

## Improving community-based drug rehabilitation outcomes through early diagnostics of client's treatment motivation and satisfaction

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### Abstract

This study examined treatment motivation, clientele satisfaction, and the factors affecting enrollment and completion in community-based drug rehabilitation and aftercare programs in the Philippines. A convergent mixed methods research design was employed using a survey and qualitative focus group discussions. Both on-going and completed clients had high level of internal motivation towards treatment and were highly satisfied with the program. Clients reported internal and external factors influenced their completion of the rehabilitation program while their satisfaction determined the areas that require necessary improvements. Aside from internal and external motivation, the general structure of the program, competence of facilitators, government and community support, and complementary intervention serve as influential factors. Policy recommendations are provided to improve community-based drug rehabilitation treatment outcomes.

### Key Findings and Discussions

The results revealed that clients had high internal motivation and that this motivation influences their completion of CBDR and aftercare programs. Similarly, clients had high motivation to share problems and relate to others during the course of the treatment. This is also supported by the findings that family

members and significant others have high influence towards completion of the program. Clients also do not feel coerced to participate in the rehabilitation but are anxious of the random drug test and the Oplan Tokhang. Clients also stressed the need for additional recreational, leisure, and livelihood activities in the program.

**Table 1.** Treatment motivation of Community-based Drug Rehabilitation On-going and Completer Clients

Treatment Motivation Factor	On-going (n=31)	Completer (n=29)	p-value*
	Mean ± SD	Mean ± SD	
Internal Motivation	6.15 ± 0.95	5.94 ± 1.01	0.39 <sup>NS</sup>
External Motivation	4.52 ± 1.44	4.72 ± 1.47	0.59 <sup>NS</sup>
Interpersonal Help-seeking	6.20 ± 0.97	5.98 ± 1.02	0.39 <sup>NS</sup>
Confidence in Treatment	5.74 ± 1.53	5.39 ± 1.37	0.37 <sup>NS</sup>

Note: \* significant at 0.05 level, <sup>NS</sup> not significant

Motivation is crucial in the rehabilitation process as studies have reported that motivated clients have significantly better treatment outcomes than those who are not motivated (Longshore & Teruya, 2006). Our findings reveal that participants are motivated intrinsically by a sense of self-efficacy, a need to prove themselves and a personal desire to be sober. This is consistent with studies that show that participants are motivated to quit using drugs because they recognize the benefits of staying sober (Chan et al., 2019).

Aside from their intrinsic motivation, family was an important extrinsic motivator in the initiation and continuation of treatment. PWUDs are motivated to participate in the treatment because they appreciate the positive changes in their lives especially in their familial relationships. This highlights the important role of families and community members in the rehabilitation journey of PWUDs under CBDR and is consistent with literature that a family provides to a patient's recovery from addiction is essential to that patient's success (Adejoh et al., 2018). Family support

is a strong predictor of recovery and life skills of PWUDs undergoing CBDR (Hechanova et al., 2023) and as such may reduce relapse. The presence of significant people serve as an adaptive social bonds that reduces their engagement in delinquent behavior (Chan et al., 2019).

Fear motivated some participants to participate in the rehabilitation program. This is understandable given the aggressive case finding and reported killings of more than 7,000 lives (Simangan, 2018) that instilled fear for their safety among persons who use drugs. As Lasco and Yarcia (2022) noted that the “war on drugs” of the Duterte administration created a rehabilitation landscape in the Philippines that is forced and not voluntary (Lasco & Yarcia, 2022). Legal coercion has been used by many countries however, three decades of research on coerced treatment yield mixed and inconclusive results. There are those who report that mandated clients are more likely to complete treatment compared to voluntary clients (Coviello et al., 2013). However there is also evidence that coercion is

not useful in helping someone to stop taking drugs (Chan et al., 2019) and voluntary clients have better treatment outcomes (Klag et al., 2005).

Overall, clients are highly satisfied with all dimensions of services particularly the efficacy of the program. There is a growing body of literature have highlighted its effects on the success of treatment and rehabilitation programs (Yang et al., 2019). For example, in a peer support group recovery program, clients were found to be satisfied with their treatment and had significantly reduced drug use (Tracy et al., 2012). The CBDR program provided has modules on life skills, which focuses on managing their emotions and thoughts, recognizing their strengths, relating to others, rebuilding relationships, solving problems, and making meaning of the past and finding hope in the future (Hechanova et al., 2018). This also highlights the importance of culturally nuanced and need-based design of rehabilitation programs to ensure that the content, language, methodologies, and materials are appropriate for the target clients (Hechanova, 2019).

**Table 2.** Client Services Satisfaction Level

	Completer		On going		p-value
	Mean $\pm$ SD	Dissatisfied (%)	Mean	Dissatisfied (%)	
Overall Satisfaction	4.54 $\pm$ 0.94	5.00	4.75 $\pm$ 0.48	0.00	0.28 <sup>NS</sup>
Efficacy	4.69 $\pm$ 0.69	1.67	4.82 $\pm$ 0.36	0.00	0.37 <sup>NS</sup>
Relative's involvement	4.41 $\pm$ 0.89	3.33	4.53 $\pm$ 0.73	5.00	0.58 <sup>NS</sup>
Information	4.33 $\pm$ 1.03	6.67	4.53 $\pm$ 0.71	1.67	0.39 <sup>NS</sup>
Professionals' Skills and behavior	4.29 $\pm$ 0.90	5.00	4.55 $\pm$ 0.53	0.00	0.17 <sup>NS</sup>
Access	4.22 $\pm$ 1.29	10.00	4.71 $\pm$ 0.64	3.33	0.07 <sup>NS</sup>
Recreational Activities	4.18 $\pm$ 1.02	10.00	4.35 $\pm$ 0.78	10.00	0.46 <sup>NS</sup>
Type of Intervention	3.80 $\pm$ 0.81	10.00	4.32 $\pm$ 0.74	8.33	0.02*

Note: \* significant at 0.05 level, <sup>NS</sup> not significant

Although clients report that they are highly encouraged to engaged in CBDR, they also reported unmet needs. Both ongoing and completers, reported to be least satisfied is the availability of recreational activities outside of the treatment and rehabilitation. Clients also reported that they wanted more fun things do during their rehabilitation such as sports, physical exercises, games and other teambuilding activities

especially with families. This is not surprising as growing body of evidence has reported the importance of sports in rehabilitation, relapse prevention (Fenech, 2017), the quality of life and recovery process of drug-dependent patients (Giménez-Meseguer et al., 2015), treating drug addiction (Robertson et al., 2016).

Clients also cited the lack of appropriate livelihood training and employment opportunities. On one hand

this is understandable because these are covered in the aftercare program and not in the CBDR. However, this also suggest the need to review the protocols for provision of wrap-around services. Many LGUs appear to provide livelihood/employment after treatment. However, especially for those with mild dependence this stepwise approach may not be necessary. A study suggests that learning new skills and participating in physical and recreational activities are helpful factors in in the remission of drug addiction (Petrova et al., 2015).

Finally, the program may be enhanced to target areas that require improvement. This may entail some modification and innovations in the program structure to address the challenges and pivot weaknesses into strengths. Finally, a number of policy recommendations are suggested to address these.

### Policy recommendations

- **Conduct Treatment Motivation Diagnostic and use results for individualized rehabilitation plan.** Motivation is considered to be crucial in the rehabilitation process. Clients with low motivation may respond differently from the standard rehabilitation program and thus require more attention and individualized rehabilitation strategies. A city ordinance may be crafted providing framework for more involvement of BADAC in the monitoring of clients with low motivation.
- **Strengthen involvement of family in the rehabilitation program.** Relationship with family members and other significant others show strong influence in rehabilitation success. More effort should be exerted in involving family members and significant others in the rehabilitation process through programs. An IRR may be crafted providing guidelines to BADAC and the Barangay Committee on Family and Children in developing programs involving the family.
- **Change perception regarding CBDR and Aftercare programs.** It may be useful and beneficial to the whole rehabilitation program when additional materials (i.e., audio-visual presentations, infographics, etc.) are created to ensure that clients understand the goals of the program. This may reduce negative perception towards the rehabilitation process which in turn affect their motivation.
- **Provide alternative delivery of livelihood training programs.** Livelihood training programs

provide alternative path towards sobriety and recovery. It is suggested that more livelihood training programs tailor-fitted to the needs and context of clients be made accessible.

- **Improve structure and process of the rehabilitation program.** Implementation of the program will be most benefited when the structure and processes are clarified to all stakeholders involved. It is recommended that implementation timelines and standard operating procedures be established.
- **Increase number of recreational and leisure activities and involve other stakeholders.** Complementary interventions, like physical and recreational activities, provide helpful measure towards remission of drug addiction. It is suggested that more activities targeting physical and recreational activities involving family members be integrated in the rehabilitation program. Mapping of resources be conducted and/or updated to identify more stakeholders and interfaith groups that can be tapped to aid in the rehabilitation program.
- **Increase budget allocated to community-based rehabilitation program.** Lack of funding and inadequate resources continue to serve as a barrier in the implementation of the program. It is suggested that the budget allocated to the program be increased. This can be used to augment equitable support to barangays needing more aid. A mechanism to identify barangays needing additional support may also be crafted to ensure successful delivery of the program through a city ordinance.

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