

Lived Experiences of Drug Surrenderers in the Rehabilitation Process

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Abstract— Drug abuse remains a persistent social and public health challenge, often leaving individuals and communities grappling with its consequences. This study explored the lived experiences of drug surrenderers undergoing rehabilitation. It was conducted in a barangay of Ozamiz City, Misamis Occidental. The research employed a phenomenological design. Ten drug surrenderers participated in this study as participants. Data collection involved open-ended interviews guided by Moustakas' phenomenological approach. The findings revealed the following themes: emotional, psychological, and spiritual transformation; physical recovery and health adjustments; coping mechanisms and lifestyle adjustments; reintegration into society and achieving economic stability; overcoming fear and uncertainty; and maintaining accountability. The study concluded that rehabilitation is a complex journey that requires tailored interventions addressing both personal and structural challenges. It recommended that Local Government Units, alongside national agencies and rehabilitation centers, prioritize holistic, voluntary rehabilitation programs to help drug surrenderers reintegrate into society. Strengthening these initiatives can empower individuals to rebuild their dignity, regain stability, and achieve lasting recovery through genuine care and support.

Keywords— coping mechanisms, community acceptance, drug surrenderers, economic stability, reintegrate.

INTRODUCTION

Drug abuse is a global issue affecting millions, defined by Merriam-Webster as “excessive use of drugs” and “use of a drug without medical justification,” referring to substances like alcohol, narcotics, or cocaine. The UNODC (2024) reported 292 million drug users in 2022, a 20% increase in a decade, with 64 million suffering from related disorders, yet only 1 in 11 receiving treatment. Drug abuse causes severe personal, familial, and social harm, including health deterioration, crime, and social instability (Boroumandfar et al., 2020; Haidair et al., 2020). The illegal drug trade also destabilizes economies by fueling organized crime and corruption, necessitating international cooperation to address these challenges (Haidair et al., 2020).

In the Philippines, former President Duterte launched a violent anti-drug campaign in 2016, including “Project Tokhang,” which urged suspects to surrender (Harada et al., 2021; Gonowon, 2022). This campaign, marked by extrajudicial killings—over 6,000 documented deaths, with higher estimates from rights groups (Taddonio, 2025)—sparked global criticism (Warburg & Jensen, 2020; Lasco & Yarcia, 2022). Duterte’s rhetoric encouraged police and citizens to kill suspects, framing the crackdown as necessary for national security, though critics called it a war against the poor (Hunt, 2020; Palatino, 2019). Fear-driven surrenders led to an estimated one million individuals seeking rehabilitation, often under duress, resulting in anxiety, trauma, and

stigma (Harada et al., 2021; Pedroso, 2025; Smith & Doe, 2025).

Amid killings, community-based rehabilitation programs (CBRP) emerged, offering counseling, skills training, and family support (DILG, 2020; Hechanova et al., 2023). These programs adopted a holistic approach, focusing on patient care, family care, and community engagement, and included an aftercare component by DSWD. However, compulsory rehabilitation often framed recovery as punitive rather than supportive, treating addiction as a crime instead of a health issue (Lasco & Yarcia, 2022). Under President Marcos Jr., the government shifted toward prevention and rehabilitation, with thousands admitted to treatment centers in 2023 (Kurlantzick, 2022; Boroumandfar et al., 2020). Despite progress, issues like relapse prevention, social reintegration, and accountability for human rights violations remain (Li & Song, 2022; Hunt, 2020).

By exploring the lived experiences of drug surrenderers, this study addresses a gap in understanding rehabilitation beyond statistics. It examines personal circumstances, program satisfaction, and lifestyle changes to provide insights for policymakers and rehabilitation designers. Ultimately, the research emphasizes a rights-based, compassionate approach, humanizing the effects of punitive policies while proposing improvements for effective, community-

driven rehabilitation (Lasco & Yarcia, 2022; Haidair et al., 2020).

Research Objectives

This study explored and understand the lived experiences of drug surrenderees in the rehabilitation process, including their coping mechanisms and the support and program needs essential for successful recovery.

METHODS

Design

This study employed a phenomenological design to explore the lived experiences of drug surrenderees. Phenomenology focuses on understanding phenomena as consciously experienced (Spiegelberg et al., 2025). A qualitative approach was used, prioritizing depth over breadth to uncover the “why” and “how” of behaviors (Weng, 2024). This design was appropriate for authentically representing participants’ perspectives.

Setting

The study took place in a barangay of Ozamiz City, Misamis Occidental, which has 3,811 residents (2.72% of the city’s population). This area was significantly affected by the war on drugs and maintained records of drug surrenderees through the Barangay Anti-Drug Abuse Council (BADAC), which also conducted livelihood and rehabilitation support.

Participants

Ten drug surrenderees who surrendered during the Duterte administration (2016–2022) were selected using purposive and snowball sampling. Inclusion criteria: (1) surrendered during the anti-drug campaign, (2) underwent rehabilitation/reintegration, and (3) provided informed consent. Sampling continued until data saturation was reached.

Instrument

A semi-structured interview guide with open-ended questions was used. Interviews began with demographic queries and were conducted in vernacular language to ensure authenticity. Confidentiality was prioritized throughout the process.

Data Gathering Procedure

Permission was obtained from the College Dean and the Barangay Captain. After briefing participants on study objectives and confidentiality, in-person interviews were conducted, recorded, and transcribed. Using the snowball technique, additional participants were recruited until saturation.

Ethical Considerations

The study was reviewed by the Misamis University Research Ethics Board. Participants signed Informed Consent forms and were assured of confidentiality, anonymity, and the right to withdraw. Data were stored securely and will be disposed of six months after presentation.

Data Analysis

The study applied Moustakas’ (1994) phenomenological method, including: Epoche – setting aside biases, Reduction & Horizontalization – identifying significant statements, Clustering – grouping into themes, Textural & Structural Descriptions – describing what and how experiences occurred, Essence – synthesizing core meanings of the phenomenon.

RESULTS AND DISCUSSIONS

The study explored the lived experiences of ten (10) single male drug surrenderees aged 37–56. To ensure anonymity, they were labeled P1–P10. Findings were presented based on objectives: (1) experiences during rehabilitation, (2) coping mechanisms, and (3) essential support and programs needed. Themes included emotional, psychological, and spiritual transformation and physical recovery and health adjustments, coping mechanisms and lifestyle adjustments, reintegration and economic stability and overcoming fear and maintaining accountability.

Emotional, Psychological, and Spiritual Transformations

Rehabilitation fosters significant changes in emotions, thoughts, and behaviors, improving mental well-being and self-awareness. These shifts include better emotional regulation, resilience, and a deeper sense of purpose. Spiritual and personal growth emerges through introspection, faith, and value formation, promoting inner peace and clarity.

Three subthemes surfaced: emotional and psychological transformations, spiritual and personal growth, and spiritual-emotional resilience. These reflect dynamic adaptation and holistic development. Participants expressed gratitude, contentment, and relief after quitting drugs. P1 felt immense relief, P6 acknowledged government efforts in facilitating change, and P7 noted improved financial stability—underscoring the profound personal and social impact of recovery.

"Well, I'm really grateful that I quit. It's actually much better for shabu to be gone." (P1)

"There haven't been any major problems. I'm truly grateful to Digong [The former President of the Philippines] because he really brought about change." (P6)

"It's great that we finally stopped. Now we can actually save up some money." (P7)

Participants 2 and 4 expressed contentment and acceptance of their new reality. P2 recognized the harmful effects of drug use, while P4 acknowledged life's changed path with quiet resolve, reflecting a shift from struggle to peace.

"Back then, I was able to handle being a surrenderee. And now, I am able to understand deeply that using drugs was really not a good thing." (P2)

"That's it – change has come. Ahm, that's it, life is different now." (P4)

Despite positive emotions, P2, P7, and P9 expressed lingering regret over past choices, financial losses, and missed opportunities—painful reminders that now motivate their commitment to change.

"I regretted getting into that vice back then." (P2)

"Yeah, that habit really wasn't worth it – that's why there are a few regrets looking back." (P7)

"I didn't feel much emotion – oh wait, I did! Regret, because so much money was wasted." (P9)

Rehabilitation involves complex emotional and psychological changes. Gratitude and contentment signal growth, while regret, exhaustion, and nervousness reflect ongoing struggles. Recovery demands resilience and emotional regulation, which reduces relapse and promotes long-term sobriety (Chretien et al., 2025). Individuals experience significant psychological shifts, requiring mental well-being to sustain progress (Majauskiene et al., 2025). Engaging in meaningful activities enhances emotional stability and reinforces positive behaviors (Lewis et al., 2025). Viewing recovery through post-traumatic growth emphasizes the role of structured interventions in building resilience and healing (Ogilvie & Carson, 2021).

Physical Recovery and Health Adjustments

Recovery from substance abuse involves significant physical changes and health adjustments, as addiction often severely impacts overall well-being. Healing requires medical care, proper nutrition, structured

routines, and rest to rebuild strength and restore balance. Two subthemes emerged: physical changes and health adjustments, including weight fluctuations and lifestyle modifications, and rest and recovery, emphasizing stress management and restoration.

Physical Changes and Health Adjustments

Participant accounts highlight weight gain after quitting drugs, signaling improved appetite and bodily function, illustrating how physical transformation marks progress toward long-term wellness.

"Well, at first, we were really skinny because we had no appetite to eat. But after stopping, we've gained a bit of weight. Hahaha!" (P1)

"I got really fat because I was no longer getting high all the time. It was a good thing, though." (P4)

"Well... there's really a big difference between before and now. After quitting, we started gaining weight, right? Things are truly different now compared to the past." (P3)

Rest and Recovery

Rest and recovery are essential for managing exhaustion during rehabilitation. Participant 9 stressed the need for sleep to restore strength and cope with withdrawal and lifestyle changes. Recovery involves both physical and mental healing, requiring time to adjust and rebuild resilience. Adequate rest improves cognitive function, emotional regulation, and stress management, reducing relapse risk (Ekhtiari et al., 2020; Bolling et al., 2025; Zhang, 2024).

"During that time, I just let my body rest and sleep so I could recover from the exhaustion I felt since quitting." (P9)

Guided by Self-Determination Theory (Deci & Ryan, 2000), emotional shifts, autonomy, and connection influence recovery success, complemented by physical adjustments and spiritual growth through mindfulness and reflection.

Coping Mechanisms and Lifestyle Adjustments

Rehabilitation involves strategies that promote stability and resilience. Therapeutic engagement with nature (e.g., gardening, outdoor activities) supports mental and physical health by fostering relaxation and mindfulness. Structured activities and routines provide consistency, discipline, and a sense of purpose, helping individuals stay productive and focused. Social and familial support

systems—through emotional, financial, and practical assistance—strengthen resilience and create a sense of belonging. These three elements collectively enhance well-being and help individuals rebuild their lives during recovery.

Therapeutic Engagement with Nature

Engaging with nature helped participants cope during rehabilitation by offering stress relief, purpose, and healthy distractions. P3 shared that planting and working in the rice field kept them away from harmful habits, while P8 found caring for animals and raising fish a productive way to stay focused on recovery.

"Well, I've been planting – so I can truly forget that vice. And also, I make sure to attend church." (P3)

"Well, you plant, you distance yourself. But I'm also in the rice field – that's why I truly stayed away." (P3)

"I went back to work, just like I said. I also started raising fishes to keep my mind occupied." (P8)

"Just taking care of animals here – look at the ones behind the house." (P8)

These experiences show how nature offered stability, emotional relief, and a sense of purpose, supporting healing and personal growth. Research confirms that nature-based activities like gardening and mindfulness improve mental health, emotional balance, and physical well-being (Ryff, 2021; Wiley et al., 2020), while nature-based art therapy aids stress management and emotional regulation (Gulbe et al., 2025).

Structured Activity and Routine.

Structured activities and routines helped maintain discipline, focus, and purpose during rehabilitation. Tasks like cleaning, working, and attending seminars kept participants productive and minimized distractions. P4 stayed busy with chores and community clean-ups, reinforcing positive habits, while P6 and P1 valued seminar guidance, which helped them stay on track and improve overall well-being.

"Just keeping busy around the house. I wake up and sweep our yarn every morning, and when there's activities in the barangay like clean-up drives, I participate and try my best to contribute." (P4)

"That's how it was—haha! I just followed what they were saying. In the meetings and seminars that they were conducting." (P6)

"Well, I listened to their advice. Back then, we used to gather in groups... My appetite for food came back again, that's all." (P1)

Reintegration into Society and Economic Stability

Social reintegration and community acceptance involve rebuilding relationships and fostering a sense of belonging, helping individuals regain confidence and trust. Financial struggles highlight challenges in meeting economic needs and achieving stability, often due to external factors. This theme produced five subthemes: social reintegration and community acceptance, financial stability challenges, basic needs support, educational and skills development, and active community engagement. These areas collectively emphasize rebuilding connections, addressing economic hardships, ensuring access to essentials, promoting self-sufficiency, and encouraging social participation.

Social Reintegration and Community Acceptance

Social reintegration and community engagement help individuals regain belonging and acceptance after rehabilitation. Gatherings and shared activities create opportunities to reconnect, celebrate progress, and strengthen social ties. Participant 5 recalled December gatherings as meaningful moments that fostered support and reinforced their commitment to change.

"Just those back in December – our parties and gatherings." (P5)

Community-centered activities ease reintegration by fostering interaction, enjoyment, and support. Celebrating milestones and maintaining social connections are vital for long-term recovery and emotional well-being. Social reintegration reduces stigma, restores belonging, and promotes stability, while community-based and faith-based programs strengthen recovery through guidance, accountability, and inclusion (Estrada, 2024; Trinidad et al., 2023; Olajire, 2023).

Educational and Skills Development Opportunities

Educational and skills development support reintegration by fostering growth and rebuilding lives. P7 shared that continuing their studies while supporting their child's education led to graduation, marking a significant achievement.

"School – I've been able to study. My child was also sent to school, and now they've graduated." (P7)

Education fosters stability, new opportunities, and a sense of accomplishment, making it essential for long-term recovery and reintegration. Structured programs provide coping strategies, resilience, and practical tools for self-management (Welsh et al., 2020; Seabra et al., 2024). By gaining skills and knowledge, individuals improve employment prospects, achieve financial independence, and rebuild purpose in life.

Overcoming Fear, Uncertainty, and Maintaining Accountability

Overcoming fear and uncertainty involves managing anxiety through self-awareness, strategic choices, and personal growth to build confidence and stability. Meeting basic needs—food, water, shelter, and clothing—ensures security, while healthcare and monitoring programs maintain health through regular care. Familial and emotional support systems provide encouragement, resilience, and a sense of belonging, forming a strong foundation for recovery and reintegration.

This theme produced three key subthemes: overcoming fear and uncertainty, healthcare and monitoring programs, and familial and emotional support systems. Overcoming fear and uncertainty emphasizes resilience and confidence-building in facing life changes. Healthcare and monitoring programs focus on structured medical care and assessments to support recovery and long-term well-being. Familial and emotional support systems highlight the vital role of relationships in offering reassurance and belonging.

Overcoming Fear and Uncertainty

Fear was common during surrender, with participants feeling nervous and intimidated by the unknown. Over time, fear gave way to relief and hope, as noted by P8, who described initial anxiety, and P5, P3, and P10, who acknowledged fear but ultimately found happiness and positive change after surrendering.

"That's what I said – I felt nervous, scared ... that's how it was." (P8)

"Well, it's still the same. I was really scared at the beginning." (P5)

"I was really scared at first, but I still felt happy because things are truly different now." (P3)

"I felt scared, but afterward, I also felt happy – because I had truly stopped when I surrendered." (P10)

Fear of the future also played a role, especially for P5, who expressed anxiety about what lay ahead, referencing concerns about tokhang and survival. This highlights how uncertainty and external threats intensified the emotional struggle.

"Well, there was fear about what the future held. It was really scary because there was tokhang and I didn't want to die." (P5)

These experiences show a shift from fear to acceptance and growth. While fear is a natural response to uncertainty, surrender empowered participants to create a new path. Fear and uncertainty often hinder recovery due to worries about relapse, stigma, and lifestyle changes (Johnson-Shupe, 2024). However, peer support groups help reduce anxiety and build confidence, reinforcing commitment to sobriety (Sack, 2014).

CONCLUSION

The study concludes that the rehabilitation journey of drug surrenderers is a multidimensional process involving emotional, psychological, spiritual, and physical transformations, reinforced by coping strategies and supportive systems. While gratitude, contentment, and personal growth emerged as significant outcomes, challenges such as lingering regret, financial instability, and fear of uncertainty persisted. Effective recovery relied on structured activities, engagement with nature, social and familial support, educational opportunities, and community-based programs that foster reintegration and long-term stability.

RECOMMENDATION

It is recommended that local government units (LGUs), in partnership with rehabilitation centers and community organizations, implement holistic rehabilitation programs that go beyond medical and psychological care. These programs should include structured livelihood and skills training, access to education, mental health counseling, faith-based or spiritual support, and sustainable community reintegration initiatives. Furthermore, continuous monitoring, peer support groups, and healthcare services should be provided to address fear of relapse, maintain accountability, and ensure long-term well-being.

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