. Best, D., Musgrove, A., & Hall, L. (2018). The bridge between social identity and community capital. *Journal of Groups in Addiction & Recovery*, 13(2–3), 79–99.
8. Bielenberg, J., Swisher, G., Lembke, A., & Haug, N. A. (2021). A stigma framework for addiction. *Journal of Addiction Medicine*, 15(4), 273–280.
9. Boness, C. L., Magill, M., & Barnett, N. P. (2023). Cognitive behavioral therapy for substance use disorders. *Current Psychiatry Reports*, 25(3), 113–123.
10. Bratt, S. (2025). Structural and cultural barriers to integrated care for co-existing mental health and substance use: a morphogenetic analysis. *Discover Public Health*, 22(1), 354.
11. Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*.
12. Cain, D. J. (2020). *Person-centered psychotherapies*. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (2nd ed., pp. 3–36). American Psychological Association.
13. Cernasev, A., Hohmeier, K. C., Frederick, K., Jasmin, H., & Gatwood, J. (2021). A systematic literature review of patient perspectives of barriers and facilitators to access, adherence, stigma, and persistence to treatment for substance use disorder. *Exploratory research in clinical and social pharmacy*, 2, 100029.
14. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design* (4th ed.). SAGE Publications.

15. Crewe, B., Liebling, A., & Hulley, S. (2017). Heavy–light, absent–present: rethinking the ‘weight’ of imprisonment. *The British Journal of Sociology*, 65(3), 387-410.
16. Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., ... & Beyrer, C. (2016). Public health and international drug policy. *The Lancet*, 387(10026), 1427-1480.
17. Daymiel, J. R. (2025). The odyssey of gigolos in Southern Philippines: Perks and drawbacks. *International Journal of Biosciences*, 26(1), 88-106.
18. Degenhardt, L., Grebely, J., Stone, J., Hickman, M., Vickerman, P., Marshall, B. D., ... & Larney, S. (2019). Global patterns of opioid use and dependence: harms to populations, interventions, and future action. *The Lancet*, 394(10208), 1560-1579.
19. Earnshaw, V. A. (2020). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *American Psychologist*, 75(9), 1300.
20. El Hayek, S., Cheaito, M. A., Nofal, M., Abdelrahman, D., Adra, A., Al Shamli, S., ... Akl, E. A. (2024). *Stigma and discrimination against people with substance use disorders: A systematic review*. *BMC Psychiatry*, 24, Article 91.
21. Eriksson, M., Sundberg, L. R., Santosa, A., Lindgren, H., Ng, N., & Lindvall, K. (2025). Health behavioural change—the influence of social-ecological factors and health identity. *International journal of qualitative studies on health and well-being*, 20(1), 2458309.
22. European Monitoring Centre for Drugs and Drug Addiction. (2023). European drug report 2023. Publications Office of the European Union.
23. European Monitoring Centre for Drugs and Drug Addiction. (2023). *European drug report 2023: Trends and developments*. Publications Office of the European Union.
24. Farhoudian, A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., ... & Malekinejad, M. (2022). Barriers and facilitators to substance use disorder treatment: An overview of systematic reviews. *Substance abuse: research and treatment*, 16, 11782218221118462.
25. Fomiatti, R., Moore, D., & Fraser, S. (2019). The improvable self: Enacting model citizenship and sociality in research on ‘new recovery’. *Addiction Research & Theory*, 27(6), 527-538.
26. Forsberg, L., & Douglas, T. (2022). What is criminal rehabilitation?. *Criminal law and Philosophy*, 16(1), 103-126.

27. Giorgi, A., Giorgi, B., & Morley, J. (2017). *The descriptive phenomenological psychological method*. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (2nd ed., pp. 176–192). SAGE Publications.
28. Gone, J. P., Hartmann, W. E., Pomerville, A., Wendt, D. C., Klem, S. H., & Burrage, R. L. (2019). The impact of historical trauma on health outcomes for indigenous populations in the USA and Canada: A systematic review. *American Psychologist, 74*(1), 20.
29. González-Roz, A., Castano, Y., Krotter, A., Salazar-Cedillo, A., & Gervilla, E. (2024). Emotional dysregulation in relation to substance use and behavioral addictions: Findings from five separate meta-analyses. *International Journal of Clinical and Health Psychology, 24*(3), 100502.
30. Grim, B. J., & Grim, M. E. (2019). Belief, behavior, and belonging: How faith is indispensable in preventing and recovering from substance abuse. *Journal of religion and health, 58*(5), 1713-1750.
31. Hagger, M. S., et al. (2020). Self-regulation and behavior change. *Health Psychology Review, 14*(1), 1–38.
32. Gurung, R. A. R., & Radosevich, D. (2016). Culture and mental health. *Encyclopedia of mental health, 402-406*.
33. Hagger, M. S., Cameron, L. D., Hamilton, K., Hankonen, N., & Lintunen, T. (Eds.). (2020). *The handbook of behavior change*. Cambridge University Press.
34. Han, L., & Jia, C. X. (2022). Treatments, perceived stigma, and employment outcomes among substance abusers in China. In *Healthcare* (Vol. 10, No. 1, p. 130). MDPI.
35. Hashemzadeh, M., Shamsi, M., & Moradi, A. (2019). The effectiveness of the Transtheoretical Model on addiction treatment outcomes: A systematic review. *Addiction & Health, 11*(4), 250–259.
36. Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2016). Stigma as a fundamental cause of population health inequalities. *American journal of public health, 103*(5), 813-821.
37. Hendershot, C. S., Witkiewitz, K., George, W. H., & Marlatt, G. A. (2018). Relapse prevention for addictive behaviors. *Substance Abuse Treatment, Prevention, and Försterling, F. (2021). Attribution theory in clinical and health psychology*. Springer.
38. Hudson, J. R., & Manuel, J. (2023). Barriers to substance use treatment for individuals with substance use disorders. *Research Square, rs-3*.
39. Humphreys, G., & Finch, N. (2025). Experiences of a lived experience recovery organisation for those in abstinence-based substance use recovery: a thematic analysis. *Substance abuse treatment, prevention, and policy, 20*(1), 41.

40. Kelly, J. F., Bergman, B. G., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and alcohol dependence, 181*, 162-169.
41. Kelly, J. F., Bergman, B. G., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and alcohol dependence, 181*, 162-169.
42. Kelly, J. F., Greene, M. C., & Bergman, B. G. (2016). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of US adults. *Alcoholism: Clinical and Experimental Research, 42*(4), 770-780.
43. Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane database of systematic reviews*, (3).
44. Kitt-Lewis, E., & Phillips, K. (2025). *Stigma surrounding people with substance use disorder: A scoping review*. Substance Use & Misuse.
45. Kleber, H. D. (2018). *Pharmacologic treatments for opioid dependence: Detoxification and maintenance options*. *Dialogues in Clinical Neuroscience, 20*(1), 1–9.
46. Krebs, P., Prochaska, J. O., & Rossi, J. S. (2018). A meta-analysis of computer-tailored interventions for health behavior change. *Preventive Medicine, 51*(3–4), 214–221.
47. Laudet, A. B., & White, W. L. (2018). Recovery capital. *Journal of Substance Abuse Treatment, 86*, 1–9.
48. Magill, M., Ray, L., Kiluk, B., Hoadley, A., Bernstein, M., Tonigan, J. S., & Carroll, K. (2023). A meta-analysis of cognitive-behavioral therapy for alcohol or other drug use disorders: Treatment efficacy by contrast condition. *Journal of consulting and clinical psychology, 87*(12), 1093.
49. Mahon, D. (2025). A systematic review of trauma informed care in substance use settings. *Community mental health journal, 61*(4), 734-753.
50. Malle, B. F. (2022). Attribution theories: How people make sense of behavior. *Theories in Social Psychology, Second Edition*, 93-120.
51. Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative health research, 26*(13), 1753-1760.
52. Marmot, M. (2020). Health equity in England: the Marmot review 10 years on. *Bmj, 368*.

53. Maruna, S. (2017). Desistance and restorative justice: it's now or never. *Restorative Justice*, 4, 289-301.
54. McHugh, R. K., Hearon, B. A., & Otto, M. W. (2016). Cognitive-behavioral therapy for substance use disorders. *The Psychiatric Clinics of North America*, 33(3), 511.
55. McKay, J. R. (2021). Impact of continuing care on recovery from substance use disorder. *Alcohol research: current reviews*, 41(1), 01.
56. McKay, J. R., & Hiller-Sturmhöfel, S. (2018). Continuing care. *Alcohol Research*, 39(1), 55–66.
57. Miles, M. B., Huberman, A. M., & Saldaña, J. (2019). *Qualitative data analysis* (4th ed.). SAGE Publications.
58. Miller, J. (2025). The Mark of a Criminal Record: Unpacking Stigma and Barriers to Reentry. *Journal of Social Sciences and Humanities*, 2(2), 1–11.
59. Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M., Oberleitner, L. M., & McKee, S. A. (2019). Effectiveness of medication-assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of substance abuse treatment*, 99, 32-43.
60. Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European journal of general practice*, 24(1), 9-18.
61. Neale, J., Nettleton, S., & Pickering, L. (2016). Recovery as identity change. *Sociology of Health & Illness*, 37(1), 84–99.
62. Neale, J., Nettleton, S., & Pickering, L. (2015). Recovery as identity change. *Sociology of Health & Illness*, 37(1), 84–99.
63. Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, 8(2), 90-97.
64. Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of clinical psychology*, 74(11), 1889-1906.
65. Nugent, B., & Schinkel, M. (2016). The pains of desistance. *Criminology & Criminal Justice*, 16(5), 568-584.
66. Opsal, A., Kristensen, Ø., & Clausen, T. (2019). Readiness to change among involuntarily and voluntarily admitted patients with substance use disorders. *Substance Abuse Treatment, Prevention, and Policy*, 14(1), 47.

67. Orford, J., Copello, A., Velleman, R., & Templeton, L. (2017). Family members affected by a close relative's addiction: The stress-strain-coping-support model. *Drugs: education, prevention and policy*, 17(sup1), 36-43.
68. Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE research methods foundations*.
69. Paternoster, R., & Bushway, S. (2016). Desistance and the feared self. *The Journal of Criminal Law and Criminology*, 99(4), 1103–1156.
70. Pham, H., Lin, C., Zhu, Y., Clingan, S. E., Lin, L., Mooney, L. J., ... & Hser, Y. I. (2025). Telemedicine-delivered treatment for substance use disorder: A scoping review. *Journal of telemedicine and telecare*, 31(3), 359-375.
71. Prochaska, J. O., Redding, C. A., & Evers, K. E. (2020). The Transtheoretical Model and stages of change. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (6th ed., pp. 125–148). Jossey-Bass.
72. Resnik, D. B. (2020). *The ethics of research with human subjects*. Springer.
73. Roche, A. M., Kostadinov, V., Pidd, K., & Trifonoff, A. (2019). *Addressing workforce challenges in alcohol and other drug treatment*. *Drug and Alcohol Review*, 38(3), 273–283.
74. Roche, A., Kostadinov, V., Fischer, J., Nicholas, R., O'Rourke, K., Pidd, K., & Trifonoff, A. (2016). Addressing inequities in alcohol consumption and related harms. *Health promotion international*, 30(suppl_2), ii20-ii35.
75. Silcox, J., Rapisarda, S. S., Hughto, J. M., Vento, S., Case, P., Palacios, W. R., ... & Green, T. C. (2024). Views and experiences of involuntary civil commitment of people who use drugs in Massachusetts (Section 35). *Drug and alcohol dependence*, 263, 112391.
76. Stevens, A., et al. (2019). Compulsory drug treatment outcomes. *European Addiction Research*, 25(4), 201–210.
77. Stevens, A., Hughes, C. E., Hulme, S., & Cassidy, R. (2022). *Depenalization, diversion, and health-oriented responses to drug offending: Comparative lessons for criminal justice systems*. *International Journal of Drug Policy*, 102, 103607.
78. Substance Abuse and Mental Health Services Administration. (2020). *Recovery-oriented systems of care (ROSC) resource guide*. U.S. Department of Health and Human Services.
79. Substance Abuse and Mental Health Services Administration. (2020). *Treatment improvement protocol (TIP) 57: Trauma-informed care in behavioral health services*. U.S. Department of Health and Human Services.

80. Ting, R. S. K., Ahmad Azlan, D. S., Liem, A., Thong, J. J. A., Krishnan, L., Ortega, A., ... & Su, T. T. (2025). A qualitative study on the perceptions toward illness and modern health care among Indigenous people in Peninsular Malaysia. *AlterNative: An International Journal of Indigenous Peoples*, 1177180–1251388495.
81. Torrens, M., Mestre-Pintó, J. I., & Domingo-Salvany, A. (2016). *Comorbidity of substance use and mental disorders in Europe*. Publication Office of the European Union.
82. Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of healthcare communications*, 2(4), 52.
83. Turney, K., & Wakefield, S. (2019). Criminal justice contact and inequality. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 5(1), 1-23.
84. UNODC. (2018). World Drug Report 2018. United Nations Office on Drugs and Crime.
85. Vagle, M. D. (2018). *Crafting phenomenological research*. Routledge.
86. Van Manen, M. (2023). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
87. Velicer, W. F., Prochaska, J. O., & Redding, C. A. (2022). Tailoring interventions to stage of change: Applications and implications. *Health Psychology Review*, 16(3), 377–395.
88. Vidales, C. A. (2022). *Stigma of seeking help for alcohol misuse among men of color*. Iowa State University.
89. Vilsaint, C. L., Tansey, A. G., Hennessy, E. A., Eddie, D., Hoffman, L. A., & Kelly, J. F. (2025). Recovery housing for substance use disorder: a systematic review. *Frontiers in public health*, 13, 1506412.
90. Volkow, N. D., & Blanco, C. (2023). Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. *World Psychiatry*, 22(2), 203-229.
91. Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiological advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363-371.
92. Ward, T. & Durrant, R. (2021). Practice Frameworks in Correctional Psychology: Translating Causal theories and Normative Assumptions into Practice. *Aggression and Violent Behavior*, 58.
93. Weaver, B. (2019). Understanding desistance: a critical review of theories of desistance. *Psychology, Crime & Law*. 25. 1-18.
94. Weiner, B. (2018). The legacy of an attribution approach to motivation and emotion: A no-crisis zone. *Motivation science*, 4(1), 4.

95. World Health Organization. (2019). *Community management of opioid overdose (Rev. ed.)*. World Health Organization.
96. World Health Organization. (2022). *Community management of opioid overdose (Rev. ed.)*. World Health Organization.
97. Yang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry*, 30(5), 378-388.
98. Zahavi, D. (2019). *Phenomenology: The Basics*. Routledge.