

The Relapse Prevention Plan for Aftercare Patients of City of San Jose Del Monte Anti-Drug Abuse Council

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Abstract:- Individuals recovering from various forms of addiction frequently encounter relapses that have gained acceptance as an almost inevitable part of the recovery process. The objective of this study is to know the factors affecting on the Relapse Prevention Plan of the after-care patients in the City of San Jose Del Monte Bulacan. This is quantitative research and descriptive in design, it has used frequency distribution as the statistical treatment. (1) The highest factors which affect the Relapse Prevention Plan of the After-Care Patients in the City of San Jose Del Monte Bulacan is Environment (2) The main contributor to the challenges experienced is the lack of participation from the after-care patients is their number 1 concern (3) The most measures recommended are promoting working relationship with the client's family and Community welfare Service, conducts home visitation to track/monitor activities and (4) The most effective measures being implemented the competency and life skills improvement and development, active participations on the spiritual enrichment, continuous counseling rendered throughout the duration of the program, to After-care patients is working for a living, to exclusive lanes for morally recovered, and for the Negative in the drug test. With the results of the data gathered it could be concluded that There were factors which affects the Relapse Prevention Plan of the After-Care patients in the City of San Jose Del Monte Bulacan which notably highlights the impact and involvement of the environment.

Keywords:- *Addiction, After-Care, Drug abuse, Methamphetamine, Patient, Recovery, Rehabilitation, Relapse and Vulnerability.*

I. INTRODUCTION

Nicholas Guenzel and Dennis McChargue (2021) Individuals recovering from various forms of addiction frequently encounter relapses that have gained acceptance as an almost inevitable part of the recovery process. However, the normalization of relapses can reduce the urgency for providers, patients, and support individuals to prevent them from occurring. Countless individuals lose their employment, families, freedom, and even lives as a consequence of relapses. Three of the most common relapse prevention strategies have included therapy and skill development, medications, and monitoring.

Peggy L. Ferguson, Ph.D. (2019) Many individuals in both the healthcare system and the larger society focus on relapse in terms of the consumption of the prohibited drugs

that has been problematic for the individual. However, consumption is the very last step in the relapse, and neglecting earlier events in a relapse prevents more effective intervention at earlier stages. Relapse prevention plans can include ways in which you hope to amend the damage addiction caused in your life. Separating these damages into areas like relationships, legal issues, financial issues or education can help you regain insight as to why you decided to get sober in the first place and provide motivation to make positive choices. As time passes, it may be important to revisit your relapse prevention plan. The components you acknowledged in your plan at the beginning of your recovery have the potential to change and develop over time, as do the people in your support system. This can be done on your own or by sitting down with a professional. Each individual's needs will vary, so it is important to assess where you are in your recovery and to be honest with yourself .

Sec. Antonio A. Villar Jr., personal communication, (May 5, 2018) Drug abuse remains to be a public concern as it continues to block the aspirations of the Filipinos for a better future. There are those who are fortunate to have summoned the courage to escape drugs' clutches; and they continue to seek our help in dire times. Treatment and rehabilitation are the most humane aspect of the anti-drug campaign as it reintegrates former drug dependents into the society. We are resurrecting dreams. We are empowering former victims. And we are helping them live-out the future that rightfully belong to them.

J. Menon (2018) Relapses are often a part of the recovery process over the course of a person's addiction in drugs. Individuals with co-occurring substance use disorders are at higher risk for relapse. Integrating relapse prevention training for individuals with COD requires consideration of their substance use, psychiatric symptoms, and the interplay between them. Planning for relapses and working to identify steps to address early warning signs and triggers for both substance use and mental health disorders can help reduce the risk of a relapse or need for inpatient care. This is initially evolved as a calculated response to the longer-term treatment failures of other therapies. The assumption of Relapse Prevention Plan is that it is problematic to expect that the effects of a treatment that is designed to moderate or eliminate an undesirable behavior will endure beyond the termination of that treatment. Further, there are reasons to presume a problem will re-emerge on returning to the old environment that elicited and maintained the problem behavior; for instance, forgetting the skills, techniques, and information taught during therapy; and decreased motivation.

Ward et al. (2017) A thorough and comprehensive relapse training approach includes developing an individualized prevention plan. It also provides a person with education about relapse, helps him/her develop an individualized approach to issues of relapse, and incorporates skill building exercises to ensure they are prepared to cope with relapse, should it occur (1,2). A crucial step in relapse prevention training is to help the individual practice strategies and coping skills so that they are confident they can use them effectively the next time they experience a trigger or early warning sign. It is important for any relapse prevention plan to be tailored to every individual according to that person's own definition of recovery. Relapse prevention training is a crucial recovery-oriented strategy that is meant to empower individuals and promote overall wellness.

II. LITERATURE REVIEW

Kabisa, et. Al. (2021) Clarifies the prevalence of relapse after treatment of SUD was high and the risk factors identified included family conflicts, psychological stress, peer influence, and socio-economic statuses such as availability and accessibility of drugs, peer group influences, and lack of assertiveness. Thus, substance use management should not be limited to detoxification only, but the emphasis should be given to longer follow-up to prevent relapse.

Guenzel & Mc Chargue, (2021) Stated that individuals suffering from various types of addiction commonly have relapses, which have come to be accepted as an almost unavoidable aspect of the recovery process. The normalization of relapses, on the other hand, can lessen the pressure for clinicians, patients, and support personnel to prevent them from occurring. As a result of relapses, countless people lose their jobs, families, freedom, and even their lives. Therapy and skill improvement, medicines, and monitoring have been three of the most used relapse prevention measures. This activity outlines relapse prevention methods used to assist people in recovering from addiction. It emphasizes the importance of cognitive-behavioral treatment, drugs, monitoring, and social support.

LeCocq, et. Al. (2020) Explains a unifying theory in research on substance use disorders is that environmental stimuli that are associated with drug use influence motivational processes that contribute to ongoing drug use and facilitate relapse. These environmental stimuli include cues that reliably occur in close temporal proximity with drug use, called "proximal drug cues" in human studies and "discrete drug cues" in animal models. They also include the contexts that are routinely associated with drug use, where a context could be a physical space, social setting, or drug-induced, interoceptive state.

Uzma, (2020) Families, peer groups, and communities that are well-informed can be effective relapse prevention strategies. Spiritual, emotional, and social support groups were also identified as valuable resources. Furthermore, social media has brought people together, particularly marginalized populations who may not feel safe meeting in public. These findings demonstrate that both digital and

physical social support is beneficial in giving drug addicts a sense of purpose and lowering feelings of social isolation.

Razali & Madon (2020) Concluded the main factor for the inclination to relapse is due to the self-efficacy of former addicts, who are unable to exercise self-control against drug use. The lack of skill and ability, when faced with high-risk situations, increases the inclination to relapse. Internal strength and skills in overcoming stress can encourage former addicts to avoid relapsing. Furthermore, the hope to overcome the desire for drugs has a significant effect on the efforts toward behavioral transformation, and this hope can only be improved with the presence of strong social support systems. This means positive social support systems increase the self-efficacy of former addicts to face the challenges in their lives, thus preventing their relapse. At the end of treatment and rehabilitation, former addicts need encouraging support from family, peers, and members of society, but social support is not enough to prevent them from re-using drugs. Negative societal perception leads to difficulty in communication, low self-esteem, and feeling ostracized. The result of these negative emotions is stress for the addicts, driving them to relapse, feeling unable to face challenges, and build a new life.

Galinato, et. Al. (2019) Discover that there is a direct relationship between the respondents' gender, educational attainment, marital status, employment status, and length of stay in the rehabilitation center, and an inverse relationship between their age and monthly income and their Advanced Warning Signs of PCS scores or risk status for relapse, rejecting the first null hypothesis; Specifically, there is a substantial correlation between educational attainment and their risk of relapse. This may indicate that those with lower educational attainment require more therapy; there is a direct relationship between the respondents' gender, educational attainment, and monthly income, and an indirect relationship between their age, marital status, employment status, and length of stay in the rehabilitation center and their CMRT Scales or motivation.

Asumbrano & Canoy (2019) Critical narrative inquiry was used as an exemplar case to examine the accounts of 17 Filipino male low-income methamphetamine polydrug users and their experiences with drug relapse. The findings reveal three broad narratives: drug relapse as a bodily experience, drug use as a way of living and thriving in communities, and a cycle narrative of rehabilitation and community reintegration. The implications for comprehending the relationship between human agency and broader risk contexts are examined considering existing drug rehabilitation and treatment modalities aimed at low-income areas.

Menon & Kandasamy, (2018) Manifested that substance users seem to use drugs or relapse more readily in environments associated with prior drug use. The cue-reactivity paradigm, which monitors their reactions to various drug-related stimuli, has been used to explore this relationship. Drug-related stimuli elicit craving, but cue-reactivity is not a consistent predictor of relapse.

Brooks et al. (2017) conclude that improving a patient's perceived social support can help to overcome barriers or complications impacting recovery from drug addiction treatment. They found that emotional and instrumental social assistance were the most common types of help provided by drug addiction psychotherapists in their study. It is critical for therapists to focus on supporting clients in selecting the appropriate social contexts or surroundings that promote recovery. Furthermore, focusing on the importance of social

support in recovery for both patients and their families can throw light on the clients' particular needs while instructing psychotherapists and clinicians on the right ways of patient involvement for prolonged sobriety.

The researcher, based on the above literature, hypothesized that there are factors and challenges experienced by the implementors and a policy should be recommended for the improvement.

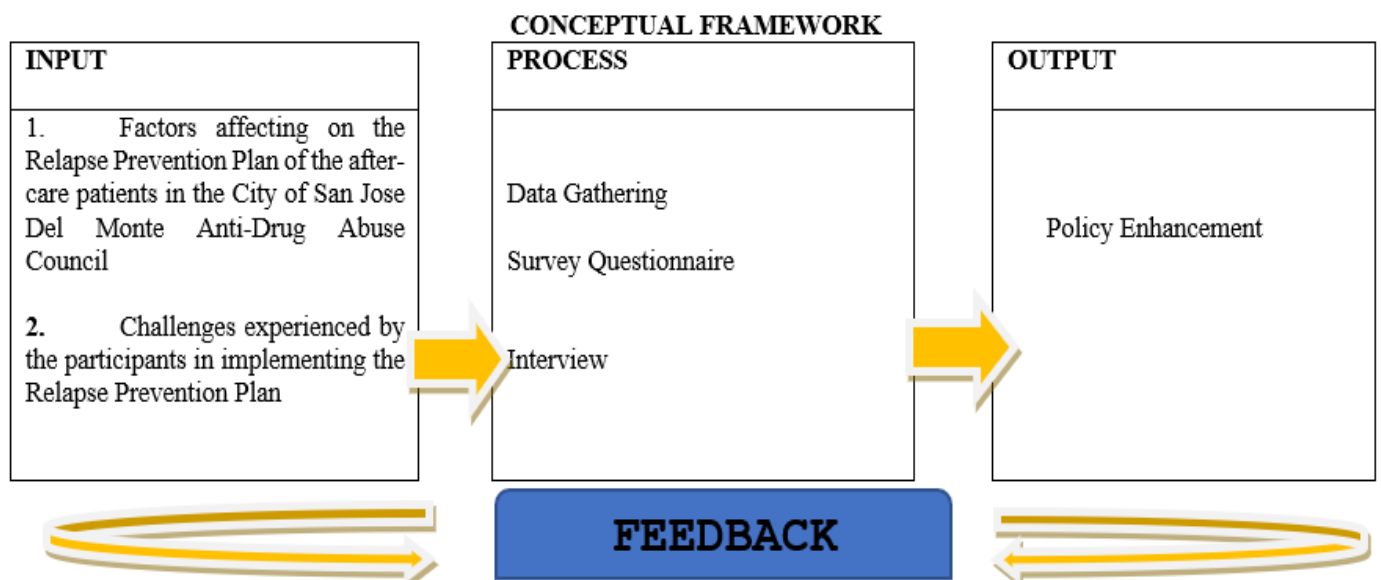


Figure 1: Paradigm of the Study

➤ *Statement of the Problem*

This study assessed the factors and challenges experienced by the implementors of the Relapse Prevention Plan in the City of San Jose Del Monte Anti-Drug Abuse Council. Specifically, this study will seek answers to the following questions:

1. What are the factors affecting on the Relapse Prevention Plan of the after-care patients in the City of San Jose Del Monte Anti-Drug Abuse Council?
2. What are the challenges experienced by the participants in implementing the Relapse Prevention Plan?

III. METHODOLOGY

A. Participants

The population of the study showed that the service providers of the Relapse Prevention Plan for Aftercare Patients of City of San Jose Del Monte Anti-Drug Abuse Council are composed of the City Social Welfare officer/ Social Worker must have Bachelor's degree in Social Work, at least four (4) hours of relevant training and at least one (1) year of relevant experience.

The City Health Officer must have acquired experience in the practice of his profession for at least five (5) years in the case of the provincial or city health officer, and three (3) years in the case of the municipal health officer. The appointment of a health officer shall be mandatory for provincial, city and municipal governments.

The Officer in Charge of the Public Employment Service Office (PESO) must possess a Bachelor's degree preferably of any of the following Operations Management, Human Resource Management, Human Resource Development and/or allied fields, at least five (5) years of supervisory management experience in program management relative to employment facilitation and must possess a Career Service (Professional/ Second Level) Eligibility.

The Officer in charge of City of San Jose Del Monte Anti-Drug Abuse Council (CSADAC) is appointed by the City Mayor Arthur B. Robes, must have an experience on how to conduct intervention, counseling, values formation and must be a good speaker in promoting advocacies.

San Jose del Monte, officially the City of San Jose del Monte (abbreviated as SJDM or CSJDM) is a 1st class component city in the province of Bulacan, Philippines. The City of San Jose del Monte, has proclaimed as a highly-urbanized city on December 4, 2020, by the virtue of Proclamation No. 1057, signed by President Rodrigo Duterte and shall take effect after the ratification in a plebiscite. Located in the southeast of the province, it is bordered by the cities of Caloocan and Quezon in Metro Manila to the south, by the town of Rodriguez, Rizal to the east, the towns of Santa Maria and Marilao to the west and Norzagaray to the north.

B. Ethical Considerations

This research is provided for the fulfillment of the degree of Doctor of Philosophy in Criminal Justice with Specialization in Criminology, it is expected to be conducted without any monetary considerations to the respondents and any other persons who are involved in this research work. The determination of the The Relapse Prevention Plan for Aftercare Patients of City of San Jose Del Monte Anti-Drug Abuse Council was conducted by the researcher coupled with a hard work and personal based efforts and experience, any money considerations or rewards are discouraged and will not be permitted to favor any advances for the prejudice of this study. It is all bound with legal and fair methods to prevent any untoward bias and unfair conditions on the part of the participants.

C. Research Instrument

The researcher utilized the descriptive type of quantitative research method in gathering information to complete the study.

The researcher also utilized test as the primary instrument and other instruments to obtain an accurate data in the study. This involves observation, administering the test and survey questionnaire, conducting interview and document analysis. This is logical and employed in a study to give meaning and significance to what is being described through analyzes, interpretation and evaluation. Furthermore, to assess the results, the researcher used some statistical technique like frequency, percentage distribution significant factors affecting The Relapse Prevention Plan for Aftercare Patients of City of San Jose Del Monte Anti-Drug Abuse Council.

D. Data Gathering Procedure

The researcher initiated the following steps and procedures in data gathering. The researcher prepared the necessary documents needed in the conduct of the research. Then, the researcher secured the approval/permission of the City of San Jose del Monte Anti-drug Abuse Council Service Providers. After approved, the researcher consulted her adviser and distributed the survey questionnaires to the participants. Prior to the distribution of the questionnaires, the researcher discussed confidentiality and privacy to the participants. After answering, the questionnaires were retrieved and was checked for completeness of answers. Lastly, the data were ready for tabulation, presentation, analysis, and interpretation.

E. Statistical Treatment of the Data

The quantitative data obtained through the conduct of survey was analyzed and evaluated using the following statistical treatments.

1. *Frequency*. It is a measure of the number of occurrences of a particular in each set of data
2. *Percentage*. It is one of the most frequent ways to represent statistics is by percentage. Percent simply means "per hundred" and the symbol used to express percentage is % (statcan.gc.ca, 2015)
3. *Weighted Mean*. It implies an average and it is the sum of a set of data divided by the number of data.
4. *Point Scale*
5. *Likert Scale*. The research uses the Likert scale in rating the response of the respondents for The Relapse Prevention Plan for Aftercare Patients of City of San Jose Del Monte Anti-Drug Abuse Council.

IV. FINDINGS AND DISCUSSIONS

Table 1 *Demographic Profile of the Respondents*

		FREQUENCY (f)	PERCENTAGE (%)
Age	21-30	8	16
	31-40	24	48
	41-50	9	18
	51-60	9	18
Sex	Female	19	38
	Male	31	62
Civil Status	Single	27	54
	Married	22	44
	Widow/er	0	0
	Legally Separated	1	2

Category	Social Workers	10	20
	City Health Officers	10	20
	Public Employment Service Office service providers	10	20
	City of San Jose Del Monte Anti-Drug Abuse Council service providers	20	40
Total		50	100

The table above revealed the frequency distribution of respondents according to Age. The highest frequency of twenty-four (24) equivalent to fifty percent (50%) belongs to 31-40 years old, followed by 41-50 and 51-60 years old which both have a frequency of nine (9) or eighteen percent (18%), and the lowest frequency belongs to 21-30 with the frequency of eight (8) or sixteen percent (16%). The frequency distribution on respondents according to Sex. Majority of the respondents are male with a frequency of thirty-one (31) or sixty-two percent (62%) and the rest of nineteen (19) or thirty-eight percent (38%) are female. The table above shows the frequency distribution of respondents according to civil status. The table revealed that twenty-seven (27) or 54 % of the respondents are single, twenty-two (22) or 44 % are married, one (1) or 2 % are legally separated and zero (0) or 0 % are widow/er. The table above shows that forty percent (40%) or twenty (20) of the total respondents are City of San Jose Del Monte Anti-Drug Abuse Council service providers. While both Social Workers, City Health Officers and Public Employment Service Office service providers have the same frequency of ten (10) or thirty percent (20%).

Table 2 Factors Affecting the Relapse Prevention Plan of the After-Care Patients in the City of San Jose Del Monte Anti-Drug Abuse Council

	FREQUENCY (f)	PERCENTAGE (%)
Social conflicts	5	10
Health Care	3	6
Family support	7	14
Environment	31	62
Loss of Jobs	4	8
Total	50	100

The table above revealed the frequency distribution of respondents according to Factors Affecting the Relapse Prevention Plan of the After-Care Patients. The highest

frequency is thirty-one (31) equivalent of sixty-two percent (62%) belongs to *environment*. Followed by seven (7) which is equivalent to fourteen percent (14%) with the factor *family support*. Followed by *social conflicts* with the frequency of five (5) equivalent to ten percent (10%). Followed by *loss of jobs* with the frequency of four (4) equivalent to eight percent (8%). And the lowest frequency belongs to the frequency of health care with three (3) frequency equivalent to six percent (6%).

Table 3 Challenges Experienced

	Mean	Verbal Interpretation
Lack of Participation from the after-care patients	3.5	Mostly Experienced
Financial Constraints from the government	2.5	More Likely to be Experienced
3. Lack of facilities	3.0	Mostly Experienced
4. Lack of Public support	2.5	More Likely to be Experienced
Lack of support from family and from the community	2.5	More Likely to be Experienced
Average Weighted Mean	2.8	More Likely to be Experienced

Table 3 illustrates the challenges by the participants in Relapse Prevention Program. Five indicators had been answered to assess the challenges experienced. Based on the criteria, the means are 3.5, 2.5, 3.0, 2.5, and 2.5, respectively. The average weighted mean of the table is 2.8 and interpreted as “More Likely to be Experienced.”

It can be gleaned from the table that the lowest mean is 2.5 from indicators 2,4 and 5 with an interpretation of “More Likely to be Experienced” while the highest mean is from indicator 1 which is “Lack of Participation from the after-care patients” with a mean of 3.5 and an interpretation of “Mostly Experienced.” It only shows that the patient’s lack of participation from the after-care patients is their number one concern.

Table 4 Measures Recommended

	Mean	Verbal Interpretation
1.Promotes working relationship with the client’s family and Community welfare Services	3.0	Most Recommended
2. Issuance of financial assistance	1.0	Least Recommended
3.Conducts home visitation to track/monitor activities	3.0	Most Recommended
4. Develop innovative methods thru Socio-cultural and recreational activities	3.0	Most Recommended
5. Implementing the Moral recovery Program and Spiritual Enrichment	3.0	Most Recommended
Average Weighted Mean	2.6	More Recommended

Table 4 depicts the measures recommended by the City of San Jose Del Monte Anti-Drug Abuse Council to address the challenges encountered by the participants. Five indicators had been answered to assess the programs recommended. Based on the criteria, indicators 1, 3, 4 and 5 got the highest mean of 3.0 and interpreted as “Most recommended” while indicator 2 which states “*Issuance of financial assistance*” got the lowest mean of 1.0 and interpreted as “Least Recommended”.

The average weighted mean of the table is 2.6 and interpreted as “More Recommended.” It can be said that in promoting working relationship with the client’s family and Community welfare Service, conducts home visitation to track/monitor activities Develop innovative methods thru Socio-cultural and recreational activities, and conducting free webinars trainings, and implementing the Moral recovery Program and Spiritual Enrichment were the most recommended measures however, the Issuance of financial assistance is not considered by the patients.

Table 5 Effectivity of the measures

	MEAN	VERBAL INTERPRETATION
Competency and life skills improvement and development	3	Most Effective
Active participations on the spiritual enrichment	3	Most Effective
Involvement in the Community projects	2.5	Most Effective
Continuous counseling rendered throughout the duration of the program	3	Most Effective
After-care patients is working for a living	3	Most Effective
Morally recovered	3	Most Effective
Negative in the Drug test	3	Most Effective

It could be gleaned from the table that the effectiveness of the of the measures for the after-care patients of the Relapse Prevention Program. Based on the criteria computed mean which is 3% to the *competency and life skills improvement and development*, 3% to *active participations on the spiritual enrichment*, 2.5% to *involvement in the community projects*, 3% to *continuous counseling rendered throughout the duration of the program*, 3% to *After-care patients is working for a living*, 3% to *exclusive lanes for morally recovered*, and 3% for the Negative in the drug test respectively which leads to verbal interpretations of “most effective”.

V. CONCLUSIONS

In light of the findings of the study, the following are the conclusions:

1. There were factors which affects the Relapse Prevention Plan of the After-Care patients in the City of San Jose Del Monte Bulacan which notably highlights the impact and

involvement of environment, family support, social conflicts, loss of jobs and health care instilled to them while in the process of the Relapse Prevention Plan.

2. Deficiency in different aspects were some of the challenges experienced by the participants in implementing the Relapse Prevention plan. These challenges results in the cause of some delays in the full recovery of the after-care patients of San Jose del Monte Anti-Drug Abuse Council to encourage after-care patients to actively participate and to easily coordinate for monitoring after-care patients' day-to-day activity.

REFERENCES

- [1]. Abramson, A., (2021). Substance uses during the pandemic Opioid and stimulant use is on the rise. Retrieved from https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.apa.org/monitor/2021/03/substance-use-pandemic&ved=2ahUKEwi57Lf8sOP3AhVEGKYKHWSGBQsQFnoECCYQAQ&usg=AOvVaw0I_aEXdOPUnH5tjh7qqTt7
- [2]. Nicholas Guenzel; Dennis McChargue (2022). Addiction Relapse Prevention. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK551500/>
- [3]. City of San Jose Del Monte Anti-Drug Abuse Council Facebook Page. <https://www.facebook.com/CSADAC2018>
- [4]. Asumbrado R. & Canoy A., (2019). Critical narrative inquiry to understand relapse among Filipino methamphetamine polydrug users in low-income communities. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.tandfonline.com/doi/abs/10.1080/09687637.2020.1783204&ved=2ahUKEwjg9deuq-P3AhWZy4sBHZUyAboQFnoECAoQAQ&usg=AOvVaw3ZUzU1XEi-N6s0IKwrocXI>
- [5]. Community-Based Treatment and Rehabilitation Resources (2020). Retrieved from <https://www.ddb.gov.ph/sidebar/301-community-based-treatment-and-rehabilitation-resources>
- [6]. Co, T. & Canoy, N., (2020). The lived experiences of recovering Filipino persons house drugs (PWUDs) without family support. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://archium.ateneo.edu/psychology-faculty-pubs/252/&ved=2ahUKEwj04KK8sOP3AhXXEogKH TouBQYQFnoECACQAQ&usg=AOvVaw2OYTnKSe6hWpy0JJQOmASH>
- [7]. Eric Kabisa, et. Al (2021) Determinants and prevalence of relapse among patients with substance use disorders: case of Icyzere Psychotherapeutic Centre. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s1011-021-003470&ved=2ahUKEwiNjffYpuP3AhVKx4sBHelAD9IQFnoECAUQAQ&usg=AOvVaw38ZC1LgTe2TdcNcf2nYwWC>
- [8]. Galacgac, N., et Al., (2019). Dispositional Mindfulness and relapse Vulnerability. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.pap.ph/assets/files/journals/dispositional-mindfulness-and-relapse-vulnerability-as-mediated-by-selfefficacy-among-persons-in-re.pdf&ved=2ahUKEwiVq7OdrP3AhVnG6YKHbLoDtQQFnoECAoQAQ&usg=AOvVaw1F64UdGGODvq9N9a6HtE93>
- [9]. Geronimo J., (2017). Drug addiction is a health problem. Somebody please tells the President. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.rappler.com/nation/174021-drug-addiction-duterte-war-drugs/&ved=2ahUKEwiEyPyYq-P3AhWOOZQKHVN6AH8QFnoECAQQAQ&usg=AOvVaw2V0ELjniEB97b6WBdAAIOj>
- [10]. Guenzel, N. & McChargue, D. (2021). Addition relapse prevention-statpearls. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.ncbi.nlm.nih.gov/books/NBK551500/&ved=2ahUKEwjM49rnreP3AhVKAqYKHZqwA3sQFnoECAGQAQ&usg=AOvVaw3k7zRHMHurke8p3Atzv4Sx>
- [11]. United Nations Office on Drugs and Crime (UNODC), (2016). Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in the Philippines. Retrieved from https://www.unodc.org/documents/southeastasiaandpacific/Publications/2016/CBT_Guidance_Doc_Philippines_5_May_2016_low.pdf
- [12]. Hechanova, M., (2020). Psychosocial treatment for incarcerated methamphetamine users: the Philippines experience. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://pubmed.ncbi.nlm.nih.gov/33634665/&ved=2ahUKEwjQ1ebesOP3AhVnzIsBHR-6BUoQFnoECA8QAQ&usg=AOvVaw0e3z6ZDvDhN5kdEMknCx1m>
- [13]. Jayakrishnan Menon and Arun Kandasamy, 2018 Feb; 60(Suppl 4): S473–S478. Relapse Prevention. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844157/&ved=2ahUKEwjc2KnUoeP3AhVKxIsBHauACmMQFnoECAwQAQ&usg=AOvVaw0nITQ6awef0jsWITZdNC1Z>
- [14]. Christopher M. Jones, et.al, (2021) Methamphetamine use in the United States: epidemiological update and implications for prevention, treatment, and harm reduction. Retrieved from <https://doi.org/10.1111/nyas.14688>
- [15]. Meyer, P., Gingerich, S., Fox Smith, L., and Mueser, K. (2016). Minnesota Clinical Competency Scale for Enhanced Illness Management and Recovery for Co-Occurring Disorders. Retrieved from PowerPoint Presentation (umn.edu)
- [16]. Mohammad Reza Sharbafchi et al., (2017). Adv Biomed Res Management of Substance Use Disorder in Military Services: A Comprehensive Approach. Retrieved from

- https://www.google.com/url?sa=t&source=web&rct=j&url=https://pubmed.ncbi.nlm.nih.gov/28989915/&ved=2ahUKEwiJ09qNoeP3AhXqyosBHWmlBSAQFnoECAQQAQ&usg=AOvVaw2poJhWm-8IFb_kG1rVqAe2
- [17]. National Institute on Drug Abuse “Approaches to Drug Abuse Counseling July 2020. Recovery Research Institute (2021, January 25). Substance Use Disorders: A Comprehensive Review and Update. Retrieved from <https://www.recoveryanswers.org/resource/relapse-prevention-rp/>
- [18]. Ray L. et al. (2020). Combined Pharmacotherapy and Cognitive Behavioral Therapy for Adults with Alcohol or substance use disorders. A Systematic Review and Meta-analysis. Retrieved from https://www.google.com/url?sa=t&source=web&rct=j&url=https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01004_Final_508.pdf&ved=2ahUKEwjw0OuMpOP3AhUpXIsBHVFRDzEQFnoECAQQAQ&usg=AOvVaw3em20CgG1EmFCNIP7Q9QMI
- [19]. Razali, A. & Madon, Z. (2020). Predictor Factor on Relapse among Former Addicts. Retrieved from https://www.google.com/url?sa=t&source=web&rct=j&url=https://hrmars.com/papers_submitted/8311/predictor-factor-on-relapse-among-former-addicts.pdf&ved=2ahUKEwjMkPezreP3AhUqJaYKHYNMAlAQFnoECAoQAQ&usg=AOvVaw1oRlDsCDMUC4a9vUC2_--S
- [20]. Recovery Research Institute(2021, January 25). Substance Use Disorders: A Comprehensive Review and Update. Retrieved from
- [21]. <https://www.recoveryanswers.org/resource/relapse-prevention-rp/>
- [22]. Allison Ward, Et al. (2016). Relapse Prevention Training. Retrieved from <https://practicetransformation.umn.edu/clinical-tools/relapse-prevention-training/>
- [23]. Republic of the Philippines: Department of Health <https://doh.gov.ph/faqs/Rehabilitation-Center>
- [24]. Sana Lake Recovery Facebook Page <https://sanalake.com/treatment/relapse-prevention-plan/>
- [25]. Sy M et. Al., (2019), Uncovering the lived experiences of Filipino drug recoverees towards occupational participation and justice through an interpretative phenomenological analysis. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://pubmed.ncbi.nlm.nih.gov/31322976/&ved=2ahUKEwj7nvzLqOP3AhVuzIsBHU3sCuIQFnoECAMQAQ&usg=AOvVaw27oDgzUvMofHiTrNTuJKH>
- [26]. Sy M. et al., (2018). Role of Social Support in Relapse Prevention for Drug Addicts. Retrieved from <https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.tandfonline.com/doi/abs/10.1080/0164212X.2018.1446206&ved=2ahUKEwjzw96aqOP3AhWDzYsBHfCW4QFnoECAsQAQ&usg=AOvVaw0LSVY5Oue00S0--Q2F6rSa>
- [27]. URC (2021, June 16). Community-Based Drug Rehabilitation in the Philippines. Retrieved from <https://www.urc-chs.com/news/carmens-journey-community-based-drug-rehabilitation-in-the-philippines/>
- [28]. Uzma, Z., (2020). Role of Social Support in Relapse Prevention for Drug Addicts. Retrieved from https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/343193788_Role_of_Social_Support_in_Relapse_Prevention_for_Drug_Addicts&ved=2ahUKEwiUpuuHreP3AhWVE4gKHbjMAGEQFnoECAQQAQ&usg=AOvVaw0UW4x4yyMDxn3H23zpNiH3
- [29]. Willacy, H. of Drug Dependence (2021, July 28). Assessment of Drug Dependence. Retrieved from <https://patient.info/doctor/assessment-of-drug-dependence>

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