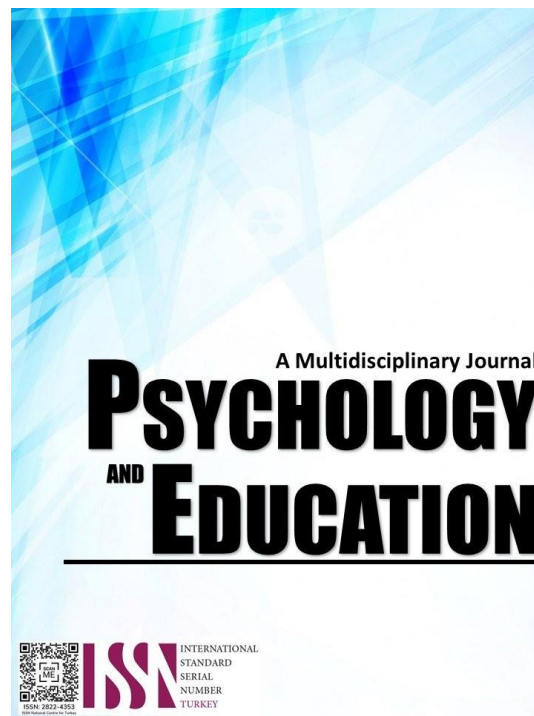


PSYCHOLOGICAL WELL-BEING AS CORRELATES TO RELAPSE RISK AMONG PEOPLE WITH STIMULANT USE DISORDERS: BASIS FOR AFTER-CARE PROGRAM



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Psychological Well-Being as Correlates to Relapse Risk Among People with Stimulant Use Disorders: Basis for After-Care Program

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Abstract

Considering the chronic nature of drug addiction, it is common for recovered drug patients to relapse, or go back to using drugs after a period of sobriety most especially if they are not properly equipped with skills and tools to maintain sobriety. This paper responds to this challenge by investigating the correlation between psychological well-being and relapse risk among people in recovery from stimulant use disorders to be able to come up with an after-care program aiming to prevent relapse among them. The study utilized Ryff's Psychological Well-being Scale and Stimulant Relapse Risk Scale (SRRS) to measure the variables. The study included 154 respondents from various drug treatment centers in the country who were recruited and selected through snowball and purposive sampling methods. The results of the study showed that the respondents' scores fell within the average level in all dimensions of psychological well-being. For the relapse risk, the respondents had moderate risk in all of the dimensions aside from compulsivity for the drug in which they had a high risk. Pearson-r correlation analysis showed that psychological well-being and relapse risk have a moderate negative correlation with $r = -.405$ signifying that as psychological well-being increases, relapse risk decreases, or vice versa.

Keywords: *psychological well-being, relapse risk, stimulant use disorder, correlation, after-care program*

Introduction

Having a family member who has been in and out of the rehabilitation center has sparked the interest of the researcher in pursuing a study about persons with a history of substance use disorders (SUDs) and specifically, their risk of relapse. SUDs are known to be chronic disorders, thus, their treatment has become very challenging due to their high tendency to relapse. Relapse, or the return to drug use after a period of abstinence, negatively affects the health, perceptions, cognitions, and most importantly, the relationships of people with a history of stimulant use.

Spouses, parents, and most importantly, children have all been affected by drug addiction. Children who grew up witnessing a parent or both their parents addicted to drugs are more likely to develop, if not drug abuse, other behavioral problems in their adulthood. This was true to the experience of the researcher as the family member who has been her motivation in pursuing this study recently relapsed due to the behavioral problems exhibited by his daughter. This family member has been using drugs and has been in and out of prison and rehabilitation centers ever since he was an adolescent. He was intoxicated when he had his daughter, when she was born, and during her elementary graduation. She grew up seeing her father recovering for a time, and again relapsing. She grew up confused about how to deal with her father since the way she interacts with him when he is

sober, does not receive the same response when he is intoxicated. These situations have resulted in her being aloof from her father. She has lost hope that he will be a good father to him and that he will be completely well. She has been disrespectful to his father, resulting in arguments, and fights and this faulty relationship has caused his most recent relapse.

Drug use has burden not only families but the entire country. It is interlinked with problems of intoxication, development of mental illness and mental disorders, the spread of infectious diseases like HIV/AIDS and tuberculosis, disruption of peace and order due to crimes committed by people intoxicated with these drugs, and loss of productivity which can have a direct or indirect impact to an individual, family, and community. In a country where the fight against drugs is currently being strongly implemented, it is ironic how the country has not been able to address this lingering problem of drug relapse. In 2019, rehabilitation facilities in the Philippines reported a total of 5,227 admissions which has increased by 4% as compared to the previous year. Of this total admission rate, 22 were re-admitted (Dangerous Drugs Board, 2019).

People recovering from any sort of drug addiction are likely to have at least one relapse. Relapse is defined as the return to drug use after a period of abstinence (Watkins, 2022). It is particularly risky for someone drug-free for a long time. Those who have been in recovery will lose their tolerance for the drug, and

consuming the same quantity they did when they were using it could result in an overdose and even death (Ackerman, 2022). In the country, in 2018, around 3% of the total cases that were reported by rehabilitation facilities relapsed or were re-admitted (Dangerous Drugs Board, 2020) and in 2019, drug users in rehabilitation centers in Makati had an 80% relapse rate (Marquez, 2019).

There is a wide range of internal and external reasons underlying individuals' tendency to use drugs and relapse. Some of the external factors include lack of supportive social networks, lack of programs or support, and the costs of recovery services (McQuaid, et. al., 2018). One internal factor which is of significance in people's tendency to use and abuse drugs is their psychological well-being.

Psychological well-being is a dynamic concept that includes subjective positive feelings and general satisfaction with life including oneself and others in different areas of life. According to Dr. Carol Ryff, this concept encompasses different factors such as self-acceptance, positive relationship with others, autonomy or independence, environmental mastery, purpose in life, and personal growth (Ryff, et. al., 2014). Diener (2022) on the other hand, coined "subjective well-being" to illustrate one's internal state of being happy and satisfied with one's life.

Studies have found that increasing psychological well-being could decrease the tendency to use drugs and vice versa. Psychological well-being was also seen as a significant factor that interacts with treatment to predict the result of substance use and relapse. Sabri and Jencius (2020) in their study found that psychological well-being is positively correlated with the treatment outcomes of drug addicts. From this study, psychological well-being was seen as a significant predictor of treatment outcomes in that, the higher the psychological well-being, the better the treatment outcomes will be.

Hence, the present study sought to explain how psychological well-being correlated with relapse risk among persons with stimulant use disorder. Given that recovery from substance use is a difficult process, often accompanied by relapse, it was assumed that those who can successfully recover do so by relying on their strengths and characteristics that equipped them to better navigate through this process. This examination of how psychological well-being relates to one's tendency to relapse explained how and why certain individuals seemed to be more likely than others to fully recover or end in relapse. From the

analysis of the interaction of these variables identified, an after-care program was created to prevent, and eventually, end this major problem of relapse.

Research Questions

This study investigated the correlation between psychological well-being and relapse risk among persons in recovery from stimulant use disorders. Specifically, it sought to answer the following questions:

1. What is the level of psychological well-being among the respondents in terms of:
 - 1.1 Autonomy;
 - 1.2 Environmental mastery;
 - 1.3 Personal growth;
 - 1.4 Positive relations with others;
 - 1.5 Purpose in life; and
 - 1.6 Self-acceptance?
2. What is the level of relapse risk among the respondents in terms of:
 - 2.1 Anxiety and intention to use drug;
 - 2.2 Emotionality problems;
 - 2.3 Compulsivity for drug;
 - 2.4 Positive expectancies and lack of control over drug; and
 - 2.5 Lack of negative expectancy for the drug?
3. Is there a significant relationship between psychological well-being and relapse risk among the respondents?

Methodology

Research Design

This study used the descriptive correlational research design to gain an understanding of the relationship between psychological well-being and relapse risk among persons in recovery from stimulant use disorder. Descriptive correlational research design is a quantitative research method that aims to quantify variables and identify whether there is a pattern of relationship that exists between them (Gravetter & Forzano, 2018). Unlike the experimental method, in correlation, there is limited control over extraneous variables. Aside from that, in this method, the researcher does not manipulate variables and just observes them as it naturally occurs. Thus, causation will not be established between the variables (Adams & McGuire, 2022).

This study examined the relationship between psychological well-being and relapse risk using the scales identified. These variables will only be defined and analyzed using the scales and were not in any way manipulated by the researcher. Considering that drug relapse is a very complex variable associated with a lot of factors (Hardey, et. al., 2022), causation will not be established between relapse and just psychological well-being, thus, the correlational method was found to be the most appropriate technique to employ.

Research Locale

This study included 154 people in recovery from stimulant use disorders. 27.92% ($n = 43$) of the participants were from Luzon, 50% ($n = 77$) were from the Visayas, and 22.08% ($n = 34$) were from Mindanao. The centers from which the respondents came were specifically the Department of Health (DOH) Treatment & Rehabilitation Center (TRC) Tagaytay and Bicutan, Bridges of Hope Parañaque, and Healing Path Foundation – HP Inc. in Luzon; recovered patients under the After Care Program of the Department of Social Welfare & Development (DSWD) Cebu, and Safe Haven Addiction Treatment & Recovery Village in Cebu City in the Visayas; and JJ Valderrama Behavioral Management Center Davao City, Pathway to Recovery in Cagayan de Oro, Balay Silangan in Mati City, Davao Oriental, and recovered patients under Substance Use Recovery and Enlightenment (SURE) Program in Agusan del Sur in Mindanao.

Currently, there is no data on the number of people in the country that are in recovery from stimulant use disorder, but in 2019, the Philippines had 5,277 recorded admissions in inpatient and outpatient facilities, excluding those who were accessing services through community-based programs (World Health Organization, 2021). The accredited centers and facilities in the country that are conducting treatment and after-care services for people who have drug problems as of August 2021 are 57 rehabilitation centers and seven (7) out-patient treatment centers (Department of Health, 2021). During the follow-up interview, key personnel from the following centers were contacted: Department of DOH TRC Tagaytay, receivers of the After Care Program of DSWD Cebu, and Safe Haven Addiction Treatment & Recovery Village, Pathway to Recovery, Balay Silangan, and patients under Substance Use Recovery and Enlightenment (SURE) Program.

Instrumentation

Psychological Wellbeing Scale (PWB)

Psychological Wellbeing Scale which was developed by Carol D. Ryff was used to measure the psychological well-being of the respondents. This scale measures well-being as composed of six aspects specifically: (1) autonomy, or the ability to regulate one's behavior, resist social pressure, and follow one's own beliefs, even if it goes against what is socially accepted; (2) environmental mastery, or the ability to manage situations and daily activities; (3) personal growth, which includes a continuous process of developing potential, the ability to be open to new experiences and the feeling of improving over time; (4) positive relationships with others or the establishment of close, trusting and meaningful relationships with others, as well as showing empathy, affection, and intimacy; (5) purpose in life, or setting objectives and goals which give meaning and direction to one's lives; and lastly, (6) self-acceptance, or the ability to have a positive attitude and feelings of satisfaction and acceptance of one's self, including both the good and bad qualities. Ryff had various length options for this scale, but the most widely used, accepted, and the most psychometrically sound among the versions was the 42-item scale. Each item is answered using a 6-point scale where 1 indicates strongly disagree and 6 indicates strongly agree. The overall psychological well-being score will be obtained by combining the scores on individual dimensions. There are no specific cut-off points for defining high or low well-being according to the manual. Interpretation can be derived from the distributional information derived from the respondents. For instance, high well-being could refer to scores in the top 25% of the distribution, and low well-being could be the bottom 25% of the distribution. Another way is to interpret those that are 1.5 standard deviations above the mean as having high well-being, and 1.5 standard deviations below the mean as those having low well-being (Ryff, 2014). Internal consistency for each factor ranges from 0.62 to 0.85 in the study of Villarosa and Ganotice (2018) as tested on Filipino teachers.

Procedure

To be able to achieve the goals of this study, the researcher first wrote to the proponents of the instruments to seek their permission to use the scales for the researcher to reproduce the instruments and generate an electronic form to disseminate to the respondents. After obtaining their approval, the researcher wrote to different drug rehabilitation and treatment centers nationwide to ask for their approval

to conduct research on their recovered patients. Data gathering was done from May 4, 2022, to June 30, 2022. The centers in Mindanao and Visayas were sent physical copies of the instruments as most of their recovered drug patients do not have mobile phones and access to the internet. One of the centers included located in Quezon City was personally visited by the researcher to disseminate the instruments to their recovered patients. Most of the centers in Luzon accessed the instruments through the Google forms link. The questionnaires included an informed consent where the respondents have to agree first before proceeding to the selection criteria, demographic profile portion and the instruments. Those that were physically answered by the respondents were encoded by the researcher, while those that were answered through the link were automatically generated to the electronic email of the researcher. A follow-up interview to some of the centers included were also conducted to be able to clarify some information with regards to the respondents as to the number and underlying causes of their remissions, and the manifestation of those who got low, moderate, or high relapse risk. Proper file keeping of both soft and hard copies of the answered questionnaires was observed to protect the information shared by the respondents and their confidentiality. The encoded data gathered from the respondents which does not contain their personal information were then transmitted to the statistician for proper application of statistical techniques.

Statistical Analysis

For the purpose of characterization and analysis, the researcher utilized descriptive statistics specifically percentage and frequency distribution to quantify and group the respondents according to their demographic profile. Local norming was conducted to get the cut-off scores for each level of the dimensions of each variable. For the statement of problems 1 and 2, the researcher applied descriptive statistics, specifically mean to get the average scores of psychological well-being and relapse risk among the respondents. Standard deviation was also calculated to know the score variations around the mean. Quartile distribution was conducted to be able to get the cut-off scores for each of the dimension of psychological well-being while local norming was used for relapse risk. For the statement of problem 3, Pearson r product-moment correlation was utilized to know if there were significant relationships between the variables identified, and also the strength and the direction of the relationships. All of these statistical techniques was employed using Statistical Package for the Social Sciences (SPSS) with the help of a statistician.

Ethical Guidelines

Prior to the presentation of the instruments, informed consent was first provided in which the respondents will have to agree first before continuing to the demographic profile questionnaire and the instruments. This informed consent contained the objectives of the study, the details that the researcher will be getting from them, the process by which their data will be treated and kept, and the benefits and risks of participating in the study. The questionnaires that were given to the participants also contained questions related to their demographic profile (age, sex, marital status, region of residence, and highest educational attainment) which were collected only for characterization and analysis. The respondents were not coerced to participate in the study and they were given the freedom to decline even in the middle of taking the tests. The researcher maintained the confidentiality of all the information provided by the respondents by keeping their data in a file only the researcher could access. Before submitting the data to the statistician for statistical analysis, anonymity was made sure by assigning codes to each of the participants.

Results and Discussion

What is the level of psychological well-being among the respondents in terms of: (1) Autonomy; (2) Environmental mastery; (3) Personal growth; (4) Positive relations with others; (5) Purpose in life; and (6) Self-acceptance?

Table 1. *Psychological Well-being among the Respondents*

<i>Domains</i>	<i>Low</i>	<i>F</i>	<i>%</i>	<i>Average</i>
Autonomy	17-24	48	31.17	25-30
Environmental Mastery	15-24	40	25.97	25-32
Personal Growth	19-26	41	26.62	27-35
Positive Relations with others	15-27	45	29.22	28-35
Purpose in Life	17-26	51	33.12	27-33
Self-Acceptance	12-26	48	31.17	27.33
Total Psychological Well Being	129-157	44	28.57	158-193

<i>Domains</i>	<i>F</i>	<i>%</i>	<i>High</i>	<i>f</i>	<i>%</i>
Autonomy	70	45.45	31-39	36	23.38
Environmental Mastery	78	50.65	33-42	36	23.38
Personal Growth	77	50.00	36-42	36	23.38
Positive Relations with others	76	49.35	63.42	33	21.43
Purpose in Life	68	44.16	34-42	35	22.73
Self-Acceptance	78	50.65	34-42	28	18.18
Total Psychological Well Being	73	47.40	194-234	37	24.03

Table 1 displays the level of psychological well-being among the respondents based on its six (6) dimensions specifically: Autonomy, Environmental Mastery, Personal Growth, Positive Relationship with Others, Purpose in Life, and Self-Acceptance. Psychological well-being was measured using Ryff's Psychological Well-being Scale in which the total level of psychological well-being was viewed in relation to these dimensions mentioned.

Results show that across all the dimensions, the scores of the respondents fell on average. For environmental mastery, more than half (50.65%, $n = 78$) of the respondents scored average indicating that most of the respondents are starting to develop a sense of mastery and competence in managing the environment, and controlling a complex array of external activities. Having average levels of environmental mastery post-treatment is an indicator that respondents are starting to maximize opportunities available in the environment. Despite that some may still show difficulty in effectively using surrounding opportunities, average levels of environmental mastery may indicate that some may start to take advantage of chances present in their environment and use their potential to accomplish goals relating to themselves, education, family, and profession. Environmental mastery is seen as a very important factor in relapse. When the environment is not going according to the desires and plans of an individual, the person engages in self-harm behaviors including relapse (Haryadi, et. al., 2020).

Low levels of environmental mastery may indicate that people experience difficulty in managing everyday affairs, feel unable to change or improve surrounding context, and lack a sense of control over the external world. Most newly recovered drug patients exhibit low levels of environmental mastery due to the public stigma and hostility that are commonly associated with a history of drug use making the task of building a normal life extremely difficult for them (Haryadi, et. al., 2020).

Levels of environmental mastery have been adversely

affected by the COVID-19 pandemic. With the closure of many establishments comes the struggle of finding or maintaining jobs. One of the respondents shared that when he left the center after his treatment, he tried applying to a restaurant and was accepted as a dishwasher. He has adapted to the culture and felt that he was accepted by his co-workers despite his past. However, during the pandemic, the restaurant closed, and he was left unemployed. He was not able to find another source of income so he and his wife started fighting. He shared that he was so close to using drugs again to be able to cope with these experiences brought about by the pandemic. Good thing that they were having monthly online meetings where he told one of the staff at the center that he wanted to go back because he can no longer deal with the challenges he was experiencing outside. Unexpected events such as pandemics adversely affect one's environmental mastery (Ryff, 2014). Going back to the community is already challenging for recovered drug patients and added uncertainties caused by the pandemic have exacerbated their difficulties. The Center for Disease Control and Prevention in the United States stated that in June 2020, they have observed an 18% increase in substance use as compared with the same month in 2019 (Abramson, 2021). Department of Health also started seeing an increase in relapse rates in the Philippines in April 2020 (Narra, 2021). These increases can be explained by the unpredictability of the occurrences during the pandemic causing too much stress and anxiety, which are commonly combatted and coped with by using substances.

High levels of environmental mastery, on the other hand, indicate having a sense of mastery and competence in managing the environment, the ability to make effective use of surrounding opportunities, and being able to choose or create contexts suitable to personal needs and values. Environmental mastery entails feelings of personal competence and confidence in one's ability to interact successfully with the environment. Most recovered patients become peer mentors or volunteer workers in the drug treatment centers where they were treated. This enables them to contribute to society without having to deal with the negative assumptions and stigma that the environment has towards them. Most of the centers included in this study have staffs that are recovered patients themselves, which may explain why some may have high levels of environmental mastery. Being open to people with a history of drug abuse as employees enable them to maximize their capabilities and contribute to society without having to deal with the adverse effects brought by having a history of illegal drug use..

For the self-acceptance dimension, more than half (50.65%, $n = 78$) also had an average level suggesting that respondents may be starting to develop a positive attitude toward the self despite their difficult past and negative qualities. Low scorers in self-acceptance dimension may indicate feelings of being dissatisfied with self, or disappointment about what has occurred in past life, and being disturbed about certain personal qualities. Not accepting fully one's self can be commonly experienced by people with a history of drug addiction (UK Rehab, n.d.) Typically, they are confronted with problems, challenges, stigma, discrimination, and a lot of negative things upon going back to their community. The problem of not fully accepting oneself could turn to sabotage one's progress or beating up oneself which could make the individual turn to drugs again to escape the inner persecutor. Those that are in the initial stage of their treatment commonly experience poor self-acceptance. Once confronted with the adverse effects that the drugs has caused them, and their families, they often feel regret about their past choices and doings. These would typically lead to feeling guilty, or beating oneself up about the difficulties one has caused to oneself and one's family. Not having a sufficient level of self-acceptance in sobriety is associated with a greater possibility of relapse.

On the other hand, having high self-acceptance indicates having a positive attitude toward the self, being able to acknowledge every aspect of self, including one's good and bad qualities, and accepting about one's past life. According to Haryadi, et. al. (2020), high self-acceptance allows individuals to change their self-destructive tendencies to self-fulfilling situations that involve harmony in their lives.

Considering the tragic life that these respondents possibly had when they were intoxicated, having average levels of self-acceptance can be a positive indicator that treatment has possibly made them acknowledge the negative things about their beings, as well as the positive ones, and has taught them to embrace these. Having average levels of self-acceptance shows that respondents are not exhibiting negative feelings about their limitations, flaws, and difficult past, which makes them less likely to relapse.

As for personal growth, half of the respondents (50%, $n = 77$) also fell in the average level. Average scores in this dimension may indicate that respondents could have realized growth and development towards themselves but acknowledges that there are still a lot to improve on.

A low level of personal growth is associated with stagnation, lacking a sense of improvement, being uninterested in life, and failure to develop new attitudes or behaviors necessary for one's growth. Commonly, drug patients would still be doubting themselves how they progressed during the course of their treatment. One of the respondents who had a low level of personal growth shared that he still has a lot to improve on himself. He has recovered from drug use, but he would want to regain the trust of his family, which to him is still difficult. According to him, it is hard not to look at his past because the people around him still look at him as a drug addict. They hold their belongings tightly whenever they are around him, they would not let their children get near him and they do not display trust in him that he will be able to look for a job. These behaviors would make drug patients doubt their progress and question what improvement they have been through because the people around them seemed to not be seeing that they already have recovered from drug addiction.

A high level of personal growth on the other hand is associated with having a sense of continued development and being open to changing in ways that reflect more self-knowledge and effectiveness. Personal growth in recovery entails confidence in one's sobriety. All of the respondents underwent treatment and the average level of personal growth shows that treatment and interventions given to them have provided hope and a sense of having positive change towards themselves.

One respondent has stated that when he looks back to his past self, many have already changed. His way of thinking is towards the future now, as compared to before when all that he was concerned about was getting the drugs he would be consuming for the rest of the day. He knows that there is a lot more to improve on, but acknowledges that he is now a better person, and according to him, it was the treatment program he went through which made him realize these things.

For the dimension of positive relations with others, most of the scores of respondents (49.35%, $n = 76$) also fell in the average level signifying that are starting to develop trusting relationships, and are showing empathy, affection, intimacy, and understanding of the give and take principle in human relationships.

Low scorers in this dimension have few trusting relationships, find it difficult to be warm, open, and concerned about others, and feel isolated and frustrated about interpersonal relationships. The stigmatized

feelings that patients in drug recovery commonly experienced upon being released from treatment centers cause difficulty for them to establish new relationships. Haryadi, et. al. (2020) have stated that ex-drug addicts tend to be passive in socializing with others. The negative attitude of the society toward recovered drug patients results in alienation and the stigmatized feelings they are receiving from the environment reduce their self-efficacy, which affects negatively their way of socializing with people.

However, the respondents are observed to establish relationships with their “brothers”, “sisters”, “*brod*”, or “*tropa*” in the treatment centers. Being surrounded by people who had the same experience as them could have helped them establish relationships with these people while in treatment. Now that they are outside of the centers, they still continue this relationship with their peers as they meet every now and then for their after-care sessions. As observed in most of the centers from which the respondents were treated, their seniors are also serving as staff and volunteers. Having the knowledge that these people who also went through the same experience as them makes it easier for them to build a relationship with them without the fear of being judged or stigmatized. This has been proven by the study of Pettersen, et. al. (2019) which stated that drug patients develop strong relationships with service providers in treatment centers and this relationship has become a helpful tool both for adhering to treatment and for promoting successful treatment outcomes. Having positive relationships is a building block of maintaining sobriety in drug addiction (Monarch Shores, n.d.). Having high levels of positive relations with others signifies having warm satisfying, trusting relationships with others, being concerned about the welfare of others, and being capable of strong empathy, affection, and intimacy. When one has established a strong support system by having warm and trusting relationships with family members, peers, and one’s community, the person moves farther away from relapsing.

For the dimension of autonomy, it was observed that 45.45% (n = 70) of the respondents scored average demonstrating that the respondents have started to develop their own standards and act not on the basis of people’s expectations and assessments of them. They are starting to rely on their opinions when making critical decisions, and resist giving in to social pressures to think and act in particular ways. Having a high level of autonomy means that a person is self-determining and independent, able to resist social pressures, and has personal set of standards. Lack of autonomy results in being dependent on the opinions

and choices of others, as well as a dependency on societal pressure by behaving according to the opinions and standards of other people (Ryff, 2014).

Development of autonomy has been difficult for people in residential treatment. As this is the most common type of treatment in the country, most drug patients in the Philippines undergo mandatory treatment and are forced to be put in rehabilitation and treatment centers for their drug abuse. Commonly, all drug treatment centers have programs that drug patients go through. They have certain systems and routines that everyone in the centers must follow, and according to Yamada and Ophinni (2022) being subjected to a program for the treatment of addiction inhibits one’s autonomy. Having been coerced into attending treatment programs and into accepting certain beliefs, some may still show low autonomy.

Since the respondents are already in recovery, they are allowed to go back to their homes every now and then. Some of the centers would let their patients be back to their families completely and just attend recovery programs in the centers, and some would also impose weekly alternating schedules. One of the respondents shared that whenever he is in the center, there is a schedule that all of them should follow, such as praying in the morning, cleaning what was assigned to them after eating, taking a bath every 2:00 pm, having a siesta every afternoon, and doing their journals at night. Each day, there are scheduled tasks everyone must follow. If they refuse to do the task assigned to them on the specified time, or if they spent more time doing the task than what was allotted, they will be given punishments such as facing the wall for the rest of the day, or quiet time in which no one is allowed to talk to them for the rest of the day. These practices clearly inhibit one’s autonomy. Everyone has different routines, beliefs, and practices. One who is not used to cooking, perhaps may take a longer time in preparing food, or a person who is not accustomed to following a specific routine every day may find it harder to retain sobriety without being pressured or anxious about following a specific day-to-day schedule. Thus adjusting to the practices of the center may exacerbate the negative feelings a person in recovery may have towards himself. Being frustrated about not being able to adjust or being anxious about receiving punishment for failing to behave in a certain way may just make the person’s condition worse.

Now that respondents are out of the residential treatment and are going back to the centers only during their after-care sessions, or whenever prescribed, increased levels of autonomy could signify that they

are starting to acknowledge that their way of living is already defined by their own standards and rules. Their day-to-day living is now only defined by them alone. Adults with substance use disorder that have finished residential treatment show significantly higher levels of autonomy (Rehman and Rauf, 2021). Thus, having average levels of autonomy is a positive indicator that treatment has been effective for most of the respondents.

In the dimension of purpose in life, 44.16% ($n = 68$) of the respondents scored average. This may indicate that despite their difficult past, recovered drug patients may already be starting to realize their life's purpose and the reason for experiencing such difficulties in their past lives. Average levels in the dimension of purpose in life may also show that although they are faced with stigma, discrimination, and a lot of challenges now that they are out of residential treatment, they are beginning to realize that they can be integral parts of the community, and starting to work on this realized purpose.

Lacking purpose in life means that a person lacks a sense of direction, has few goals or aims, does not see the purpose of past life, and has no outlook or beliefs that give life meaning. Considering how devastating their past could have been when they were intoxicated with the drugs, it would be a good indication that most of them are already starting to work to better their situations and realize and accept that there is a purpose to their past experiences.

According to Haryadi, et. al. (2020), purpose in life is related to hope, acceptance, and the desire to change for the better. Having average to high levels of purpose in life can provide strength to motivate oneself adaptively and proactively and encourage continuous learning and development of greater emotional regulation and coping skills over time that would equip individuals to resist resorting to drug abuse again. Average levels of purpose in life could indicate that the respondents have started to establish their goals in life, and work towards achieving them. Most of the respondents already show a sense of directedness and believe that their life has a purpose. Even though some of the respondents are only months post-treatment and have been back to their families for only a short period of time, this result can show that despite being sober for a short period of time, drug patients have the capability of realizing that their lives have a purpose. Most of the recovered drug patients act as seniors in the centers they are treated from. In one center, recovered drug patients are tasked to train those currently in treatment about the house rules of the

centers. Aside from this, they are also sometimes asked to lead their sharing sessions so that they can serve as an inspiration to those that are in treatment. Activities such as this increase one's purpose in life. Being able to find purpose such as helping others reach sobriety can bring a huge impact on one's general well-being. Recovering drug patients have a better chance of avoiding relapse if they find a purpose (Monarch Shores, n.d.). As they assist those that are struggling because of their addiction on their way to recovery, they get farther away from relapsing.

What is the level of relapse risk among the respondents in terms of: (1) Anxiety and intention to use drug; (2) Emotionality problems; (3) Compulsivity for drug; (4) Positive expectancies and lack of control over drug; and (5) Lack of negative expectancy for the drug?

Table 2. *Relapse Risk among the Respondents*

<i>Domains</i>	<i>Mean</i>	<i>SD</i>	<i>Interpretation</i>
Anxiety and Intention to Use Drug	1.32	0.31	Moderate Risk
Emotionality Problems	1.63	0.4	Moderate Risk
Compulsivity for Drug	1.18	0.36	High Risk
Positive Expectancies and Lack of Control over drug	1.36	0.42	Moderate Risk
Lack of Negative expectancy for the drug	1.7	0.51	Moderate Risk
Total Relapse Risk	1.49	0.21	Moderate Risk

Table 2 shows the level of relapse risk among the respondents based on its five (5) subscales namely: Anxiety and Intention to use the drug, Emotionality Problems, Compulsivity for drug, Positive Expectancies, and Lack of control over the drug, and Lack of negative expectancy for the drug. Relapse risk was measured using the Stimulant Relapse Risk Scale by Ogai, et. al. (2007) in which the total level of relapse risk was viewed in relation to these subscales measured. Results showed that the respondents had moderate risk across all the dimensions aside from compulsivity for the drug in which they obtained a mean score falling into the high-risk category.

The respondents notably had high risk in the dimension of compulsivity for drugs ($\bar{x} = 1.18$). Compulsivity for drugs dimension includes items about engaging in irrational behaviors just to get drugs. Having a high risk in this dimension signifies that the respondents are inclined into doing impractical behaviors that would lead them towards getting the drug they previously abused. Drug addiction is compulsive in nature. It can change how the brain

works and interfere with a person's ability to make choices, leading to intense cravings and compulsive drug use. Adverse effects of drugs are commonly long-lasting, and can still be present even when the person has stopped taking the substance. Aside from this, since the respondents are already out of the rehabilitation and treatment centers, being exposed to many stressors would possibly make the respondents think of getting drugs by all means to be able to cope with these stressors.

Compulsive drug-seeking behavior is common among people with substance use disorder. Being an "addict" refers not to some isolated act of consumption, but to a pattern of behavior that is enacted on a regular basis in characteristic circumstances which the person finds extremely difficult to contain by intentional effort, thus, addiction always entails a lack of control over behavioral patterns that would lead the person to obtain what was being addicted to, or in other words, compulsion (Pickard, 2020).

Key personnel interviewed in the centers shared that those who newly entered residential treatment and are in their initial stage of treatment experience high compulsivity towards drug use. These people would commonly do everything to be able to satisfy their cravings. Some would escape centers, or display violent behaviors just so they will be kicked out of the centers and go back to using drugs. Drug-seeking behavior is a term encompassing those behavioral patterns involved in the intent of searching for a drug when it is not readily available (Smith and Laiks, 2018).

The majority of the respondents belong to the 18 to 39 years old age group which was mostly admitted for rehabilitation care for the first time. According to one of the key personnel in the centers included, those that belong to younger age groups tend to relapse more because they have not yet hit rock bottom. The resource person shared that younger people are not yet concerned about their future and are just thinking about satisfying present desires. They are the ones most likely to engage in deviant behaviors and who are greatly influenced by their peers. When recovered drug patients go back to their community and again meet their peers that have influenced them in using drugs, there is a greater chance that these old friends would influence recovered drug patients to again go back to their drug-taking habit. Being surrounded by the same people that influenced drug use fuels drug-seeking behaviors and makes these people more likely to reach old friends to get the needed supply of drugs (Kabisa, et. al., 2021).

One's social context can either make or break a person in recovery, thus it is important that aside from strengthening one's internal capacities to face life difficulties, environment modification must also be done to be able to get the individual farther away from situations in which the drug is already available for one to consume, and would no longer need one to exert effort just to get it. No matter how much change a person has been through because of treatment, when the person will still be surrounded by the same context that has pushed one into using drugs, or an environment infested with drugs, sliding into relapse is not impossible. High compulsivity added to such surroundings will make relapsing into drug use quicker.

For the emotionality problems dimension, the respondents had moderate risk ($x^2 = 1.63$). This dimension includes items about various negative feelings associated with having a history of drug abuse such as anxiety, loneliness, depression, and anger. A negative emotional state was positively correlated with relapse risk indicating that as the negative emotional state increases relapse risk also increases (Hedianti and Uthis, 2018). Having a moderate level in this dimension could indicate that certain situations in which the respondents are exposed could still bring negative emotions. Since the respondents are no longer in treatment and are already back with their families, they could be experiencing a mixture of negative and positive feelings. Positive feelings that they are already free from the rehabilitation center and that they could already be with their families, and negative feelings about the challenges they are now experiencing because of the negative assumptions and stigma they are receiving from their own families and the environment.

Many could be experiencing guilt while reflecting on their past choices and actions, or loneliness due to the relationships they are failing to maintain and build. As most of the participants were away from their families during the course of their rehabilitation and treatment, the whole process of adjusting to their new environment and the changes that happened to their family members while they were away could bring various negative emotions affecting their possibility to relapse. Melemis (2021) stated that relapse typically begins emotionally. This means that the person may not be thinking about using the drugs again, but their emotions could be worsening making them consider using drugs again. According to Ackermann (2022), an individual may start experiencing negative emotional responses such as anger, moodiness, or anxiety due to their experiences, and their desire to sustain recovery

may also diminish especially for those who have poor support system.

Family relationship is typically the source of one's emotional problems in recovery. Having family issues bring various negative emotions that would typically push recovered drug patients into relapsing. Drug use commonly leads to issues in the family and most of the time, when family members start to neglect drug patients despite their recovery, frustrations, and loneliness arise. Those who have emotionality problems are typically in the initial stage of relapse, and not intervening in this stage usually leads to the subsequent stages of relapse which are mental and physical relapse (Ackermann, 2022).

The respondents also had moderate risk in the dimension of positive expectancies and lack of control over drugs ($\alpha = 1.36$). This dimension includes items that assess whether recovered drug patients would want to feel the positive physiological effects of drugs again, and the degree of control they have towards using drugs in certain situations. Aside from this, the respondents also had a moderate risk in the dimension of lack of negative expectancy for the drug ($\alpha = 1.7$) which also assesses whether recovered drug patients do not exhibit negative expectations in reusing drugs. Both dimensions tap on the expectations that recovered drug patients have towards reusing drugs. This then is about their previous experiences with drugs and whether they would want to experience those again. Positive outcome expectancy was positively correlated with relapse risk indicating that the higher the positive outcome expectancy, the higher the relapse risk (Hedianti and Uthis, 2018). Thus, moderate risk in these two dimensions may signify a higher tendency to relapse as compared to those who would have low positive expectancies and lack of negative expectancies towards drugs. This result may also indicate that most recovered drug patients would still think positively about their previous experiences with drug use and would sometimes think of getting through their negative feelings and thoughts by using drugs again, but are trying to combat these thoughts.

Having been able to finish the treatment program for their stimulant abuse, the respondents might have been aware that the positive effects brought by using and abusing stimulants could be masking the negative effects it brings. Many have experienced broken relationships, losing a job, or the adverse physiological effects it causes. Thus, having moderate risk scores in positive expectancies for drugs and a lack of negative expectancies could signify that the respondents are starting to acknowledge that the positive effects the

stimulants give them are only making them more addicted to the drug, causing more adverse outcomes for them. Stimulants have been proven to cause various physiological effects such as prolonged wakefulness, increased focus, invigoration, decreased fatigue, and euphoria (Philippine Drug Enforcement Agency, n.d.). Aside from this, many have also been using drugs to maintain relationships and forget their problems, or have been involved in the illegal selling of these drugs to make money for their family.

As shared by one of the key personnel in the centers included in the study, most drug patients that relapsed sell drugs for a living. When these recovered drug patients are released from treatment, they would typically find it difficult to look for jobs and would go back to selling drugs, the only job they know which will give them the means to provide for their family and their own basic needs. Selling drugs would usually initiate cravings that would normally lead them to completely relapse. Many of the recovered drug patients are still unemployed. Despite that one of the centers offered them skills and livelihood training to assist them in building their lives outside the center, some of those patients still relapsed. The thought that through drugs, they will be able to provide for their family fuels drug seeking and consumption, making this cycle of recovering and reusing difficult to break.

Outcome expectancy and control of drug-seeking behavior are all associated with the second stage of relapse called mental relapse. In the mental relapse stage, the individual is in a mental struggle between using the drug or not. The mental stage is characterized by intense craving, thinking about the places, and people associated with the previous or past drug use, bargaining or thinking of scenarios in which it would be acceptable to use drugs, and planning a relapse. This stage also involves glorifying past drug use, minimizing the negative consequences of using drugs, and seeking out opportunities to use drugs (Ackermann 2022).

Therefore, when recovered drug patients give in to the positive expectancies they have towards drugs, and fail to realize the negative effects it brings, they might be falling into the mental relapse stage. Among the stages of relapse (emotional stage, mental stage, and physical stage), the mental stage characterized by is the most difficult stage to resist. Typically, once a mental relapse has occurred, it usually does not take very long to progress to the physical relapse stage wherein the individual starts using the drug again (Melemis, 2021).

On the anxiety and intention to use drug subscale, the

mean score of the respondents fell on moderate risk ($x \square = 1.32$). This dimension includes items relating to the intense craving of respondents toward the drug they previously abused. Having moderate levels of anxiety and intention to use drugs may signify that the respondents are experiencing drug cravings, but are continuously fighting and combatting these. Hedianti and Uthis (2019) have stated that having high scores in this dimension predicts relapse within three (3) to six (6) months post-treatment. Stimulant use disorder is known to be a chronic disease and patients in recovery would normally experience cravings for the drug they previously abused. All of the respondents used *shabu* or Methamphetamine HCL which is a type of amphetamine that is taken by ingestion inhalation, sniffing, or injection (Philippine Drug Enforcement Agency, n.d.). It is a highly addictive substance that can cause intense drug cravings even from a single use. Drug craving is a complex phenomenon triggered by a wide range of cues. Experiencing stress, frustration, anxiety and other negative emotions trigger drug craving thoughts and behavior. Some may also exhibit intentionality to use drugs upon being exposed to certain situations, people, or places (Thompson, et. al., 2019). Some of the respondents relapsed due to a loss of a loved one. Certain events may cause a burst of negative emotions that trigger drug cravings that if they fail to resist, could lead to them using drugs again and completely relapsing. Considering that recovering from drug addiction is always accompanied by drug cravings, treatment programs address this by teaching drug patients strategies on how to combat drug cravings.

For drug patients who have already recovered and have finished their treatment, having drug cravings could be less intense than when they were starting their treatment, however, as all of the respondents are in less than three (3) years of sobriety, it would still be normal for them to experience drug cravings. Fort Behavioral Health (2020) stated that everyone who is in recovery from drug abuse has experienced cravings despite how good their recovery has been. Craving the drugs does not always mean that a person with a history of drug abuse failed to recover or that the person may lead to relapse. However, when a person cannot resist the urge to use the drug again and goes back to using it, the person can be on the road to relapsing completely.

As most of the respondents had moderate risk on all of the dimensions, it could be an indicator that they are still experiencing these symptoms because of the many negative experiences that most of them are having outside the treatment centers. From this, it could be

inferred that the treatment programs or interventions that they went through in the centers have been effective tools in helping them combat these negative feelings, behaviors, thoughts, and emotions. The study of Hendianti and Uthis (2018) among people with a history of methamphetamine abuse found that among the five factors of relapse risk, anxiety and intention to use drugs was the highest cause of relapse risk among the participants, followed by emotionality problems, and positive expectancies and lack of control over drug use. High scores in anxiety and intention to use drugs may predict relapse three (3) months post-rehabilitation treatment, while high scores for both positive expectancies and lack of control over drugs, and lack of negative expectancy predict relapse three (3) to six (6) months post-rehabilitation treatment. Of all the dimensions specified, compulsivity for drug was the dimension found to be the lowest factor causing relapse which majority of the respondents in the current study had scored high.

Is there a significant relationship between psychological well-being and relapse risk among the respondents?

Table 3 shows the relationship between total psychological well-being and the dimensions of relapse risk among the respondents. This demonstrates that all of the individual dimensions of relapse risk are negatively correlated with total psychological well-being aside from the lack of negative expectancy for the drug dimension. Total psychological well-being and total relapse risk had a moderate negative correlation signifying that as total psychological well-being increases, the relapse risk dimension decreases and vice versa.

Psychological well-being has been known to have a protective role against various physical and mental disorders, including drug addiction. Known to be a chronic disorder, drug addiction is commonly associated with relapse. If the person is not equipped with appropriate tools and resources to maintain sobriety outside of the rehabilitation centers, they would normally relapse. In relation to the study, it is assumed that when people in recovery from drug abuse have high psychological well-being, they can maintain sobriety despite the negative assumptions, stigma, and challenges that they face upon going back to their community. Now that they are out of the treatment centers which they have considered a safe place for a long period of time or during their treatment, from the results, it is assumed that those who have high psychological well-being will be able to maintain sobriety and resort to adaptive coping when faced with

life challenges, and not go back to using and abusing drugs again.

Table 3. *Relationship between psychological Well-being and Relapse Risk*

<i>Psychological Well-being Domains</i>	<i>Relapse Risk Domain</i>	<i>R</i>	<i>Interpretation</i>	<i>p-value</i>	<i>Decision</i>	<i>Conclusion</i>
Total Psychological Well-Being	Anxiety and Intention to Use Drug	-.181*	Negative Weak Relationship	.025	Reject H0	Significant
	Emotionality Problems	-.317**	Negative Moderate Relationship	.000	Reject H0	Significant
	Compulsivity for Drug	-.233***	Negative Weak Relationship	.004	Reject H0	Significant
	Positive Expectancies and Lack of Control over Drug	-.300**	Negative Moderate Relationship	.000	Reject H0	Significant
	Lack of Negative Expectancy for the Drug	-0.104	Negative Very Weak Relationship	.0201	Accept H0	Not Significant
	Total Relapse Risk	-.405**	Negative Moderate Relationship	.000	Reject H0	Significant

There were a lot of studies found on the analysis of psychological well-being and relapse risk individually, but there was no study supporting the relationship between the two. Nonetheless, Bukoye (2017)'s study on the tendency to use drugs and psychological well-being has found that drug abuse and psychological well-being are significantly correlated and that the use of drugs inhibits psychological well-being, and vice versa. Similarly, Haryadi, et. al. (2020) also found that the tendency to use drugs was correlated with low levels of psychological well-being among ex-drug-addicted counselees in post- rehabilitation education.

Despite the moderate relationship between total psychological well-being and relapse risk, it was also observed from the results that half of the respondents who scored low on either psychological well-being or relapse vulnerability were seen also to have low scores on the other dimension. Other respondents on the

contrary have scored high on both variables indicating that even if their relapse risk is high, the level of their psychological well-being was not affected. This result suggests that there could be other factors aside from psychological well-being that could be affecting one's relapse risk.

Drug relapse is a complex maladaptive behavior caused and associated with a lot of factors such as relationship problems, poor mental health, a triggering event, boredom, or some would just go back to using drugs the moment they were released from the treatment center. The demographic profile of the respondents may not be considered in this study as a factor affecting either of the variables as those who obtained low and high scores on both variables had varied demographic characteristics. The study by Yamashita, et. al. (2021) among patients with stimulant use disorders found that resilience was significantly associated with relapse risk. Additionally, Hendianti and Uthis (2018) found that the level of methamphetamine relapse risk was positively correlated with outcome expectancy, emotional states, and craving, and negatively correlated with self-efficacy. Santibañez, et. al. (2020) have stated that well-being has a protective role in substance consumption, however, it was found that self-efficacy was the strongest predictor of problematic consumption of substances.

In the analysis of the correlation between the individual dimensions, autonomy was seen to be only significantly correlated with total relapse risk; environmental mastery, on the other hand, was significantly correlated with emotionality problems, positive expectancies and lack of control over drugs, and total relapse risk; personal growth was seen to be significantly correlated with all of the dimensions of relapse risk aside from anxiety and intention to use drugs; positive relations with others, purpose in life, and total psychological well-being were all significantly correlated with all the dimensions of relapse risk aside from lack of negative expectancy for the drug; and lastly, self-acceptance only significantly correlated with emotionality problems and total relapse risk. All correlation coefficients in each of the dimensions were negative signifying an inverse relationship between these dimensions, or that as the dimension of psychological well-being increases the dimension of relapse risk decreases, and vice versa. The correlation of each of the dimensions were presented in Tables 4 to 9.

Table 4. *Relationship between Autonomy and Relapse Risk*

<i>Psychological Well-being Domains</i>	<i>Relapse Risk Domain</i>	<i>R</i>	<i>Interpretation</i>	<i>p-value</i>	<i>Decision</i>	<i>Conclusion</i>
Autonomy	Anxiety and Intention to Use Drug	-0.046	Negative Very Weak Relationship	.570	Accept Ho	Not Significant
	Emotionality Problems	-0.156	Negative Weak Relationship	.053	Accept Ho	Not Significant
	Compulsivity for Drug	-0.064	Negative Very Weak Relationship	.431	Accept Ho	Not Significant
	Positive Expectancies and Lack of Control over Drug	-0.125	Negative Weak Relationship	.124	Accept Ho	Not Significant
	Lack of Negative Expectancy for the Drug	-0.056	Negative Very Weak Relationship	.492	Accept Ho	Not Significant
	Total Relapse Risk	-.172*	Negative Weak Relationship	.033	Reject Ho	Significant

Table 4 shows the relationship between autonomy and the dimensions of relapse risk among the respondents. Despite that autonomy did not correlate with any of the specific dimensions of relapse risk, it still correlated with the totality of relapse risk indicating that it is a factor associated with one's tendency to relapse. As all respondents underwent rehabilitation treatment, some of them could have experienced being coerced, arrested, or placed in rehab centers without their consent. This could therefore affect their autonomy from the moment that they have entered the centers. Aside from this, all drug treatment centers have their own rules, regulations, and systems everyone in the center must abide by, and being subjected to a program for the treatment of addiction inhibits one's autonomy (Yamada & Ophinni, 2022). Many drug patients in treatment centers have been coerced into attending treatment programs and into accepting certain beliefs. Some of them are forced to live their life in a certain way, in that, if they fail to follow the center's rules or advice, they may be excluded from the rest of the group or can be interpreted as deviant (American Addiction Centers, 2020). Being in the treatment centers for years and getting used to complying with the rules and systems

of the centers may have caused the drug patients to have reduced autonomy. As they get used to their routine in the center, they may exhibit difficulty as they go out since their daily routine in the center may no longer apply to the situations outside.

One of the respondents still practices their routine in the center even now that he is already in the community. He still continues writing his journal in which he is reporting everything that he does in a day, including the time. They have a schedule in the center with regards to what time they should take a bath, take a nap, or eat. Now that he has a job as a market vendor, he seldom has the chance to take a nap in the afternoon or go to sleep early at night, and he would be observed to show frustration because of not being able to follow the routine he was used to doing in the center.

Having autonomy in recovery is helpful, but it cannot always be expected that people in drug recovery will resort to doing things their own way as they experienced becoming better by following the treatment programs of the centers. Utilizing what was learned in the center can be beneficial to them as they continue their lives in their community.

More than half (59.74%, $n = 92$) of the respondents belong in the 18 to 39 years old age group. Adulthood is a stage in which the capacity to stand up for self and resist to social pressure is already evident (Foulkes, et. al., 2018) and susceptibility to social influence is an aspect of autonomy crucial in one's tendency for drug relapse. Living in the standard of other people can make a person be susceptible to others' suggestions regarding how one should live their life. It could be beneficial when the influence is good, but it might not if the person will be influenced by the surrounding context where they have learned and started using drugs. It was shared by one of the key personnel in the center that most of their patients relapse due to going back to the community where old friends who have influenced and taught them to use drugs are there. Peer influence is a great determinant of relapse in recovery (Kabisa, et. al., 2021). When one is so susceptible to negative peer influence which is caused by having low autonomy, it would not be difficult for that person to slide back to relapsing.

Aside from negative peer influence, autonomy can also be illustrated by not being able to act on the basis of one's standards due to societal factors such as being obliged to provide for their family in a way one knows how. Some of the respondents are married and have families of their own (27.92%). Some of them serves

as breadwinners and providers of their families. As shared by the key personnel in the center, some of their patients go back to using drugs as the only way they know how to earn money is to sell drugs. Illegal drug trafficking is the most prevalent and by far the most pervasive illegal drug activity in the Philippines (Philippine Drug Enforcement Agency, n.d.). Street-level drug selling is the most common way of distribution and most drug patients in the centers included experienced selling drugs at some point in their addiction. Drug users and pushers are aware of their illegal acts (Arranza, 2017) but most of them neglect this moral principle as this is the only easy way they know how to earn money for their families. This is a clear manifestation of how one's low level of autonomy can be a factor in relapse. When one fails to stand firm as to one's moral codes and values, negative societal influence could adversely affect one's recovery.

Table 5. Relationship between Environmental Mastery and Relapse Risk

Psychological Well-being Domains	Relapse Risk Domain	R	Interpretation	p-value	Decision	Conclusion
Environmental Mastery	Anxiety and Intention to Use Drug	-0.067	Negative Very Weak Relationship	.406	Accept Ho	Not Significant
	Emotionality Problems	-.211**	Negative Weak	.009	Reject Ho	Significant
	Compulsivity for Drug	-0.133	Negative Weak Relationship	.100	Accept Ho	Not Significant
	Positive Expectancies and Lack of Control over Drug	-.269**	Negative Moderate	.001	Reject Ho	Significant
	Lack of Negative Expectancy for the Drug	-0.029	Negative Very Weak Relationship	.721	Accept Ho	Not Significant
	Total Relapse Risk	-.254**	Negative Weak	.001	Reject Ho	Significant

Table 5 shows the relationship between environmental mastery and the dimensions of relapse risk.

Environmental mastery was found to have a negative moderate correlation with positive expectancies and lack of control towards drugs. Having a history of drug addiction has made it difficult for recovered drug patients to maximize their potential and navigate the environment according to their liking. This perhaps can bring the thoughts of glorifying past drug use or having positive expectancies and lacking control over drugs. Stimulants produce intense feelings of pleasure, power, self-confidence, and increased energy. Those who feel pressure or stress would start using drugs to feel less anxious (NIDA, 2020). Thus, having low environmental mastery can illicit thoughts about the perceived positive effects of drugs such as forgetting about one's problems temporarily, feeling energetic, and being able to do a lot of things at once. On the contrary, results suggest that the possibility of glorifying past drug use could be lessened by having high environmental mastery. Being in a situation or having a job according to one's liking could make the person not look back to the feelings and experiences one had during intoxication, because perhaps, the person could have acknowledged that he or she does not need the temporary positive feelings and thoughts that drugs produce to be in a situation that he or she likes.

The respondents who had several relapses go back to using drugs after their recovery because they have no other means to provide for their family aside from selling drugs. They would normally apply for jobs upon being released from the center, and would typically experience rejection, or discrimination. Some would be accepted, but in low-paying jobs in which salary is not sufficient to provide for the needs of their families. Most drug patients are aware of the negative effects that drugs would cause on their bodies, minds, behaviors, and relationships, but most of the time, they are willing to put behind these risks because drug selling is the only effective means they know that can provide the needs of their families. This scenario clearly depicts how having not enough environmental mastery can lead to positive expectancies and eventually lacking control over drug use. Recovered drug patients would normally fail to avail opportunities in their environment because of stigma and discrimination, which would lead them to resort to thinking about other ways to earn money and selling drugs is often the only means they know. Selling of drugs would make them more susceptible to triggering situations, people, and places, which eventually would make them loose control over consuming it.

Aside from positive expectancies and lack of control over drugs, environmental mastery was also found to

have a weak negative relationship with emotionality problems. This indicates that when the person cannot maximize available opportunities in the environment, there is a greater possibility of having emotional problems such as depression, frustration, and anxiety, among others. The difficulty of mastering the environment is associated with the public stigma and hostility that are commonly encountered by recovered drug patients (Haryadi, et. al., 2020). Receiving negative responses from the environment, and not being able to get opportunities available create feelings of frustration. A person having this emotional burden beats up themselves for not being able to get what the person wants and therefore increasing the possibility of turning into using drugs as a coping mechanism. Added to this difficulty is the COVID-19 pandemic which made job searching and retaining jobs more difficult for those with a history of drug addiction. Going back to the community is already challenging for recovered drug patients and added uncertainties caused by the pandemic have exacerbated their difficulties. These struggles being experienced by recovered drug addicts can produce negative feelings that may lead to relapse.

Some of the respondents are in their second to third relapse. Common among these respondents are having low environmental mastery and high emotionality problems. Common reasons for these drug patients in relapsing are their inability to stir the environment in which they will be coming back after recovery, and not being able to secure a job after getting out of the centers. Most of the drug patients would usually go back to the same community from which they learned to use drugs. One of the key personnel shared that most of the patients that relapsed all came from the same town that is known to be infested with drugs. These patients will commonly undergo treatment and will relapse just after a couple of weeks or months after treatment because they have no other place to go and start a living. Aside from this, being unemployed is also a factor increasing susceptibility to relapse. Most of the respondents in residential treatment were compulsive users of drugs. They would do whatever they can even engage in irrational behaviors in order to satisfy their drug cravings. Some of them have debts that they will be obliged to pay upon going back to their community. Considering the difficulty of having jobs for people who recovered from drug use, they would normally be left with no choice but to go back to the job they know would sustain their living and provide for the needs of their family, which is selling drugs. Poverty, inoccupation, and the inability to pay loans are all factors associated with relapse (Kabisa et. al., 2021). Not being able to navigate the environment

according to what one considers to be advantageous to him or her produces negative feelings that would then push one to resort to drug use in order to escape and cope.

Table 6. Relationship between Personal and Relapse Risk

Psychological Well-being Domains	Relapse Risk Domain	R	Interpretation	p-value	Decision	Conclusion
Personal Growth	Anxiety and Intention to Use Drug	-0.104	Negative Very Weak Relationship	.200	Accept Ho	Not Significant
	Emotionality Problems	-.173*	Negative Weak	.032	Reject Ho	Significant
	Compulsivity for Drug	-.169*	Negative Weak Relationship	.009	Reject Ho	Significant
	Positive Expectancies and Lack of Control over Drug	-.208**	Negative Weak Relationship	.009	Reject Ho	Significant
	Lack of Negative Expectancy for the Drug	-.219**	Negative Very Weak Relationship	.006	Reject Ho	Significant
	Total Relapse Risk	-.328**	Negative Moderate Relationship	.000	Reject Ho	Significant

Table 6 presents the relationship between personal growth and dimensions of relapse risk. It was seen that personal growth correlated with emotionality problems, compulsivity for drugs, expectancies for drugs, and total relapse risk. This indicates that having a sense of growth and accomplishment can affect one's emotions, compulsive drug-seeking, and drug expectancies.

Personal Growth is one's intentional involvement in changing and developing as a person. Aside from this, it is associated with being able to acknowledge having improved and positively transformed through treatment. From the results, personal growth shows to have a significant role in relapse risk among the respondents. As it shows negative correlation with almost all of the dimensions of relapse risk, it could be

inferred that being able to acknowledge one's progress and growth in recovery could decrease emotional and psychological distress among recovered drug patients. When one has realized the positive changes that have occurred during sobriety, it can diminish negative emotions such as frustrations, loneliness, and anger. Aside from this, when a person has realized the development of changes that have occurred in his or her life in sobriety, positive expectations for drugs will be lessened and the adverse effects it brings will be recognized.

Realizing the positive changes that one has attained during recovery may be toughened by the negative responses received from the environment. As they are already back in their communities, they commonly receive discrimination, negative judgments, and hostility from their community, and worse, directly from their families. Family's reactions towards one's recovery greatly matter when it comes to their view of themselves and their tendency to relapse. Commonly, when recovered drug patients receive discrimination and negative reactions from their families, it makes them doubt their progress and question whether the treatment has brought any positive changes to them. These experiences lead to frustrations about themselves upon the thought of not being able to show any progress despite their treatment, or depression about their pointless sacrifices in the center, thus the correlation between personal growth and emotionality problems.

Most of the respondents consider their family's opinions about themselves vital in forming their own view of themselves. Having a supportive family in recovery could bring vast positive effects in maintaining sobriety. One of the respondents shared that it really hurts his feelings whenever he is being treated in a negative way because of having a history of drug use. He shared that he would rather stay at the center than go home because his older sister would always tell him to not touch her things because he is an addict, or to not get near her kids because he might rape them. It would always hit him, and would make him frustrated about his past whenever he hears his family members tell him things like that. Making drug patients acknowledge that they have progressed because of treatment diminishes negative emotions, and makes them cope well with these emotions upon experiencing them (Sahar and Naqvi, 2019).

Personal growth was also seen to be significantly correlated with compulsivity for drugs and expectancies over drugs. Having been through withdrawal, punishments by center staff, and staying

in sobriety, returning back to the community with the stigma could produce feelings of frustration, sadness, and anger about having a history of drug addiction, which in turn could bring thoughts about glorifying past drug use and eventually exhibiting behaviors that would lead to getting and consuming drugs. Every difficulty that has experienced, perhaps, realizing that no one has seen one's progress could lead to thoughts about reminiscing past drug use, when one was just high and happy, not thinking about the problems one has, or not having to deal with negative feelings, thoughts, and emotions. These thoughts could lead to displaying irrational behaviors just to get the drugs and eventually relapsing completely. However, when one has received positive reactions from the environment, which made the person acknowledge the positive changes that had happened to oneself during the period of sobriety, one can eliminate thoughts of drug seeking and glorifying drug use because the realization that one is better without the drugs has been attained.

Table 7. Relationship between Positive Relations with Others and Relapse Risk

Psychological Well-being Domains	Relapse Risk Domain	R	Interpretation	p-value	Decision	Conclusion
Personal Growth	Anxiety and Intention to Use Drug	-.244**	Negative Weak Relationship	.002	Reject Ho	Significant
	Emotionality Problems	-.329**	Negative Moderate Relationship	.000	Reject Ho	Significant
	Compulsivity for Drug	-.357**	Negative Moderate Relationship	.000	Reject Ho	Significant
	Positive Expectancies and Lack of Control over Drug	-.335**	Negative Moderate Relationship	.000	Reject Ho	Significant
	Lack of Negative Expectancy for the Drug	-0.002	Negative Very Weak Relationship	.981	Accept Ho	Not Significant
	Total Relapse Risk	-.425**	Negative Moderate Relationship	.000	Reject Ho	Significant

Table 7 shows the relationship between positive relationships with others and dimensions of relapse risk. Positive relationship with others was also found to have a negative weak to a moderate relationship with all of the dimensions of relapse risk aside from lack of negative expectancy for drug. This indicates that forming warm and trusting relationships among the respondents is critical in maintaining their sobriety. As Murray (2018) puts it, a healthy relationship is a building block of sobriety. Having positive relationships with other people decreases thoughts about drug seeking. Being focused on retaining relationships that has been built by not ruining their trust after one has gone back to using drugs, the person may pull away oneself from drugs despite having cravings and thoughts on seeking drugs.

Aside from this, having healthy relationships is known to help with feelings of anxiety and depression that are commonly experienced by people in recovery from drug addiction. Unhealthy relationships can make a person feel anxious, depressed, or frustrated. Those battling relationship stress may resort to compulsive drug-seeking, or worse, re-using substances as an outlet for the stress, anxiety, loneliness, and other emotional problems they are experiencing and to be able to escape from the negative experiences produced by being in a toxic relationship (Murray, 2018). As observed in one of the respondents, the toxic relationship he had with his former partner and daughter has been the cause of his recent relapse. Whenever they are fighting, he would go out and intoxicate himself with drugs to escape having to deal with his partner who would always nag him for not having enough money to provide for their family.

This situation is a display of how having warm and trusting relationships could eliminate relapse risk. When the person is in a toxic relationship, it brings negative emotions that could lead to reminiscing positive experiences of being intoxicated with drugs such as temporarily forgetting problems and being invigorated, which in turn could lead to drug cravings and drug-seeking behaviors. Poor family relationships and family conflicts increase the possibility of recovered drug patients relapsing. Numerous studies have demonstrated the critical role of family members in one's sobriety (Calleja, et. al., 2020, Dhankar, et. al., 2021, Ackermann, 2022, Kabisa et. al. 2021). Family members must provide support, care, and assistance to drug patients to maintain sobriety. Interpersonal relationships is an important predictor of relapse. It can either help one maintain sobriety or slide one to relapsing. If a person in recovery cannot maintain healthy relationships, a domino of problems

could arise including relapse.

Table 8. *Relationship between Purpose in Life and Relapse Risk*

<i>Psychological Well-being Domains</i>	<i>Relapse Risk Domain</i>	<i>R</i>	<i>Interpretation</i>	<i>p-value</i>	<i>Decision</i>	<i>Conclusion</i>
Purpose of Life	Anxiety and Intention to Use Drug	-.206*	Negative Weak Relationship	.010	Reject Ho	Significant
	Emotionality Problems	-.258**	Negative Moderate Relationship	.001	Reject Ho	Significant
	Compulsivity for Drug	-.227**	Negative Moderate Relationship	.005	Reject Ho	Significant
	Positive Expectancies and Lack of Control over Drug	-.259**	Negative Moderate Relationship	.001	Reject Ho	Significant
	Lack of Negative Expectancy for the Drug	-0.099	Negative Very Weak Relationship	.002	Accept Ho	Not Significant
	Total Relapse Risk	-.373**	Negative Moderate Relationship	.007	Reject Ho	Significant

Table 8 shows the relationship between purpose in life and the dimensions of relapse risk. From the table, it was shown that purpose in life has correlated with all of the dimensions of relapse risk except for lack of negative expectancy for the drug which signifies that having a purpose in life among the respondents may inhibit drug cravings and drug-seeking behaviors, negative emotions associated to having a history of drug abuse, and glorifying past drug use. According to Haryadi, et. al. (2020), purpose in life is related to hope, acceptance, and the desire to change for the better. When one has a high purpose in life, it means that the person has goals, has a sense of directedness, and continues to work for the progress of one's situation. According to Monarch Shores (n.d.), finding a purpose in life is also beneficial for people with a history of drug abuse. Those who lacked purpose in life were more likely to be dependent on drugs and had a higher likelihood of mental health problems.

Most of the respondents are in the age group of 18 to 39 years old. The majority of them as well are single. Narra (2021) stated that there are Filipinos who first started using drugs when they were 10 to 17 years old. Also according to this article, 22 is the age when most lifetime users initiated dangerous drugs. Kabisa et. al. (2021) on the other hand found that higher prevalence rates of relapse were found among those aged 18 to 30 years old. Adulthood is the stage in which people are still in search of their purpose.

People in this stage are commonly in the exploration of what they want to really be in the future. Once it has been identified, these adults typically start to work towards achieving it. Purpose in life in drug addiction might be difficult to realize because of the adverse effects drugs can cause to one's body and life. One of the key personnel in the center shared that commonly, those who relapse in their center are those that are younger.

According to him, these people are still single and have no inspiration to pull themselves up and work towards the betterment of their situation. These people have not yet hit rock bottom, and are just doing what will satisfy their current desires and wants. Once they become older, have a family of their own, and experience a lot of tragic events due to their addiction that is when they arrive at the realization that years of their lives have put in to waste and begin to think of their future. Not being able to realize the purpose in their life during treatment makes a person more susceptible to give in to one's compulsion and cravings. Without a purpose, these people easily concede to the desires of their minds and bodies which lead to them to relapsing. Finding a purpose in life may not be easy for people with a history of drug abuse.

However, not knowing where life is heading can bring negative emotions and be stressful, that could commonly lead to drug cravings, drug seeking, and eventually relapsing to drug addiction. Recovering drug patients have a better chance of avoiding relapse if they find a purpose (Monarch Shores, n.d.). Most of the centers from which the respondents came have staff that are also recovered drug patients from the same center. Being able to find purpose such as helping others reach sobriety can bring a huge impact on one's well-being. As they assist those that are struggling because of their addiction in their way to recovery, they get farther away from relapsing. Persons in recovery from drug addiction may initially have their purpose in life as staying away from drugs and maintaining sobriety. However, doing something

great and beyond oneself may produce better feelings and greater benefits for them. From the acts that would shift their focus to caring for other people and things, they will be turned away from experiencing negative emotions about their situations and thinking about getting and using drugs.

Table 9. *Relationship between Self-acceptance and Relapse Risk*

<i>Psychological Well-being Domains</i>	<i>Relapse Risk Domain</i>	<i>R</i>	<i>Interpretation</i>	<i>p-value</i>	<i>Decision</i>	<i>Conclusion</i>
Self-Acceptance	Anxiety and Intention to Use Drug	-0.123	Negative Weak Relationship	.127	Accept Ho	Not Significant
	Emotionality Problems	-.285**	Negative Moderate Relationship	.000	Reject Ho	Significant
	Compulsivity for Drug	-0.053	Negative Very Weak Relationship	.138	Accept Ho	Not Significant
	Positive Expectancies and Lack of Control over Drug	.152	Negative Moderate Relationship	.138	Reject Ho	Significant
	Lack of Negative Expectancy for the Drug	-0.053	Negative Very Weak Relationship	.512	Accept Ho	Not Significant
	Total Relapse Risk	-.228**	Negative Moderate Relationship	.004	Reject Ho	Significant

As presented in Table 9 self-acceptance was found to be correlated only with emotionality problems and total relapse risk. From this result, it could be inferred that when recovered drug patients have a positive attitude towards themselves, and are able to accept their past as well as their good and bad qualities, this could lessen emotional problems associated with their past addiction such as anxiety, loneliness, depression, and anger. Being able to acknowledge that one's past life is a part of who the person is would lessen negative feelings towards self that are commonly associated with relapse.

The majority of the participants belong to the 18 to 39

years old age group which is a stage of life in which many could experience life challenges and adjustments such as death or sickness of parents, career conflicts, and transitioning from being dependent to one's family to be providers for their own families. These conflicts bring stress and negative emotions that based on the results can be combatted by increased self- acceptance. Higher self-acceptance and perception have been associated with reduced use of maladaptive coping mechanisms and fewer substance-related problems. It is also linked to fewer pathologically-driven reasons to consume substances. Aside from this, individuals with high self-acceptance tend to have reduced stress levels and emotional problems, suggesting an alternative coping mechanism to the self-medication effects of substances (Yan, et.al., 2020).

Self-acceptance in drug addiction recovery is important in predicting relapse (Haryadi, et. al., 2020). Having sufficient levels of self-acceptance allows a person to change destructive thoughts and behaviors to self-fulfilling situations that will bring happiness and satisfaction to one's life. Being aware of one's limitations and dark past may make an individual not deal with negative emotions associated with not being able to achieve goals set for oneself, and having to deal with the negative reactions from other people about past drug use. Acknowledging that not everyone is perfect and that they are human beings allowed to make mistakes, individuals will not be stuck to getting lonely or frustrated about past drug use. Not having a sufficient level of self-acceptance in sobriety is associated with a greater possibility of relapse. The problem of not fully accepting oneself could turn to destroy one's progress or beating up oneself which could make the individual consumed with negative emotions that in turn would push the person to resort to drugs again to escape this inner persecutor (UK Rehab, n.d.).

Conclusion

Based on the findings of the study, the researcher was able to conclude the following: (1) Persons in recovery from stimulant abuse have average psychological well-being within three (3) years of sobriety signifying that they can be experiencing difficulty with life challenges outside residential treatment but are trying to combat these. (2) That the respondents may still demonstrate anxiety and intention to use drugs, emotionality problems, positive expectancies and lack of control over drugs, and negative expectancies over drugs despite finishing the treatment program, but they are mostly at risk of displaying compulsive drug-seeking.

(3) That the difficulty of the respondents in maximizing the opportunities available in their surroundings could bring thoughts on glorifying past drug use evidenced by the correlation between environmental mastery and positive expectancies and lack of control towards drugs. (4) That forming warm relationships with people, realizing one's purpose, and acknowledging one's growth during recovery are all critical in maintaining sobriety, as positive relations with others, purpose in life, and personal growth all correlated with almost all of the dimensions of relapse risk. (5) That having a positive attitude toward the self and accepting one's past, and good and bad qualities could lessen emotional problems associated with addiction such as anxiety, loneliness, depression, and anger. (6) That the null hypothesis must be rejected in that there is a significant relationship between psychological well-being and relapse risk. The correlation coefficient was $r = -0.405$ which implies a moderate inverse relationship among the variables signifying that as one variable increases, the other variable decreases.

Based on the findings of the study and its implications for the respondents, the researcher recommends the following: (1) It is recommended for drug treatment centers or addiction specialists to implement the program created in this study, and perhaps have an evaluation of its effectiveness and applicability to other substance use disorders aside from stimulants. (2) Drug treatment centers can also have partnerships with different organizations so that their recovered drug patients would have institutions to study or work on after they have finished their treatment. Aside from this, the centers are also recommended to regularly have livelihood experts be invited to teach recovered drug patients skills that they can use outside the center. These are solutions to the stigma and discrimination they are receiving when they are looking for jobs, and re-entering schools, which bring negative emotions to them, making them more susceptible to relapsing. (3) It is also recommended for lawmakers to put into discussion having community- based treatment centers available in all cities, provinces, and even barangays in the entire country, as treatment provided in the community is less invasive than residential treatment. Having community-based treatment facilities would also make drug treatment more accessible and affordable for patients, and more importantly, community-based approach, by not sending away drug users, helps the community understand the complexities of drug problems, which thereby helps reduce stigma and discrimination against drug users. (4) As observed from the centers, drug patients despite their number of remissions are given the same

treatment program for their drug use and abuse, it is recommended for the government and treatment centers to look into making individualized treatment for drug patients basing it to the severity of their drug use and addiction. They must be separated in that those who are in several remissions must be given a more intensified approach. (5) As this study only included certain drug treatment centers, and assess whether collectively, their psychological well-being is related to their risk of relapse, it is recommended for future researchers to focus on a certain treatment center and gain an understanding of their culture or treatment program to know whether these could be a mediating factor in the relationship between psychological well-being and relapse risk. (6) This study also did not include data as to the drug these recovered patients have abused and how long are they in sobriety, thus, it is also recommended for future researchers to identify what substance recovered patients previously abused and know the period of their sobriety to investigate whether the substance abused and length of sobriety is associated with their psychological well-being and relapse risk. (7) Future researchers could also include other variables aside from psychological well-being such as demographic profile, self-efficacy, resilience, and psychological.

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