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# BEHIND BARS AGAIN: A STUDY OF RECIDIVISM AMONG DRUG OFFENDERS IN TANAY, RIZAL

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## ABSTRACT

Drug-related recidivism remains a continuing concern in the Philippine criminal justice system despite existing rehabilitation and reintegration programs. This study explored the lived experiences of repeat drug offenders detained at the Bureau of Jail Management and Penology (BJMP) facility in Tanay, Rizal, focusing on their experiences of drug use, the challenges they met in rehabilitation programs, their coping mechanisms, and the social support and readiness for reintegration they perceived. A qualitative descriptive phenomenological design was used. The participants were twenty (20) repeat drug offenders currently detained at BJMP Tanay, Rizal. Data were gathered through in-depth, semi-structured interviews using a validated, bilingual (English/Filipino) 25-question interview guide and were analyzed with Colaizzi's seven-step phenomenological method (significant statements, formulated meanings, theme clusters, exhaustive description, fundamental structure, and member checking). Bracketing was observed to minimize researcher bias and keep the analysis focused on the participants' lived experiences. Repeated drug involvement was associated with interconnected personal, social, economic, psychological, family, and environmental experiences. Peer influence, financial difficulty, family problems, environmental and workplace exposure, psychological dependence, cravings, and emotional distress were prominent. Participants described personal determination, religious faith, family support, counseling, rehabilitation activities, self-reflection, and positive relationships as important coping mechanisms. In preparing for reintegration, they identified family and community support, employment and livelihood opportunities, skills development, spiritual growth, community acceptance, and continued rehabilitation and aftercare as important forms of support. Rehabilitation was experienced as a gradual process of personal change that should not end with custodial detention. The Enhanced Reintegration and Aftercare Support Program (ERASP) is proposed as a complementary intervention to strengthen existing rehabilitation, reintegration, and aftercare services through psychological recovery and relapse prevention, family reintegration, livelihood and employment assistance, values formation and spiritual development, community reintegration, and structured aftercare and community monitoring.

**Keywords:** *recidivism; repeat drug offenders; lived experiences; descriptive phenomenology; Colaizzi's method; rehabilitation; coping mechanisms; social reintegration; aftercare; BJMP; Tanay, Rizal*

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## INTRODUCTION

### Background of the Study

#### *International background*

Drug-related offenses and recidivism among drug offenders are recognized as global concerns affecting criminal justice systems in developed and developing countries alike. Despite differences in legal frameworks and enforcement strategies, many nations report high rates of reoffending among individuals convicted of drug-related crimes, and international studies indicate that a substantial number of drug offenders relapse into drug use or commit new drug-related offenses after release from custodial facilities (United Nations Office on Drugs and Crime [UNODC], 2018).

Research across countries consistently identifies drug dependency as one of the primary determinants of recidivism. Offenders who do not receive sustained, long-term treatment are more likely to resume substance use, which often leads to renewed criminal behavior (National Institute on Drug Abuse [NIDA], 2020), and limited access to rehabilitation during incarceration and inadequate aftercare following release further increase the risk of reoffending. Socioeconomic factors such as unemployment, poverty, stigma, and lack of family or community support also contribute significantly: former offenders face barriers to employment and social reintegration that make lawful livelihoods hard to sustain and increase vulnerability to illegal drug activity (World Health Organization [WHO], 2016). Studies in the United States and Europe have shown that offenders without stable employment and housing are more likely to reoffend shortly after release.

In many countries, incarceration alone has proved insufficient to prevent repeat drug offenses; punitive approaches without adequate rehabilitation and reintegration support do not address the underlying causes of dependence and criminal behavior (UNODC, 2019). Several nations have therefore adopted community-based rehabilitation, aftercare, and post-release monitoring as alternatives or supplements to imprisonment. Countries such as Portugal, Canada, and selected European states have introduced treatment-oriented and harm-reduction approaches that integrate healthcare, employment assistance, and community involvement; although these programs have shown promising results, repeat drug offenses remain a challenge, particularly among low-level and economically disadvantaged offenders (Berghuis, 2018). Addressing drug-related recidivism thus requires a comprehensive approach that combines law enforcement, continuous rehabilitation, livelihood support, and strong community participation, and the experience of other countries underscores the value of identifying the determinants of reoffending to guide evidence-based policy in contexts such as the Philippines.

#### *National background*

In the Philippines, illegal drugs remain a significant concern for public safety, social order, and community well-being. Republic Act (RA) No. 9165, the Comprehensive Dangerous Drugs Act of 2002, prescribes penalties for drug-related offenses, establishes rehabilitation programs, and empowers law enforcement agencies to address the proliferation of illegal drugs. Despite these legal frameworks and enforcement efforts, drug-related cases continue to be reported nationwide, and recidivism has emerged as a persistent challenge.

Many individuals who commit drug-related offenses are released from custody upon completion of sentence, plea bargaining, bail, or participation in rehabilitation programs, yet a portion return to illegal drug activity and are re-arrested. Reports and studies have identified drug dependency, unemployment, social stigma, limited family or community support, and inadequate post-release monitoring as contributing factors. The government and local authorities have responded with community-based drug rehabilitation programs and barangay-level anti-drug councils that aim to provide treatment, livelihood assistance, and reintegration support; however, inconsistent implementation, insufficient resources, and limited sustainability have hindered their long-term effectiveness. These conditions underscore the need for localized research on the factors that influence recidivism at the community level.

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***Local background***

In the Municipality of Tanay, Rizal, illegal drugs continue to affect peace and order. The Philippine National Police (PNP) and local government units regularly conduct anti-drug operations, including buy-bust operations and seizures, resulting in arrests for violations of RA 9165. In jurisprudence, the Supreme Court has affirmed that buy-bust operations are legitimate law enforcement techniques when properly conducted (People v. Dela Cruz), emphasized strict compliance with the chain-of-custody rule to preserve the integrity of seized drugs (People v. Lim, G.R. No. 231989, September 4, 2018), and reiterated that unjustified deviations from procedure may lead to acquittal (People v. Sipin). These rulings show that enforcement efforts are legally supported but that proper implementation is essential to successful prosecution.

Despite intensified operations, drug-related offenses persist in Tanay, and some people arrested for drug violations have previous records for similar crimes. Records of the Tanay Municipal Police Station (Tanay MPS) and BJMP Tanay confirm the existence of repeat drug offenders, reflecting a continuing cycle of offending that enforcement alone does not address (Table 1).

**Table 1. Number of repeat drug offenders in Tanay, Rizal, as of April 2026 (source: Tanay MPS and BJMP Tanay records)**

| Agency | 2nd offense | 3rd offense | Total |
|---|---|---|---|
| Tanay MPS | 2 | 0 | 2 |
| BJMP Tanay | 60 | 21 | 81 |
| **Total** | **62** | **21** | **83** |

The large number of repeat offenders recorded by the BJMP indicates that many individuals cycle through the criminal justice system more than once, which reinforces the presence of recidivism and the limits of enforcement-centered approaches. Several underlying factors sustain this persistence. Limited access to rehabilitation programs, overcrowding in custodial facilities, and insufficient mental health services weaken rehabilitation, and many offenders experience psychological distress, cravings, and emotional struggles. After release, offenders face unemployment, stigma, exposure to drug-prone environments, and a lack of continuous monitoring, and the absence of strong aftercare and community support further increases the likelihood of relapse. National and local initiatives, including community-based rehabilitation programs and Municipal Anti-Drug Abuse Councils (MADACs), still face challenges of implementation, resources, and sustainability. Examining the experiences of repeat drug offenders in Tanay is therefore essential to understanding the factors that influence recidivism and to strengthening rehabilitation, aftercare, and community safety.

**Review of Related Literature and Studies**

The literature reviewed below is organized by theme rather than by source. It draws on foreign and Philippine studies and reports that bear on the four domains examined in this study: drug use and relapse, rehabilitation engagement and institutional support, mental health and coping, and social support and readiness for reintegration.

***Substance use disorder, relapse, and recidivism***

Substance use disorder is widely recognized as a chronic, relapsing condition shaped by biological, psychological, and social factors. NIDA (2020) explains that people involved in drug use frequently experience recurring cycles of relapse driven by behavioral patterns, environmental pressures, and limited access to sustained treatment, and analyzes

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relapse among justice-involved individuals, finding that relapse remains high without sustained treatment and monitoring, that stress, peer influence, and exposure to drug-prone environments raise relapse risk, and that behavioral therapies and relapse-prevention skills improve outcomes. UNODC (2022) likewise reports that people with histories of repeated drug use returned to criminal activity where structured rehabilitation was absent, living conditions were unstable, and exposure to high-risk environments continued, and found that incarceration without treatment does not significantly reduce drug use or reoffending. In the Philippines, the BJMP (2021) reports that drug-related offenses account for a large share of persons deprived of liberty (PDLs), many of whom have prior cases, which suggests that detention alone does not resolve substance dependence. The Philippine Drug Enforcement Agency (PDEA, 2021, 2024) similarly notes that strong enforcement and detention are not sufficient to reduce recidivism and that a purely punitive strategy is limited. Garcia (2020) examined recidivism patterns among drug offenders in selected BJMP facilities and reported that many detainees had previous incarceration records, that repeat offending was closely linked to unresolved dependence, and that incarceration without sustained rehabilitation did not deter reoffending.

***Rehabilitation engagement and institutional support***

Rehabilitation engagement is central to preventing relapse and reducing recidivism. UNODC (2023) reports that people who took part in comprehensive treatment while incarcerated were less likely to return to drug use than those who received minimal or no treatment, and WHO (2021) emphasizes that rehabilitation must be evidence-based and continuous, combining medical, psychological, and social support. Taxman and Pattavina (2013) argue that effective rehabilitation requires structured, individualized interventions matched to risk and need, with institutional support and consistent implementation. Bahr et al. (2012) found that offenders who completed structured treatment had lower recidivism than those who did not, that dropouts were more likely to relapse, and that program intensity, duration, and institutional resources affect results. Farabee et al. (2014) evaluated an employment-focused reentry program and highlighted the importance of continuing support after release. Locally, Villanueva (2020) reported that active, quality participation, rather than attendance alone, reduces reoffending risk, and that tailored programs, peer support, institutional encouragement, and longer exposure improve outcomes. Mendoza (2022) found that program results depend on implementation quality, counselor competence, peer interaction, and monitoring, and Labrador (2021), in a phenomenological study of detained drug offenders, reported that shame, fear, and uncertainty affected engagement, that limited counseling intensified cravings, and that hope and perceived genuineness of rehabilitation strengthened participation.

Institutional conditions shape what rehabilitation can achieve. The BJMP (2021, 2023) identifies overcrowding, limited resources, staffing shortages, limited program slots, and irregular implementation as major barriers; congestion reduces individualized attention and shifts the focus from rehabilitation to basic custodial management. The Commission on Human Rights (CHR, 2022) found that overcrowding limited access to rehabilitation programs and that stressful custodial conditions made detainees more vulnerable to relapse, while Labrador (2021) reported that lack of privacy and limited program access impair psychological resilience. Garcia (2020) similarly observed that counseling sessions were often irregular because of staff shortages.

***Mental health and coping***

Coping mechanisms and mental health strongly influence recovery. Begun et al. (2016) examined mental health and substance abuse service engagement during community reentry and underscored that untreated psychological conditions contribute to relapse and that combined mental health and substance use services support recovery. WHO (2021) emphasized addressing addiction as a public health issue and noted that untreated mental health conditions increase vulnerability to drug use. In the Philippines, the Department of Health (DOH, 2021) reports that substance use disorders are often linked to depression, anxiety, and trauma, that programs with psychological interventions and trained counselors achieve better results, and that access to mental health professionals is limited; the CHR (2022) points to the lack of accessible psychological services in custodial facilities. Mendoza (2022) identifies psychological

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distress as a strong predictor of relapse, and Torres (2023) reports that structured, cognitive-behavioral and life-skills interventions improve coping capacity, emotional regulation, and readiness for reintegration, provided counseling is continuous. Labrador (2021) found that detainees without psychological support tended to rely on avoidance coping and valued programs that encourage self-reflection.

***Social support, aftercare, and readiness for reintegration***

The period after release is a high-risk phase. Kinner and Young (2018) identified unemployment, housing instability, and limited access to healthcare as post-release risks and stressed continuity of care and pre-release planning. Mallik-Kane and Visher (2008) describe the transition from custody to community as critical and show how health and substance use conditions shape reintegration. Farabee et al. (2014) point to the value of employment-focused reentry support, and Boman et al. (2021) report that unemployment, weak social support, and exposure to high-risk environments raise the likelihood of relapse and reoffending, and that stigma and exclusion hinder reintegration. Stahler et al. (2021) are cited for the influence of community environment and drug-using networks on relapse. WHO (2022) highlights community-based services, family support, and stable housing as contributors to successful reintegration.

Philippine sources point in the same direction. The Dangerous Drugs Board (DDB, 2020, 2022) identifies relapse as a continuing challenge owing to weak aftercare and monitoring, reports improvements in community-based rehabilitation but problems of sustainability (funding and trained personnel), and finds that participants with continuous aftercare and employment opportunities relapse less. Navarro and Escobar (2020) report that barangay-level programs lower relapse tendencies when family and peer networks are engaged and that inconsistent implementation, missing facilitators, and scarce resources weaken outcomes. Villanueva (2020) confirms that the absence of continuous support contributes to reoffending among those who return to high-risk environments. The Technical Education and Skills Development Authority (TESDA, 2022) underscores the importance of livelihood and skills training in reintegration, noting that vocational skills improve employability while links between rehabilitation programs and job placement remain limited, and Torres (2023) emphasizes coordination between custodial facilities and community services and transition planning.

***Synthesis and research gap***

Foreign and Philippine sources agree that substance use disorder is a chronic, relapsing condition that requires sustained, evidence-based, non-punitive intervention; that rehabilitation engagement means meaningful participation and not attendance alone; that adaptive coping skills and mental health support protect against relapse; and that stable employment, housing, family support, community acceptance, and structured reentry planning enable reintegration. They differ in emphasis: foreign work tends to present established models and empirical evidence, whereas Philippine sources expose implementation gaps, overcrowding, limited resources, and weak aftercare. Both point to the need to adapt international practice to local custodial and community realities. What remains scarce is localized, facility-based qualitative research that explores, from the offenders' own perspective, the interaction of drug use experiences, rehabilitation challenges, coping, and social support among repeat drug offenders. This study addresses that gap for detained repeat drug offenders in Tanay, Rizal.

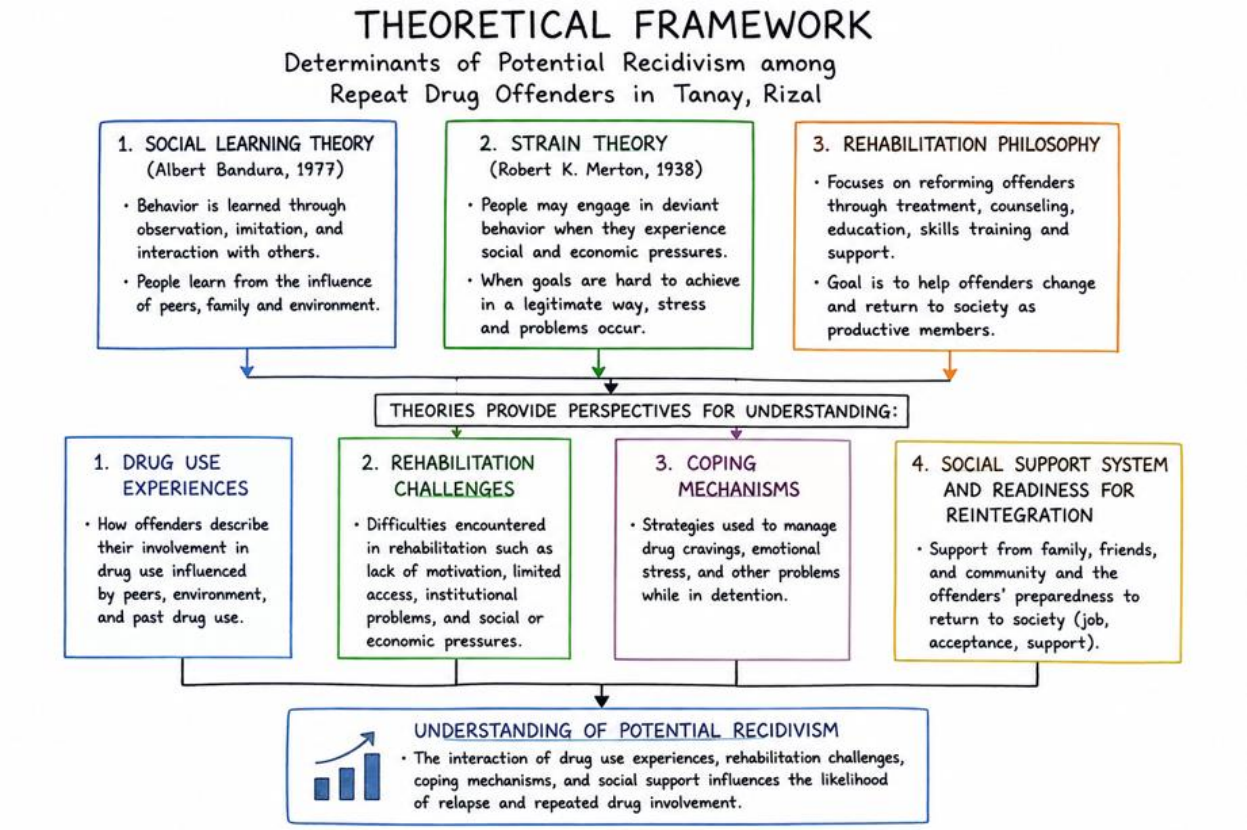
**Theoretical Framework**

The study is anchored on Social Learning Theory, Strain Theory, and the Rehabilitation Philosophy (Figure 1). Together, they provide perspectives for understanding why some drug offenders continue drug-related behavior even after detention, how participants describe their drug-related experiences and rehabilitation challenges, which coping mechanisms they employ, and how social support systems operate in the rehabilitation process.

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**Figure 1. Theoretical framework: determinants of potential recidivism among repeat drug offenders in Tanay, Rizal**




Social Learning Theory (Bandura, 1977) holds that behavior is learned through observation, imitation, and interaction with others, such as peers, family members, and community groups. It frames how exposure to drug-using peers, family members, and communities may shape and reinforce participants' drug involvement, and how supportive social networks matter in recovery. Strain Theory (Merton, 1938) holds that individuals may engage in deviant behavior when social and economic pressures arise and legitimate means of achieving stability are limited. It frames the challenges participants encountered in rehabilitation, such as unemployment, poverty, stigma, lack of family support, and difficulty adjusting after detention, and how they respond to these pressures through coping mechanisms. The Rehabilitation Philosophy focuses on reforming offenders through intervention rather than punishment, through counseling, therapy, education, and skills training, so that they can return to society as productive members. In the Philippine setting, it is reflected in RA 9165, which recognizes drug dependence as a condition requiring treatment and rehabilitation, and custodial facilities are expected to provide programs that support recovery and behavioral change. It frames the examination of rehabilitation challenges and the role of family, community, and institutional programs, since inadequate or inconsistent services make it harder for offenders to manage their behavior and maintain recovery.

Together, these perspectives guide the identification of the key areas examined: drug use experiences, rehabilitation challenges, coping mechanisms, and social support systems, and support the study's goal of developing appropriate intervention strategies for repeat drug offenders.

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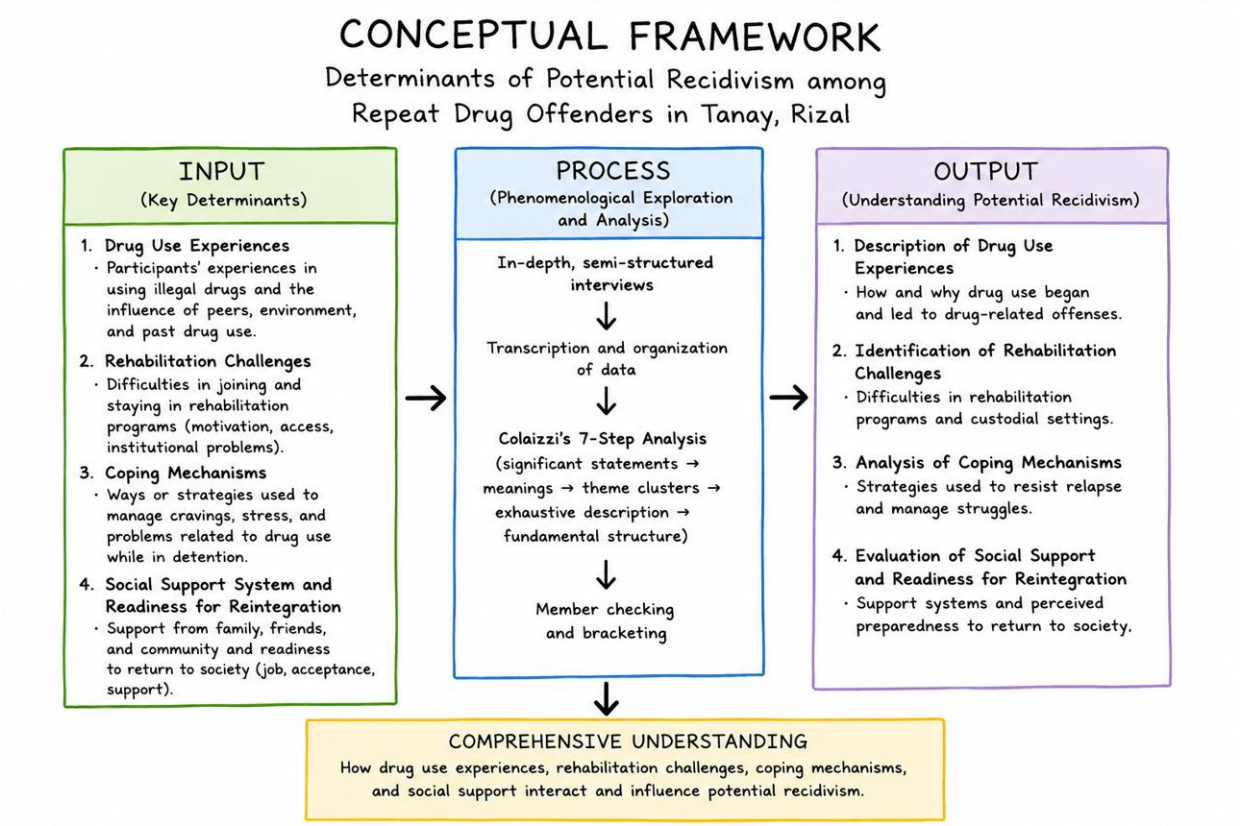
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**Conceptual Framework and Legal and Policy Anchors**

The study rests on the idea that repeated drug involvement is associated with drug-related, institutional, psychological, and social experiences rather than punishment alone. Recidivism is not viewed merely as a result of individual choice or the failure of punishment, but as shaped by how offenders describe their drug use, how they face challenges in rehabilitation, how they cope with drug-related struggles, and how they perceive support in preparation for reintegration. Because the participants are currently detained and actual reoffending cannot yet be observed, recidivism is examined as potential recidivism, understood through participants' accounts of relapse tendencies, coping mechanisms, and readiness for social reintegration. Recidivism also cannot be fully explained by quantitative measures alone, which is why qualitative inquiry is used.

Four key areas serve as the inputs of an Input–Process–Output (IPO) model (Figure 2): (1) drug use experiences, the participants' personal experiences of consuming illegal drugs, including the influence of peers, environment, and prior substance use; (2) rehabilitation challenges, the difficulties of engaging with rehabilitation programs, such as lack of motivation, limited access, or institutional constraints; (3) coping mechanisms, the strategies used to manage cravings, emotional distress, and drug-related pressures in detention; and (4) social support system and readiness for reintegration, the support available from family, friends, and community and offenders' perceived preparedness to return to society, including employment opportunities and acceptance. The process is phenomenological: in-depth interviews, transcription and organization of data, Colaizzi's seven-step analysis, member checking, and bracketing. The output is a comprehensive understanding of potential recidivism among repeat drug offenders in Tanay, Rizal, and the basis for a context-sensitive intervention program.

**Figure 2. Conceptual framework (Input–Process–Output): determinants of potential recidivism among repeat drug offenders in Tanay, Rizal**




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The study is also anchored on Philippine laws, policies, and regulations governing drug offenses, custodial detention, rehabilitation, and the rights of persons deprived of liberty (Table 2).

**Table 2. Legal and policy anchors of the study**

| Law or policy | Relevance to the study |
|---|---|
| RA 9165 (Comprehensive Dangerous Drugs Act of 2002) | Primary legal basis. Defines drug offenses and frames arrest, detention, rehabilitation, and treatment; recognizes drug dependence as a condition requiring treatment and mandates rehabilitation programs. Supports examination of drug use experiences, rehabilitation engagement, and factors in repeated involvement. |
| RA 6975 (DILG Act of 1990) | Created the BJMP, responsible for custodial management and rehabilitation of detainees. Supports investigation of rehabilitation challenges related to BJMP services, programs, and custodial conditions. |
| BJMP Comprehensive Operations Manual and jail rehabilitation programs | Outline inmate classification, counseling, skills training, and rehabilitation programs that emphasize behavioral reform. Provide a framework for examining rehabilitation engagement, institutional challenges, and their effect on coping and participation. |
| RA 11036 (Philippine Mental Health Act) | Promotes access to mental health services, including in custodial settings, and recognizes substance use disorders as mental health conditions. Supports the examination of coping with distress, psychological struggles, and cravings. |
| 1987 Philippine Constitution, Art. III (Bill of Rights) | Guarantees due process and humane treatment, including for detainees; ensures the study captures experiences with respect for participants' dignity. |
| RA 10173 (Data Privacy Act of 2012) | Protects confidentiality of personal and sensitive information; ensures participants can speak openly about drug use, coping, and rehabilitation challenges without fear. |
| RA 7160 (Local Government Code of 1991) | Mandates local government units to promote public safety and supports the creation of MADACs; aligns with the study's focus on social support and readiness for reintegration, in which LGUs and MADACs provide community-based programs, family support, and reintegration services. |

**Significance of the Study**

The study seeks to explain why some drug offenders repeat their offenses even after detention by examining personal background, socioeconomic conditions, and custodial rehabilitation experiences, and its results may help improve rehabilitation programs and support systems, help authorities craft better solutions, and make communities safer. For local government units, the results may inform planning of local anti-drug programs, rehabilitation initiatives, and community safety strategies and support evidence-based policy responsive to the actual needs of repeat offenders. For the PNP and BJMP, it may improve custodial management, monitoring, and rehabilitation practices and coordination with rehabilitation and monitoring bodies. For the MADAC, it may guide the evaluation and enhancement of rehabilitation, counseling, and support programs and identify gaps in current interventions. For drug offenders, particularly those detained, it may help improve access to appropriate rehabilitation and chances of successful

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reintegration. For researchers and students in criminology, criminal justice, and the social sciences, it provides a reference and empirical data for future work.

**Research Questions**

The study explored the experiences of repeat drug offenders in relation to drug use, rehabilitation, and preparation for returning to society, and aimed to answer the following questions, which informed the development of a program to reduce recidivism and support reintegration:

1. How do recidivists describe their experiences related to drug use?
2. What challenges do recidivists experience related to drugs in their engagement in rehabilitation programs?
3. What coping mechanisms do recidivists use in fighting drug-related activities?
4. What is the nature and extent of the social support system (family, friends, and community groups) available for drug offenders upon release in preparation for social reintegration?
5. Based on the findings, what program may be proposed?

**Operational Definitions**

**Table 3. Operational definitions of key terms**

| Term | Definition as used in this study |
|---|---|
| Drug dependency | Participants' continued craving for and repeated use of illegal drugs despite legal, social, and personal consequences. |
| Employment opportunities | Legitimate jobs and livelihood options identified by participants as important in preventing relapse and supporting reintegration. |
| Family support | Emotional encouragement, financial assistance, and motivation provided by family members during rehabilitation and preparation for reintegration. |
| Illegal drugs | Prohibited substances, particularly shabu and other dangerous drugs, involved in participants' experiences before detention. |
| Lived experiences | Participants' personal narratives about their involvement in illegal drugs, rehabilitation, coping, social support, and readiness to reintegrate. |
| Peer influence | Encouragement or exposure from friends and associates that contributed to the initiation and continued use of illegal drugs. |
| Persons deprived of liberty (PDLs) | Individuals lawfully detained or confined in correctional or custodial institutions. |
| Phenomenology | The qualitative design used to explore and describe the lived experiences of recidivist drug offenders regarding drug use, rehabilitation, coping, and reintegration. |
| Recidivism | Repeated commission of drug-related offenses after previous arrest, detention, or conviction for a drug-related offense. |

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| | |
|---|---|
| Recidivist drug offender | A PDL confined in the Tanay custodial facility who has committed at least one previous drug-related offense before the current detention. |
| Reintegration | Participants' preparation to return to their families and communities while maintaining lawful behavior and a drug-free lifestyle. |
| Rehabilitation | Programs and services provided to recidivist drug offenders in the custodial facility to promote recovery and behavioral change. |
| Rehabilitation programs | The Therapeutic Community Modality Program (TCMP), educational services, counseling, religious activities, livelihood training, health and wellness services, and other interventions in the facility. |
| Relapse | Participants' return to illegal drug use following previous rehabilitation, detention, or release. |
| Social support | Emotional, moral, spiritual, and financial assistance received from families, fellow detainees, rehabilitation personnel, and other significant individuals. |
| Therapeutic Community Modality Program (TCMP) | The primary rehabilitation program attended by participants while confined. |

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## METHODS

### Research Design

A descriptive phenomenological design was used to understand the lived experiences of repeat drug offenders detained in custodial facilities in Tanay, Rizal. Phenomenological research explores and describes the essence of individuals' lived experiences of a phenomenon; according to Creswell and Poth (2018), it seeks the common meaning of a lived experience shared by several individuals who have encountered the same phenomenon. The phenomenon of interest was the experience of recidivism among repeat drug offenders, explored through participants' own accounts rather than numerical measurement or statistical analysis.

The study adopted the descriptive phenomenological approach grounded in the philosophy of Edmund Husserl, which emphasizes describing experiences as they are consciously lived while setting aside preconceived beliefs and assumptions. This approach suited the aim of understanding how repeat drug offenders perceived and made sense of drug use, rehabilitation, institutional support, relapse, and readiness for reintegration. Repeat drug offenders were the most appropriate participants because they had directly experienced the phenomenon and could provide rich descriptions of it. The design was aligned with the IPO conceptual paradigm (Figure 2): the input was the lived experiences of the participants, the process was in-depth interviewing and analysis using Colaizzi's method, and the output was a comprehensive description of shared lived experiences and experiences associated with potential recidivism.

### Research Method

A qualitative method was used because it yields rich, detailed, and meaningful descriptions of participants' lived experiences, perceptions, and interpretations of rehabilitation, institutional support, relapse tendencies, and readiness for reintegration from their own perspective. Consistent with the design, data were gathered through in-depth, semi-structured interviews that allowed participants to narrate their experiences openly; open-ended questions encouraged reflective responses, and follow-up questions clarified statements and explored emerging ideas.

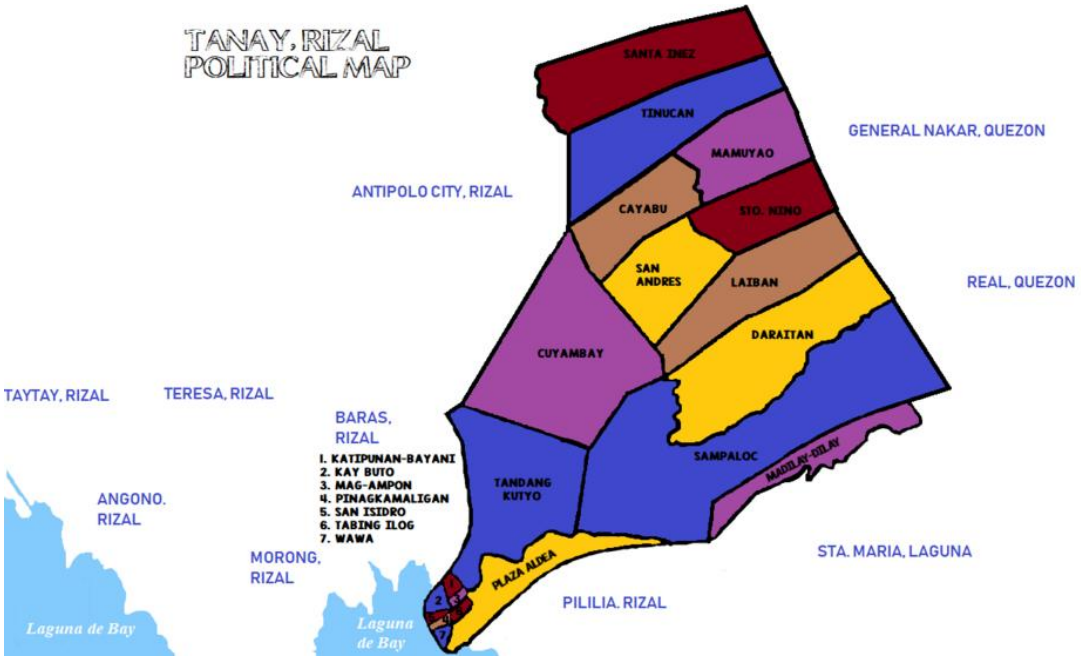
### Setting

The study was conducted in the Municipality of Tanay, a first-class municipality in the eastern part of the Province of Rizal composed of urban and rural barangays and serving as a gateway between Metro Manila and neighboring provinces (Figure 3). Like many municipalities in Rizal, Tanay continues to face concerns about illegal drugs, peace and order, and the custodial management of PDLs. The primary research setting was the BJMP-supervised custodial facility in Tanay, which houses individuals detained for various offenses, including violations of RA 9165, and which provided access to repeat drug offenders meeting the inclusion criteria.

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**Figure 3. Political map of the Municipality of Tanay, Rizal, Philippines (source: Wikimedia Commons, "Tanay, Rizal Political Map.png")**




Tanay was selected for four reasons. First, the municipality recorded drug-related cases involving individuals with previous drug-related offenses, making it appropriate for examining repeat offending in a local context. Second, the facility provided access to qualified participants with firsthand experience relevant to the study objectives. Third, accessibility, together with coordination with jail authorities, allowed in-depth interviews in a secure and controlled environment while ensuring safety, confidentiality, and voluntary participation. Fourth, the study addressed the need for localized qualitative research that can assist the LGU, BJMP, law enforcement agencies, the MADAC, and other stakeholders in strengthening rehabilitation initiatives.

### Participants

The participants were repeat drug offenders detained at BJMP Tanay, Rizal, who had a previous drug-related case and were again in custody for a drug-related offense. They were selected through coordination with facility administrators on the basis of the inclusion and exclusion criteria below, because of their direct, firsthand experience of repeated drug-related offending, detention, rehabilitation, and the challenges of recovery and reintegration.

**Table 4. Inclusion and exclusion criteria**

| Inclusion criteria | Exclusion criteria |
|---|---|
| 1. At least one previous drug-related case before the current detention | 1. First-time drug offenders with no previous drug-related case |
| 2. Currently detained at BJMP Tanay, Rizal | 2. Not charged or detained for a drug-related offense |
| 3. Of legal age | 3. Medically or psychologically unable to participate in the interview |

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| | |
|---|---|
| 4. Physically and psychologically capable of participating | 4. Unable to provide informed consent |
| 5. Capable of understanding and providing informed consent | 5. Declined or withdrew consent |
| 6. Voluntarily agreed to participate | |

A total of twenty (20) participants were included and treated as a single group, because the study focused on shared lived experiences rather than comparison across demographic or personal characteristics. They varied in age, educational attainment, employment background, length of detention, and number of previous drug-related offenses, but shared the experience of repeated drug involvement and detention. Participants are identified by codes (P1–P20) throughout.

**Research Instrument**

The primary instrument was a self-constructed, semi-structured interview guide, developed from the statement of the problem, the review of related literature, the theoretical and conceptual frameworks, and relevant laws, policies, and rehabilitation guidelines. It was presented in English and Filipino. Part I collected general information (age, civil status, educational attainment, occupation before detention, length of stay in the facility, and number of times involved in drug-related cases). Part II comprised 25 open-ended questions in five domains, followed by an end-of-interview statement (Table 5). The semi-structured format permitted follow-up and probing questions.

**Table 5. Structure of the interview guide and link to the research questions (RQ)**

| Domain | Questions | Focus | Research question |
|---|---|---|---|
| A. Drug use experiences | 1–5 | First involvement; influences; effect of environment; experiences while actively using; reasons for continuing after arrest or detention | RQ1 |
| B. Challenges in rehabilitation | 6–10 | Challenges in programs; times of low motivation; difficulties following activities; effect of facility conditions; limitations of current programs | RQ2 |
| C. Coping mechanisms | 11–15 | Dealing with cravings; managing stress; who or what helps; situations of successful resistance; what helps most | RQ3 |
| D. Social support system and readiness for reintegration | 16–21 | Family support; friends and community support; expected treatment by society; plans after release; readiness to return; support needed to avoid relapse | RQ4 |
| E. Closing questions | 22–25 | Needed changes in programs; advice to other offenders; programs to prevent repeat offenses; other reflections | RQ5 |

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Before use, the guide underwent content and face validation by three experts: a criminology professor, a qualitative research expert, and a practitioner in custodial management or rehabilitation services. Validators held at least a master's degree in criminology or a related discipline, had relevant professional experience, and had expertise in qualitative research. Their comments on clarity, relevance, and comprehensiveness were incorporated. Content validity was quantified with the Content Validity Index (CVI): all three validators agreed on every domain (A–E), giving a CVI and scale-level CVI (S-CVI) of 1.00 for each domain. A pilot interview was conducted to assess the clarity, organization, and sequencing of the guide, and revisions were made before the actual interviews. Instead of statistical reliability testing, the credibility and trustworthiness of the instrument and data were established through expert validation, pilot testing, accurate verbatim transcription, and participant validation of findings.

**Data Gathering Procedure**

The researcher first secured approval from the Graduate School and permission from the concerned custodial facility and appropriate local authorities in Tanay, Rizal, before any interview. After the guide was validated, the researcher coordinated with facility administrators to identify participants meeting the inclusion criteria, explained the purpose of the study, and informed them that participation was voluntary, confidential, and anonymous, that they could refuse any question, and that they could withdraw at any time without penalty. Written informed consent was obtained from each participant before the interview.

Individual key informant interviews (KIIs) were conducted with the validated guide; follow-up and probing questions clarified answers. Interviews were conducted individually, with no custodial personnel present, to provide privacy and minimize possible influence, and no focus group discussions were used. With participants' permission, interviews were audio-recorded and transcribed verbatim by the researcher, who reviewed the transcripts for accuracy and completeness. Data collection ran from January to May 2026, and each interview lasted about 30 to 60 minutes depending on participants' willingness to share and the depth of discussion. Participant codes or pseudonyms replaced real names, and recordings, transcripts, and other research documents were kept securely.

Member checking was conducted after transcription and initial analysis. Selected participants reviewed or clarified their information and were presented with, or had explained to them, the researcher's preliminary interpretation, and were asked whether it matched their experience and intended meaning. They could confirm, clarify, correct, or add information; if a participant confirmed an interpretation, it was retained, and if a participant corrected or clarified it, the researcher reviewed the original transcript and revised the interpretation accordingly. This was important because participants shared personal and sensitive experiences that must not be misunderstood, and it strengthened credibility.

**Data Analysis**

Data were analyzed using Colaizzi's seven-step phenomenological method (Table 6), a systematic procedure for organizing, interpreting, and synthesizing narratives into themes and descriptions of lived experience. Bracketing, the conscious setting aside of personal assumptions, beliefs, and biases, was practiced throughout to represent participants' perspectives faithfully. The themes and essential structures that emerged formed the basis for answering the research questions and developing the proposed intervention program.

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**Table 6. Application of Colaizzi's seven-step method in this study**

| Step | Procedure | Application |
|---|---|---|
| 1 | Familiarization | Verbatim transcripts were read and re-read to gain an overall understanding of participants' experiences. |
| 2 | Significant statements | Statements relevant to the phenomenon of potential recidivism and the study objectives were identified and extracted. |
| 3 | Formulated meanings | Meanings were derived from significant statements while remaining faithful to participants' intended meanings. |
| 4 | Theme clusters | Formulated meanings were organized into clusters of themes reflecting common patterns and shared experiences. |
| 5 | Exhaustive description | Themes were integrated into a comprehensive narrative of the phenomenon. |
| 6 | Fundamental structure | The exhaustive description was synthesized into the essential structure of the participants' shared lived experience. |
| 7 | Member checking | Preliminary interpretations were presented to selected participants to verify accuracy; clarifications were incorporated into the final analysis. |

**Trustworthiness**

Credibility, consistency, and trustworthiness were supported by expert validation and CVI of the instrument, pilot testing, accurate verbatim transcription, bracketing, member checking, and the systematic application of Colaizzi's method.

**Ethical Considerations**

The study adhered to the ethical principles of respect for persons, beneficence, non-maleficence, and justice, especially because the participants were PDLs. Participants received sufficient information on the purpose of the study, the nature of their involvement, and their rights; participation was entirely voluntary, and participants could decline any question or withdraw at any time without adverse consequences. The researcher ensured that participation did not influence participants' legal status, custodial privileges, or treatment in the facility, and no custodial personnel were present at interviews, to minimize coercion and undue influence. Privacy was protected through pseudonyms or participant codes in all transcripts, reports, and documents; recordings, transcripts, consent forms, and related materials were securely stored, accessible only to the researcher, retained only as long as institutional policy requires, and disposed of properly afterward. Because some topics were sensitive, interviews were conducted with empathy, professionalism, and respect; participants were not required to answer questions that caused discomfort, and emotional distress was minimized while preserving dignity and wellbeing. The study proceeded only after the required institutional approvals and permissions were obtained.

**Scope of the Study and Dissemination**

The study covered repeat drug offenders detained in custodial facilities in Tanay, Rizal. It examined participants' drug-related experiences (history of use, peer influence, and exposure to drug-prone environments), their experiences

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with rehabilitation programs, counseling, therapeutic activities, and institutional support, and their coping mechanisms, perceptions of rehabilitation, relapse tendencies, and readiness for reintegration, as experiences relevant to understanding potential recidivism. The findings were used to propose a context-sensitive intervention program. The final thesis was submitted to the Graduate School and made available in the institution's library; a summary of the major findings, conclusions, recommendations, and the proposed program was prepared for the BJMP, MADAC, PNP, the LGU, rehabilitation service providers, and other stakeholders in Tanay, and the findings are presented at academic and professional venues and, where appropriate, disseminated through peer-reviewed publication.

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## RESULTS

### Overview of the Findings

The twenty participants (coded P1–P20) answered 25 interview questions grouped under four research questions and a closing set of questions that informed the proposed program. Analysis yielded 87 themes. Participant counts per theme are those recorded in the consolidated verbatim table of the thesis (reproduced in Appendix A); counts for individual questions refer to 19 or 20 responses (Question 3 had 19 responses; all other questions had 20). A participant could contribute to more than one theme within a question, and related questions elicited similar answers, so counts are not additive across questions. Quotations are presented as recorded in the consolidated verbatim table, with minor spelling or punctuation changes as in the source; where the source gave a theme a different label in its narrative chapter and its verbatim table, the label in the verbatim table is used and the change is logged in Appendix C. Three representative statements are shown for each theme where available; all statements are in Appendix A.

**Table 7. Themes identified for each interview question (number of participants contributing to each theme in parentheses; number of responses to the question in the first column)**

| Question (responses) | Question text and themes (participants) |
|---|---|
| Q1 (20) | **Can you describe how you first became involved in drug use?** Peer Influence and Association with Drug-Using Friends (13); Financial Motivation and Economic Need (2); Family Problems and Personal Difficulties (2); Social Companionship and Workplace Influence (3) |
| Q2 (20) | **What factors or influences led you to start using drugs?** Social Influence and Interpersonal Relationships (8); Financial Motivation and Economic Hardship (6); Family and Personal Difficulties (3); Perceived Benefits of Drug Use (3) |
| Q3 (19) | **How did your environment (friends, family, and community) affect your drug use?** Social and Environmental Influence (12); Family Consequences and Responsibilities (7) |
| Q4 (20) | **Can you share your experiences while you were actively using drugs?** Psychological Dependence and Emotional Distress (7); Perceived Positive Effects of Drug Use (7); Behavioral and Social Consequences of Drug Use (6) |
| Q5 (20) | **What made you continue using drugs even after previous arrest or detention?** Financial Motivation and Economic Hardship (8); Social and Personal Challenges (6); Drug Dependence and Perceived Benefits (4); No Relapse Reported (2) |
| Q6 (20) | **What challenges have you experienced while participating in rehabilitation programs inside the facility?** Family Separation, Homesickness, and Emotional Distress (3); Psychological Adjustment to Institutional Life and Rehabilitation (14); Positive Acceptance of Rehabilitation Challenges (3) |
| Q7 (20) | **Are there times when you feel unmotivated to participate in rehabilitation? Why?** Loss of Motivation Due to Emotional Distress, Loneliness, and Hopelessness (11); Commitment to Personal Change and Rehabilitation (9) |
| Q8 (20) | **What difficulties do you encounter in following rehabilitation activities (e.g., counseling, programs)?** Adjustment and Acceptance of Institutional Rules and Rehabilitation Programs (14); |

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| | Psychological Burden, Homesickness, and Family Separation (5); Educational Limitations and Learning Difficulties (1) |
| Q9 (20) | **How do the conditions in the facility affect your rehabilitation?** Personal Transformation Through Rehabilitation Programs and Spiritual Development (12); Effects of Institutional Restrictions and Confinement (5); Adaptation to Rehabilitation Conditions (3) |
| Q10 (20) | **In your opinion, what are the limitations of the current rehabilitation programs?** Perceived Effectiveness and Sufficiency of Rehabilitation Programs (13); Need for Improved Facilities and Recreational Resources (4); Strengthening Family Support, Communication, and Family-Oriented Rehabilitation Services (2); Need for Continued Environmental Improvement and Facility Maintenance (1) |
| Q11 (20) | **How do you deal with cravings or the urge to use drugs while in detention?** Faith, Prayer, and Spiritual Guidance (4); Self-Control, Acceptance of Drug-Free Living, and Personal Determination (6); Participation in Rehabilitation Activities and Positive Engagement (10) |
| Q12 (20) | **What strategies do you use to manage stress or emotional problems?** Faith, Prayer, and Spiritual Coping Mechanisms (6); Self-Reflection, Acceptance, and Personal Growth (3); Participation in Rehabilitation Programs and Productive Activities (10); Peer Support and Social Interaction (1) |
| Q13 (20) | **Who or what helps you stay strong and avoid returning to drug use?** Family Support and Motivation (9); Faith and Spiritual Guidance (5); Rehabilitation Programs and Positive Activities (5); Peer Encouragement Support and Positive Social Interaction (1) |
| Q14 (20) | **Can you share a situation where you successfully resisted using drugs?** Family Responsibility and Future-Oriented Thinking (9); Faith and Spiritual Resistance (5); Positive Engagement in Rehabilitation Activities (5); Peer Support and Positive Social Interaction (1) |
| Q15 (20) | **What do you think helps you the most in coping with your situation?** Family Support and Emotional Strength (9); Faith, Prayer, and Spiritual Strength (5); Rehabilitation Programs and Positive Activities (5); Peer Support and Social Interaction (1) |
| Q16 (20) | **What kind of support do you receive from your family?** Comprehensive Family Support and Guidance (Love, Emotional, Moral, Spiritual, and Financial Support) (18); Livelihood and Reintegration Support (1); Institutional Support and Basic Needs Provision (1) |
| Q17 (20) | **Do your friends or community still support you? How?** Continued Support from Family, Friends, and Community (8); Practical and Developmental Support (4); Loss of Peer Support and Social Disconnection (8) |
| Q18 (20) | **How do you think society will treat you after your release?** Fear of Discrimination, Stigma, and Social Judgment (10); Uncertainty About Social Acceptance (4); Hope for Acceptance Through Positive Change (6) |
| Q19 (20) | **What are your plans once you are released from detention?** Personal Change and Drug-Free Living (8); Employment, Economic Stability, and Better Opportunities (7); Family Restoration and Positive Reintegration (5) |

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ISSN: 3155-7546 (Online)
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| | |
|---|---|
| Q20 (20) | **Do you feel ready to return to society? Why or why not?** Readiness Through Personal Transformation and Rehabilitation (17); Spiritual Readiness and Faith-Based Transformation (1); Readiness Through Skills Development (1); Perceived Lack of Readiness and Ongoing Challenges (1) |
| Q21 (20) | **What kind of support do you think you need to avoid going back to drugs?** Employment and Livelihood Support (6); Comprehensive Family Support and Emotional Reintegration (8); Spiritual Support and Positive Lifestyle (2); Mental Health and Psychological Support (1); Community Acceptance, Trust, and Second Chances (3) |
| Q22 (20) | **Based on your experience, what changes should be made in rehabilitation programs** Satisfaction with Existing Rehabilitation Programs (14); Improvement of Welfare and Inmate Rights (1); Expansion of Rehabilitation and Aftercare Programs (2); Personal Responsibility and Self-Transformation (3) |
| Q23 (20) | **What advice can you give to other drug offenders?** Avoid Drug Use and Learn from Past Experiences (14); Avoid Negative Peer Influence (4); Spiritual Renewal and Faith in God (2) |
| Q24 (20) | **What programs do you think can help prevent repeat drug offenses?** Employment, Livelihood, and Economic Opportunities (10); Counseling and Rehabilitation Programs (2); Sports and Community-Based Activities (2); Community, Family, Spiritual, and Government Support (4); Avoidance of Negative Influences and Drug-Using Peers (2) |
| Q25 (20) | **Is there anything else you would like to share about your experience?** Negative Consequences of Drug Use on Individuals and Families (8); Personal Growth, Values, and Moral Transformation (2); No Additional Reflections Provided (10) |

**Drug Use Experiences (RQ1: Questions 1–5)**

Understanding the lived experiences of repeat drug offenders provides insight into the factors that contributed to their initial involvement, continued use, and eventual reoffending. Through their narratives, participants described how social relationships, family circumstances, financial difficulties, environmental influences, and the perceived effects of illegal drugs shaped their experiences. Drug use was not the result of a single cause but of the interaction of personal, social, and economic challenges. The themes below are grouped under the five interview questions of this domain (Questions 1–5).

***Question 1. Can you describe how you first became involved in drug use?***

**Theme 1. Peer Influence and Association with Drug-Using Friends (n = 13)**

Peer influence was the most common pathway into drug use. Participants were introduced to illegal drugs by friends, companions, and intimate partners during social gatherings and everyday interactions. Continuous exposure to peers who normalized drug use gradually reduced their hesitation and encouraged experimentation. Their accounts point to a desire for acceptance, companionship, and belonging; repeated opportunities to observe, imitate, and join drug-related activities made use acceptable and eventually part of daily life.

**P4:** "Because of peer influence. We tried it together with friends until it became a habit."

**P7:** "While drinking with friends, I got drunk and was encouraged by them to use illegal drugs."

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**P12:** "I first became involved when friends invited me to a birthday party where drugs were being used."

**Theme 2. Financial Motivation and Economic Need (n = 2)**

Some participants traced their first involvement to financial hardship and the need to earn money. Struggling to meet daily needs, support their families, and cope with limited employment opportunities, they viewed drug-related activity as an immediate source of income. Financial pressure narrowed their perceived options and, as hardship persisted, reinforced involvement despite awareness of the legal and personal consequences.

**P1:** "It was mainly due to the need for many things, especially earning money."

**P18:** "I became involved because of the quick money earned from drugs."

**Theme 3. Family Problems and Personal Difficulties (n = 2)**

Unresolved family conflicts, emotional distress, broken family relationships, misunderstandings, and financial burdens left some participants emotionally vulnerable. Illegal drugs became a temporary escape from emotional pain and stressful situations, and association with peers further reinforced the decision to use. Strained relationships and limited support during difficult periods reduced resilience and, combined with peer influence and financial hardship, strengthened the pathway toward continued use.

**P2:** "I became involved in drug use because it served as my escape from problems and financial difficulties."

**P9:** "I had family problems, joined a group of friends, and was persuaded by them to use drugs."

**Theme 4. Social Companionship and Workplace Influence (n = 3)**

Companionship and workplace exposure provided additional pathways. Some participants first used drugs out of a desire for companionship, acceptance, and belonging within their social circles. Others were exposed through co-workers who used drugs and came to see use as a way of staying awake, improving work performance, or fitting into the occupational setting. Repeated exposure to environments that accepted or encouraged use transformed occasional experimentation into habit.

**P3:** "At first it was only for companionship, but eventually it became part of my daily life until it became difficult to stop."

**P17:** "I was influenced by my co-workers because drugs were used to stay awake at work."

**P20:** "I started when a co-worker invited me to use drugs."

***Question 2. What factors or influences led you to start using drugs?***

**Theme 1. Social Influence and Interpersonal Relationships (n = 8)**

Social influence and trusted interpersonal relationships encouraged many participants to start using drugs. Friends, acquaintances, and other trusted individuals made use appear normal and socially acceptable, creating opportunities to experiment without fully recognizing the consequences, and continuous interaction with drug-using peers reinforced the decision. The desire for acceptance, companionship, and trust increased participants' willingness to experiment.

**P2:** "I was influenced by people I considered friends."

**P7:** "A friend told me that using drugs would remove my drunkenness."

**P14:** "Friends encouraged me to use drugs."

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**Theme 2. Financial Motivation and Economic Hardship (n = 6)**

Financial difficulties, unemployment, and unmet personal and family needs led participants to see drug-related activities as a means of earning income. For some, earning money easily through drugs was attractive during periods of hardship; others associated financial gain with more friends and increased social acceptance. Financial pressure reduced perceived alternatives and reinforced involvement despite awareness of the risks.

**P9:** "Because of peer association and unmet needs."

**P10:** "It was easier to earn money through drugs, and I gained more friends."

**P12:** "Drugs provided an easy way to earn money."

**Theme 3. Family and Personal Difficulties (n = 3)**

Lack of parental attention, family conflicts, marital problems, and personal struggles left participants emotionally vulnerable and weakened their ability to cope with daily challenges. Drug use became a way of escaping or managing these circumstances. Without adequate family support and positive guidance, participants became more susceptible to influences that encouraged use.

**P5:** "The lack of attention from my parents pushed me into it."

**P8:** "My life became chaotic."

**P13:** "Problems with my family and spouse influenced me."

**Theme 4. Perceived Benefits of Drug Use (n = 3)**

Participants in this theme believed that drugs could help them stay awake, increase their energy, or improve their ability to perform physically demanding work, which made use appear functional for work demands and daily responsibilities. One participant later reflected that prolonged involvement brought negative personal and family consequences, illustrating how favorable initial expectations were eventually overshadowed once adverse effects became apparent.

**P17:** "Drugs helped me fight sleepiness while working."

**P18:** "Drug involvement negatively affected my life and caused my family to lose trust in me."

***Question 3. How did your environment (friends, family, and community) affect your drug use?***

**Theme 1. Social and Environmental Influence (n = 12)**

Participants were surrounded by friends, co-workers, and community members who used or tolerated illegal drugs, which made substance use appear acceptable and commonplace. Frequent interaction with these individuals increased exposure and shaped attitudes, decisions, and behavior. Daily exposure provided opportunities to observe, imitate, and participate in drug-related activities; permissive community environments reduced resistance to experimentation, sustained continued use, and increased vulnerability to addiction.

**P2:** "I followed the example of my bad friends and ignored my family's advice."

**P4:** "The environment had a big impact because many of my friends used illegal drugs."

**P8:** "My friends had a significant influence on me."

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**Theme 2. Family Consequences and Responsibilities (n = 7)**

Drug use strained family relationships, led to neglect of responsibilities, and caused conflict within households. Some participants admitted committing unlawful acts against their own family members; others experienced separation, loss of trust, and damaged relationships, with emotional and financial burdens growing as addiction progressed. A few explained that family responsibilities and the wish to provide for loved ones had influenced some of their decisions, but later recognized that these decisions harmed the very people they intended to support. Family relationships were therefore both affected by, and intertwined with, drug involvement.

**P1:** "They did not know about it. It was my own decision that led me into this situation."

**P3:** "Sometimes people joined me in my activities, while some friends abandoned me."

**P11:** "My family was destroyed and eventually separated."

***Question 4. Can you share your experiences while you were actively using drugs?***

**Theme 1. Psychological Dependence and Emotional Distress (n = 7)**

As dependence progressed, participants experienced persistent anxiety, fear, restlessness, paranoia, emotional instability, and difficulty thinking clearly. Several constantly feared arrest, struggled to sleep, became easily angered, and neglected their relationships with their families and with God. These difficulties became recurring, disrupted daily functioning and well-being, weakened family ties and spiritual life, and reduced participants' ability to cope with personal and social responsibilities.

**P1:** "I became anxious and felt afraid that I might get caught."

**P2:** "Whenever I used drugs, I was always restless and constantly craved the smoke."

**P10:** "I could not sleep, was always anxious, ignored my family, became hot-tempered, and neglected my relationship with God."

**Theme 2. Perceived Positive Effects of Drug Use (n = 7)**

Participants also described temporary positive effects of drug use: increased confidence, physical energy, alertness, productivity, and emotional relief. Several felt more capable of working and completing daily tasks, or momentarily free from problems. These perceived rewards created positive expectations that encouraged continued use; repeatedly reinforced, they led participants to depend on drugs to sustain these benefits, with greater psychological, behavioral, and social consequences over time.

**P4:** "I felt more confident whenever I used drugs."

**P6:** "Whenever I used drugs, I worked faster and became more productive."

**P14:** "Whenever I used drugs, I felt free from problems and physically light."

**Theme 3. Behavioral and Social Consequences of Drug Use (n = 6)**

Prolonged use brought gradual changes in behavior, judgment, and relationships. Participants described neglecting family responsibilities, becoming dishonest, lying and stealing to buy drugs, acting in ways they had once considered unacceptable, losing self-control, developing negative thoughts toward others, and becoming separated from loved ones. Family conflict and loss of trust followed, and these changes eventually contributed to their involvement with the criminal justice system.

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**P3:** "Being involved in drugs was a huge mistake because it separated me from my loved ones and caused me to neglect my responsibilities to my family."

**P5:** "While actively using drugs, I did things that a normal and rational person would not do."

**P11:** "I learned to lie and steal just to buy drugs."

***Question 5. What made you continue using drugs even after previous arrest or detention?***

**Theme 1. Financial Motivation and Economic Hardship (n = 8)**

After their previous arrest or detention, unresolved financial hardship remained central to continued drug involvement. Participants described persistent poverty, unemployment, and the responsibility to provide for their families once back in the community. With lawful employment limited, drug-related activity again became a source of income, and financial needs remained unresolved despite earlier detention.

**P1:** "My main reason was to earn money quickly and provide for the needs of my loved ones."

**P10:** "Because of environmental influence, financial difficulties, and lack of decent employment opportunities."

**P20:** "Because of poverty and the opportunity to earn money quickly, even through illegal means."

**Theme 2. Social and Personal Challenges (n = 6)**

Participants described returning to the same peer groups and unfavorable environments after release, together with unemployment, community discrimination, and unresolved family and personal problems. These conditions remained unchanged despite previous detention; continued exposure to drug-involved people and difficulty obtaining community acceptance made sustained behavioral change harder.

**P5:** "Because of the influence of my peers."

**P7:** "Because of my peers. Whenever we got together, we bought drugs."

**P13:** "Because of my friends and personal problems."

**Theme 3. Drug Dependence and Perceived Benefits (n = 4)**

Some participants described physical dependence, persistent cravings, and a belief that drugs provided temporary benefits such as increased productivity, easy income, and relief from personal problems. These experiences persisted despite their previous arrest; cravings became more difficult to resist as dependence developed, and the perceived benefits made drug use part of daily life.

**P4:** "Because it made me more productive at work whenever I used illegal drugs."

**P8:** "My body had already become dependent on drugs."

**Theme 4. No Relapse Reported (n = 2)**

Not all participants reported a return to drug use after their earlier arrest or detention. Two participants (P17 and P19) said that they had remained abstinent and that their current detention arose from a pending case or from allegations that they denied (as reported by the participants). They attributed their abstinence to realizing the harm drugs had done to their lives, families, and futures, including loss of freedom, family separation, and uncertainty, and to a commitment to a drug-free lifestyle despite ongoing legal proceedings. Their accounts indicate that recovery is possible when individuals develop the motivation to avoid former behaviors.

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**P17:** "I no longer use drugs; I was imprisoned again because of a drug-related case that I am currently contesting in court."

**P19:** "I no longer use illegal drugs. I am currently detained because the police arrested me after someone accused me of using and selling drugs, but I maintain that those allegations are false."

**Synthesis of RQ1.** Drug involvement was shaped by multiple interconnected personal, social, economic, and environmental factors across different stages of participants' lives. Initially, participants were introduced to illegal drugs through peer influence, family and personal difficulties, financial hardship, workplace exposure, and the perceived benefits of use. During active use, they experienced psychological dependence, temporary physical and emotional gratification, and behavioral and social consequences that affected relationships, responsibilities, and decision-making. Despite previous arrest or detention, many continued because of persistent financial difficulty, unfavorable social environments, unresolved personal challenges, dependence, and perceived benefits. Some participants nevertheless demonstrated that abstinence was possible after recognizing the harm of drugs and committing to change. Collectively, the experiences illustrate the complex realities behind repeated drug involvement and the participants' continuing efforts toward recovery and reintegration.

**Challenges in Rehabilitation (RQ2: Questions 6–10)**

Rehabilitation helps drug offenders overcome dependence, develop positive behavioral change, and prepare for reintegration. Even so, many recidivists encounter challenges that may affect participation and recovery, including emotional distress, loss of motivation, adjustment to institutional rules, cravings, and concern about life after release. The themes below are grouped under Questions 6–10.

***Question 6. What challenges have you experienced while participating in rehabilitation programs inside the facility?***

**Theme 1. Family Separation, Homesickness, and Emotional Distress (n = 3)**

Separation from families and loved ones during detention was a continuing source of emotional difficulty. Participants described homesickness, loneliness, regret, and constant concern for their families' well-being, which at times made it difficult to concentrate on rehabilitation activities. Rehabilitation therefore involved coping not only with the consequences of drug use but also with the emotional pain of prolonged separation, which underscores the role of family relationships in recovery.

**P2:** "Missing my family, loneliness, and regret."

**P7:** "Missing my family and wanting to be with them. It is very difficult to be separated from loved ones."

**P17:** "It was challenging whenever I remembered my family because of the hardships of being in jail."

**Theme 2. Psychological Adjustment to Institutional Life and Rehabilitation (n = 14)**

Most participants described psychological and emotional adjustment to institutional life as a challenge: accepting the restrictions of detention, adapting to daily routines, reflecting on the mistakes that led to imprisonment, and coping with the loss of personal freedom. Rehabilitation demanded more than attending structured activities. Adjustment was gradual, and participants who became accustomed to institutional life reported a changed outlook, including a new appreciation of the value of family, life, and time.

**P3:** "I had difficulty adjusting because I was far away from my family."

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**P5:** "While staying in this small community, my perspective in life gradually changed. I learned the value of family, life, and time."

**P15:** "Adjusting to life inside the facility was a challenge, but I eventually got used to it."

**Theme 3. Positive Acceptance of Rehabilitation Challenges (n = 3)**

Some participants came to accept rehabilitation challenges as opportunities for personal growth and behavioral change. Continued participation in educational, therapeutic, and spiritual programs, including the Therapeutic Community Modality Program (TCMP) and, for one participant, the Katatagan Kontra Droga sa Kumunidad (KKDK) course, developed self-awareness, strengthened values and faith, and led them to accept responsibility for their previous actions and prepare for reintegration.

**P6:** "I learned to know our Lord God, face the people around me, and continue my education inside this community."

**P14:** "My challenge was learning how to change myself while inside BJMP."

**P18:** "There were many challenges, but with the guidance of God and the TCMP program, I overcame them and became a better person."

***Question 7. Are there times when you feel unmotivated to participate in rehabilitation? Why?***

**Theme 1. Loss of Motivation Due to Emotional Distress, Loneliness, and Hopelessness (n = 11)**

Eleven participants described temporary loss of motivation arising from emotional distress, loneliness, and hopelessness. Prolonged confinement, worry about their families, and uncertainty about the future discouraged them, and some felt that their families and God had abandoned them. Motivation therefore varied with emotional condition. Participants nevertheless continued to participate because they recognized the value of rehabilitation, remained hopeful of changing their lives, and found that the activities helped lessen their sadness.

**P2:** "Yes. There were times when I felt I had no hope left in life and thought that my family and God had abandoned me, but I later realized that I was wrong."

**P10:** "Yes. I became depressed thinking about how I could regain my freedom."

**P13:** "Yes, because of homesickness, although the activities help lessen my sadness."

**Theme 2. Commitment to Personal Change and Rehabilitation (n = 9)**

Nine participants reported sustained motivation. They believed the programs would help them change completely and prepare for a better future, drew strength from family and faith, and valued the activities for keeping them occupied, building discipline, and providing knowledge, encouragement, and strength. Participants stayed engaged when rehabilitation aligned with their personal goals and hope for positive change, and the programs reinforced their determination to avoid returning to illegal drugs.

**P7:** "No, because the programs give us encouragement and strength."

**P17:** "No, because I know these programs will help me completely change."

**P19:** "I joined all activities because they keep me occupied and help me gain knowledge."

***Question 8. What difficulties do you encounter in following rehabilitation activities (e.g., counseling, programs)?***

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**Theme 1. Adjustment and Acceptance of Institutional Rules and Rehabilitation Programs (n = 14)**

Most participants described initial difficulty adjusting to institutional rules and rehabilitation programs: following structured routines and regulations, accepting restricted movement, and participating despite initial discomfort, because these differed greatly from their previous way of life. Adaptation was gradual and required patience and behavioral adjustment. Continuous participation led participants to recognize the value of discipline, accountability, and compliance, and acceptance of institutional rules became an important step toward personal growth.

**P2:** "At first, I had difficulty adjusting and following the rules, but eventually I realized that they were for my own good."

**P3:** "Following the rules according to what is accepted by the majority."

**P6:** "I find it difficult because my movements are limited."

**Theme 2. Psychological Burden, Homesickness, and Family Separation (n = 5)**

Five participants described emotional burden as a constant part of rehabilitation: missing their families and children, loneliness, discouragement, and "overthinking" about their situation in jail. These feelings affected emotional well-being and occasionally reduced participants' confidence while taking part in activities, showing that psychological burden extended beyond family separation to include personal struggles that influenced adjustment and continued participation.

**P4:** "Missing my family."

**P5:** "Honestly, our greatest struggle is overthinking because of our situation in jail and being far from our families."

**P7:** "Missing my family."

**Theme 3. Educational Limitations and Learning Difficulties (n = 1)**

One participant described educational limitations: difficulty reading, especially in English, made it hard to follow lessons and adapt to classroom-based learning. The participant nevertheless continued attending educational sessions, regarding learning as a way to gain knowledge, develop confidence, and prepare for a better future. The account points to the additional effort, and possibly additional support, required by participants with limited schooling.

**P1:** "I find studying difficult because I am not very good at reading, especially English."

***Question 9. How do the conditions in the facility affect your rehabilitation?***

**Theme 1. Personal Transformation Through Rehabilitation Programs and Spiritual Development (n = 12)**

Twelve participants described rehabilitation as a process of personal transformation. Through counseling, spiritual activities, educational programs, and other interventions, they developed discipline, changed their behavior, strengthened their faith, and learned life lessons. The facility became a place to reflect on past actions and prepare for life after release, bringing greater self-awareness, responsibility, hope of avoiding illegal drugs, and a stronger commitment to lawful and productive living.

**P2:** "It changed my behavior. I learned to follow rules and interact properly with others."

**P6:** "I experienced personal change and gained hope to avoid illegal drugs."

**P12:** "There is gradual change within myself."

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**Theme 2. Effects of Institutional Restrictions and Confinement (n = 5)**

Five participants described institutional restrictions and confinement (limited movement, separation from families, strict rules, boredom, and no longer being able to do what they used to do) as both a hardship and an opportunity. Confinement initially caused distress and frustration, but participants gradually recognized that these conditions kept them away from illegal drugs and negative influences, encouraged reflection, and, once accepted, strengthened their commitment to recovery.

**P3:** "There are limitations on movement and strict compliance with rehabilitation rules."

**P8:** "It is difficult because I can no longer do the things I used to do when I was free."

**P11:** "Extreme boredom."

**Theme 3. Adaptation to Rehabilitation Conditions (n = 3)**

Three participants described adaptation to rehabilitation conditions as gradual. Despite early difficulty, including unfamiliarity with the people around them, they learned to follow institutional routines and to take part consistently in counseling, educational, spiritual, and therapeutic activities, developing discipline, cooperation, and positive attitudes. Adaptation encouraged acceptance of their circumstances, personal responsibility, and readiness for reintegration.

**P14:** "There is no problem because we have many activities inside BJMP."

**P15:** "At first it was difficult, but I learned to accept my situation."

**P19:** "At first it was difficult because I did not know the personalities of the people around me, but eventually everything became okay."

***Question 10. In your opinion, what are the limitations of the current rehabilitation programs?***

**Theme 1. Perceived Effectiveness and Sufficiency of Rehabilitation Programs (n = 13)**

Thirteen participants perceived the existing programs as generally effective, sufficient, and beneficial, and said they saw no major limitations or anything that should be changed because the activities were implemented for their welfare and recovery. They valued counseling, educational activities, spiritual formation, and therapeutic interventions for helping them improve behavior, strengthen discipline, reflect on past actions, and prepare for life after release.

**P2:** "None. Everything is for our own good."

**P5:** "The government's programs in BJMP are sufficient for us."

**P7:** "There is nothing that should be changed."

**Theme 2. Need for Improved Facilities and Recreational Resources (n = 4)**

Four participants, while regarding the programs as beneficial, identified insufficient facilities as a limitation: the overcrowded conditions of the facility and the lack of recreational facilities such as playgrounds and sports areas. These responses indicate that the physical environment and the availability of recreational resources were perceived as conditions that could further support rehabilitation.

**P10:** "There is a lack of facilities because the place is overcrowded."

**P12:** "There is a lack of facilities."

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**P16:** "There is a lack of recreational facilities."

**Theme 3. Strengthening Family Support, Communication, and Family-Oriented Rehabilitation Services (n = 2)**

Two participants pointed to family involvement. One emphasized the need for opportunities to communicate with family; the other's response, recorded in the thesis as the researcher's interpretive note rather than a verbatim statement, was interpreted as concern for family welfare and is therefore not quoted here. Participants believed that regular contact with loved ones would reduce loneliness, strengthen hope, and reinforce their commitment to change, complementing institutional rehabilitation with emotional reassurance.

**P11:** "The opportunity to communicate with one's family."

**Theme 4. Need for Continued Environmental Improvement and Facility Maintenance (n = 1)**

One participant emphasized the quality of the rehabilitation environment, calling for cooperation among everyone in the facility to maintain order and keep it organized. Cooperation between participants and personnel, compliance with institutional rules, and adequate, well-maintained facilities were viewed as contributing to a positive rehabilitation environment, and shared responsibility as strengthening engagement and preparation for reintegration.

**P9:** "Everyone must cooperate and help maintain order so that the facility remains organized."

**Synthesis of RQ2.** Rehabilitation was experienced as a gradual process of personal transformation shaped by emotional adjustment, adaptation to institutional life, active participation in programs, and the continuous development of hope, responsibility, and readiness for reintegration. Participants encountered psychological, social, and institutional challenges, but these became opportunities for reflection, behavioral change, and personal growth. Meaningful rehabilitation was achieved through the combined influence of structured institutional support, family connection, and individual commitment to lasting recovery.

**Coping Mechanisms (RQ3: Questions 11–15)**

Building on the challenges described above, this domain examines the coping mechanisms recidivist drug offenders use to manage drug cravings, emotional distress, and the pressures of detention, and how they strive to maintain recovery and resist relapse (Questions 11–15).

***Question 11. How do you deal with cravings or the urge to use drugs while in detention?***

**Theme 1. Faith, Prayer, and Spiritual Guidance (n = 4)**

Four participants resisted cravings through faith, prayer, and spiritual guidance: praying regularly, reading the Bible, listening to God's teachings, and joining religious activities. These practices helped them control their thoughts, redirect attention from drug use toward hope and self-control, and remain committed to rehabilitation. Spirituality became a source of comfort, hope, and inner strength.

**P2:** "It is easy. I listen to people teaching God's words and read religious teachings."

**P15:** "I always pray and draw closer to God."

**P17:** "I keep myself busy through activities, prayer, and reading the Bible."

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**Theme 2. Self-Control, Acceptance of Drug-Free Living, and Personal Determination (n = 6)**

Six participants described self-control, acceptance of drug-free living, and personal determination: consciously avoiding thoughts about drugs, teaching themselves to eliminate the desire, accepting the consequences of earlier actions, keeping busy by reading, and remaining determined to change. Resisting cravings required conscious personal effort, and determination, self-discipline, and acceptance functioned as internal coping resources.

**P1:** "I gradually accepted that I can live without using drugs."

**P3:** "I teach myself to eliminate my desire for drugs."

**P20:** "I keep myself busy by reading."

**Theme 3. Participation in Rehabilitation Activities and Positive Engagement (n = 10)**

Ten participants kept themselves occupied through counseling sessions, educational programs, morning meetings, livelihood activities, spiritual services, and other structured interventions that diverted attention from illegal drugs. Consistent involvement promoted self-discipline, emotional stability, and a renewed sense of purpose, and became an important strategy for sustaining a drug-free lifestyle.

**P10:** "I participate in activities such as morning meetings and educational programs."

**P12:** "I join activities inside the BJMP facility."

**P16:** "I join activities inside BJMP."

***Question 12. What strategies do you use to manage stress or emotional problems?***

**Theme 1. Faith, Prayer, and Spiritual Coping Mechanisms (n = 6)**

Six participants managed stress and emotional problems through prayer, listening to religious teachings, attending spiritual activities, reading the Bible, and entrusting their difficulties to God. Spirituality was a consistent source of comfort, inner peace, hope, and resilience; it promoted emotional stability and encouraged commitment to rehabilitation.

**P1:** "I pray and entrust everything to God."

**P2:** "I listen to teachings about God and attend spiritual activities."

**P6:** "I pray and strengthen my faith in God."

**Theme 2. Self-Reflection, Acceptance, and Personal Growth (n = 3)**

Three participants managed stress by reflecting on past mistakes, accepting responsibility for their circumstances, reminding themselves of the need to change, and focusing on improving themselves and their future. Rather than dwelling on regret, they redirected attention to self-improvement, developing emotional maturity, determination, and a positive outlook.

**P3:** "I keep reminding myself that I need to change."

**P9:** "I focus on improving myself and my future."

**P19:** "I accept my situation and learn from my mistakes."

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**Theme 3. Participation in Rehabilitation Programs and Productive Activities (n = 10)**

Ten participants coped with stress by attending counseling sessions, educational programs, TCMP activities, and other BJMP interventions, and by reading books and joining activities. Structured, productive activity redirected attention from negative emotions toward personal growth and recovery, providing purpose, discipline, and opportunities for positive behavioral development.

**P7:** "I join counseling sessions and rehabilitation programs."

**P13:** "I attend TCMP activities regularly."

**P20:** "I read books and join activities."

**Theme 4. Peer Support and Social Interaction (n = 1)**

One participant coped by talking with fellow persons deprived of liberty and sharing problems with them. Sharing concerns with people in similar circumstances offered understanding and emotional reassurance, reduced isolation, and fostered emotional stability. In the custodial setting, daily interaction made peer support a readily available source of emotional assistance.

**P8:** "I talk to fellow inmates and share my problems."

***Question 13. Who or what helps you stay strong and avoid returning to drug use?***

**Theme 1. Family Support and Motivation (n = 9)**

Nine participants identified family (children, parents, spouses, and other loved ones) as the main source of strength for staying committed to rehabilitation. Family motivation encouraged them to change, fulfill their responsibilities, and pursue a better future. It reflected a sense of responsibility toward loved ones and a desire to rebuild trust damaged by drug use, and thinking of their families strengthened resolve in difficult moments.

**P1:** "My family gives me strength."

**P5:** "My children motivate me."

**P7:** "My family is my reason to stay strong."

**Theme 2. Faith and Spiritual Guidance (n = 5)**

Five participants relied on God through prayer and strengthened faith to overcome temptation and stay focused on change. Faith provided hope, inner peace, self-control, and confidence in their ability to overcome addiction, and sustained determination to pursue a drug-free life despite emotional and psychological struggles.

**P2:** "God helps me stay strong."

**P6:** "Faith in God gives me strength."

**P17:** "God helps me stay focused on change."

**Theme 3. Rehabilitation Programs and Positive Activities (n = 5)**

Five participants credited rehabilitation programs and positive activities (BJMP activities, the TCMP, reading, and other structured interventions) with keeping them focused on personal improvement and away from drug-related thoughts. Educational, therapeutic, and productive activities fostered discipline, direction, and purpose, and reinforced confidence in achieving lasting change.

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**P4:** "The rehabilitation programs help me."

**P10:** "BJMP activities help me avoid negative thoughts."

**P13:** "TCMP activities help me remain focused."

**Theme 4. Peer Encouragement Support and Positive Social Interaction (n = 1)**

One participant drew strength from talking with fellow inmates instead of dwelling on cravings. Sharing experiences and concerns with peers who understood the challenges of addiction and incarceration provided emotional reassurance, promoted healthier coping, and strengthened determination to continue rehabilitation.

**P8:** "I talked with fellow inmates instead of dwelling on cravings."

***Question 14. Can you share a situation where you successfully resisted using drugs?***

**Theme 1. Family Responsibility and Future-Oriented Thinking (n = 9)**

Nine participants described resisting temptation by reminding themselves of their responsibilities to their families and focusing on a better future. Thinking about their children and loved ones, and the hardships caused by past drug use, strengthened their determination to reject temptation. The wish to become responsible parents, children, and family members reinforced their resolve to avoid repeating past mistakes.

**P1:** "I reminded myself of my family and avoided temptation."

**P3:** "I chose my family over drugs."

**P5:** "I thought about my children."

**Theme 2. Faith and Spiritual Resistance (n = 5)**

Five participants resisted the urge to use by relying on faith in God, praying for strength, and trusting divine guidance. Faith maintained emotional stability, offered hope, and gave them confidence that they could resist drug use despite previous dependence.

**P2:** "I prayed and asked God for strength."

**P6:** "Prayer helped me resist temptation."

**P15:** "Faith helped me avoid drugs."

**Theme 3. Positive Engagement in Rehabilitation Activities (n = 5)**

Five participants resisted by attending TCMP sessions and other BJMP rehabilitation activities, reading, and keeping themselves occupied. These activities redirected attention from drug-related thoughts, reduced opportunities to dwell on negative thoughts, and reinforced their commitment to personal change.

**P10:** "I participated in programs and stayed busy."

**P14:** "I focused on rehabilitation activities."

**P20:** "Reading and activities helped me resist temptation."

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**Theme 4. Peer Support and Positive Social Interaction (n = 1)**

One participant resisted by talking with fellow inmates instead of dwelling on cravings. Positive interaction with peers who shared similar rehabilitation goals provided emotional encouragement, reduced isolation, and promoted accountability within the custodial environment.

**P8:** "I talked with fellow inmates instead of dwelling on cravings."

***Question 15. What do you think helps you the most in coping with your situation?***

**Theme 1. Family Support and Emotional Strength (n = 9)**

Nine participants identified family support as the greatest source of emotional strength in coping with incarceration and rehabilitation. They drew comfort, encouragement, and motivation from children, spouses, parents, and other loved ones despite loneliness, regret, and uncertainty. Family reminded them of their responsibilities and inspired them to persevere and pursue a drug-free future.

**P1:** "My family helps me cope."

**P3:** "Thinking about my family gives me strength."

**P9:** "My loved ones inspire me."

**Theme 2. Faith, Prayer, and Spiritual Strength (n = 5)**

Five participants identified faith, prayer, and spirituality as their greatest sources of strength: praying regularly, trusting in God, and joining religious activities brought comfort and hope despite loneliness, guilt, and uncertainty, and helped them remain emotionally resilient, maintain inner peace, and continue their commitment to change.

**P2:** "Faith in God helps me cope."

**P6:** "Prayer helps me manage my situation."

**P17:** "My faith keeps me strong."

**Theme 3. Rehabilitation Programs and Positive Activities (n = 5)**

Five participants viewed rehabilitation programs and positive activities (BJMP activities, TCMP, reading, and educational activities) as important supports that kept them occupied, reduced negative thoughts, and built self-discipline, knowledge, and confidence. The programs helped them maintain a positive outlook while serving their detention and preparing for reintegration.

**P10:** "The activities inside BJMP help me."

**P13:** "TCMP activities help me stay positive."

**P20:** "Reading and educational activities help me cope."

**Theme 4. Peer Support and Social Interaction (n = 1)**

One participant identified talking with fellow inmates as helpful. Encouragement, advice, and emotional support from people with similar experiences, together with respectful relationships within the facility, reduced loneliness and strengthened hope and perseverance.

**P8:** "Talking to fellow inmates helps me."

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**Synthesis of RQ3.** Participants described coping as a multidimensional experience shaped by emotional, spiritual, institutional, and interpersonal sources of support. Family relationships were their primary source of encouragement, reminding them of their responsibilities and strengthening the desire to rebuild their lives. Faith, prayer, and spirituality provided hope, comfort, and inner peace. Structured rehabilitation activities supplied purpose and discipline, while self-reflection, acceptance, and personal determination served as internal resources, and positive peer relationships offered emotional reassurance. Together, these sources of support fostered resilience, sustained hope, and strengthened commitment to personal transformation despite the challenges of incarceration.

**Social Support and Readiness for Reintegration (RQ4: Questions 16–21)**

This domain examines the nature and extent of support available from families, friends, community groups, and other networks, and how participants perceive emotional, moral, financial, and institutional support and their readiness to rebuild their lives (Questions 16–21). Participants' accounts show how such support may reduce vulnerability to relapse and recidivism.

***Question 16. What kind of support do you receive from your family?***

**Theme 1. Comprehensive Family Support and Guidance (Love, Emotional, Moral, Spiritual, and Financial Support) (n = 18)**

Eighteen participants described their families as their primary source of support during detention and preparation for reintegration. Support included love, emotional encouragement, moral guidance, spiritual reminders (such as prayer), financial assistance, and provision of daily needs, as well as visits, advice, and reminders not to return to drugs. Families remained involved despite the limitations of detention, helping participants maintain hope, a sense of belonging, and determination to change.

**P5:** "Moral and financial support."

**P6:** "They advise me and prevent me from returning to drug use."

**P7:** "They visit me and constantly remind me to pray to God."

**Theme 2. Livelihood and Reintegration Support (n = 1)**

One participant expected livelihood and reintegration support from a sibling, who would provide guidance and capital for a livelihood so that the participant could avoid drugs. The support reflected trust in the participant's capacity to become self-reliant and fostered optimism despite the uncertainties of reintegration.

**P10:** "My sibling will guide me and provide capital for a livelihood so I can avoid drugs."

**Theme 3. Institutional Support and Basic Needs Provision (n = 1)**

One participant reported that the BJMP provided basic needs such as food and hygiene supplies. Institutional provision of necessities reduced daily concerns, provided a stable environment that supported dignity and wellbeing, and allowed the participant to concentrate on rehabilitation.

**P14:** "My basic needs such as food and hygiene are provided by BJMP."

***Question 17. Do your friends or community still support you? How?***

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**Theme 1. Continued Support from Family, Friends, and Community (n = 8)**

Eight participants reported continued support from families, selected friends, and community members: visits, moral encouragement, regular communication, and expressions of care that reassured them they had not been completely abandoned. This support strengthened hope and commitment to rehabilitation, reduced isolation, and increased confidence that meaningful relationships would be available after release.

**P1:** "A few friends still remember me."

**P3:** "My family and some friends still support me."

**P20:** "My children continue to support me."

**Theme 2. Practical and Developmental Support (n = 4)**

Four participants described practical and developmental support from families, friends, and community members: financial assistance, advice to change and work honestly, and encouragement to follow rules and live responsibly. Participants believed this support would help them meet basic needs, obtain lawful employment, and establish a more productive life, and it motivated positive behavioral change beyond meeting immediate needs.

**P2:** "Through financial assistance."

**P8:** "They advise me to change and work honestly."

**P9:** "They support me in changing myself and following rules."

**Theme 3. Loss of Peer Support and Social Disconnection (n = 8)**

Eight participants reported losing the support of friends and community after imprisonment. They described being abandoned by friends, receiving fewer visits, losing communication, and finding that many earlier relationships had disappeared. These experiences heightened awareness of the consequences of past actions, led participants to regard many friendships as temporary and unreliable, and increased appreciation of those who stayed, while emphasizing the importance of rebuilding healthier relationships.

**P4:** "No, they no longer remember me."

**P13:** "I received no support from my friends or community."

**P17:** "They disappeared when I was imprisoned."

***Question 18. How do you think society will treat you after your release?***

**Theme 1. Fear of Discrimination, Stigma, and Social Judgment (n = 10)**

Ten participants feared that society would judge, ridicule, discriminate against, and reject them because of their drug involvement and incarceration. They anticipated negative reactions from neighbors, employers, and community members who might continue to associate them with their past despite their efforts to change. These expectations created anxiety about employment, acceptance, and rebuilding relationships, but also strengthened determination to prove that they could live responsible, productive, drug-free lives.

**P13:** "People and neighbors may ridicule me."

**P17:** "People may doubt me because I came from jail."

**P18:** "Some people still see me negatively despite my changes."

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**Theme 2. Uncertainty About Social Acceptance (n = 4)**

Four participants were uncertain how society would receive them, unsure whether families, neighbors, employers, and the wider community would accept them despite their wish to change. They expressed neither certainty of acceptance nor of rejection, reflecting concern about rebuilding trust, securing opportunities, and regaining their place in the community.

**P1:** "I do not know how society will accept me once I am released."

**P7:** "I do not know how society will treat me."

**P12:** "I do not know what may happen."

**Theme 3. Hope for Acceptance Through Positive Change (n = 6)**

Six participants hoped that society would eventually accept them if they consistently demonstrated positive change. They believed that reforming, maintaining lawful behavior, and proving their sincerity would gradually rebuild the trust of families, neighbors, and communities. Acceptance was viewed as something to be earned through consistent conduct over time, although some people might initially remain doubtful.

**P9:** "They will treat me as before if I prove I have changed."

**P14:** "They will treat me well because I show that I have changed."

**P16:** "There will be no problem in my community."

***Question 19. What are your plans once you are released from detention?***

**Theme 1. Personal Change and Drug-Free Living (n = 8)**

Eight participants intended to change completely: to abandon their previous lifestyle, avoid bad peers and drugs, work honestly, and help their parents and families. Personal transformation was their foremost goal, viewed as a conscious decision to reject illegal drugs, distance themselves from harmful influences, and adopt responsible behavior so as to avoid repeating past mistakes.

**P1:** "Change completely and work honestly."

**P7:** "Change my life and help my parents."

**P13:** "Avoid bad peers and drugs."

**Theme 2. Employment, Economic Stability, and Better Opportunities (n = 7)**

Seven participants planned to obtain stable, lawful employment and a secure source of income to support themselves and their families while avoiding drug-related activities. Employment symbolized an opportunity to rebuild their lives through lawful and productive means, restore dignity, and achieve financial independence.

**P3:** "Find stable legal employment."

**P6:** "Find work for my family."

**P14:** "Find decent employment."

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**Theme 3. Family Restoration and Positive Reintegration (n = 5)**

Five participants planned to restore family relationships: to repay and make up to their families, rebuild broken families, fulfill their responsibilities as parents and partners, strengthen their faith in God, start a business, and live peacefully in their communities. Successful reintegration extended beyond avoiding drugs and finding work; participants expressed remorse and a wish to restore trust through consistent positive behavior.

**P5:** "Repay my family, serve God, and start a business."

**P8:** "Rebuild my broken family."

**P12:** "Make up for my shortcomings with my family."

***Question 20. Do you feel ready to return to society? Why or why not?***

**Theme 1. Readiness Through Personal Transformation and Rehabilitation (n = 17)**

Seventeen participants felt ready to return to society because of the personal transformation achieved during rehabilitation. They said they had learned a great deal from BJMP programs, had changed, regretted their mistakes, and wanted to make up for them and begin a new life. They saw themselves as more responsible, with a stronger commitment to lawful living, and confident to resume their roles as productive family and community members.

**P5:** "I learned a lot from BJMP rehabilitation programs."

**P7:** "I have changed and want to make up for my mistakes."

**P17:** "I regret my mistakes and want a new life."

**Theme 2. Spiritual Readiness and Faith-Based Transformation (n = 1)**

One participant felt ready because of a strengthened relationship with God developed during rehabilitation. Faith, nurtured through reflection, prayer, and religious activities, was the primary source of confidence, hope, and moral values for beginning a new life, and the participant viewed it as the guiding force behind lasting behavioral change.

**P2:** "Yes, because I already know God."

**Theme 3. Readiness Through Skills Development (n = 1)**

One participant felt ready because of vocational skills learned through TESDA during rehabilitation. Acquiring employable skills increased confidence in obtaining lawful employment and becoming financially independent, and offered a way to replace former illegal activities with productive, socially acceptable means of earning a living.

**P6:** "I learned vocational skills from TESDA."

**Theme 4. Perceived Lack of Readiness and Ongoing Challenges (n = 1)**

One participant did not yet feel ready to return to society, believing that personal transformation was not complete and that the pending case remained unresolved. Readiness was viewed as an ongoing process requiring continued commitment and favorable circumstances, which demonstrated self-awareness about the effort required for lasting change.

**P9:** "Not yet, because I have not fully changed and my case is not yet finished."

***Question 21. What kind of support do you think you need to avoid going back to drugs?***

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**Theme 1. Employment and Livelihood Support (n = 6)**

Six participants considered stable employment with sufficient income, permanent work, and government livelihood assistance the most important support for avoiding a return to drugs. Employment symbolized stability and independence, would reduce financial difficulty and exposure to negative peers, and would enable them to fulfil family responsibilities and become productive members of society.

**P1:** "A job with sufficient income."

**P13:** "Employment to avoid bad peers."

**P16:** "An opportunity for permanent work."

**Theme 2. Comprehensive Family Support and Emotional Reintegration (n = 8)**

Eight participants said they needed continuous family support (love, moral encouragement, guidance, constant communication, and emotional support) to remain focused on change and overcome future challenges. Family members were seen as trusted people who could encourage them in moments of difficulty and remind them of their responsibilities, providing the emotional stability necessary for reintegration.

**P3:** "Support and love from my family."

**P10:** "Love and guidance from family."

**P11:** "Constant communication with loved ones."

**Theme 3. Spiritual Support and Positive Lifestyle (n = 2)**

Two participants identified faith in God, participation in church activities, and avoiding bad peers as support needed to avoid drugs. Spirituality was viewed as a protective factor that provided hope, moral direction, and encouragement, and helped participants resist situations that could lead to relapse.

**P7:** "Faith in God and avoiding bad peers."

**P20:** "Participation in church activities."

**Theme 4. Mental Health and Psychological Support (n = 1)**

One participant needed mental health and psychological support, together with family support, to prevent relapse. Recovery was seen as extending beyond physical rehabilitation to emotional wellbeing: psychological support would help the participant cope with stress, manage emotional difficulties, and avoid situations associated with relapse.

**P9:** "Family support and mental health support."

**Theme 5. Community Acceptance, Trust, and Second Chances (n = 3)**

Three participants asked for acceptance, trust, and second chances from their communities, and for recognition of their efforts to change and opportunities to rebuild their lives. They wished to restore damaged reputations through responsible behavior rather than simply request forgiveness, and believed that acceptance would strengthen their commitment to a drug-free life.

**P15:** "Give me a chance to prove I have changed."

**P17:** "Trust and an opportunity for a new life."

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**P19:** "A chance to show my transformation."

**Synthesis of RQ4.** Social support was experienced as multidimensional. Families were the primary source of emotional, moral, spiritual, and financial support that strengthened participants' determination to change. Some continued to receive encouragement and practical assistance from friends and community members, while others experienced social disconnection and anticipated discrimination because of their drug history. The essence of the participants' experience is that successful reintegration is sustained through the combined support of family, rehabilitation programs, community acceptance, and personal commitment to change, strengthened by meaningful relationships, lawful employment, spiritual growth, and continued emotional and institutional support.

**Views on Needed Changes and Programs to Prevent Repeat Offenses (Inputs to RQ5: Questions 22–25)**

The final domain collected participants' views on needed changes, advice for other offenders, programs that could prevent repeat offenses, and closing reflections (Questions 22–25). These views, together with the preceding findings, informed the proposed intervention program presented in the Discussion.

***Question 22. Based on your experience, what changes should be made in rehabilitation programs***

**Theme 1. Satisfaction with Existing Rehabilitation Programs (n = 14)**

Fourteen participants were satisfied with the existing rehabilitation programs and saw nothing that needed to be changed. They described the programs as organized, beneficial, and sufficient for developing positive behavior, strengthening self-discipline, and preparing for life after release, and expressed confidence in the quality and organization of the services provided.

**P3:** "Everything is organized here, and there is nothing that needs to be changed in the rehabilitation programs."

**P5:** "There is nothing that should be changed in the government's rehabilitation programs in BJMP."

**Theme 2. Improvement of Welfare and Inmate Rights (n = 1)**

One participant called for improved welfare and protection of rights, asking that adequate needs and rights be provided for every person deprived of liberty. Rehabilitation was viewed as extending beyond structured programs to include dignity, welfare, and basic human rights, which would strengthen motivation for change and create a more supportive environment.

**P2:** "Provide adequate needs and rights for every prisoner."

**Theme 3. Expansion of Rehabilitation and Aftercare Programs (n = 2)**

Two participants recommended extending rehabilitation beyond detention: barangay guidance and follow-up programs after release from jail, and more programs to help persons deprived of liberty change their lives. Rehabilitation was seen as a continuous process, with follow-up, community guidance, and additional services helping to sustain change, prevent relapse, and promote long-term recovery.

**P10:** "There should be barangay guidance and follow-up programs after release from jail."

**P17:** "More programs should be added to help persons deprived of liberty change their lives."

**Theme 4. Personal Responsibility and Self-Transformation (n = 3)**

Three participants emphasized personal responsibility: that the change needed was in themselves, by stopping drug use and selling after release, applying the lessons learned in rehabilitation, and avoiding people who might influence

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a return to drugs. Institutional programs offered guidance and opportunity, but maintaining a drug-free life ultimately depended on participants' own decisions and behavior.

**P9:** "The only thing that needs to change is myself by stopping drug use and drug selling after my release."

**P11:** "Avoid people who may influence you to return to drug use."

**P19:** "I will apply the lessons I learned here once I am released."

***Question 23. What advice can you give to other drug offenders?***

**Theme 1. Avoid Drug Use and Learn from Past Experiences (n = 14)**

Fourteen participants advised others to stop using drugs and to learn from the negative consequences of addiction before irreversible harm is done to themselves and their families. They described their own involvement as a lesson drawn from imprisonment, family separation, damaged relationships, and lost opportunities, and wished to use their experience to guide others.

**P1:** "Do not repeat the mistake so you will not return to jail."

**P4:** "Do not use illegal drugs."

**P5:** "Learn from our experiences so that you will not repeat the same mistakes."

**Theme 2. Avoid Negative Peer Influence (n = 4)**

Four participants advised avoiding illegal drugs and bad peer groups and choosing positive companions. Their experience had taught them that maintaining relationships with drug-involved people increased the likelihood of relapse and hindered personal transformation; healthier social relationships were essential to sustaining rehabilitation.

**P7:** "Avoid illegal drugs and bad peer groups."

**P13:** "Avoid drugs and bad peers."

**Theme 3. Spiritual Renewal and Faith in God (n = 2)**

Two participants advised others to know God and to return to the Lord. Faith was viewed as a foundation for personal transformation that provided hope, moral guidance, inner strength, self-reflection, and responsible decision-making.

**P2:** "Know God."

**P20:** "Return to the Lord God."

***Question 24. What programs do you think can help prevent repeat drug offenses?***

**Theme 1. Employment, Livelihood, and Economic Opportunities (n = 10)**

Ten participants named employment, livelihood programs, and vocational skills as essential for preventing repeat offenses after release, including permanent work and being with family. Stable employment would allow lawful self-support, financial independence, personal responsibility, restored family trust, and positive contribution to society, and would reduce the temptation of drug-using peers.

**P4:** "Providing jobs and being with family."

**P10:** "Livelihood programs and good employment opportunities."

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**P13:** "Having permanent employment and avoiding drug-using peers."

**Theme 2. Counseling and Rehabilitation Programs (n = 2)**

Two participants recommended counseling and rehabilitation programs with continuous guidance, including participation in counseling "to fully change one's life." Continued counseling was seen as reinforcing positive attitudes, strengthening decision-making, and helping individuals manage situations that could lead to relapse, extending rehabilitation beyond confinement.

**P5:** "Participate in counseling to fully change one's life."

**P12:** "Rehabilitation and counseling."

**Theme 3. Sports and Community-Based Activities (n = 2)**

Two participants recommended sports and community-based activities organized by the barangay and municipality. Organized recreation was viewed as a positive alternative that promotes healthy living, positive relationships, self-discipline, and meaningful use of time after release.

**P3:** "Participation in sports programs of the barangay and municipality."

**P14:** "Join sports activities in the community."

**Theme 4. Community, Family, Spiritual, and Government Support (n = 4)**

Four participants emphasized acceptance without discrimination, a second chance at better jobs, continuous family support, worship, participation in barangay and municipal activities, spiritual guidance, and government assistance. Successful rehabilitation was seen as requiring coordinated support from families, communities, religious institutions, and government agencies.

**P2:** "Do not discriminate and give them another chance to get a better job."

**P7:** "Worship God and participate in barangay and municipal activities."

**P16:** "Support from my family."

**Theme 5. Avoidance of Negative Influences and Drug-Using Peers (n = 2)**

Two participants stressed avoiding drug use, drug-using peers, and former friends who had influenced them. Consciously choosing a positive social environment was viewed as an important personal strategy for sustaining recovery and living lawfully after release.

**P9:** "Avoid drug use and avoid people who will encourage you to return to drugs."

**P19:** "Stay away from former friends who influenced me to use drugs."

***Question 25. Is there anything else you would like to share about your experience?***

**Theme 1. Negative Consequences of Drug Use on Individuals and Families (n = 8)**

Eight participants reflected that illegal drugs destroyed lives: they described loss of freedom, separation from loved ones, damaged family relationships, neglect of family, and suffering for themselves and their families. These reflections strengthened their commitment to avoid repeating the same mistakes and to make responsible decisions.

**P2:** "Life in jail is difficult. Always think about what is good for yourself, others, and your family."

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**P4:** "Never use illegal drugs because drugs destroy lives."

**P19:** "Drugs caused me to neglect even my own family."

**Theme 2. Personal Growth, Values, and Moral Transformation (n = 2)**

Two participants highlighted personal growth, values, and moral transformation: becoming God-fearing, putting God and family first, and being wise in distinguishing right from wrong. Rehabilitation was seen to extend beyond behavioral change by encouraging reflection and the development of positive values.

**P17:** "Be God-fearing and always put God and family first."

**P20:** "Be wise in making decisions and know what is right and wrong."

**Theme 3. No Additional Reflections Provided (n = 10)**

Ten participants had nothing further to add, indicating that they had already expressed everything they wished to say. This does not signal a lack of participation; it suggests that the preceding questions had allowed participants to express the issues they considered most significant.

**P1:** "No additional response."

**P9:** "I have already expressed everything."

**Synthesis of the closing questions.** Preventing repeat drug offending, in the participants' view, requires a comprehensive rehabilitation approach that extends beyond confinement and continues through community reintegration. They expressed satisfaction with existing programs while recognizing opportunities to strengthen inmate welfare, protect the rights of persons deprived of liberty, and expand rehabilitation through structured aftercare and community-based follow-up. Lasting recovery was seen to depend on personal responsibility, sincere commitment to change, avoiding drugs and negative peer influences, strengthening faith, and applying lessons learned. Employment, counseling, livelihood assistance, sports and community activities, family support, spiritual guidance, government assistance, and positive social relationships were identified as the interventions that would sustain rehabilitation and facilitate reintegration. The essence of these accounts is that rehabilitation begins within the facility, but lasting recovery depends on continued individual commitment and the coordinated support of institutions, families, communities, and government.

**Member Checking**

To establish credibility and trustworthiness, member checking was conducted as Step 7 of Colaizzi's method. After the themes, exhaustive descriptions, and fundamental structures had been developed, the researcher returned the synthesized findings to selected participants to verify whether they accurately represented their experiences of drug use, rehabilitation challenges, coping, social support, and readiness for reintegration. Participants confirmed that the descriptions faithfully reflected their experiences, perceptions, and meanings; that the themes captured the realities they encountered before and during detention and the changes they experienced in rehabilitation; and that no significant experiences had been omitted or misrepresented. Minor clarifications to the wording of several statements were incorporated without altering the essential meanings, and no new themes emerged during validation.

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## DISCUSSION

### Principal Findings

This study explored how twenty repeat drug offenders detained at BJMP Tanay, Rizal, described their drug use, the challenges they met in rehabilitation, the coping mechanisms they relied on, and the support and readiness they perceived for returning to society. Analysis of the interviews yielded 87 themes across the 25 interview questions (Table 7 in the Results summarizes the theme structure for each question). The principal finding is that repeated drug involvement was not described as the product of a single cause. Peer influence, financial hardship, family and personal difficulties, environmental and workplace exposure, psychological dependence, cravings, and perceived benefits of drug use interacted over time, and detention by itself changed few of the conditions that sustained them. At the same time, participants described rehabilitation as a gradual process of personal change supported by faith, family, structured programs, and self-determination, and they saw continued support after release, especially livelihood, family, and community support, as necessary to sustain that change. Because participants could contribute to several themes within a question and gave similar answers across related questions, theme counts are not additive across questions, and they describe how widely an experience was shared within this group rather than its prevalence in any wider population.

### Drug Use Experiences and the Persistence of Drug Involvement (RQ1)

Peer influence was the most widely shared account of how drug use began: thirteen participants traced their first involvement to friends, companions, or intimate partners (Q1), eight described social influence and trusted relationships that made drug use appear normal (Q2), and twelve described social and environmental surroundings in which friends, co-workers, and community members used or tolerated drugs (Q3). These accounts are consistent with Social Learning Theory (Bandura, 1977), in which behavior is learned through observation, imitation, and reinforcement by significant others, and they match the review's emphasis on exposure to drug-prone environments as a risk for initiation and relapse (NIDA, 2020; UNODC, 2022).

Economic and emotional strain formed a second pathway. Financial hardship and unmet needs led some participants to see drug-related activity as a source of income (two in Q1, six in Q2), and unresolved family conflict, lack of parental attention, and personal struggles led others to use drugs as an escape (two in Q1, three in Q2). Strain Theory (Merton, 1938) interprets such accounts as responses to pressure when legitimate means of securing stability seem out of reach. Participants also described drugs as functional: three believed that drugs helped them stay awake or work harder (Q2), and seven described temporary gains in confidence, energy, alertness, and emotional relief (Q4). These perceived benefits sat alongside harms that participants named just as plainly, including anxiety, paranoia, and emotional instability (seven), neglect of family responsibilities, dishonesty, and lying or stealing to buy drugs (six), and strained family relationships (seven in Q3). That drugs were experienced as both useful and damaging helps explain why cessation was difficult.

The accounts of what happened after earlier arrests or detention (Q5) are the most direct evidence of persistence. Eight participants described unresolved financial hardship, six described returning to the same peers and environments amid unemployment, discrimination, and unresolved family problems, and four described physical dependence, cravings, and perceived benefits. Two participants (P17 and P19) said that they had remained abstinent and that their present detention arose from a pending case or from allegations that they denied (as reported by the participants); their accounts are reported as given. The pattern supports the argument in the reviewed literature that custody without sustained treatment, livelihood support, and a changed social environment does not resolve the conditions that drive repeat offending (BJMP, 2021; PDEA, 2021, 2024; UNODC, 2022). It also illustrates why the study treated recidivism as potential recidivism, examined through relapse tendencies, coping, and readiness for reintegration rather than observed reoffending.

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**Rehabilitation Challenges and Experiences of Existing Programs (RQ2)**

Participants spoke of rehabilitation as an emotional and psychological adjustment as much as an activity schedule. Separation from family, homesickness, and loneliness were recurring sources of distress (Q6, Q8); fourteen described adjusting to institutional life, and fourteen described initial difficulty adjusting to rules and routines (Q6, Q8), and eleven reported at least temporary loss of motivation arising from distress, loneliness, and hopelessness, while nine reported sustained commitment (Q7). These hardships resemble the strains that Strain Theory associates with blocked goals and loss of support, and they fit the reviewed evidence that psychological distress and limited access to mental health support affect rehabilitation engagement and relapse risk (CHR, 2022).

Participants nevertheless described the same experiences as sources of growth. Twelve described personal transformation through counseling, spiritual activities, and educational programs (Q9), three described gradually adapting to rehabilitation conditions (Q9), and three described accepting rehabilitation challenges as opportunities for growth (Q6). Satisfaction with the existing programs was high: thirteen judged them effective and sufficient (Q10), and fourteen expressed satisfaction in the closing questions (Q22). This is consistent with the Rehabilitation Philosophy, which sees structured, treatment-oriented intervention as a means of reform rather than punishment, and with the reviewed literature that engagement and program quality, not attendance alone, shape outcomes (Taxman & Pattavina, 2013; Bahr et al., 2012). Satisfaction was not unqualified. Four participants pointed to overcrowding and the lack of recreational space, two to the need for family communication and family-oriented services, one to the upkeep and orderliness of the facility (Q10), and, in the discussion of adjustment, one participant described difficulty reading English in classroom-based learning (Q8). These are concrete, facility-level limits that programs could address, and they fit national reports that overcrowding and limited resources constrain rehabilitation in Philippine jails (BJMP, 2021, 2023; CHR, 2022).

**Coping Mechanisms (RQ3)**

Coping was multidimensional. Across Questions 11–15, participants repeatedly named four sources: faith, prayer, and spiritual guidance (four to six participants per question); family support and responsibility to family (nine per question in Q13–Q15); participation in rehabilitation and productive activities (ten in Q11 and Q12 and five in Q13–Q15); and self-control, acceptance, reflection, and personal determination (six in Q11 and three in Q12). A single participant described peer support and positive interaction with fellow detainees as a coping resource. Each of these maps onto a strand of the study's theoretical framework: family and positive peers as the social environment through which prosocial behavior is learned and reinforced (Social Learning Theory); structured activity, counseling, spirituality, and values formation as the means through which custodial rehabilitation seeks lasting behavioral change (Rehabilitation Philosophy); and acceptance and determination as adaptive, lawful responses to the strain of confinement (Strain Theory). The prominence of family and faith is consistent with the reviewed literature on the protective role of spirituality and social support in recovery (Koenig, 2018; Mowen et al., 2019). Because the same participants gave similar answers to Questions 13, 14, and 15, the repetition of themes reflects the consistency of these accounts rather than independent confirmation.

**Social Support and Readiness for Reintegration (RQ4)**

Family was the dominant source of support. Eighteen participants described comprehensive family love, guidance, and emotional, moral, spiritual, and financial support (Q16), and families again featured in what participants said they would need after release (eight in Q21) and in their plans after release (five in Q19). Support from friends and the community was less consistent: eight described continued support, whereas eight described the loss of peer support and social disconnection during detention (Q17). Looking ahead, ten participants feared discrimination, stigma, and social judgment, four were uncertain about acceptance, and six hoped that positive change would earn acceptance (Q18). Strain Theory offers a reading of this pattern: stigma and unemployment are structural barriers that narrow

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lawful routes to stability and raise the risk of returning to illegal income, which is the position taken in the reviewed literature on reintegration and relapse (Mallik-Kane & Visher, 2008; Kinner & Young, 2018).

Readiness for reintegration was largely framed as personal transformation: seventeen participants described themselves as ready because of personal change and rehabilitation (Q20), eight described a plan to live drug-free (Q19), seven looked to employment and economic stability, and five to family restoration. One participant described a perceived lack of readiness. The support participants said they would need after release was practical: employment and livelihood (six), family support and emotional reintegration (eight), community acceptance and second chances (three), spiritual support (two), and mental health support (one) (Q21). Taken together, readiness was perceived as dependent on both inner change and outer conditions, which is the central point of the Rehabilitation Philosophy: the institution, family, community, and government share responsibility for sustaining reform. The same social mechanism that Social Learning Theory associates with initiation reappears here as a safeguard, since participants who advised avoiding negative peers (Q23, Q24) were describing the reverse of the pathway they had traced in RQ1.

**Participants' Views on What Would Prevent Repeat Offenses (RQ5 inputs)**

In the closing questions, participants expressed satisfaction with existing programs (fourteen) while proposing improvements in welfare and the rights of persons deprived of liberty (one) in the expansion of rehabilitation and aftercare programs (two), and in personal responsibility and self-transformation (three). Their advice to other offenders was to avoid drugs and learn from past experience (fourteen), to avoid negative peer influence (four), and to renew faith in God (two). The programs they thought would prevent repeat offenses emphasized employment and livelihood (ten), counseling and rehabilitation (two), sports and community-based activities (two), community, family, spiritual, and government support (four), and avoidance of negative influences (two). Eight participants reflected on the negative consequences of drug use on themselves and their families, and two on personal growth, values, and moral transformation. These responses supplied the principal inputs for the proposed program described next.

**Proposed Intervention Program: Enhanced Reintegration and Aftercare Support Program (ERASP)**

***Rationale***

The findings showed that recidivism among repeat drug offenders is shaped by interconnected social, economic, psychological, family, and environmental factors. Participants described peer influence, financial hardship, family conflict, workplace and community exposure, psychological dependence, and emotional distress as experiences associated with their initial involvement and continued use. Although they acknowledged the positive effect of existing rehabilitation programs, many continued to face difficulties in coping with economic pressure, rebuilding family relationships, and reintegrating into society after release. In response, the Enhanced Reintegration and Aftercare Support Program (ERASP) is proposed. Rather than creating a new rehabilitation program, ERASP seeks to strengthen existing rehabilitation, aftercare, and reintegration services through coordinated interventions among government agencies, local government units, community organizations, and families. It focuses on psychosocial support, family participation, livelihood opportunities, relapse prevention, and structured aftercare following release from custody, with the aim of improving long-term recovery and reintegration and contributing to the reduction of drug-related recidivism in the Municipality of Tanay, Rizal.

***General and specific objectives***

The general objective of ERASP is to strengthen the rehabilitation, reintegration, and aftercare support services for repeat drug offenders through coordinated psychosocial, family, livelihood, and community-based interventions that aim to reduce the risk of relapse and repeated drug offending. At the end of the program, the participating agencies shall be able to:

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1. Strengthen the psychological well-being and relapse prevention skills of repeat drug offenders through continuous counseling and mental health support.
2. Improve family relationships by increasing family participation in rehabilitation and reintegration activities.
3. Enhance the employability of repeat drug offenders through skills training, livelihood assistance, and employment referral.
4. Strengthen spiritual, moral, and values formation to promote positive behavioral change.
5. Improve coordination among BJMP, LGU, MADAC, BADAC, DSWD, TESDA, PNP, DOH, and community stakeholders in providing continuous aftercare services.
6. Establish structured post-release monitoring and community support mechanisms that will support successful reintegration and help address the risk of repeat offending.

***Program components, activities, and resources***

ERASP consists of six components (Table 8). Each addresses concerns and needs expressed by the participants, and the cross-reference in Table 9 shows the Results themes on which each component draws.

**Table 8. ERASP implementation matrix**

| Program component | Specific objective | Activities and strategies | Persons involved and resources |
|---|---|---|---|
| 1. Psychological Recovery and Relapse Prevention | Strengthen emotional resilience and support relapse prevention. | Individual counseling; group counseling; Cognitive Behavioral Therapy (CBT)-based sessions (where available); stress management; relapse prevention seminars; mental health assessment. | BJMP, Municipal Health Office, DOH, licensed psychologists; counseling rooms, IEC materials, assessment tools. |
| 2. Family Reintegration Program | Restore family relationships and strengthen family support. | Family counseling; family conferences; parenting seminars; family visitation enhancement; conflict resolution sessions. | BJMP, DSWD, LGU, religious organizations; training materials, counseling venue. |
| 3. Livelihood and Employment Assistance | Improve employability and economic stability. | Skills assessment; TESDA vocational training; entrepreneurship seminars; financial literacy; job matching; livelihood referrals; cooperative orientation. | TESDA, PESO, LGU, DTI, DOLE; training equipment, livelihood starter kits (subject to funding). |
| 4. Values Formation and Spiritual Development | Promote behavioral change and moral recovery. | Values formation seminars; Bible studies; spiritual recollections; character development workshops; peer mentoring. | BJMP Chaplaincy, religious organizations, NGOs; session guides, learning materials. |

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Volume 1 Issue 4 Pages 2675-2728
ISSN: 3155-7546 (Online)
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|---|---|---|---|
| 5. Community Reintegration Orientation | Prepare participants for a successful return to the community. | Orientation on government services; rights and responsibilities; community resource mapping; reintegration planning; referral conferences before release. | BJMP, LGU, MADAC, BADAC, PNP; orientation materials, referral forms. |
| 6. Structured Aftercare and Community Monitoring | Sustain recovery and prevent reoffending after release. | Home visitation; case conferences; monthly follow-up counseling; community support meetings; referral to community-based rehabilitation programs; drug awareness sessions. | MADAC, BADAC, PNP, DSWD, Municipal Health Office; transportation, monitoring forms, communication resources. |

**Table 9. Cross-reference of ERASP components to Results themes (editorial cross-reference; participants per theme in parentheses)**

| ERASP component | Results themes that informed the component |
|---|---|
| 1. Psychological Recovery and Relapse Prevention | Psychological dependence and emotional distress (Q4T1, 7); family separation, homesickness, and emotional distress (Q6T1, 3; Q8T2, 5); loss of motivation (Q7T1, 11); mental health and psychological support (Q21T4, 1); counseling and rehabilitation programs (Q24T2, 2); self-control and personal determination (Q11T2, 6). |
| 2. Family Reintegration Program | Comprehensive family support and guidance (Q16T1, 18); family support and motivation (Q13T1, 9); comprehensive family support and emotional reintegration (Q21T2, 8); family restoration and positive reintegration (Q19T3, 5); strengthening family support and communication (Q10T3, 2); family consequences of drug use (Q3T2, 7; Q25T1, 8). |
| 3. Livelihood and Employment Assistance | Employment, livelihood, and economic opportunities (Q24T1, 10); employment, economic stability, and better opportunities (Q19T2, 7); employment and livelihood support (Q21T1, 6); financial motivation and economic hardship (Q1T2, 2; Q2T2, 6; Q5T1, 8); readiness through skills development (Q20T3, 1); livelihood and reintegration support (Q16T2, 1). |
| 4. Values Formation and Spiritual Development | Personal transformation through rehabilitation programs and spiritual development (Q9T1, 12); faith, prayer, and spiritual coping (Q11T1, 4; Q12T1, 6; Q13T2, 5; Q14T2, 5; Q15T2, 5); spiritual support and positive lifestyle (Q21T3, 2); spiritual renewal and faith in God (Q23T3, 2); personal growth, values, and moral transformation (Q25T2, 2). |
| 5. Community Reintegration Orientation | Fear of discrimination, stigma, and social judgment (Q18T1, 10); uncertainty about social acceptance (Q18T2, 4); hope for acceptance through positive change (Q18T3, 6); community acceptance, trust, and second chances (Q21T5, 3); community, family, spiritual, and government support (Q24T4, 4); readiness through personal transformation (Q20T1, 17). |

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Volume 1 Issue 4 Pages 2675-2728
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.23968106

| | |
|---|---|
| 6. Structured Aftercare and Community Monitoring | Expansion of rehabilitation and aftercare programs (Q22T3, 2); social and personal challenges after release (Q5T2, 6); loss of peer support and social disconnection (Q17T3, 8); avoidance of negative peer influence (Q23T2, 4; Q24T5, 2); sports and community-based activities (Q24T3, 2); perceived lack of readiness and ongoing challenges (Q20T4, 1). |

***Budget, schedule, and expected outputs***

The estimated budget is ₱350,000, subject to the availability of resources and appropriate institutional coordination (Table 10). Implementation may be adjusted according to available resources and the specific needs of repeat drug offenders.

**Table 10. ERASP budget, time frame, and expected output (grand total ₱350,000)**

| No. | Budget items | Amount (₱) | Time frame | Expected output |
|---|---|---|---|---|
| 1 | Resource speaker honorarium, ₱15,000; printing of psychological assessment forms and IEC materials, ₱8,000; counseling materials and office supplies, ₱7,000; snacks during counseling sessions, ₱20,000; transportation allowance for resource persons, ₱10,000 | 60,000 | Monthly | Participants complete counseling sessions, individualized relapse prevention plans are prepared, and mental health assessments are conducted. |
| 2 | Family counseling materials, ₱8,000; meals/snacks during family conferences, ₱15,000; resource speakers/facilitators, ₱10,000; certificates and documentation, ₱3,000; communication and invitations, ₱4,000 | 40,000 | Quarterly | Families actively participate in counseling and reintegration activities, and family support plans are developed. |
| 3 | TESDA training materials, ₱35,000; entrepreneurship and financial literacy materials, ₱15,000; livelihood starter kits (selected beneficiaries), ₱40,000; job fair and employment facilitation, ₱10,000; transportation allowance for trainees, ₱20,000 | 120,000 | Every quarter | Participants complete skills training, receive employment or livelihood referrals, and obtain certificates of training where applicable. |
| 4 | Seminar materials, ₱8,000; spiritual retreat and recollection supplies, ₱8,000; snacks during activities, ₱10,000; certificates and documentation, ₱4,000 | 30,000 | Monthly | Participants complete values formation activities and actively participate in spiritual and character development sessions. |

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Volume 1 Issue 4 Pages 2675-2728
ISSN: 3155-7546 (Online)
DOI: 10.5281/zenodo.23968106

| | | | | |
|---|---|---|---|---|
| 5 | Printing of reintegration handbook, ₱8,000; orientation kits, ₱5,000; meals/snacks, ₱7,000; referral forms and documentation, ₱5,000 | 25,000 | One month before release | Individual reintegration plans are completed, and participants are formally referred to appropriate community support agencies before release. |
| 6 | Transportation for home visits, ₱30,000; communication allowance, ₱12,000; monitoring forms and documentation, ₱8,000; community support meetings, ₱15,000; case conferences, ₱10,000 | 75,000 | Monthly for six (6) months after release | Participants receive continuous aftercare services, follow-up monitoring reports are completed, and referrals to community-based support programs are documented. |
| | **Grand total** | **350,000** | | |

**Implications**

For custodial facilities and the BJMP, the findings suggest that rehabilitation programs that participants value (counseling, the Therapeutic Community Modality Program, educational and spiritual activities) are most useful when paired with attention to family contact, recreational space, and learning support for participants with reading difficulties. For local government units, MADACs, and barangay anti-drug councils, they point to livelihood and employment referral, community acceptance, and structured follow-up after release as the points at which support is most often missing. For the PNP and partner agencies, they underline that enforcement and detention address only part of the cycle of repeat offending. For researchers, the study supplies a detailed account of how detained repeat drug offenders themselves explain relapse risk, protective factors, and readiness for release in a Philippine municipality, which can inform later instruments and comparative studies.

**Strengths and Limitations**

The strengths of the study include a validated bilingual interview guide, individual interviews conducted without custodial personnel present, verbatim transcription, bracketing, member checking, and a systematic analytic procedure (Colaizzi's seven steps). Several limitations should be kept in view. Participants were twenty detained repeat drug offenders in a single facility, so the findings describe shared lived experiences in this context and are not statistical generalizations. The accounts were retrospective and self-reported, and because participants were in custody and the programs were administered by the facility, some may have been inclined to speak favorably of the programs; the high reported satisfaction should be read with this in mind. Because participants were still detained, recidivism was examined as potential recidivism through relapse tendencies, coping, and readiness for reintegration, and no actual post-release reoffending was observed. Finally, the proposed ERASP and its budget are a proposal derived from participants' accounts; they have not been implemented or evaluated, and the cost estimates are subject to resource availability and institutional coordination.

Further research could follow released participants to document their adjustment to family life, employment, community acceptance, coping, and continued recovery; longitudinal or mixed-method designs would allow the transition from custody to community to be studied directly, and the implementation and outcomes of ERASP or similar aftercare programs could be evaluated.

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Volume 1 Issue 4 Pages 2675-2728
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**Conclusions**

Based on the participants' lived experiences and the themes developed through Colaizzi's phenomenological analysis, the study arrived at the following conclusions:

1. **Drug-related recidivism was experienced as a multifaceted phenomenon.** The participants' narratives described their repeated involvement in drug-related activities in connection with various personal, social, economic, psychological, and environmental experiences. Peer influence, financial difficulties, family and personal problems, workplace and environmental exposure, drug dependence, cravings, and perceived benefits of drug use were among the experiences described. These experiences suggest that repeated drug involvement cannot be understood through a single factor alone.

2. **Peer and social relationships were important in the participants' experiences with drug use and recovery.** The participants described negative peer influence as an important experience during their initial involvement with illegal drugs. At the same time, positive relationships with family members, fellow detainees, and other supportive individuals became sources of encouragement during rehabilitation. This finding is consistent with Social Learning Theory, which emphasizes the influence of interaction, observation, and reinforcement within the social environment.

3. **Rehabilitation was experienced as a gradual process of personal change and transformation.** The participants described rehabilitation as more than attending scheduled activities. Their experiences included adjustment to custodial life, reflection on past actions, acceptance, development of responsibility, strengthening of values, and changes in their outlook toward life. Although they experienced emotional and institutional difficulties, many gradually developed hope, discipline, and motivation for positive behavioral change.

4. **The existing rehabilitation programs were generally perceived positively by the participants.** The participants expressed appreciation for counseling, educational activities, spiritual activities, therapeutic interventions, and the Therapeutic Community Modality Program. Their experiences suggest that existing programs provide meaningful opportunities for personal development and behavioral change. However, they also identified areas that may still be strengthened, particularly facilities and recreational resources, family involvement and communication, facility upkeep, and learning support for participants with reading difficulties; looking ahead to release, they also emphasized livelihood and employment opportunities.

5. **Emotional and psychological experiences were an important part of the participants' rehabilitation journey.** The participants experienced loneliness, homesickness, family separation, uncertainty, discouragement, and difficulties adjusting to institutional life. Despite these challenges, some described these experiences as opportunities for reflection, acceptance, personal growth, and developing a different perspective toward their lives and responsibilities.

6. **The participants used various positive coping mechanisms to deal with the challenges of detention and rehabilitation.** Faith and spirituality, family support, participation in rehabilitation and productive activities, self-reflection, acceptance, personal determination, and positive peer relationships emerged as important coping mechanisms. These helped participants manage emotional difficulties, cravings, loneliness, and the pressures associated with detention and rehabilitation.

7. **Family support was an important source of strength and motivation.** The participants described their families as sources of emotional, moral, spiritual, and financial support. Family relationships also strengthened their motivation to change, fulfill their responsibilities, and prepare for life after release. Family support therefore formed an important part of their coping and preparation for social reintegration.

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Volume 1 Issue 4 Pages 2675-2728
ISSN: 3155-7546 (Online)
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8. **Livelihood and employment were viewed as important aspects of successful reintegration.** The participants expressed their desire to obtain lawful employment, become productive, support their families, and establish a more stable life after release. Their experiences suggest that access to livelihood, skills training, and employment opportunities may help support their efforts toward positive change and social reintegration.

9. **Community acceptance was perceived as important in the participants' preparation for reintegration.** The participants recognized that stigma, discrimination, and negative judgments may create difficulties after release. Nevertheless, they expressed hope that genuine behavioral change, responsible conduct, and positive participation in the community could help them regain trust and acceptance. They also recognized the importance of avoiding negative influences and returning to healthier social environments.

10. **The participants perceived continued support after release as important for sustaining positive change.** Their experiences suggest that rehabilitation should not end with custodial detention. Continued counseling, family involvement, livelihood assistance, spiritual guidance, positive social relationships, and community-based support may help reinforce the positive changes developed during detention and assist participants in their transition to community life.

11. **The findings provided a basis for the proposed Enhanced Reintegration and Aftercare Support Program (ERASP).** The major themes and shared experiences identified in the study provided the basis for ERASP. The program addresses the areas that emerged from the participants' narratives, particularly psychological and emotional support, family reintegration, livelihood and employment, values and spiritual development, community reintegration, and continuing aftercare. The findings were validated through the study's member-checking process, supporting the credibility of the descriptions of the participants' lived experiences.

The study concludes that the lived experiences of repeat drug offenders in Tanay, Rizal reflect a continuing process of struggle, adjustment, coping, personal change, and preparation for reintegration. Their experiences show that rehabilitation involves not only participation in institutional programs but also emotional adjustment, personal determination, family relationships, spirituality, positive social interactions, livelihood aspirations, and community acceptance. The findings further suggest that continued support before and after release may help sustain the positive changes experienced during detention. Thus, strengthening existing rehabilitation programs and providing coordinated reintegration and aftercare support may help address the needs identified by the participants and contribute to efforts to reduce repeated drug-related involvement.

**Recommendations**

In consideration of the findings and conclusions, the following recommendations are respectfully presented. They are based on the shared lived experiences of the twenty (20) repeat drug offenders who were detained at BJMP Tanay, Rizal during the conduct of the study, whose firsthand accounts covered drug use, rehabilitation, coping mechanisms, social support, and preparation for social reintegration.

1. **Strengthening of existing rehabilitation programs.** Existing rehabilitation programs, particularly counseling, the Therapeutic Community Modality Program (TCMP), educational activities, spiritual activities, and livelihood programs, may be continuously strengthened and sustained. Improvements may be based on the needs and experiences expressed by the participants to further support behavioral change and personal development.

2. **Strengthening of counseling and family support.** Counseling and psychosocial support may be further enhanced to address loneliness, homesickness, emotional distress, family separation, and difficulties in

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Volume 1 Issue 4 Pages 2675-2728
ISSN: 3155-7546 (Online)
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adjusting to custodial life. Family involvement and communication may also be encouraged as sources of emotional, moral, and spiritual support.

3. **Enhancement of livelihood and employment opportunities.** Livelihood and employment preparation may be strengthened through skills training, vocational activities, entrepreneurship, and employment referrals. These opportunities may help participants prepare for lawful employment, financial stability, and the fulfillment of family responsibilities after release.

4. **Promotion of positive coping mechanisms.** Positive coping strategies such as prayer and spiritual activities, self-reflection, personal determination, productive activities, rehabilitation participation, and positive peer relationships may be continuously encouraged. Participants may also be guided in avoiding negative peer influences and environments associated with previous drug involvement.

5. **Strengthening of pre-release preparation and aftercare.** Pre-release preparation may be enhanced through individualized reintegration planning, counseling, family preparation, livelihood and employment referrals, and coordination with appropriate community services. Continuing aftercare after release may also be provided to help sustain the positive changes developed during detention.

6. **Strengthening of family and community support.** Families and community stakeholders may be encouraged to provide continuing emotional, moral, spiritual, and practical support to returning individuals. Community acceptance and opportunities for positive participation may also be promoted to help reduce stigma and encourage successful reintegration.

7. **Strengthening of inter-agency coordination.** The BJMP, LGU, MADAC, BADAC, DSWD, TESDA, PNP, DOH, PESO, DTI, DOLE, religious organizations, families, and other concerned stakeholders may strengthen their coordination in providing rehabilitation, livelihood, psychosocial, and reintegration services. Such coordination may help ensure continuity of support before and after release.

8. **Implementation of the proposed ERASP.** The Enhanced Reintegration and Aftercare Support Program (ERASP) may be considered as a complementary intervention to existing rehabilitation services. The proposed program may focus on psychological and emotional recovery, family reintegration, livelihood and employment, values and spiritual development, community reintegration, and continuing aftercare. Its implementation may be adjusted according to available resources and the specific needs of repeat drug offenders.

9. **Further research on post-release experiences.** Future researchers may explore the lived experiences of repeat drug offenders after release, particularly their adjustment to family life, employment, community acceptance, coping, and continued recovery. Longitudinal or mixed-method studies may also be conducted to provide a broader understanding of the transition from custodial detention to community reintegration.

The recommendations emphasize that rehabilitation should not end with custodial detention. The participants' experiences indicate that personal commitment, family support, positive relationships, spirituality, rehabilitation activities, livelihood opportunities, and community acceptance are important in supporting recovery and reintegration. The proposed ERASP may therefore complement existing rehabilitation programs by providing a more continuous approach to preparation, reintegration, and aftercare, consistent with the finding that rehabilitation was experienced as a gradual process of personal transformation supported by institutional programs, family connection, and individual commitment.

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