The lived experiences of recovering Filipino persons who use drugs (PWUDs) without family support

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ABSTRACT

The Philippines's war on drugs brought about an influx or people of who use drugs (PWUDs) availing of community-based drug rehabilitation services for treatment. Programs have been created to develop skills to avoid relapse and improve family relations and support throughout the recovery process. However, not all Filipino PWUDs have the immediate presence or active participation of their families. While family support is construed as critical to sustained drug recovery in most existing studies, very few studies looked into this subset of PWUDs. In a Filipino culture wherein one's family is integral to one's personal identity, an interpretative phenomenological analysis was conducted to examine the experiences of Filipino PWUDs in recovery without perceived family support. Results present four main themes on the experiences of (1) loss and longing while in recovery, (2) coping, (3) self-improvement, and (4) rekindling, rejoining and restarting social connections. Insights from this study can be used in understanding the Filipino way of coping in the relative absence of one's kin, reconstructing the role of family support and extending the meaning of family in the recovery of PWUDs, and finding ways to redesign family interventions in the Philippines.

Community-based drug rehabilitation (CBDR) programs have been used to support communities (Collins et al., 2018) through family-based interventions as crucial elements of successful and sustained recovery. CBDR programs harness the role of family support to help improve communication skills, parenting skills, couples support, and prevention of child abuse among others (UNODC, 2014). The United Nations Office of Drug and Crime (UNODC) emphasizes the importance of providing a continuum of care for PWUDs by families and communities to ensure efficient and long-term results. Previous findings acknowledged that substance abuse is often rooted in social and family problems (Lewis et al., 1990; Laudet & White, 2008). For example, positive family interactions and continuous help from family members significantly decreased likelihood of relapse whereas family

fights, violence, arguments and surrounding drug use inversely increased relapse rates within a 6-month period (Ellis et al., 2004).

Families, though pivotal in preventing substance use and effective as motivation for recovery, may also present some challenges such as in the case of weak, inconsistent or withdrawal of social support (Velleman et al., 2005). In this light, there is value in examining the unique experiences of recovering Filipino PWUDs without perceived family support in relation to the context wherein heavy emphasis is placed on active involvment of families in recovery programs and interventions. Through Interpretative Phenomenological Analysis (IPA), vivid and embodied accounts of PWUDs are examined, along with an interpretative activity in making sense of their recovery experiences (Smith & Osborn, 2015). Specifically, we seek to understand the lived experiences of recovering Filipino PWUDs in CBDR without the presence or active involvement of immediate family members while enrolled in a local community-based drug recovery program.

Literature review

Recovering from substance abuse

In the field of drug addiction, substance abuse recovery has long been studied as a process of improved change (Bjornestad et al., 2019). Kaskutas and colleagues (2014) suggested a person in recovery is seen to have improvements in four main domains: abstinence, spirituality, essentials of recovery, and enhanced recovery. Gilbert and Kurz (2018) further view recovery as sustained abstinence from all mood-altering substances, including a 'new life' brought about by the changes in one's perception of life as an ongoing process of growth, self-change and reclaiming one's self (Laudet, 2007). Furthermore, the UNODC aligns its recovery framework with the World Health Organization's definition as a state of complete physical, mental and social wellbeing by linking drug dependence treatment and rehabilitation with recovery-oriented systems of care, encompassing a person's quality of life including physical, vocational, social, cultural, and spiritual domains (UNODC, 2008). Across these different sources, findings on substance abuse recovery emphasized the importance of integrating the different aspects of a person's life toward continuous improvement and change.

Relapse prevention through strengthened recovery capitals

The goal of practitioners (e.g. drug counselors, community-based drug interventionists) is relapse prevention. Relapse occurs when there is a return to

substance abuse after a period of abstinence, even with previous treatment (Larimer et al., 1999). It is usually caused by immediate determinants like high-risk situations, a person's coping skills, and outcome expectancies together with other covert factors such as lifestyle imbalances, urges, and cravings (Larimer et al., 1999). To address potential for drug relapse, studies on recovery capital emerged to highlight the quantity and quality of internal and external resources that can be used as anchors to initiate and sustain recovery (Vilsaint et al., 2017). Recovery capital increases self-determination and empowerment by reconstructing a renewed identity not defined by drug use which is further enhanced through stronger and meaningful connections with others (Best et al., 2014). The use of recovery capital follows a strengths-based approach that involves identifying and building on existing or acquired personal and social assets (i.e. capital) to encourage continuous drug treatment (UNODC, 2008).

Among these assets, White and Cloud (2008) articulated three common domains present in most frameworks namely, personal recovery capital, family and social capital, and community recovery capital. Family and social capital are assets based on intimate, family and other relationships such as willingness to sustain treatment through social circles, joining sobriety-based fellowships, and active participation in projects involving school, workplace, and church groups (White & Cloud, 2008). Strategies targeting family recovery capital, for instance, can enhance quality of life of individuals and families and elevate long-term recovery outcomes (White & Cloud, 2008). In most cases, family members attend sessions to understand their role, engage in discussions, and learn to determine warning signs to help mitigate incidents of relapse (Laudet & White, 2008).

Findings also show that when families are more encouraging and supportive, PWUDs manifest healthier coping mechanisms in the face of challenges (Atadokht et al. 2015; Goldenberg & Goldenberg, 2013). In this context, the family unit is considered as one of the fundamental sources of social capital, wherein the amount of time spent and attention shared between members affect the quality of social capital developed (Barker, 2012). However, negative expectations and significant life changes like geographical relocation, illness of family member or separation from family members have detrimental effects on recovering PWUDs (Barker, 2012). For example, most PWUDs with severely depleted family recovery capital (i.e., intensified feelings of loneliness) gain little from individually-focused drug treatment that fail to effectively mobilize family and community resources (Evans, 2010; Moos & Moos, 2007).

Recovery in the context of Filipino PWUDs

Individuals from collectivist countries such as the Philippines are more likely to view themselves as interdependent (Markus & Kitayama, 1991).

Hofstede (2001) mentions a sense of heightened group identity and inter-dependence that give Filipinos the assurance of being looked after by their in-group, typically involving their family, kin, and peers (Jocano, 2001) along with community support and the presence of extended fami-lies (Hechanova et al., 2016). In challenging circumstances such as drug use, incarceration or mental illness, family members in Filipino families are morally compelled by extending care work and ethical responsibility to members afflicted by these problems (Bertulfo et al., 2016; Yap et al., 2020; Yusay & Canoy, 2019). In such cases, individuals who report greater social cooperation, familial support, and unity were more likely to positively endorse seeking professional psychological help (Kuo et al., 2007).

While enabling family environments are critical to drug recovery in gen-eral, the presence of family support in the recovery journey of Filipino drug users cannot be understated as the family unit is integral to their identity as persons and as a group (Bertulfo et al., 2016; Yusay & Canoy, 2019). Program success can be anchored on highlighting key aspects of Filipino culture and context through the use of small groups and emphasis on the role of family, community, and spirituality as recovery capital among Filipinos (Bunagan et al., 2019; Hechanova et al., 2018). As such, we argue the need to further understand the experiences of Filipino drug users with little or no perceived family support. Possible local drug inter-ventions, specifically for those with less or no family involvement, may have limited 'effectivity' as it may sidestep how specific experiences of drug recovery among Filipinos are enmeshed to one's family as the primary unit of care and support in times of adversity.

Interpretative phenomenological analysis to drug recovery

In this study, an Interpretative Phenomenological Analysis (IPA) method-ology was used to unpack a person's subjective experiences and thought processes in making sense of their experiences (Smith & Eatough, 2007; Eatough et al., 2008; Smith, 2015). This two-stage process called double hermeneutics (Palmer, 1969) are enacted by recovering and empathizing with peoples' experience and interpretation of their world at one level, and a succeeding analytical layer by the researcher/s in further interpreting peo-ples' experiences. In this context, IPA has theoretical foundations in both phenomenology and symbolic interactionism, highlighting both realist accounts of experience and the importance of subjective interpretation in meaning making (Moran, 2000). Lastly, idiography is viewed through the examination of a specific case such as the experiences and struggles of recovering PWUDs without their family as an immediate support system.

As such, we asked: what are the lived experiences of recovering Filipino PWUDs in CBDR without the presence and support of their immediate family members?

Methods

Participants were identified through *Katatagan Kontra Droga sa Komunidad* (KKDK) , a 15-week evidence-based CBDR program for PWUDs and their families designed to develop resilience by integrating techniques in substance use treatment including cognitive behavioral therapy, motivational interviewing, mindfulness and family systems therapy (Hechanova et al., 2018). The program includes twelve individual modules focused on developing drug refusal skills and life skills; with three supplementary family modules to strengthen the family system in support of recovery. These modules were created to involve families in treatment, strengthen support, create opportunities for members to communicate, express their thoughts and feelings to each other and reconcile existing family issues (Bunagan et al., 2019). Participants with no family members were grouped separately from those who came with theirs. Reasons for their families' absence include relocation, abandonment and low family support.

Participants

A mixed group of nine male and one female adult PWUDs, identified through snowball sampling in their participation and completion of the KKDK program implemented in the City of San Juan, were interviewed to meet the criteria of a phenomenological study of two to ten participants (Creswell, 1998) as the data reaches saturation (Boyd, 2001). Their ages range from 37-56 years old; they are either separated from their spouses or live-in partners or have remained unmarried. They are either living by themselves, residing separately from their biological or nuclear families with minimal to no communication; some are living with non-relatives while enrolled in the KKDK program. Selection criteria are further emphasized beyond physical but also emotional distance from their families who are unaware and uninvolved in their recovery, thus receiving very little to no emotional support. These individuals were grouped separately from those who came with their families during the 2nd and 3rd family modules where family attendance was required and were invited for a one-on-one interview within a month after their graduation. A table is presented to provide context to the participants' family situation.

Materials

Upon identifying target participants for the interviews, consent forms were given to the participants to sign. During the interview, a guide was used to standardize the process. A recorder was also used to document, with all recordings and transcribed interviews stored in a flash drive.

Data collection procedure

Identified participants were invited by the researcher to the San Juan City Anti-Drug Abuse Council office for a one-on-one interview. Upon giving their consent, PWUDs began to share about their recovery experiences without family support. Their interviews lasted for 30 min to an hour maximum. Interview questions encompass domains pertaining to experiences while enrolled in CBDR programs, current family status, current relationship with family, experience of recovery without any communication or receiving any support from family members and key insights from their unique recovery experience. Individual interviews were recorded, transcribed and subjected to IPA for themes that cut across all participants as those unique to each participant. All identifying information such as real names were replaced with aliases for anonymous record keeping.

Data analysis procedure

Overall analytical process was guided by IPA (Smith, 1996, 2015). Transcripts were read and reread repeatedly to note significant experiences. Another round of analysis was conducted after a month, allowing the first author to regain a fresh perspective in interpreting themes from the initial notes. Eventually, themes were reduced by clustering to form stronger, more coherent accounts. As a final output, a table was created composed of higher order themes with subthemes. Validation of themes is iterative across multiple consultations between the first and second author (i.e. research adviser). Lastly, illustrative texts were also presented alongside each theme.

Results

In answering the research question: What are the lived experiences of recovering Filipino PWUDs in CBDR without the presence of their immediate family members? Particularly, what is the experience of recovery like for Filipino PWUDs without immediate family support?, IPA was employed. Following Canoy and Ofreneo (2012) single case presentation format, Tonio (not his real name) is presented as the idiographic case illustration because of the depth and concreteness represented by his experience of recovery without

Table 1. Superordinate themes and subthemes of Filipino PWUDs without family support.

Superordinate themes	Subthemes
1. Experience of loss and longing while in recovery	• Feelings of regret • Feelings of loneliness • Feelings of surrender
2. Experiences of coping	• Joining programs/ having hobbies • Gaining strength from religiosity • Use of other substances
3. Experiences of self-improvement	• Intrinsically motivated • Extrinsically motivated • Gaining a new sense of self • Developing resilience through challenges • Taking accountability for life outcomes
4. Experiences of rekindling, rejoining and restarting social connections	• Efforts to reconnect with separated family members • Rejoining one's family • Yearning to create one's own family • Finding family in others

family support. It is important to note that Tonio's experience is not meant to represent all other rich experiences of Filipino PWUDs in recovery without their families' support but as a complete experience embodied in the theoretical framework of IPA. Data established four higher order themes namely: (1) Experiences of Loss and Longing while in Recovery, (2) Experiences of Coping, (3) Experiences of Self-Improvement, and lastly (4) Experiences of Rekindling, Rejoining and Restarting Social Connections. Accounts from other participants were also included to show deviant cases highlighting their uniqueness. Table 1 is presented to visualize the emerging superordinate themes and subthemes across the different accounts.

Experience of loss and longing while in recovery

Feelings of regret

Attached to their situation of being physically and emotionally distant from their families, PWUDs experience feelings of regret over having used drugs in the past, causing their family to part ways and members to distance themselves. Apart from this, they also shared happy memories they wish they could bring back or do over again. Boy recalls memories spent with his children and how he can no longer see them as a result of his separation with his wife:

> Sometimes I think about why I did that (drugs)? In my life as a married man, I do not blame her (that she left).

> The reason I cried … There are days when my children and I bond … I was even telling my wife I did not want to … I was not expecting that it will come to us separating. The situation worsened because of drugs.

Feelings of loneliness

Loneliness is a common feeling shared amongst all interviewed PWUDs, usually caused by not being with their families physically or having anyone

at home to have a conversation with. Alex shared his experience spending the holidays by himself in isolation. After his family disowned him for his drug use, it was difficult to adjust from having everyone from overseas at the dinner table to being just by himself on Christmas eve with no one to talk to. It is ironic for him to be in the company of acquaintances inviting him over to spend the holidays but not his own family. Tonio consequently shared that his loneliness also makes him feel incomplete without anyone to share his affection with. There is a certain sense of longing to be with their family during special occasions or having people to express their love for that friends or acquaintances cannot satisfy. These feelings are captured in the statements:

> My mother's side and my other children are still consistently mad at me … I already apologized, done my part but I guess they're not ready to forgive me yet. Although when there are special occasions, it gets sad. I'm alone at home, lucky to feel that others invite me but not my own family … .

> It's difficult not having a family, no one to easily talk to because boarding housemates just pretend, conversations with them are casual unlike when you talk to your family.

Feelings of surrender

Aside from loneliness and regret, PWUDs also feel that there is nothing else they can do to fix their current situation. Mike shared how he tried to turn his life around but failed. He passively accepted the possibility of not waking up the next day, believing that there is nothing more within his control that he can do so he surrenders his future to fate. Their feelings of surrender exude a certain passivity to one's life, yielding to whatever life brings without active role in events and decisions. Mike's account is cited as follows:

> When I wake up in the morning, I am at that point where I am okay to not wake up the next day because I have no where else to go to … I do not have any inspiration, no more will. I spend my time to share goodness to others in a way so I can help someone before I vanish the earth.

> The saying goes, God provides but the person undertakes. Is it possible that God be the one to undertake my life instead. I would want him to take control and work His way for me, take charge of my life and in a way lift up everything to him. I surrender to Him.

In spite of being in such unideal situations, others manage to stay resilient and not let the situation take them over. Alex mentioned anticipating more challenging times ahead so instead of surrendering to his present situation, he consciously shifts his perspective to look beyond these adversities instead:

> When I came out of the shelter, I couldn't survive on my own. I had nowhere to go to, and I was at a point in my life that it was the worst situation I had to go through. But I refuse to believe that, I know there is something worse coming for me so in a way, I keep fighting.

Experience of coping

Joining programs/having hobbies

PWUDs engage in different activities to make use of their time more productively. They shared that boredom becomes a trigger for relapse. Joining regular programs in the community or having different kinds of hobbies give PWUDs something to look forward to and occupy their time with. Being a part of programs allow them to be with other people who share the same experience as they are going through which can help in recovery. Tonio shares this by sharing his experiences:

> It's sad, there's nothing you can do but to stare blankly because you have nothing to spend your time on. I just go to work in the morning and then go back to the boarding house. I spend time on chores, washing clothes and join church activities. I am active in church as a choir member because if there's something that I'm doing, I don't think about using drugs.

> This treatment I have with KKDK, I met so many people and they get to know me too. We see each other during the program. I go with their flow, you'll fix yourself because you go through it with others.

Gaining strength from religiosity

Filipinos are known for being religious. As problems appear too complex to handle, their locus of control shifts from internal to external, hoping that salvation would be granted by a higher being. Most PWUDs share their experience of turning to religion to get over their cravings and thoughts about using drugs again during their loneliest times. Tonio and Bong share how they turned to God for strength when they were at their lowest and how they have proven His presence in their lives:

> I got into Sipag when this spiritual thing came to me. They gave us a bible and since then, religion strengthened me. This religion doctrined me and I pursued with it.

> He is not punishing me (points up), He is saving me. I am more dependent of Him because I have proven that He will not let me go astray and until now, He has not given me any less.

> There is a God that is alive, that's the most beautiful thing that happened was that I asked Him for resilience and strength … I prayed for strength because there really was temptation around me.

Use of other substances

As a substitute for illegal drugs, PWUDs turned to other legal substances like alcohol and tobacco to satisfy their cravings. Though the effects of alcohol and tobacco on the body are different than that of illegal drugs, the effects of these substances contribute to detrimental health problems. Some realize the effects these substances have on their bodies, but others decide not to reduce use. They expound on their experiences through the following:

> I drink alcohol every day because I am an alcoholic. My body trembles when I don't drink. Now I regularly drink 1 bottle after I finish work.

> With regards to vices, they tease me that I might go back. I said I've been recovering for 2 years already, I won't go back. I can't promise the same for smoking though I know it's bad for me.

> Drinking beer is the only vice I have and smoking. I really avoid drugs now.

Fortunately, others were able to take control. Rene shared that he became more confident in his ability to stop alcohol and tobacco use. He stressed that one's likehood of use depends on the person's decision-making and refusal skills. Donna shares the same sentiment, they said:

> For me, it was not difficult because those are just vices. Alcohol and smoking are just for fun and you can stop if you really want to. It really depends on the person, you are in charge of it.

> I stopped everything already—gambling, my vices, drinking, smoking. It's difficult to stop smoking but I really just stopped almost 2 weeks ago.

Experience of self-improvement

Intrinsically motivated

Strong intrinsic forces become a driver for positive change in the lives of recovering PWUDs. Those living by themselves and not receiving support from their families anchor their personal recovery capital like improved physical health and psychological well-being as their primary sources of motivation to pursue positive life changes. Mike and Tonio both shared how they got themselves out of difficult situations in the past by focusing on themselves to get better. Tonio even strongly suggested focusing on oneself more than thinking about the family as motivation, a sign that he really has become less dependent of his family's support in pursuit of his recovery and rather focuses more on himself and strengthening of his own abilities. They share:

> My advice is to not think about the family, think about yourself first because there's nothing much you can do.

> I scavenge to save myself from using drugs, I save myself, I better myself so I can help myself.

> In a way, I have avoided the use of drugs, I am able to sleep soundly because I don't think about much anymore. My body has also improved now.

Extrinsically motivated

PWUDs in their efforts to continuously improve while in recovery are also motivated by factors outside of themselves, thinking about how their recovery would impact an imaginary audience, especially those like Donna,

whose family is not even aware of her recovery efforts. Friends and batch-mates from their CBDR programs take on the role of cheerleaders, pushing them to tread forward and not look back on things they've already put behind. The respect they've gained from people around them also becomes an influential factor in their recovery. They share:

> I've gained the respect of my colleagues, I'm one of those they respect and that might just vanish and I'm afraid of that. I think about my family, I really don't want to go back. Its difficult because you will start from scratch and there will be nothing left again. The things I've worked hard on will all be ruined again.

> I think about the respect I gave and value that. I'm aging and I don't want to be rejected by my children as I get older. If you're old you should fix your life and treat your past as a closed book.

Gaining a new sense of self

PWUDs see themselves gaining a new sense of self by consciously improving on their usual perceptions and behaviors to gain respect from others and consequently gain self-respect. They mindfully shift to making better decisions and receiving validation for it from others. Doing good is perceived as an investment built over time, hoping that the same goodness will be given to them in return. In this process, they also gain a new sense of identity and confidence to overcome challenges and stigma attached to being a drug user in the time of *Tokhang* in the Philippines. These are shared through Tonio, Bong and Esme's lines:

> It's good that my path to recovery is straight and it's clear to me that I am investing on self-trust and respect and that's really something I want to preserve.

> Before, I felt ashamed of people eventhough I wasn't doing anything wrong, there's still that stigma about your drug use. It's embarrassing because it's like they don't believe you and you don't have confidence in yourself but that's not the case anymore.

> I can try to be a facilitator; I will try with my head held high. Even if I see the same police who interrogated me before, I can say hello freely to them.

Developing resilience through challenges

Compared to before, PWUDs have been able to apply key learnings from the program, remembering techniques on refusal skills, coping skills and problem solving which help them develop resilience to turn away from drug use and prevent relapse. Resilience is also seen in the light of their ability to bounce back from problems encountered in everyday life including employment, poverty and family issues. It becomes an experience of strengthening one's self by increasing abilities to overcome life obstacles even without assistance or support from family or other people. Tonio and Orland shared:

> My fight continues, the problems will perish when I wake up tomorrow morning. Don't let yourself get carried away with temptation, fight it.

> At work, I feel great. I feel that I'm changing and I'm going straight from here and there's no turning back to using drugs again. I'm already recovering and going back is not an option.

> Keep on journeying onward, do not look back, left and right. Problems will subside eventually.

Taking accountability for life outcomes

A big part of self-improvement while in recovery is being able to accept and take accountability of one's decisions and realizing how those affect over-all life outcomes. Tonio and majority of the PWUDs have learned to move forward from negative experiences as consequences of poor decisions and actions in the past. Locus of control shifts from external to internal as they take more responsibility of their behaviors. This can be observed through the following:

> It's okay, I know how they will respond. I'm not defensive about the wrong I've done.

> I was using drugs then, drugs was really the reason why we broke up. She knows that and I don't really blame her.

Interestingly, others like Bong feel victimized by unfortunate circumstances and think he has no direct control over what happened. There is a lack of accountability in owning up to the use of drugs in the past and acknowledging how that affected his relationships with his parents at a young age. He said:

> I just used drugs, just a victim. I was able to try everything but not all who use drugs are bad people. Others are just victims like me.

Experience of rekindling, rejoining and restarting social connections

Efforts to reconnect with separated family members

PWUDs were encouraged to reconnect with their families while attending CBDR but are still experiencing some challenges in reestablishing communication lines like Alex and Bong. Both have tried reaching out but constant resistance from the other end prevents initiating proper conversations. Fortunately, both still remain hopeful of potential reconciliation, even without clear reassurances. Their experiences are shared:

> I will have my wife called so we can talk. I don't know what help they need and what help I could give but I will give what I can, they just need to approach me.

> I just want to see them, just one hug is enough even if I have to kneel in front of you just to see them. Time is really short and they're still so young.

Rejoining one's family

Fortunately for some, family members witness changes in those recovering, allowing them space to rekindle contact in attempts of resolving conflicts

with each other. This becomes a hopeful experience for the PWUDs, encouraging them to move further forward in their recovery. The experience of rejoining and reconciling with the family may be difficult, entailing constant effort and commitment but validate it as the most fulfilling and motivating experience of recovery:

> Since my son attended, my communication with him continued and we now see each other regularly, weekly or even possibly daily.

> I learned to apply the manner in which you speak to me, I do to with my family. You can apologize but you need to show the changes you've worked on. I disrespected them before but I have to show them that I'm trying to make up for that.

> In this situation where one is far their family, don't cut off communication. If there are occasions, you have to be there. Before I was not focused on my children and I ignore them but not anymore. I really respond to them and became more open to each other.

Yearning to create one's own family

In the absence of their previous family and seemingly impossibility of reconciliation, some PWUDs want to start anew instead by moving forward from what happened and focusing their energies on creating a future for themselves. Tonio and Mike expressed wanting to build a new family of their own, find a new partner to commit and turn their affections to. This future with a new partner and a new family symbolizes a new beginning, life and hope for them. They share:

> My wish to God is to grant me another wife, I want someone who was sent by Him. I'd like to have someone with me, to share myself with, someone who depends on me, that makes me want to work more.

> I want someone to be with in life, a friend, even to adopt a child to express my love to, someone to talk to. If I have a wife waiting on me, if my child has already eaten. There is a yearning to share myself with someone.

Finding family in others

Those PWUDs who had no contact and have received no family support during their recovery found it necessary to turn to people around them. Their neighbors, friends, workmates and even co-program attendees stood in as alternative sources of support and love throughout their recovery. In their case, heavy emphasis is focused on social recovery capital outweighing and replacing their scarce family recovery capital. Those from distant households adapted to find home in the company of others rather than forcing it on their families of origin. The concept of family now became a choice rather than a given. Victor and Boy in these statements share:

> When I was living with a friend, I was so happy I moved there. I get praised and they treat me like family. They always mention my name, always share good and fun memories so I don't feel sad.

> My facilitator told me that he will be my family. I was touched, it feels different after graduating from the program, I was touched.

The idiographic account of Tonio is anchored on a synthesis of ten Filipino PWUDs and their experiences without family support, suggesting that recovery is anchored heavily in their motivation for self-improvement and social connection. Driven by initial experiences of loss and longing, Tonio developed coping strategies that strengthen his ability to avoid relapse. Recovery, whether intrinsically or extrinsically motivated, yielded improvements in self as manifested through enhanced resilience in the face of challenges. Still on some days, Tonio finds himself lonely and yearns for the company of a family. In this context, his account of recovery showed mixed experiences of emotional ups and downs in light of pursuing new beginnings with people they call family. We also recognize and reiterate that the account presented does not encompass the range of possible experiences related to drug recovery, but only highlights the depth and complexity of navigating difficult emotions with little or no support from one's biological family.

Discussion

The relative absence of family support reveals layers of influence to a person's experience of recovery, involving one's self, the family and the broader community. While the relative absence of perceived family support triggers strong emotions like loneliness brought about by their personal circumstances (Evans, 2010; Weiss, 1973), the findings uniquely contribute to the cultural context of family support in light of drug recovery. In most drug intervention programs, the role of family support is often assumed as the primary and significant support system for recovering drug users (Sanders, 2000; Velleman et al., 2005). However, the findings showed a more nuanced understanding by unpacking the lived experiences of Filipino recovering PWUDs and how they deconstruct family support and extend the meaning of family beyond one's biological kin. The next few paragraphs further elaborate some key insights from the findings.

Understanding the Filipino way of coping in the absence of family support

Coping is an important determinant of success or failure in recovery and overcoming relapse. The prevalence of stress usually increases the likelihood of vulnerability to substance addiction as a coping mechanism (Sinha, 2008). Resource-strapped countries such as the Philippines adapt certain

types of coping more frequently than others, particularly in substance-related coping strategies (Botchkovar et al., 2013). Because of this, most research is invested on adapting and testing more efficient coping strategies popular in relapse prevention like organizing peer support groups (Tracy & Wallace, 2016) and adapting cognitive behavioral strategies (Shafiei et al., 2016). Recently, such programs have been tested to work effectively by giving emphasis on the strength of group-based interventions in helping PWUDs overcome difficult situations (Hechanova et al., 2016).

Overall, the findings resonate with previous local studies on the 'predisposed' helping orientation of Filipinos in times of adversity such as disasters (De Guzman & Adviento, 2010). In such contexts, the importance and necessity of extending support to one's family is constructed as 'always-already' a given. However, our findings offer a unique case wherein family support and involvement are less or 'absent' in certain contexts. In a culture where the family unit is heavily tied to one's personal identity, any form of withdrawal or diminished support provided by family members especially to those who need it the most, can be severely detrimental to one's physical and psychological health. As exemplified in the accounts of Tonio, PWUDs expressed the value of family connections, recognizing how family recovery capital is vital in their sustained recovery. These findings contribute to more recent studies emphasizing the personal and social construction, rather than the 'naturalness', of Filipino families and relationships (Bertulfo et al., 2016; Yap et al., 2020; Yusay & Canoy, 2019).

Reconstructing the role of family support in the recovery of PWUDs

The experience of recovery especially in the context of CBDR was an opportunity for PWUDs address and confront issues with their families. Aside from Tonio, some participants were able to reconnect and reconcile with their families after the program, while others did not. Those successful in rekindling their relationships rejoin their families not only in the physical sense but also by improving communication patterns and deepening emotional connections. In the accounts of PWUDs like Tonio, Filipino families, although not taking an active role in providing support while enrolled in the program, still became a source of motivation in light of eventual family reunification. In this context, PWUDs view possible reunification as a reward and a badge that prove to their families that they have changed.

Those whose family members were still unwilling to reunite with PWUDs, turning to other sources of support such as community workers, *barangay* officials, neighbors and even co-program attendees, helped create an equally enabling and safe space for recovery. These reconstructed safe

spaces are similar to Knauer's (2016) discussion of 'chosen' families (e.g. in the context of LGBTQI families) wherein individuals actively consider whom to call as their family. Chosen families are bound by the social and emotional support they give each other in times of need and the contribution they give to improve PWUDs quality of life. No matter what the outcome was, being given back or rewarded a family in the course of the program was a concrete reminder of restored hope and new beginnings.

Redesigning family interventions

Family interventions are a critical component of CBDR programs to ensure strengthened support alongside or even after treatment has been completed. Ideally, CBDR programs encourage the presence and active involvement of families of PWUDs during the entire course of the program. Additional considerations, however, must be made for PWUDs who are not in close contact or have severed ties with their families at the time of enrollment. 'Uninvolved' families (e.g. poor attendance in family-focused modules) may trigger disappointment and emotional isolation among PWUDs as well as become a subject of gossip by other program attendees who attend sessions with their families.

In the absence of family recovery capital, the resources of recovery capital can extend to include groups outside one's family. These resources are identified as one of the main drivers for sustained recovery, leveraging on the quality of social relationships (e.g. peers) that significantly decreases the likelihood of drug relapse (Ellis et al., 2004). As PWUDs attend programs in the community, they interact with their peers who are going through similar experiences which may foster stronger emotional bonds after establishing shared spaces for sharing and of collective healing. This calls for interventions in CBDR to consider a boarder scope of inclusivity not only focused on families bonded by blood but encompassing wider social relationships of PWUDs (e.g. key personnel in the community, program attendees etc.). PWUDs may achieve stronger bonds with these people, at times, even exceeding the bonds accorded to one's family-of-origin. In these contexts, traditional family roles of providing and receiving care and support are negotiated amid prevailing stigma and sense of loss over time (Bertulfo et al., 2016; Yap et al., 2020).

Shared reflexivity

Both authors have a background in psychological and community-based research and interventions in the time of Duterte's 'war on drugs' national campaign (e.g., Bunagan et al., 2019; Ofreneo et al., 2020). We have drawn from these previous experiences to empathize with our participants' lifeworld, while maintaining critical distance as researchers by questioning the cultural

roles and expectations associated with Filipino family members as the default and 'always-ready' support system of afflicted members recovering from drug use. Highlighting the unique experiences of drug recovery as exemplified in Tonio's accounts, we posit that the availability of enabling family relations is critical to mitigate drug relapse in general, while adjusting to the culture-specific negotiation of meanings, norms, and values associated to the giving and receiving of care and support within the Filipino family.

Limitations and future research recommendations

Timing consideration in conducting the interviews is important. Data collection for this research was held around the Christmas holidays, perhaps unconsciously affecting the PWUDs to feel more sentimental about not having anyone to spend the holidays with, reminiscing about previous occasions where they have spent this holiday together with their families. Another limitation of this study is the actual involvement in the actual implementation and facilitation of CBDR in the local government unit. Conducting these interviews directly with the PWUDs may have facilitated biased responses, filtering their statements and saying things they wanted the authors to hear. Representation is also another limitation, given that interviewed PWUDs were only identified from one batch, being implemented in just one city. Interviewing more PWUDs not receiving family support from other cities situated in Metro Manila or those living in rural areas may give a broader range of context and experience which would make this research richer and more inclusive of the Filipino population. Furthermore, the age and gender of recovering drug users and family members can be considered in understanding the implicit beliefs linked to roles in the family (e.g. care-taking roles). Lastly, in a collectivistic country such as the Philippines, most program developers have invested their time and resources developing programs for different families. Alongside developing self-efficacy and self-compassion in the experience of recovery, specific family norms, values, and practices need to be considered in sustaining the efficacy and impact of programs.

Conclusion

The challenge in relapse prevention needs to account for the roles and responsibilities of the family and the community in sustained drug recovery. Existing CBDR programs have continuously been improving to cater to the evolving needs of Filipino PWUDs and local service providers. Because of these efforts, the Philippines is slowly emerging to become more adept in applying CBDR practices vis-a-vis other neighboring Asian countries, as most local government units in the country have already

established metrics in the effective delivery of CBDR services . Moreover, fine-tuning existing local programs and thinking beyond the minimum requirements to service special populations is critical - that is, shifting from a one size fits all design into focusing on both individual and group needs supported by stronger case management, monitoring, and evaluation systems. As such, the *real work* has just began. Rooted in broader communities of care and support, we need to revisit and transform the taken-for-granted meanings and emotionally 'messy' relations of *being* and *becoming* a family. It is within this immediate and intimate context that the impact of CBDR programs may be personally felt, embodied, and potentially sustained in the lives of PWUDs.

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