

Community-Based Rehabilitation Program in the Municipality of Bauko, Mountain Province, Philippines

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Abstract

Community-based rehabilitation is a beneficial treatment of addiction as it provides opportunities to learn how addiction settles into a healthy mind and body and how it can be beleaguered. At this point, Bauko municipality in the Mountain Province, Philippines designed a community-based rehabilitation program to cater the health needs of drug surrenderees or scholars under the government program “TOKHANG”. No visible impact was determined that made this study to assess its effectiveness for possible enhancement. Qualitative method was utilized where focus group discussion, key informant interview and observation were employed where thematic strategy was utilized in data analysis.

There was an improvement noted to wellness of the scholars after the implementation of the said program. Moreover, the program contributed best to the peace and order, strong family relationship and to the health and safety of the surrenderees. On the other hand, four significant areas were considered to enhance the program and strong support of stakeholders is vital. Indeed, high satisfaction with the program was noted.

Keywords: *Drug surrenderees or scholars, community-based rehabilitation program, physical and psychosocial wellness, Bauko Municipality.*

Introduction

Addiction to prohibited substances was one of the major problems that the Philippine Government is facing nowadays. It was considered a complex but treatable disease affecting brain functions and behavior. Thus, addiction can be treated but it has to undergo processes through rehabilitation. At this point, project “Tokhang” was developed by the Philippine Government that is a practical and realistic means of accelerating the drive against illegal drugs in affected barangays. This concept involves the conduct of house to house visitations to persuade suspected illegal drug personalities to stop their illegal drug activities.¹ Project “Tokhang” was launched by the Philippine National Police (PNP) to

target the drug-infected barangays in coordination with the local government units² through the Philippines Dangerous Drugs Act of 2002 (Republic Act No. 9165) and the Philippines Local Government Code (Republic Act No. 7160) reinforced by Executive Order No. 4 of 2016 to provide establishment and support of drug abuse treatment and rehabilitation centers throughout the country.

In rehabilitation, the residents learn new lifestyle, principles and coping mechanisms that will help them overcome drug addiction.³ Treatment should include development of specific cognitive skills to help the offender adjust attitudes and beliefs that lead to drug abuse. This includes skills related to thinking, understanding, learning and remembering.⁴ Further, it is the behavioral interventions designed to influence the behavior changes in a way that benefits addicts and the society for its goal is to return people to productive functioning in the family, workplace and community.⁵ Furthermore, community-based treatment is a specific integrated model for people affected by drug use

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and dependence in the community which provides a continuum of care from outreach and low threshold services, through detoxification and stabilization to aftercare and integration⁶ in coordination of health workers, social and other non-specialist services with strong support by family and the community to ensure efficient and long-term results.

In the Philippines, drug addiction is a major concern where rehabilitation facilities are not enough to accommodate surrenderees. Indeed, the Philippine Government challenged everyone to device own rehabilitation program to cater the health needs of people involved. At this point, the Local Government Unit (LGU) of Bauko conceptualized a community-based rehabilitation program (CBRP) in rehabilitating the surrendered drug personalities. However, the impact of the program is not visible that made this study to furtherly assess if how effective its implementation and the possible recommendations as basis for enhancement.

Methodology

Descriptive qualitative method of research was used and participants were the drug surrenderees of the entire municipality. Purposive-convenience sampling was utilized where selection of participants is criterion-based and though participants are entirely known,⁷ available drug scholars during the scheduled data collection were considered. Focus group discussion was the primary technique in gathering data. The question revolved on the implementation of CBRP focusing on its effectiveness, contributions to the community and suggestions on how the program can be enhanced. Moreover, an open-ended interview guide and an observation checklist based on the foci of this study were utilized to evaluate the effectiveness and contributions to scholars and the community, and recommendations for the enhancement of the program. Gathered data were transcribed into categories, synthesized then analyzed by themes and quantified.

Results and Discussions

Use of prohibited drug involves serious risks

at which, the more a person use, the greater the risks become. At this point, provision of a comprehensive therapy not only the mental and emotional but foremost its physical wellbeing is vital. One thing, psychological wellbeing is related to emotional and social knowledge that influenced the overall ability to effectively cope with environmental demands. The CBRP is a comprehensive therapy that was implemented with five steps. Organizing is the first where a Community Rehabilitation Network (CRN) was developed and oriented on how the program is implemented. Next is enrollment of drug surrenderees which requires medical tests by the Department of Health (DOH) for only low and medium risk users are allowed. This was supported by a that "low- or mild-risk" drug users need not be admitted in the rehabilitation centers but can be catered through community-based treatment.⁸ Third step is program orientation of both enrollees and their families followed by the rehabilitation proper. In this segment, patient's care involved sessions on the understanding of the individual as patient, sharing of experiences, lectures/seminars, individual and group counseling, skills training, physical activities and community service. Evaluation is the final step that requires drug recovering patients toundergo an unannounced drug test while they will be assessed on how well they fared with the activities done.

Effect of Community-based Rehabilitation Program to wellbeing of scholars/drug surrenderees:

Wellbeing is essential to everybody's life. It denotes health, happiness and satisfaction. In this study, there were three (3) categories involved which are physical, psychological and social wellbeing. Initially, the effectiveness of CBRP on physical wellbeing shown in table 1 was more on the body physique followed by their aura then by their body strength and comfort. Moreover, there was low percentage of responses noted from the participants. This is for the reason that only 67 out of 90 scholars were available the time of follow up after the implementation of the said program. Based from the program implementers, those who were not available are with their family at home to immerse in more complex community environment.

Table 1: Physical Wellbeing Before and After the Implementation

Before CBRP	After CBRP	%	Rank
Body weakness	Body Strength	14	3
Rheumatoid Arthritis	Still but the exercises helped	1	7
Uneasy feeling	Comfortable	8	4
Skinny body appearance	Improved body built and weight	22	1
Dark Physical Aura	Improved	17	2
Vision and hearing not clear	Improved	3	5
Frequent headache	Minimized	2	6

Meanwhile, rheumatoid arthritis was last seen because minimal number from the scholars experienced the case. However, it should not be ignored. Indeed, the findings proved that having physical exercise such as jogging, push-up, sit-up from 5:00 to 7:00AM before breakfast and wash up, tree planting and gardening are effective remedies for regaining physical wellbeing. Further, the regular check-up conducted by the Municipal Health Unit and proper food intake also contributed to the physical wellbeing of the scholars.

On the other hand, table 2 reflected eight common psychological disturbances experienced by the scholars. It was noted that being shameful was the most reduced followed by being suspicious which is just the same with the most one after the program. Nice to know that self-esteem of scholars was regained and boosted because, this is the most important characteristic of an individual to live in this world freely and confidently.

Table 2: Psychological Wellbeing Before and After Implementation

Before CBRP	After CBRP	%	Rank
Easily Irritated	Controlled emotions	3	8
Laziness	Active to work	16	3
Suspiciousness/paranoia	Undoubted	22	2
Anxiety/Fearful	Relax/fearless	6	7
Self-pity	Positive life outlook	8	5.5
Poor sleep pattern	Improved sleep pattern	13	4
Confused	Clear thoughts and Focused/Goal oriented	8	5.5
Ashamed to people	Gained confidence	24	1

Furthermore, Sleepiness is one of the common manifestations of psychological disturbance that can lead to psychosis if prolonged. Other notable observations were reduced such as craving for drugs; improved values and character of being respectful is evident; active participation in the activities; obedient with camp rules; developed leadership skills; and improved self-esteem.

Though there were some negative feedbacks, the positive effect of CBRP was noted from most of the scholars.

As to social wellbeing, table 3 revealed that lower levels were found to be the strongest predictors of negative mental health.

Table 3: Social Wellbeing Before and After Implementation

Before CBRP	After CBRP	%	Rank
Selfishness	Concern to help others	6	5.5
Don't know God	Attends mass, fellowship and bible study to households	19	3
Poor relationship to others due to suspiciousness/paranoia	Improved social relationship	23	1
Strange feeling	Confident	8	4
Social stigma	Confident, Appreciated	20	2
Fear to PNP	Minimized	4	7
No respect to elders	Managed	3	8
People don't trust you	Minimized	6	5.5

It has been noticed that improvement in socialization was the first observed and reported followed by their self-esteem which was more developed. Good to know that their spiritual life was given an importance for only GOD our creator knows what is best for us. Though respect to elders was the least that was managed, CBRP is still considered an effective for the reason that, as per culture, not only Cordillerans but most of Filipinos are hospitable. No matter what kind of situation or occurrence, respect to elders is still being practiced. Hence, social wellbeing can cope more successfully due to the social nature of human life and their challenges and it cannot be ignored to pay attention of the social aspect of health.

Contributions of the Community-based Rehabilitation Program: Peace in the Philippines

related to drug abuse consistently ranked in the top five urgent national concerns in nationwide surveys since 2004.⁹ At this point, community plays a vital role in resolving conflicts and promoting peace most especially in terms of drugs and abused drugs.

Table 4 revealed that CBRP is an advantage to peace and order of concerned citizen because most of the major factors disturbing the social welfare of the people in the community were reduced and minimized. Scholars became a part of the community's activities that were worthwhile and the usual violations they do were reduced and eliminated. The community became safer and more peaceful because no more troubles happened and some people even stayed late at night for bonding and public disturbance and drunkenness were also reduced as reported.

Table 4: Contributions to Peace and Order

Before CBRP	After CBRP	%	Rank
Stealing	Reduced	8	6.5
Drunkenness disturbance at night	Minimized	21	2
Drug users in the community	Reduced	3	11
Violations of ordinances	Reduced	16	4
Motorcycles disturbance at night	Minimized	23	1
Disturbance from barking dogs at night	Minimized	18	3
More bystanders	Reduced	8	6.5
Most of drug user do not help in the community due to effects of drugs	Able to extend	7	9
Disobedience/desrespect to Barangay Officials	Minimized	6	10
Drinking alcohol late at night	Minimized	8	6.5
Drug user works in the garden at night	Minimized	8	6.5

The effectiveness of the program to peace and order is somewhat a standpoint to remember. If this program is effective to drug addicts that made changes to the community, how much more if it will also be applied to other community related problems that affects the peace and order of a locality.

On the other hand, good community relationship is the basic and most important social skills that came from families. It has a great impact on the society and the society influences the operations of a country.

Table 5 showed contributions of the program to family relationship. There were factors affecting the relationship of scholars to their family brought by prohibited drugs or substances that made their personality different of who they are prior to involvement. As gleaned from the table, most of them found to be more responsible with closer family ties which is opposite to who they are before the therapy. Moreover, changes in the life of scholars were almost 360 degrees as to its angle. This means that CBRP plays a vital role in the promotion of relationship of the scholars with their families.

Table 5: Contributions to Family Relationships

Before CBRP	After CBRP	%	Rank
Disrespect/Disobedience	Positive relationship	13	5.5
Don't Pray	Leads prayer and teach GOD	16	4
Poor communication	Good relationship	11	8.5
Poor relationship in many aspects/irresponsible	Good relationship/responsible	86	1
Don't sleep at home with family	Sleep and work with them	11	8.5
Eat alone most of the time	Dine with family	12	7
Communicate harsh	Kind and show respect	19	3
Illegal source of income to the family	Work hard legally for the family	3	10
No bonding time with family	Go home early to eat, tell story	22	2
I don't go with my family to church	We all go to church	13	5.5

Indeed, family gives the strength needed to get through the bad times and celebrates the good times. Strong relationships among family members are essential to keeping a family together for it is the basic glue that holds society together.

Furthermore, people who are affected by drug use and dependence will be offered help to improve the overall quality of their life and wellbeing through social support for rehabilitation and reintegration. With this,

CBRP is a social support that can promote the health and safety of drug scholars. It was gleaned from table 6 that health and safety of drug scholars were improved, managed and minimized. There were great changes on their health and safety wherein most regained their physical energy that made them comfortable and started to forget bad habits. These denotes the great contribution and signifies the effectiveness in the implementation of the program.

Table 6: Contributions to Health and Safety

Before CBRP	After CBRP	%	Rank
Lack of energy to work and body fatigue.	Improved physical energy and motor	36	1
Below normal weight	Normal weight	8	5.5
Feeling of body weakness and discomfort	Comfortable	27	2
Sleep problem	Managed	23	3

Before CBRP	After CBRP	%	Rank
Engaged in various vices	Minimized	19	4
Breathing difficulty	Improved	3	7
Frequent headache	Minimized	8	5.5

Recommendations to Enhance the Effectiveness of Implementation: There are four (4) significant areas recommended to enhance the effectiveness of the program implementation. First is **Holistic Approach** that *integrated physical, mental and spiritual model*. This approach helps in preparing the surrenderees' reintegration with the community. Next is the **Family Support and Involvement** which is significant during the stay-in program contributing a positive impact on psychological wellbeing.

Third is **Community Support and Involvement** which is a patient-centered style of therapeutic interaction that facilitates support wherein, treatment becomes faster if community people understand the situation. And the last is **Partnership** with stakeholders and community in support to the restoration of wellness of drug scholars for this initiates a collaborative effort.

Conclusion and Recommendations

Effectiveness in the implementation of the community-based rehabilitation program was noted for it has great contributions to peace and order, family relationships and health and safety of the community. Further, it is contributory to the development of good physical outlook, worthy relationship with family and community members showing positive spiritual values, respect and sense of responsibility. Therefore, it is highly recommended that sustainability of the program should be maintained to cater those who are not able to avail; the four significant areas of concern should be considered; intensive anti-drug campaign, community awareness and capability-building should be seriously implemented; and strengthen the community support system for drug prevention by building healthy public policy that foster the health of the community.

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Ethical Clearance: Guidelines for the protection of human rights outlined in the American Nurses Association¹⁰ was observed.

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