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A Narrative Analysis of the Experiences of Barangay Officials Involved in Community-Based Drug Rehabilitation

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The purpose of the study is to understand the phenomenon of community-based drug rehabilitation (CBDR) in the Philippine context from the perspective of barangay officials involved in CBDR. The research investigated the narratives of officials, both treatment facilitators and program overseers, regarding their experiences in implementing CBDR programs. The research used Murray's (2000) framework and elicited data on three levels: ideological, positional, and personal. The findings revealed ideological narratives of CBDR as an alternative response to the government's approach, CBDR as effective solution to treating drug use, and as part of a holistic approach to drug recovery. The positional narratives complement the ideological narratives as they described their roles as protectors, facilitators of growth, and partners. Similarly, their personal narratives revealed experiences of frustration, fulfillment, and commitment and personal growth. Implications of the findings regarding the implementation of CBDR and the promotion of restorative justice are discussed.

Keywords: narrative, community-based drug rehabilitation, barangay officials

The Philippine government's war on drugs began upon the assumption of office of President Rodrigo Roa Duterte who claimed that the drug menace was transforming the Philippines into a narcotic

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state (Kine, 2017). The government aimed to address the issue of illegal substances through both supply reduction and demand reduction initiatives. The government's *Oplan Tokhang* and *Oplan Double Barrel* included clamping down on distribution of drugs and clearing communities of drug dens. Demand reduction was implemented by asking drug users and pushers to "voluntarily" surrender.

The Department of Health estimated that only 1-10% of drug users will need residential services and there is a need to scale up community-based rehabilitation (Geronimo, 2016). Community-based drug rehabilitation (CBDR) involves the delivery of services within and by the community. Thus, a critical factor in CBDR are the community members who actually implement interventions. Studies show that the ideologies and values of a community regarding the issue of drugs and its treatment may influence how its members receive and experience a rehabilitation program (Khuat et al., 2012; Timberlake, Rasinski, & Lock, 2001).

Unfortunately, the Philippines does not have a robust history of community-based drug treatment and local literature on drug treatment is sparse. This study sought to fill this gap by exploring the experiences of barangay officials regarding CBDR using the lens of narrative analysis.

The Philippines' Anti-Drug Initiatives

President Rodrigo Duterte's war on drugs has as its centerpiece *Oplan Tokhang,* which was a wordplay of the words *toktok* and *hangyo,* Cebuano terms for knocking and appealing. The primary implementers for this drive were the police who went door to door in communities, knocking on doors of suspected drug users and asking them to surrender. As of January 31, 2018, this initiative resulted in 1,179,462 surrenderees (Bueza, 2017). As a counterpoint to *Oplan Tokhang,* the Dangerous Drugs Board (DDB) launched *Oplan Sagip* that mandated Local Government Units (LGUs) to provide community-based drug treatment and rehabilitation (CBDR) programs for low-risk and mild-risk users as well as outpatient rehabilitation for moderate-risk users and in-patient rehabilitation for high-risk users (Dangerous Drug Board [DDB], 2016a).

Drug Use and Treatment

The directive of DDB to provide drug treatment interventions at the community level reflects the evolution of how drug use is viewed and treated. In the past, drug dependence was viewed as a moral problem, a spiritual problem, a medical problem, a psychological problem, and a social problem (Skewes & Gonzalez, 2013). However, today, the consensus appears to be that drug drug dependence is a multi-faceted health disorder problem caused by biological, psychological, personality, cognitive, social, cultural, and environmental factors (Skewes & Gonzalez, 2013).

Concomitant to the shift in understanding the roots of drug use was a shift in how it should be treated. Traditional perspectives on drug use utilized a retributive or punitive justice perspective that views offenses as a violation of the law and focuses on giving commensurate punishment. On the other hand, a restorative or reformative justice perspective views the offenses from an ecological perspective in which stakeholders are engaged in addressing the harms, needs, and obligations of those who have committed the offense. The involvement of community members in the justice process allows them to learn about the narratives of the victims, the offenders, and the crimes committed. This is important because their involvement is integral to bringing about lasting changes in the system (Umbreit, Coates, & Vos, 2007).

CBDR is based on a restorative perspective and its first principle is to ensure the availability and accessibility of treatment in the community (UNODC, 2014). This principle has been influential in transferring the focus from in-patient rehabilitation to the provision of prevention and treatment services as well as rehabilitation in communities.

Community-Based Drug Rehabilitation

Community-based treatments are relatively new with most of them starting only in the 1980's (Merzel & D'Afflitti, 2003). The main difference between CBDR and in-patient rehabilitation is that the former takes place within the drug user's community, as opposed to

the latter which usually takes place in an institution that is isolated from the user's community. The focus of CBDR is not just the treatment of drug use but also the provision of a continuum of care including health, social, and other non-specialist needs of recovering users and their families (UNODC, 2014). This shift from individually-focused explanations of health behaviors to ones that include social and environmental influences reflect ecological models where health issues are embedded in social context (Merzel & D'Afflitti, 2003).

The shift to CBDR comes from compelling evidence of its economic, medical, community, and ethical benefits (Tanguay et al., 2015). Studies show that those who underwent a community-based treatment program had lower relapse and recidivism rates compared to those who went through inpatient treatment (Inciardi, Martin, Butzin, Hooper, & Harrison, 1997; Knight, Simpson, Chatham, & Camacho, 1997). The active involvement of the patient in the treatment process also promotes better ownership and responsibility over one's well-being. In addition, CBDR is primarily outpatient and is less invasive as compared to inpatient or residential drug treatment. Instead of hiding drug patients in an establishment away from the community, CBDR can help the community understand the complexities and hardships involved in addressing an illness such as substance use disorder. This can increase the community support for drug users, that in turn, helps reduce stigma in the community (UNODC, 2014).

However, the success of CBDR is dependent on a number of factors. A study done in China suggests that punitive approaches of the local police hinders the success of community-based programs (Ma et al., 2016). Furthermore, drug policies that are heavily based on law enforcement tend to deter people from voluntarily seeking treatment (Open Society Institute, 2009). This deterrence may make it harder to identify and address the needs of the community. This is problematic because knowing and responding to the felt needs and barriers to treatment of users is important for the successful treatment of drug use (Ashtankar & Talapalliwar, 2017).

The Role of Community Facilitators

Beyond the aforementioned factors, the effectiveness of a

community-based drug treatment program is also, to a large extent, dependent on community facilitators. In CBDR, community members are tapped to provide basic counselling and support to people and families who are affected by drug use and, as such, play an important role in rehabilitation and reintegration (UNODC, 2014).

A study shows that the effectiveness of a treatment relies on the extent to which facilitators can relate to and keep clients interested. Facilitators' effectiveness is also dependent on their commitment and their ability to get client's attention and respect (Sparer, 1975). UNODC guidelines for CBDR articulate the attributes of an effective community counselor such as having basic counseling skills (active listening, processing, responding, and teaching), being empathic, practical, creative and imaginative action-oriented, and ethical. In addition, service providers should be respectful and non-judgmental (UNODC, 2014).

Beyond these competencies, the ideologies and attitudes of community members regarding drug use are important in shaping how a community receives and responds to a rehabilitation program. Khuat et al. (2012) suggest that conflict among the policies about drugs may be brought about by an underlying ideological issue. For example, when drug use is perceived as a global issue, rather than a "social evil," it starts to become accepted as a health issue. To further illustrate, the findings of Timberlake et al. (2001) show that conservative attitudes are a factor behind communities choosing to withhold support for a drug rehabilitation program. Moreover, a study in the United Kingdom reports that negative attitudes of community facilitators toward drug offenders undermined their ability to provide the care that recovering users need (Sheridan, Barnard, & Webster, 2011).

CBDR in the Philippines

In the Philippines, drug treatment has traditionally been through inpatient rehabilitation centers; thus community-based drug interventions are quite new (Hechanova et al., 2018). The Dangerous Drug Board adopted the UNODC guidelines for CBDR viewing drug dependence as a health issue with treatment in the community as an alternative to incarceration. The DDB guidelines encourage

communities to provide accessible, affordable, and evidence-based treatments; implement screening, assessment and treatment planning; and provide a continuum of care from prevention to reintegration (DDB, 2016a). Another key element in CBDR is community involvement and participation. Community members are involved in the identification of drug users, preliminary screening and needs assessment, providing psychosocial counseling and support, as well as referral to specialized treatment (DDB, 2016a).

However, given the lack of experience in CBDR, a major challenge for Philippine communities is the lack of evidence-based and culturally appropriate interventions. Initially, CBDR programs were mainly diversion programs that consisted of physical fitness, spiritual activities, and community service. To address the urgent need for psycho-social treatment, the Psychological Association of the Philippines (PAP) developed an evidence-informed and culturally nuanced intervention using McKleroy and colleagues' (2006) Map of Adaptation Process (MAP). This process consists of assessment of needs and risk factors, designing the intervention based on cultural and contextual nuances, training of facilitators and pre-testing of materials, pilot-testing, and implementation and continuous evaluation.

A needs analysis of recovering users confirmed that majority (85%) of users were low to mild-risk users and could be treated in the community. Surrenderees were mainly male, poor, uneducated, and unemployed. Two-thirds experienced adverse childhood experiences such as physical and emotional abuse or neglect and lacked drug recovery and life skills. Given this, the PAP adapted materials from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Matrix Intensive Outpatient Program (SAMHSA, 2006) and the UNODC Trainer's Manual for Community-Based Drug Recovery Support (UNODC, 2014).

The intervention was named *Katatagan Kontra Droga sa Komunidad* (Resilience Against Drugs: A community-based treatment program) that consist of modules on drug recovery skills, life skills, and family modules. The design took into consideration Philippine culture and utilized a small group format. This was based on studies showing that intervention within groups enable healing in interdependent and collectivist cultures (Hechanova et al., 2015; Hechanova, Waelde,

& Ramos, 2016). Given the interdependent nature of Filipinos, the modules required homework that engaged the drug users' families and family sessions. Cognizant of the importance of cultural norms of *pakikisama* (cooperation) and *kapwa* (unity of the self with others; Enriquez, 1992), and the importance of maintaining good relations (Lynch, 1962), designers included modules on assertive communication, drug refusal skills, and rebuilding relationships (Hechanova et al., 2018). Based on evidence that family and community members are a critical source of identity and support, the module on problem solving included mapping of possible sources of support. Given the value of *hiya* (shame), loss of face, and the stigmatization of illicit drug use, a module was included to build participants' self-esteem and self-efficacy (Hechanova et al., 2018).

Research Problem and Framework

The aforementioned intervention was designed to be delivered by trained community workers and volunteers (Hechanova et al., 2018). Beyond this, however, there have been a dearth of studies on the actual implementation of CBDR and the community members delivering CBDR. This study thus attempts to address this gap in the literature and build knowledge on the perspectives of those barangay officials implementing CBDR using the framework of narrative analysis.

Narrative analysis utilizes storytelling as a means to understand identity and social life. It assumes that stories reveal how people make meaning of their experiences (Riessman, 1993). Moreover, stories bring to light beliefs of people about how the world works or should work (Murray, 2018). Murray (2000) describe narratives in terms of four possible levels: the personal, interpersonal, positional, and ideological. The personal level of analysis looks into how individual's view their experience from a personal standpoint and links the self with society. The interpersonal level of analysis examines the role of the interviewer in shaping the narrative of the participant. The positional level of analysis looks at how the narrative demonstrates the position taken by the narrator and the power relations of the individuals involved in the narratives. Lastly, the ideological level of analysis examines the social systems of public beliefs and representations in the narratives.

However, these levels may not necessarily be separate from each other and may actually be intertwined to reflect an overarching narrative. For this study, the interpersonal level was excluded from the analysis because the researchers deemed that given the nature and setting of the interviews, interviewers would have an insignificant to minimal impact on the participants' narrative.

Due to the fact that barangay officials are considered as the main implementors of CBDR, it is important to understand their perspectives because these could influence how they treat and interact with recovering users. Hence, this study seeks to examine the narratives of barangay officials facilitating community-based rehabilitation programs. Specifically, we ask:

- What are the ideologies of barangay officials regarding CBDR?
- What are their positions regarding their role in CBDR?
- What are their personal experiences in CBDR?

METHODOLOGY

Sample

The study gathered data from six individuals who handle CBDR interventions in their respective communities found in three cities in Metro Manila. These individuals are barangay officials that perform both the roles of program overseers and treatment facilitators. Participants were identified through referrals from resource persons. Two male and four female respondents, aged 30 to 60, were included in the study. They were involved in CBDR for at least six months, but only three were involved in facilitating rehabilitation modules.

Measures

The interviews were semi-structured, with broad questions to allow the interviewees to construct their narratives. Probing questions were used to clarify and deepen responses. Questions included: 1) Tell me about your experiences of the community-based drug rehabilitation in your barangay - At the beginning? As it progressed? Currently? 2) What was your role in the program? 3) How did the program affect

your barangay? Those who are involved in the program? 4) What were the positive outcomes and/or the difficulties of being involved in the program? 5) What was the impact of the program on you, as an individual? The interview guide was written in both English and Filipino to accommodate the language preference of the participant.

Process

Contact persons from each city referred community members who were involved in the CBDR. Participants were contacted and the study was explained to them. Participants were asked to sign an informed consent form that disclosed the purpose of the study, foreseeable risks/discomforts, potential benefits, confidentiality protections, compensation plan, contact information for questions, and conditions of participation. To ensure the safety of both the research team and the participants, interviews were conducted in private and safe spaces. Furthermore, the researchers ensured that they maintained a neutral demeanor through active listening (i.e., nodding to their responses, maintaining an open body posture). The audio file of the interview was transcribed for analysis.

Analysis

Following Braun & Clarke's (2014) analytical framework, the researchers performed a thematic analysis on the data. Researchers looked for existing common patterns in the raw data. Once the researchers became familiar with the data, initial codes were developed. These codes were then organized under potential themes that emerged from the narratives. The themes extracted from the thematic analysis were then organized according to the levels of Murray's theoretical framework. The levels of analysis, however, were interrelated. Thus, after the analysis per level, a higher level analysis was conducted to look at patterns across levels. Therefore, the analysis showed how the theme was manifested at each level and how these levels interacted. All the quotes cited in this paper were translated to English.

RESULTS

The interviews elicited 10 themes that may be viewed from three of Murray's four levels of analysis: ideological, positional, and personal (see Table 1). Researchers also noted linkages between themes.

Ideologies on CBDR

Table 1. Themes and Subthemes of the Study

Ideological	Positional	Personal
CBDR as an alternative response to the drug problem	Perceived role as a protector	Experience of Frustration
CBDR as an effective treatment modality	Perceived role as a facilitator of growth	Experience of Fulfillment
CBDR as part of a holistic reintegration	Perceived role as a partner	Experience of Commitment
Experience of Growth		

CBDR as an alternative approach to the drug problem. The barangay officials viewed CBDR as an alternative to the current approach of the Philippine government. They expressed their approval of the non-violent and reformative approach employed in CBDR and saw CBDR as a way to protect their community members from the drug-related killings saying, "That's good because you don't use violence, they do it voluntarily... they don't feel fear. They happily go there because they learn," and "It's possible. It's really possible that they will be rehabilitated. But the killings ... that's not good. Because at the beginning it was really ugly. There were killings every single day."

CBDR becomes a protective factor because recovering users are

given a chance for treatment and reform and are only turned over to the police if they fail to cooperate. A participate shared, “We were given a list of names and were supposed to indicate those who are participating in the modules so they can get delisted. This means when they get a certificate of completion, they are not bothered anymore by the police. Only if they fail to attend the modules that we will hand them over to the PNP”.

One barangay official agreed that sometimes the punitive approach is necessary for some participants saying, “Yeah, they are scared. They have to oblige to what the police say. Because you also have to scare them. Because if you don’t scare them, it’s very hard.”

However, in some barangays, rather than cooperation and partnership between the police and community officials, there is constant tension and a lack of coordination. A participant remarked, “There’s one time that the police really didn’t pass by here (barangay office). Fifteen policemen immediately entered the group session. We didn’t know if they’re looking for drugs because the policemen didn’t say what they were looking for.”

One participant recounted a case of a person who died from extrajudicial killings. Prior to the incident, the person was captured in the CCTV of the barangay while he/she was still alive. However, after the person was killed, the police requested that the CCTV footage be deleted. This participant narrated, “I did not let them (the police) intimidate me. I did not ask for the CCTV footage to be deleted.”

Ironically, even as they took on the role of protectors, community facilitators also appeared fearful. Some participants were initially hesitant in disclosing information and needed assurance of confidentiality asking, “It’s not going to be mentioned that I was the one who said it right?”

CBDR as an effective treatment modality. The reformative approach was reinforced by observations that CBDR had positive outcomes on participants and their families. Participants shared, “I was able to convince a lot to surrender, a lot of them signed up. As a matter of fact, there are addicts that I see now they have changed a great deal – they even gained weight,” “Before, the person would go home and they would fight (with their family), but now, they have become more open minded about things,” and “You know that (the

program works), when a family is made whole once again."

Beyond the personal outcomes, respondents noted that another outcome of CBDR for the recovering users was less isolation and greater involvement in the community, "We saw that they were trying to be one with us, they would start going to the barangay... they would start joking around with us. Not like before when they were distant and secluded."

Barangay officials also shared that families of recovering users appreciated the support provided by the barangay, "(Family members), they would say thanks ... that some people actually cared and didn't condemn their children for what they did."

Finally, barangay officials also observed the impact of CBDR on safety in the community, "Crime was lessened and people say it was because of the program of anti-drugs."

CBDR as part of a holistic reintegration program. The barangay officials handling treatment acknowledged that psychosocial interventions are insufficient and need to be part of a holistic approach to recovery. They cited the role of the barangay in providing for the educational and vocational needs of recovering users, "Because here... we have Alternative Learning System ... they offer electrical, aircon, welding, and automotive (jobs)... this is part of aftercare."

Barangay officials in CBDR also highlighted the importance of providing jobs for recovering users:

> It is not enough that you just give them the module, what if that (drugs) is their source of income? You must give them some sort of livelihood, so that they can cope with their problem. Because if you don't give them that, they will just keep on relapsing because they don't have a source of income.

Another shared, "One triumph for us, is when we got the person as a tanod (barangay peacekeeper). Before she was an addict... Now she has changed."

Positioning as Community Facilitator

In terms of how they position their role as a community facilitator, the interviews elicited three roles that barangay officials play:

protector, facilitator of growth, and partner. Interestingly, these roles complemented the ideological themes.

Barangay official as a protector. The reformative perspective of CBDR is also related to how facilitators view their role. Majority of the facilitators highlighted the importance of their role as the protector of the drug surrenderees in their community especially given the punitive approach of the government, "But if they have a gun, … I avoid sending them (barangay workers) even if they are tanods (barangay peacekeepers) (to the site). Because it's difficult… They (participants) could be in danger."

Barangay officials also sometimes served as mediators, especially in situations where there was tension between the community and the local police force. One of their roles was to diffuse and dispel surrenderees' fears that may hinder them from undergoing rehabilitation. A participant recounted the following:

> I was the one who talked to them because the advantage of being a kagawad (barangay official), is that the fear of the parents and of the person is reduced, because there is someone who mediates. Someone is there to explain it more clearly.

Barangay official as a facilitator of growth. Complimentary to the belief that CBDR is an effective approach to treating drug use, barangay officials highlighted their role in facilitating the growth and recovery of users. Rather than view themselves as a teacher or expert, they described their mission as journeying with their participants. A respondent shared:

> During the module, the group forms a circle – as if we are one family. You can't stand up like a teacher because they should feel that you are family, you are on their level. You are ready to reach out to what they give you and that you will understand them and, above all, respect the confidentiality of what you talked about.

Part of their role as a facilitator is also respecting the agency of the surrenderees. As facilitator, they would say, "You've done your part. You know that? And I always tell them that – that at the start, we're here to help but at the end, the decision is yours."

Barangay official as a partner. Consistent with the ideology

of CBDR as a holistic approach to drug treatment., barangay officials perceived their role as partnered duty-bearers because they take part in the process of delivering CBDR in their respective communities. The barangay officials recognize that these partnerships are important because CBDR is something that they cannot accomplish alone. They remarked, "I can't be the only one. We must help each other here. We must work together to maintain the peace in our community," and "Behind the scenes, I have people working with me on the job so I am not going to get the credit alone. All of us here are working together."

The national government is seen as a partner when it comes to CBDR. There is a two-way support between the barangay and the national government. The barangay supports the national government's thrust against drugs through their efforts saying, "Now that we have a program, we're going to continue with it. We're are going to help the President with the issue of drugs," and "Because we have a backer, the President. If you're an addict, we are going to be strict, but not to the extent of killing."

Although CBDR takes the responsibility of handling surrenderees from the police, the narratives show that CBDR still requires police involvement in coordination with the barangay, "The police are the ones who send the letters. They are the ones who deliver them, together with my other kagawads (barangay officials). So everyone is involved."

Barangay officials also mentioned the significant role of the church in CBDR. Given the lack of manpower to deliver psychosocial programs, in some communities, church volunteers facilitate the program, "Here we don't have rehabilitation per se... the church coordinates with us, they are the ones who get the surrenderees from us, so that they can rehabilitate them there. They are also taught some livelihood programs."

The other members of the community, or the other constituents, also become invested in the program, such that they cooperate with barangay officials regarding the implementation and maintenance of the program, "In our barangay, there are those who like the program. They are focused on helping us."

Finally, community facilitators also cited how important it was to engage the family of the surrenderees because they are critical in the recovery of users, "You can't cure a person if his/her family won't help

him/her."

Personal: Sense of Experience Regarding CBDR

Experience of frustration and fatigue. The personal narratives of barangay officials also validate their ideologies and positions. For instance, in keeping with the ideology of CBDR as an alternative to the current approach, barangay officials expressed feelings of frustration at the perceived lack of action or care from the national government. One respondent felt that he was exerting much more effort than those with higher positions. Another felt demotivated because the government did not seem to care about the rehabilitation of the drug surrenderees:

> Right now, if you're going to ask me if I'm inspired to continue for the other batches, I'm not. Because on my level I'm doing my part. I'm giving my life. I'm giving my time, my effort. There are times where I'm forced to spend my own money. But if you look at the higher offices, like what happened to the 6.5 shabu shipment...

Another expressed, "... So what's the use of the program if the higher ups don't match the efforts exerted by those in the local level?"

Aside from this, some participants also narrated how time-consuming their job as a facilitator was. They also expressed that handling the CBDR program often conflicted with their other personal activities, "It's time-consuming. Of course you also have other things to do. You also have to explain it to them – so that you'll still be able to do other things and that there won't be a lot of backlog."

Experience of challenge and fulfillment. Participants commonly expressed experiencing both challenge and fulfillment in participating in CBDR. The frustration comes when participants ignore or forget what they learned in the program or simply are in the program for compliance, "One challenge is when you feel that the person doesn't internalize what you are teaching. When what you're teaching isn't valued by the person. (I wonder) what do I have to do for them to understand what I'm teaching..."

However, the gratitude they received from rehabilitated participants and their families made them feel that their efforts are

appreciated, “We also receive thanks from the ones who... appreciate the program that the barangay provides for them.”

The officials and overseers also derive a sense of purpose or meaning in the role despite difficult circumstances, “I like this messy life. There’s a lot of thrill.”

A recurring theme in the responses of those facilitating CBDR treatment modules was experiencing fulfillment in changing other people’s lives for the better:

> It feels good to know that you were able to make them graduate, you saw them change, you saw their families made whole once again, that’s a very big thing. That I’m not just a kagawad (barangay official). When they thank you because their lives were changed. It’s different. It feels very good.

Another explained:

> It’s because I saw how the person developed, how he was brought back to life. It’s as if he died because of his deep involvement with drugs but you gradually brought him back to life, raising him up and building his personhood. That’s something.

Experience of commitment and going the extra mile. Most of the participants described their role in CBDR as an experience of commitment. They gave responses like, “I only did this because I committed. I committed to them” and “For me, I just want to do well regarding the task assigned to me. And when I teach strategies to the drug surrenderee, I want him/her to know it by heart.”

Complementary to the role of partner, their commitment to their role moves them to go beyond their usual role. Sometimes, this even involves providing resources from their own pockets, “Sometimes when we’re there, there is a chairman asking for monetary contributions. That is for the food of those who attended. It comes from us sometimes. We help each other, officials contribute for their food.”

The barangay officials become involved with the lives of the surrenderees even outside the context of rehabilitation. They may even act as personal advisers and mentors to their constituents who are still struggling with some issues. As one respondent said:

Honestly, I tell them, “it will be difficult for you to forget about

> drugs. It will be difficult to avoid drugs. It won't come easy but maybe what you should do is to not focus your mind on drugs. Focus on finding a way to work. Do what you must."

Experience of personal growth. Finally, another common personal theme was that of personal growth. Specifically, barangay officials shared how their perspectives regarding the drug issue have changed. Their interactions with recovering users cultivated a humanized view of the drug surrenderees. They also learned to view the problem in a holistic manner:

> It changed because before, I was sort of judgmental towards them, "These people, they don't have jobs and now they're getting into drugs." It was like that because I did not know the reason ...you don't know the person herself. Where are they coming from? There is something deeper. They come from something deeper than that. And since then, I've come to realize that drugs are a big problem. It really takes a big community to address it.

In addition, community facilitators shared how the modules that developed life skills among their participants also helped them develop their own life skills, "I had a better understanding... you don't judge them anymore and above all, I had a better hold on my temper. It is because you get to apply the module on yourself too."

Apart from this changed view, there was also an epiphany pertaining to their own lives and mission. They were able to internalize and connect their personal experiences with their experiences in CBDR. As revealed by one participant:

> It had an impact on me because it is only now when I realized that they go through a lot. I am fortunate because I did not have to experience that. Above all, I understood what it really means to be of help to others.

DISCUSSION

The study sought to examine the ideologies, positions, and personal experiences of barangay officials involved in CBDR. Results revealed a number of interrelated themes. For example, one theme that

cut across the various levels was the perception on the government's drug war. Majority of community officials appeared to support CBDR as a response to the drug problem but also as an antidote to the violence associated with the government's drive against illegal drugs. However, one official also believed that fear was sometimes necessary to motivate users to change. The differences in narratives reflect opposing ideologies particularly that of retributive justice versus restorative justice. Retributive justice essentially refers to the repair of justice through unilateral imposition of punishment, whereas restorative justice means the repair of justice through reaffirming a shared value-consensus in a bilateral process (Wenzel, Okimoto, Feather, & Platow, 2008. The involvement of community members in the justice process allows them to learn about the crime, offenders, victims, and justice so they may be involved in bringing about lasting system changes (Umbreit et al., 2007).

However, under Philippine Law (RA 9165), the manufacture, distribution, and possession of dangerous drugs and paraphernalia is a crime and this is what is emphasized in the retributive approach. Even as people voluntarily surrendered and were not actually caught under *Oplan Tokhang,* there is a presumption of guilt. Thus, recovering users are treated as criminals. Fear and punishment are also reflected in the narrative construction of the participants some of whom explicitly stated their disagreement with the current approach, others expressing qualified agreement, as well as fear and hesitation in being identified as anti-government. To some extent, this fear of going against the government may be a product of culture. Studies show that Filipino parents expect their children to obey adult authority and submit to their directives (Alampay & Jocson, 2011). The value of obedience may be especially salient given public discourse portraying President Duterte as *Tatay Digong* (Father Digong). On the other hand, the hesitation to go against government directives may come from the number of extrajudicial killings and the fear that they may be targeted.

A second ideology expressed by community officials is the belief that CBDR is an effective tool for rehabilitation given its positive outcomes on recovering users, their families, and their communities. These findings validate the UNODC (2016) assertion on the value

of CBDR as an effective tool in rehabilitating drug users. This also validates previous studies that show evidence of the economic, medical, community, and ethical benefits of CBDR (Tanguay et al., 2015).

In relation to the perception of the effectiveness of CBDR, community officials positioned themselves as facilitators of growth. The narratives of the participants show that they derive a sense of fulfillment from seeing an actual impact on the lives of their participants. The finding that community facilitators report a sense of fulfillment in their role as facilitators of growth is consistent with literature that volunteer workers experience satisfaction whenever their experiences fulfill their motivations for helping (Finkelstein, 2008). Other studies on the job satisfaction of mental health workers suggest three main factors are responsible for the job satisfaction and burnout levels of mental health workers: the amount of praise delivered by supervisors, salary levels, and promotional opportunities (Martin & Schinke, 1998). Although the current research does not explicitly explore these same factors, it is notable that the perceived praise and appreciation of the workers appear to mainly come from their clients and not their supervisors.

The acknowledgement that CBDR requires a holistic approach is also related to the role of barangay officials as partner to a variety of stakeholders – government agencies, non-profit organizations, church groups, employers, and families. Community officials see the importance of cooperating with various stakeholders. The results indicate that at least in these communities, there is greater appreciation of the goal of community-based treatment to ensure a holistic approach to the treatment and care of recovering users (UNODC, 2016).

Community facilitators also expressed both fatigue and frustration. The fatigue may be due to the fact that barangay officials assisting in CBDR do so over and above their other duties and have to go the extra mile to obtain the resources that they need. The sense of challenge and fatigue is also consistent with literature showing the many challenges faced by community officials. Studies suggest that financial incentives, career development, and management issues are common issues among community workers (Willis-Shattuck et al., 2008). Similarly, other studies show that the lack of compensation coupled with fatigue and staff burnout are challenges to sustaining

CBDR (Martin & Shinke, 1998). In the long run, prolonged frustration and fatigue may be problematic because studies show that turnover of community facilitators is a result of their frustrations in dealing with administrative and managerial problems (Sparer, 1975).

The fatigue and frustration of barangay officials may be exacerbated by the dilemma of having to mediate between the interests of the police and the members of the community. They are expected to help the police in identifying and arresting drug personalities while simultaneously relaying and defending the interests of the community. This dissonance appears to be particularly pronounced in barangays where tension between the police and the community is high. In such situations, community officials take a protector role – they become more involved in ensuring the safety of the community by ensuring physical safety of recovering users, giving advice to residents, and even sourcing for resources. Based on their narratives, communities wherein a restorative approach is promoted appeared to have better progress and quality in their program compared to those who had to deal with contrasting ideologies. This is consistent with findings on CBDR in China that suboptimal coordination among duty-bearers, divergence in attitudes towards drug treatment and harm reduction, and conflicting performance targets for police and officials serve as barriers to the effectiveness of CBDR (Ma et al., 2016).

All of the community facilitators shared that despite the many challenges they face, their experience in CBDR enriched them as persons. The experience of facilitating the modules helped them develop their own life skills. In addition, their interactions with clients made them less judgmental of drug users. This finding is consistent with studies that show that health workers who have received training and worked with recovering users have more positive attitudes in dealing with problematic substance use (Wheeler, Crozier, Robinson, Pawlow, & Mihala, 2014). Moreover, this reinforces the value of CBDR not just in helping clients, but also in helping community members understand the complexities of substance use. As suggested by Umbreit et al. (2007) a restorative justice approach provides community members a better understanding of crime, offenders, victims, and justice.

Limitations and Implications

The study is an exploratory research on CBDR from the perspective of barangay officials. A limitation of the study was that officials only came from Metro Manila and the data may not capture the diversity of perspectives of barangay officials and overseers in other parts of the country. Future studies may expand the scope and obtain perspectives from other community contexts (i.e., rural, outside Metro Manila).

Despite its limitations, the study presents practical implications regarding the implementation of CBDR. The lack of resources in implementing CBDR is a major barrier for those facilitating CBDR. There is a need for financial, logistical, and human resource support from the government to effectively implement a community-based rehabilitation program.

The narratives of the participants also reveal the need for cooperation between the different stakeholders involved in CBDR. This includes the local church, non-government organizations, local police force, government, barangay, and others. Although the implementation of CBDR is primarily under the function of local government units, the collaboration between these groups is essential given the complexity of the drug problem. One of the strengths of CBDR is that it allows the whole community to take part in the rehabilitation of drug users. This requires, however, clarity in roles and personnel dedicated to the facilitation of the rehabilitation programs.

The lack of resources (venue, food, materials) for CBDR is a great challenge to its quality and sustainability. Beyond the support coming from government, this is where other stakeholders can step in. Thus, the role of barangay officials as partners requires their ability to network and source resources from stakeholders such as citizen organizations, NGOs, etc.

Effective cooperation between stakeholders is necessary for the success of CBDR. However, this can only be achieved if the views and methods of the government are aligned with the ideas of restorative justice. The narratives of participants showed that the current punitive approach of the government adds to the misconceptions and fears of the drug users about rehabilitation. This tension is a barrier to principles of voluntary treatment, privacy, and protection of safety of the participants.

Finally, difficulties of facilitators and reports of fatigue and

frustration also suggest the need to care for caregivers. Beyond providing skills training, it is important to provide coaching and support especially to those facilitating CBDR. In addition, inoculation, debriefing, teaching community facilitators self-care, and simply providing opportunities to rest and recharge are important protective mechanisms for those who care for others.

In conclusion, the study provides a glimpse of the experiences of barangay officials involved in CBDR and presents both practical implications that could improve the implementation of CBDR as well as policy questions on the country's approach. Barangay officials are at the cornerstone of CBDR. The studies suggest that they are caught in the crux of the desire to be part of reform in an environment that focuses on punishment.

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