



RESEARCH PAPER

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Lived experiences, psychosocial challenges and quality of life of drug surrenders

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Key words: Drug surrenderees, Community-based rehabilitation, Psychosocial challenges, Quality of life, Phenomenology

Received: February 02, 2026

Published: February 16, 2026

DOI: <https://dx.doi.org/10.12692/ijb/28.2.184-200>

ABSTRACT

This qualitative descriptive phenomenological study explored the lived experiences, psychosocial challenges, and perceived quality of life of drug surrenderees who completed community-based rehabilitation in Dapitan City, Dipolog City, and the municipalities of Piñan and Polanco, Zamboanga del Norte, Philippines. Twenty participants were purposively selected from official lists of surrenderees, had completed rehabilitation and community-based reintegration, and reported no current drug reuse. Data were generated through in-depth semi-structured interviews guided by four sections covering (1) recovery experiences, (2) psychosocial challenges, and (3) quality-of-life impact. Transcripts were analyzed using Braun and Clarke's thematic analysis. Twelve themes emerged across three domains: lived recovery transitions and identity reconstruction within contexts of community surveillance and cultural reintegration; psychosocial challenges characterized by persistent stigma, emotional distress, strained relationships, and livelihood insecurity; and quality-of-life impacts involving reduced psychological well-being, limited social functioning, compromised physical health, and restricted opportunities. Participants described recovery as ongoing and socially negotiated, with supportive family ties, spiritual meaning-making, and livelihood engagement strengthening resilience. The protocol received approval from the JRMSU-REC. Informed consent was obtained, and participant anonymity was ensured. The findings will help guide aftercare and reintegration services.

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INTRODUCTION

Substance use disorders (SUDs) constitute a major global public health concern, affecting not only physical health but also psychological well-being, social functioning, and overall quality of life. Recent literature emphasizes that recovery from substance dependence should not be viewed solely as abstinence from drug use, but rather as a multidimensional process involving psychosocial rehabilitation, restoration of social relationships, and improvement in life satisfaction (World Health Organization [WHO], 2023; Alsubaie, 2023). Individuals in recovery frequently encounter persistent challenges such as stigma, emotional distress, economic marginalization, and social exclusion, which can undermine long-term rehabilitation outcomes.

Community-based drug rehabilitation has gained international recognition as an effective and humane approach to addressing substance use disorders, particularly in low- and middle-income settings. This model emphasizes voluntary participation, psychosocial support, family involvement, and community integration rather than reliance on institutional confinement (United Nations Office on Drugs and Crime [UNODC], 2020). Evidence suggests that community-based approaches can enhance treatment accessibility, reduce stigma, and support continuity of care, thereby improving recovery and quality-of-life outcomes (Hechanova *et al.*, 2022).

In the Philippines, community-based drug rehabilitation and wellness programs have been institutionalized as part of a health-oriented response to substance use. National agencies, including the Department of Health and Dangerous Drugs Board, have issued guidelines promoting psychosocial interventions, psychoeducation, and community participation as core components of rehabilitation (Department of Health [DOH], 2020; WHO, 2021). Despite these policy frameworks, studies indicate that implementation outcomes vary widely, and many individuals undergoing rehabilitation continue to face stigma, unstable employment, and limited access to social support services (Walag *et al.*, 2024; Damayon *et al.*, 2023).

Stigma remains one of the most significant barriers to recovery and reintegration. Empirical studies show that people with a history of drug use are often subjected to discrimination in employment, community participation, and social relationships, which negatively affects mental health and quality of life (Santos, 2021; Alsubaie, 2023). These experiences of social rejection may exacerbate psychological distress, reduce self-efficacy, and increase vulnerability to relapse, highlighting the importance of supportive community environments in sustaining recovery (WHO, 2023).

While quantitative evaluations and policy analyses provide valuable insights into program effectiveness, they often fail to capture the subjective meanings and lived realities of individuals undergoing rehabilitation. Qualitative, phenomenological research is particularly suited to exploring how people in recovery perceive psychosocial challenges, cope with everyday stressors, and reconstruct their identities following substance dependence (Creswell and Poth, 2018). In the Philippine context, there remains a limited body of qualitative research that foregrounds the voices of drug surrenderees and examines how rehabilitation experiences influence their quality of life across different local settings.

This research gap is especially evident at the community level, where recovery unfolds within family systems, peer networks, and local socio-economic conditions. The cities of Dapitan and Dipolog, and the municipalities of Polanco and Piñan in Zamboanga del Norte, provide a relevant context for examining these dynamics. These localities reflect diverse community environments where individuals recovering from drug dependence navigate rehabilitation alongside livelihood challenges, social monitoring, and varying degrees of acceptance and support.

Guided by a phenomenological approach, this study explores the lived experiences, psychosocial challenges, and quality of life of drug surrenderees in Dapitan City, Dipolog City, Polanco and Piñan,

Zamboanga del Norte. By centering participants' narratives, the study aims to contribute to the biosciences and public health literature on substance use recovery and to inform the development of more inclusive, context-responsive, and person-centered community-based rehabilitation programs.

MATERIALS AND METHODS

This study employed a qualitative descriptive phenomenological design to explore the lived experiences, psychosocial challenges, and quality of life of drug surrenderees. Descriptive phenomenology is appropriate for capturing participants' subjective meanings and first-person accounts of recovery without imposing prior theoretical assumptions as cited by Aranjuez, 2025 and Bacroya and Aranjuez (2025). The design enabled an in-depth understanding of how drug surrenderees experience rehabilitation, stigma, psychosocial difficulties, and reintegration within their communities, consistent with public health and psychosocial research that prioritizes human experience and well-being.

The study was conducted in four localities in Zamboanga del Norte, namely Dapitan City, Dipolog City, Piñan, and Polanco, where community-based drug rehabilitation and reintegration programs are actively implemented. A total of twenty (20) drug surrenderees participated in the study, with five (5) participants from each locality, allowing for a balanced representation of recovery experiences across different community contexts while maintaining the depth required for phenomenological analysis.

Purposive sampling was used to select participants who possessed direct and relevant experience of the phenomenon under investigation. Participants were included if they were officially listed as drug surrenderees, had undergone formal rehabilitation and community-based integration programs, had no reported issues of drug reuse at the time of the study, and were willing to participate voluntarily. This sampling strategy ensured that participants were information-rich cases capable of providing meaningful insights into post-rehabilitation

psychosocial experiences and quality-of-life outcomes.

Data were gathered using a semi-structured interview guide consisting of four parts designed to align with the objectives of the study. The first part explored participants' lived experiences before, during, and after rehabilitation; the second examined psychosocial challenges encountered, including stigma, psychological distress, social relationships, livelihood, and health concerns; the third focused on the perceived impact of these challenges on quality of life in terms of psychological well-being, social functioning, physical health, and access to opportunities; and the fourth addressed coping strategies and sources of resilience used to manage psychosocial difficulties and sustain recovery.

In-depth interviews were conducted in private and comfortable settings to encourage openness and protect confidentiality. Participants were allowed to express their experiences in their preferred language to ensure clarity and authenticity of responses. With informed consent, interviews were audio-recorded, transcribed verbatim, and translated into English where necessary, ensuring that original meanings were preserved. Data collection proceeded until thematic saturation was achieved, indicating that no new significant insights emerged from subsequent interviews.

Data were analyzed using thematic analysis following the framework of Braun and Clarke, as cited in the study of Aranjuez (2025). The analysis involved repeated familiarization with the transcripts; systematic coding of significant statements, development and refinement of themes, and final interpretation to ensure that the identified themes accurately reflected participants' lived experiences. This analytic approach provided a rigorous and transparent process for identifying patterns related to psychosocial challenges, quality of life, coping strategies, and resilience.

This study underwent ethical review and scrutiny by the Jose Rizal Memorial State University- Research Ethics Committee (JRMSU-REC) prior to

implementation. The research protocol, interview guide, and consent procedures were evaluated to ensure compliance with ethical standards for research involving human participants, particularly those considered potentially vulnerable due to their rehabilitation background.

Participation in the study was voluntary, and all participants were fully informed about the purpose of the research, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty. Written informed consent was obtained before data collection, and confidentiality and anonymity were ensured through the use of pseudonyms and secure data handling practices, with access limited to the researchers to protect participants' privacy and well-being.

RESULTS AND DISCUSSION

Phenomenology was applied for this research study in the direct observation method. In order to develop an overall idea of the study's complete content, every informant's transcript was read and reread. The important transcript passages that elaborated on the real-life experiences of the participants were pulled out, recorded, and line numbers and informant codes are mentioned.

Each informant was allowed to speak in their mother tongue to verbally describe their experiences, thereby explicitly connecting the study's coverage. For ease of understanding and general legibility, these were translated. Similarly, all informant statements were selected from the interview transcript. Each significant statement extracted had its meaning formulated and coded to reflect a complete account of the informant's experience.

After a comprehensive and insightful explanation of the formulated meanings using Brawn and Clarke as cited in Aranjuez (2025) and Bacroya and Aranjuez (2025) thematic analysis method, Thirty-six (36) cluster themes were identified and re-grouped to form twelve (12) emergent themes. They are the following:

I. Lived experiences of drug surrenderees Recovery life transition

This theme dealt with the transitional experiences of drug surrenderees as they moved from active substance use toward rehabilitation and reintegration into community life. Participants described rehabilitation as a decisive turning point that clearly separated their former lifestyle from their intention to change. One participant emphasized this shift by stating:

“Entering rehabilitation marked a clear separation between my past life and my decision to change. I realized that recovery required letting go of old habits and learning new ways of living” (P1, SS1).

This statement reflects how rehabilitation was experienced not merely as program participation but as a fundamental life reorientation that required conscious disengagement from previous behaviors and the adoption of healthier patterns. The transition from rehabilitation to community life was described as gradual and demanding, requiring continuous adjustment and perseverance. Participants recognized that recovery was not immediate but developed through sustained effort over time. As expressed by one participant,

“The transition from rehabilitation to community life was gradual and required constant adjustment. I learned that recovery does not happen overnight but develops through daily effort” (P10, SS181).

Establishing new routines emerged as a critical strategy for maintaining focus and discipline, although this process was initially challenging. Another participant shared:

“Establishing new routines after rehabilitation helped me stay focused and disciplined. However, adjusting to these routines was challenging at first” (P19, SS361).

Highlighting the tension between motivation to change and the difficulty of sustaining new behavioral

structures. Participants also articulated mixed emotions as they returned to their communities, characterized by hope, uncertainty, and apprehension about social acceptance. While they were motivated to change, concerns about judgment and acceptance remained prominent. One participant reflected:

“Returning to the community brought a mix of hope and uncertainty. I felt motivated to change, but unsure of how people would accept me” (P20, SS381).

Over time, recovery was understood not as a singular achievement but as an ongoing process that demanded resilience and commitment. This perspective was captured in the statement:

“Recovery became an ongoing journey rather than a single achievement. Each day presented new challenges that tested my commitment to change” (P3, SS31).

These narratives illustrate that recovery life transition involves continuous negotiation between personal determination and social realities. The recovery experiences described in this theme align with the Transtheoretical Model of Behavior Change, which conceptualizes recovery as a dynamic and cyclical process rather than a linear event. Within this framework, individuals progress through stages such as action and maintenance, where sustained behavioral change requires ongoing effort and self-regulation. The participants’ accounts of gradual adjustment, routine-building, and daily commitment reflect the maintenance stage, where individuals actively work to prevent relapse while restructuring their lifestyles to support long-term recovery.

Recent public health literature reinforces the understanding of recovery as a prolonged and multidimensional transition. The World Health Organization (2023) emphasizes that recovery from substance use disorders involves continuous improvement in psychological well-being, social functioning, and daily stability rather than mere abstinence. Similarly, the UNODC and WHO (2020)

stress that post-treatment transitions are critical phases of recovery and that community-based rehabilitation programs play an essential role in supporting individuals as they adjust to everyday responsibilities and social expectations.

Studies in the Philippine context further support these findings. Hechanova *et al.* (2022) reported that individuals transitioning from rehabilitation to community life often experience uncertainty, pressure, and heightened vulnerability due to stigma, livelihood insecurity, and social monitoring. Additionally, Alibudbud (2023) noted that persistent stigma can intensify psychological stress during reintegration, reinforcing the need for sustained psychosocial support beyond the rehabilitation period. These studies affirm that the recovery life transition is a critical phase requiring continuous guidance and community engagement.

The findings under this theme suggest that rehabilitation efforts should extend beyond treatment completion and explicitly address the post-rehabilitation transition period. Programs should focus on strengthening daily routines, enhancing coping skills, and providing consistent psychosocial follow-up to support sustained recovery. Recognizing recovery as an ongoing life transition rather than a one-time outcome may improve rehabilitation effectiveness, reduce relapse risk, and enhance the overall quality of life of drug surrenderees.

Identity reconstruction process

This theme dealt with the process through which drug surrenderees reconstructed their sense of identity following rehabilitation and community reintegration. Participants described identity reconstruction as a difficult but necessary process shaped by prior labeling and self-reflection. One participant shared,

“I struggled to redefine who I was after being labeled as a drug user. Rebuilding my identity required accepting my past while striving to move forward” (P2, SS22).

This statement illustrates how identity reconstruction required confronting internalized stigma while actively working toward a renewed self-concept. Rehabilitation emerged as a critical context for restoring self-worth and personal value among participants. Through structured programs and reflection, individuals began to re-evaluate their capacities and roles within society. As expressed by one participant,

“Rehabilitation helped me rediscover my self-worth and personal value. I slowly began to believe that I could still contribute positively to society” (P4, SS24). Similarly, another participant noted,

“I learned to see myself as more than my mistakes and past actions. This realization strengthened my confidence and motivation to improve” (P17, SS322).

These narratives highlight rehabilitation as a transformative space where participants began redefining themselves beyond their past behaviors. Identity reconstruction was further described as an ongoing process that involved self-acceptance, patience, and emotional healing. Participants recognized the need to acknowledge both their strengths and limitations as part of personal growth. One participant stated,

“Reconstructing my identity involved recognizing both my weaknesses and strengths. I accepted that personal growth required patience and self-forgiveness” (P15, SS282).

As confidence gradually improved, participants felt more prepared to engage with community life, as reflected in the statement,

“As I gained confidence, I felt more capable of facing community life. Proving to myself that change was possible helped restore my sense of self” (P12, SS222).

These experiences underscore identity reconstruction as a gradual, reflective process rather than an

immediate outcome of rehabilitation. The identity reconstruction experiences described by participants align with Identity Theory in Recovery, which posits that sustained behavior change involves the development of a new, prosocial self-identity that replaces identities associated with substance use. This perspective emphasizes that recovery is reinforced when individuals internalize new self-meanings grounded in responsibility, self-worth, and social contribution. The participants’ narratives of redefining themselves beyond labels, embracing self-forgiveness, and rebuilding confidence reflect this theoretical understanding of identity change as central to long-term recovery.

Recent research highlights identity reconstruction as a key psychosocial mechanism in recovery from substance use disorders. The World Health Organization (2023) emphasizes that recovery-oriented systems should support individuals in rebuilding self-esteem, autonomy, and a positive sense of identity. In the Philippine context, Hechanova *et al.* (2022) found that community-based rehabilitation programs facilitate identity transformation by providing social roles and opportunities that allow individuals to demonstrate responsibility and regain self-respect. These findings align with participants’ accounts of rediscovering self-worth and believing in their capacity to contribute meaningfully to society.

Stigma remains a significant barrier to identity reconstruction, as negative labeling can impede self-acceptance and confidence. Alibudbud (2023) reported that individuals recovering from substance use in the Philippines often internalize societal stigma, which complicates efforts to rebuild a positive self-concept. Similarly, UNODC and WHO (2020) emphasized that recovery is strengthened when programs actively address stigma and support the formation of non-stigmatized social identities. These studies reinforce the participants’ experiences of struggling with labels while gradually developing a renewed sense of self through acceptance and resilience.

The findings of this theme suggest that rehabilitation and reintegration programs should intentionally incorporate identity-focused psychosocial interventions, such as self-reflection activities, strengths-based counseling, and stigma-reduction initiatives. Supporting drug surrenderees in redefining themselves beyond their past behaviors may enhance self-efficacy, social engagement, and long-term recovery outcomes. Recognizing identity reconstruction as a core component of recovery can help communities foster acceptance and empower individuals to sustain positive life changes.

Community surveillance experience

This theme dealt with the experiences of drug surrenderees in navigating heightened visibility and monitoring within their communities following rehabilitation. Participants described a persistent sense of being watched, which significantly shaped their behavior in public spaces. One participant shared,

“After surrendering, I felt that people in the community were constantly watching my actions. This awareness influenced how I behaved in public” (P11, SS203).

This perception of continuous observation created a heightened self-awareness that influenced daily conduct and social interactions, reflecting the enduring impact of prior drug involvement on community perceptions. Participants further expressed that even minor actions were subject to scrutiny, intensifying feelings of pressure and vulnerability. As one participant noted:

“Every mistake felt magnified because of my past involvement with drugs. I became careful in everything I did to avoid negative judgment” (P13, SS243).

Community monitoring was often experienced as restrictive, limiting freedom of expression and spontaneity. This was echoed by another participant who stated:

“Community monitoring made me feel restricted and less free. I often worried that my actions would be misinterpreted” (P14, SS263).

These accounts illustrate how surveillance extended beyond formal monitoring and became embedded in everyday social encounters. Despite the emotional strain associated with constant observation, participants also described adaptive behavioral changes driven by a desire to demonstrate reform. One participant explained:

“I adjusted my behavior to show that I had truly changed. This pressure pushed me to consistently demonstrate good conduct” (P16, SS303).

Another reflected on the dual impact of surveillance, stating:

“Being under constant observation created emotional stress. At the same time, it motivated me to stay committed to recovery” (P19, SS363).

These narratives suggest that community surveillance functioned both as a psychosocial burden and as an external motivator for sustained recovery. The experiences described in this theme can be understood through Social Control Theory, which posits that behavior is shaped by external controls such as social norms, monitoring, and expectations. According to this theory, heightened surveillance increases conformity by reinforcing accountability and discouraging deviant behavior. Participants’ heightened self-regulation and efforts to consistently demonstrate good conduct reflect how informal social control mechanisms within communities influence recovery trajectories, particularly in contexts where individuals are attempting to restore trust and social acceptance.

Recent studies highlight that individuals recovering from substance use disorders often experience intensified surveillance from both formal authorities and informal community networks. Reichert and Rocheleau (2023) found that community monitoring

and policing practices contribute to heightened stress and self-surveillance among people with a history of drug use. Similarly, Walker *et al.* (2024) reported that persistent observation can shape daily behavior, leading individuals to regulate themselves more strictly to avoid suspicion or social sanction. These findings align with participants' accounts of behavioral caution and emotional strain resulting from perceived constant monitoring.

While surveillance can promote accountability, research suggests it may also have adverse psychosocial consequences. Studies indicate that excessive monitoring can increase anxiety, limit social participation, and reinforce feelings of marginalization (Boucher *et al.*, 2022; Shannon *et al.*, 2021). However, some literature also acknowledges that structured and supportive forms of monitoring, when coupled with rehabilitation support, may enhance motivation and reinforce recovery-oriented behavior (UNODC and WHO, 2020). This dual effect mirrors participants' experiences of surveillance as both emotionally taxing and motivating.

The findings of this theme suggest that community-based rehabilitation programs should balance accountability with psychosocial support. While monitoring may encourage compliance and sustained recovery, excessive or stigmatizing surveillance may undermine psychological well-being and social reintegration. Programs and communities should therefore promote supportive oversight that emphasizes encouragement, trust-building, and reintegration rather than suspicion, to foster healthier recovery environments and improve quality-of-life outcomes for drug surrenderees.

Cultural reintegration dynamics

This theme dealt with the cultural processes involved in the reintegration of drug surrenderees into their communities following rehabilitation. Participants described reintegration as requiring adjustment to shared values, traditions, and collective expectations that governed community life. One participant explained:

“Returning to my community required adjusting to shared values and traditions. Cultural expectations influenced how people treated me after rehabilitation” (P6, SS104).

This statement illustrates how reintegration was not solely an individual effort but was deeply embedded in cultural norms that shaped acceptance and social interaction. Acceptance within the community was perceived to be conditional, depending largely on adherence to community norms and culturally appropriate behavior. As one participant noted:

“I noticed that acceptance depended on how well I followed community norms. Respecting local customs helped rebuild trust” (P7, SS124).

Family traditions also played a central role in reintegration, serving as a bridge between the individual and the broader community. One participant shared:

“Family traditions played an important role in my reintegration. Participating in cultural activities made me feel included again” (P8, SS144).

Highlighting how cultural participation facilitated social inclusion and emotional reassurance. Participants further emphasized that community values influenced how forgiveness and acceptance were expressed. Reintegration was understood as a culturally mediated process where belonging had to be re-earned through conformity to shared moral standards. One participant reflected:

“Community values shaped how forgiveness and acceptance were expressed. I learned that reintegration was closely tied to cultural belonging” (P9, SS164).

Reconnecting with cultural identity also helped restore emotional stability and normalcy, as expressed by another participant:

“Reconnecting with my cultural identity helped restore a sense of normalcy. It allowed me to feel part of the community once more” (P10, SS184).

These accounts demonstrate that cultural reintegration was central to rebuilding a sense of belonging and social legitimacy. The experiences described in this theme align with Social Identity Theory, which posits that individuals derive a significant part of their identity and self-worth from group membership and shared cultural affiliations. According to this theory, reintegration requires re-establishing membership within valued social groups by conforming to group norms and values. Participants' narratives of adjusting behavior, participating in cultural practices, and seeking acceptance reflect the process of restoring social identity through cultural alignment and collective belonging.

Recent studies emphasize the role of culture in shaping recovery and reintegration outcomes among individuals with substance use histories. Eekhoudt *et al.* (2024) found that recovery is deeply influenced by cultural meanings, rituals, and social expectations, particularly in community-based contexts. Similarly, Best *et al.* (2020) highlighted that social and cultural capital, such as shared traditions and community values, play a critical role in facilitating reintegration and sustaining recovery. These findings support participants' experiences of cultural participation as a pathway to acceptance and social restoration.

In collectivist societies, including many Philippine communities, family and cultural norms strongly influence forgiveness and reintegration processes. Alibudbud (2023) noted that cultural expectations significantly shape how individuals recovering from substance use are perceived and treated, particularly in relation to stigma and moral judgment. Moreover, UNODC and WHO (2020) emphasized that culturally responsive rehabilitation approaches enhance community acceptance and long-term recovery by aligning interventions with local values and traditions. These studies reinforce the importance of cultural sensitivity in supporting reintegration.

The findings of this theme suggest that community-based rehabilitation programs should intentionally

incorporate culturally responsive strategies that acknowledge local values, traditions, and social norms. Engaging families, promoting participation in cultural activities, and respecting community practices may enhance acceptance and strengthen social reintegration. Recognizing cultural reintegration as a core dimension of recovery can foster belonging, reduce stigma, and improve quality-of-life outcomes among drug surrenderees.

II. Psychosocial challenges encountered

Persistent social stigma

This theme dealt with the persistent social stigma experienced by drug surrenderees even after completing rehabilitation. Participants described continued labeling that affected how they were perceived and treated within the community. One participant shared:

“Despite completing rehabilitation, I continued to be labeled as a drug user. This label affected how people interacted with me” (P1, SS5).

This labeling reinforced a social identity rooted in past behavior rather than present change, creating barriers to reintegration. Participants further described how stigma manifested through doubt and judgment from community members, making reintegration emotionally difficult. As one participant expressed:

“Some community members doubted my ability to change. Their judgment made reintegration emotionally difficult” (P5, SS85).

Stigma also influenced access to opportunities, with one participant stating:

“Stigma influenced my access to opportunities and social acceptance. I often felt excluded because of my past” (P18, SS345).

These experiences highlight how stigma extends beyond attitudes to tangible social consequences. Even positive behavior was often insufficient to counter negative perceptions. One participant noted:

“Negative perceptions persisted even when I showed positive behavior. This made me feel discouraged at times” (P20, SS385).

Another reflected:

“Social stigma created emotional distance between me and others. It reminded me that recovery involved social challenges as well” (P3, SS45).

These narratives illustrate how stigma undermined motivation and reinforced emotional isolation despite rehabilitation efforts. These experiences align with Labeling Theory, which posits that societal labels can become internalized and shape both self-identity and social interaction. Persistent labeling of individuals as “drug users” reinforces deviant identities and limits opportunities for reintegration, even after behavioral change. The participants’ accounts demonstrate how stigma perpetuates social exclusion and complicates recovery by maintaining a fixed identity based on past behavior.

Recent studies confirm that stigma remains a major barrier to recovery and reintegration among individuals with substance use histories. Alibudbud (2023) reported that Filipinos recovering from substance use frequently experience ongoing discrimination that affects employment, social participation, and self-esteem. Similarly, Livingston *et al.* (2020) emphasized that stigma undermines recovery by reinforcing shame and limiting access to social resources, consistent with participants’ experiences of exclusion and discouragement.

International research further highlights that stigma persists even after treatment completion, particularly in community-based settings. Kulesza *et al.* (2021) found that perceived public stigma negatively affects psychological well-being and recovery motivation. These findings align with participants’ accounts of continued labeling and emotional distancing; underscoring the need for stigma-reduction strategies integrated into rehabilitation and reintegration programs.

The findings suggest that community-based rehabilitation programs must incorporate anti-stigma interventions, including community education, advocacy, and inclusive reintegration policies. Addressing persistent stigma is essential to improving social acceptance, restoring dignity, and enhancing quality of life among drug surrenderees.

Psychological emotional distress

This theme dealt with the psychological and emotional distress experienced by drug surrenderees during and after rehabilitation. Participants described anxiety related to fear of judgment and rejection, which affected emotional stability. One participant stated:

“I experienced anxiety related to fear of judgment and rejection. These feelings affected my emotional stability” (P1, SS6).

Participants also described persistent guilt and shame associated with past behaviors. As one participant shared:

“Guilt and shame often resurfaced when I thought about my past. Managing these emotions required constant effort” (P5, SS86).

Psychological stress often reduced confidence and motivation, with another participant noting:

“Psychological stress reduced my confidence and motivation. Some days felt emotionally overwhelming” (P18, SS346).

Fear of relapse was another major source of emotional strain. One participant explained:

“Fear of relapse caused mental pressure and self-doubt. I worried about disappointing myself and others” (P20, SS386).

Emotional struggles were not confined to rehabilitation but continued afterward, as expressed by:

“Emotional struggles continued even after rehabilitation ended. Recovery involved ongoing psychological healing” (P3, SS46).

These experiences are consistent with Stress and Coping Theory, which explains how individuals experience psychological distress when perceived demands exceed coping resources. The participants’ narratives illustrate ongoing emotional strain as they navigated recovery, stigma, and fear of relapse, highlighting the importance of adaptive coping mechanisms.

Recent literature emphasizes that anxiety, shame, and fear of relapse are common psychological challenges during recovery. Witkiewitz *et al.* (2020) identified emotional distress as a significant predictor of relapse risk. Similarly, WHO (2023) emphasized that recovery involves long-term psychological support to address emotional vulnerability.

Studies also indicate that unresolved emotional distress can impair motivation and recovery outcomes. Ayon *et al.* (2022) found that post-treatment psychological stress negatively affects self-efficacy and quality of life. These findings reflect participants’ accounts of persistent emotional struggles and the need for sustained mental health support. These findings underscore the importance of continuous psychological care beyond rehabilitation, including counseling, emotional regulation training, and relapse-prevention support to promote sustained recovery and well-being.

Strained social relationships

This theme dealt with the strain placed on social and family relationships due to past substance use. Participants described damaged relationships that required time and patience to repair. One participant stated:

“Relationships with family and friends were affected by my past actions. Rebuilding trust required time and patience” (P1, SS7).

Social distancing by others was a common experience. As one participant shared:

“Some people kept their distance from me despite my efforts to change. This created feelings of isolation” (P5, SS87).

Participants 18 also reported intentionally avoiding certain friendships associated with their former lifestyle to protect recovery:

“I avoided certain friendships that reminded me of my former lifestyle. Protecting my recovery became a priority” (P18, SS347).

Social interactions were often tense and uncertain. One participant noted:

“Social interactions felt tense and cautious. I often felt unsure of how others perceived me” (P20, SS387).

Another emphasized that rebuilding relationships required mutual understanding and forgiveness as participant 3 stated:

“Repairing relationships required understanding and forgiveness from both sides. It was a slow but meaningful process” (P3, SS47).

These experiences align with Social Support Theory, which emphasizes the role of supportive relationships in well-being and recovery. The absence or strain of social support can increase vulnerability, while rebuilding trust is essential for sustained recovery. Research indicates that strained relationships are common among individuals recovering from substance use. Monari *et al.* (2024) reported that family mistrust and emotional distance often persist post-rehabilitation. Similarly, Sharma *et al.* (2024) highlighted the importance of family-centered interventions in repairing relationships.

Evidence suggests that improving social relationships enhances recovery outcomes. Kelly *et al.* (2021) found that strong interpersonal support networks are associated with reduced relapse risk and improved quality of life. These findings align with participants’ experiences of gradual relationship repair.

Rehabilitation programs should incorporate family and social relationship interventions, including counseling and reconciliation processes, to strengthen social support systems and promote long-term recovery.

Livelihood economic insecurity

This theme dealt with economic challenges faced by drug surrenderees during reintegration. Participants described difficulty securing employment due to mistrust and background stigma. One participant stated:

“Securing stable employment was difficult because of my background. Employers often hesitated to trust me” (P1, SS8).

Financial instability increased stress and affected daily living. One participant shared,

“Financial instability increased stress during my recovery journey. It affected my ability to meet daily needs” (P5, SS88).

Limited income also created frustration related to family responsibilities:

Limited income made it hard to support my family. This created feelings of frustration and worry (P18, SS348).

Repeated job rejections negatively affected self-esteem and confidence. As one participant noted,

“Job rejections affected my self-esteem and confidence. They sometimes made me doubt my progress” (P20, SS388).

Economic hardship challenged recovery but also motivated some participants to pursue lawful opportunities:

“Economic hardship challenged my commitment to recovery. However, it also motivated me to seek legal opportunities” (P3, SS48).

These experiences can be explained using Strain Theory, which posits that economic pressure and blocked opportunities increase stress and vulnerability. For individuals in recovery, economic strain can threaten stability but also motivate adaptive behavior when legitimate opportunities are available. Recent studies emphasize employment as a critical component of recovery. Schlöffel *et al.* (2024) found that unemployment and job stigma significantly hinder reintegration among people with substance use histories. Similarly, Welwean *et al.* (2025) identified employment discrimination as a major source of stress and relapse risk.

Supported employment programs have been shown to improve recovery outcomes. Wu *et al.* (2025) reported that access to stable work enhances self-esteem, reduces stress, and supports sustained recovery. These findings align with participants' recognition of livelihood as both a challenge and a motivator. The findings suggest the need for livelihood-focused reintegration programs, including skills training, employer partnerships, and anti-discrimination initiatives, to support economic stability and improve quality of life among drug surrenderees.

III. Impact of quality of life

Reduced psychological well-being

This theme dealt with the diminished psychological well-being experienced by drug surrenderees during reintegration into community life. Participants described emotional stress as a pervasive condition that affected mental health, peace of mind, and emotional stability. One participant shared:

“Emotional stress affected my overall mental health. It reduced my sense of peace and stability” (P7, SS149).

Persistent worries were also common, as reflected in the statement,

“Persistent worries made it difficult to relax. My thoughts were often focused on fear and uncertainty” (P4, SS89).

These accounts demonstrate how psychological distress remained present even after rehabilitation. Participants further explained that negative emotions influenced their daily mood and outlook, making optimism difficult to sustain. As one participant noted,

“Negative emotions influenced my daily mood and outlook. Maintaining optimism required effort” (P3, SS59).

Psychological strain also affected cognitive functioning, with another participant stating,

“Psychological strain affected my concentration and decision-making. It influenced how I handled everyday tasks” (P2, SS29).

These experiences highlight how mental health challenges interfered with daily functioning and decision-making. Mental well-being was described as fragile during reintegration, requiring continuous support to manage stress and emotional vulnerability. One participant emphasized,

“Mental well-being remained fragile during reintegration. Continuous support was needed to cope” (P1, SS9).

These narratives indicate that recovery did not eliminate psychological distress but instead required ongoing emotional regulation and external support to maintain stability. These findings align with Psychological Well-Being Theory, which emphasizes emotional balance, cognitive functioning, and perceived control as key components of mental health. According to this framework, sustained stress and unresolved emotional challenges can disrupt well-being, particularly during periods of life transition. The participants' experiences reflect how reintegration-related stressors undermine psychological equilibrium, emphasizing the need for continued psychosocial care.

Recent studies affirm that psychological distress commonly persists during post-rehabilitation reintegration. Milliken *et al.* (2025) found that

individuals recovering from substance use disorders often report reduced quality of life due to anxiety, worry, and emotional instability. Similarly, WHO (2023) emphasized that recovery requires long-term psychological support to address emotional vulnerability and prevent relapse. International research also highlights the link between psychological distress and reduced functioning. Hoffman *et al.* (2023) reported that unmanaged stress negatively affects concentration, decision-making, and motivation among individuals in recovery. These findings align with participants' accounts of emotional strain interfering with daily life, reinforcing the need for sustained mental health interventions. The findings suggest that community-based rehabilitation programs should integrate continuous psychological support services, including counseling, stress management, and emotional regulation training. Addressing reduced psychological well-being is essential to improving quality of life and sustaining long-term recovery among drug surrenderees.

Limited social functioning

This theme dealt with the limitations in social functioning experienced by drug surrenderees following rehabilitation. Participants described avoiding social gatherings due to fear of judgment and rejection. One participant shared:

“I avoided social gatherings because I feared being judged. This reduced my social interaction” (P1, SS10).

Community participation was often experienced as uncomfortable, leading to cautious engagement with others. Social withdrawal emerged as a coping strategy to manage stigma-related stress. As one participant explained:

“Social withdrawal became a coping response to stigma. It helped me avoid emotional stress” (P3, SS60).

Participants also limited relationships to trusted individuals to protect emotional well-being, as reflected in the statement:

“I limited relationships to those I trusted. Protecting my emotional well-being was important” (P4, SS90).

Reduced social engagement negatively affected participants’ sense of belonging. One participant stated,

“Reduced social engagement affected my sense of belonging. I felt disconnected at times” (P7, SS150).

Recent research supports the association between substance use recovery and impaired social functioning. Moreira *et al.* (2023) found that stigma and fear of judgment significantly limit social participation among individuals in recovery. Similarly, Aasen *et al.* (2024) reported that social avoidance is a common response to perceived stigma, contributing to reduced quality of life. Evidence also suggests that improved social engagement enhances recovery outcomes. Kelly *et al.* (2021) highlighted that supportive social interactions promote belonging and psychological stability. These findings underscore the importance of social reintegration initiatives that foster safe and inclusive community participation. The findings indicate that rehabilitation programs should promote structured and supportive social engagement, such as peer support groups and community activities, to enhance social functioning and reduce isolation among drug surrenderees.

Compromised physical health

This theme dealt with the impact of compromised physical health on the quality of life of drug surrenderees. Participants described lasting physical effects of drug use that required ongoing management. One participant shared,

“Drug use left lasting effects on my physical health. Recovery involved managing these health concerns” (P1, SS11).

Stress-related physical symptoms such as fatigue and weakness were commonly reported. As one participant noted,

“Stress contributed to physical fatigue and weakness. It affected my ability to work consistently” (P2, SS31).

Health issues also limited daily activities, making simple tasks exhausting:

“Health issues limited my daily activities. Simple tasks sometimes became exhausting” (P3, SS61).

Physical discomfort reduced motivation and productivity. One participant stated,

“Physical discomfort affected my motivation and productivity. It reminded me of the consequences of drug use” (P4, SS91).

Maintaining physical health became a deliberate component of recovery, requiring regular care and monitoring:

“Maintaining physical health became part of recovery. Regular care and monitoring were necessary” (P7, SS151).

These findings align with the Biopsychosocial Model, which posits that physical health, psychological well-being, and social factors are interconnected. Physical illness and fatigue can exacerbate psychological stress and limit social participation, thereby diminishing overall quality of life. Recent studies confirm that individuals recovering from substance use disorders often experience chronic health issues. Osborne *et al.* (2023) reported that compromised physical health significantly affects recovery capital and daily functioning. Similarly, Montón-Martínez *et al.* (2025) emphasized the role of physical health management in sustaining recovery.

Evidence also suggests that health-focused interventions improve recovery outcomes. WHO (2023) stressed the importance of integrated health care services that address physical conditions alongside psychological recovery. These findings align with participants’ experiences of ongoing health management as essential to recovery. The findings suggest that rehabilitation programs should incorporate comprehensive health monitoring and medical support, ensuring that physical health needs

are addressed to enhance quality of life and functional recovery.

CONCLUSION

This study illuminated the lived experiences of drug surrenderees by examining how psychosocial challenges shape their quality of life during and after community-based rehabilitation. The findings revealed that recovery is a complex, ongoing process marked by identity reconstruction, persistent social stigma, psychological and emotional distress, strained relationships, economic insecurity, and varying degrees of community surveillance and cultural reintegration. These challenges collectively influenced psychological well-being, social functioning, physical health, and access to opportunities in life, underscoring that recovery extends beyond abstinence and requires sustained psychosocial adjustment within social and cultural contexts.

Despite these challenges, drug surrenderees demonstrated resilience through personal commitment to recovery, reliance on family and social support, engagement in spiritual meaning-making, and participation in livelihood and community activities. These coping strategies played a crucial role in mitigating psychosocial stressors and fostering reintegration. The findings highlight the need for holistic, community-based rehabilitation programs that address stigma, provide continuous psychological and health support, strengthen social and family relationships, and expand livelihood and opportunity pathways. Recognizing recovery as a multidimensional and culturally embedded process may enhance quality of life outcomes and support sustainable reintegration for individuals recovering from substance use.

Thus, it is recommended that community-based rehabilitation programs be strengthened through integrated psychosocial interventions that extend beyond program completion. Continuous psychological support, stigma-reduction initiatives,

family-inclusive approaches, culturally responsive reintegration activities, and livelihood-oriented programs may enhance quality of life and long-term recovery outcomes. Collaborative efforts among local governments, health services, community organizations, and families are essential to creating supportive environments that enable drug surrenderees to rebuild their lives, restore social participation, and achieve sustainable reintegration.

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