

# The Science of Substance Use: Socio-Anthropological Perspective

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**NATIONAL SUBSTANCE USE SCIENCE POLICY AND INFORMATION FORUM**

Substance Use in the Philippines: Governance, Research, and Practice

# Socio-Anthropological ?s

- Q1. What existing evidence on prevention, treatment, and care for people affected by drug use and drug use disorder that employs rights-based approaches can we learn and gain from socio-anthropological-related research?
- Q2. What can sociology and anthropology contribute in the discourse on substance use?
- Q3. What evidence-based policy recommendations to national and local policymakers can we draw from socio-anthropological studies?

## LOCATING Socio-Anthro Perspectives...

### 3 Explanatory Frameworks [Singer, 2012]:

- **Cultural Model** = drinking as normal for social solidarity not disruptive; part of culture
- **Lifestyle Model** = drug-taking as subculture (codes/tactics of survival; internal rules)
- **Critical-Medical Anthropological Model** – drug taking as informed by political economy; lived experience

## **Gained traction/made impact:**

- **Power of the anthropological model**
  - Comparative/holistic research = community A vs Community B
  - Context-driven = connecting the dots
- **Strength of ethnography [Mapangahas na pananaliksik]**
  - Critical realism = POV (user-trader-law enforcer-moral institutions-researchers-policy-makers-service providers...)



## Some studies done in the field...

- **Zarco, R. M. (1995).** A Short History of Narcotic Drug Addiction in the Philippines, 1521-1959. *Philippine Sociological Review*, 43(1/4), 1-15
- **Tan, M. L. (1995).** The Construction of "Drug Abuse" in the Philippines: The Case of Cough Preparations. *Philippine Sociological Review*, 43(1/4), 17-42
- **Tan, M.L. (1999).** *Good Medicine: Pharmaceuticals and the Construction of Power and Knowledge in the Philippines*. Amsterdam: Het Spinhuis, University of Amsterdam
- **Estacio, L. (2003).** *Bawal na Gamot: Exploring Contradictions and Connections in an Urban Barangay* (PhD diss., 2003)
- **Lasco, G. (2014).** *Tamang tama: Drug use in the everyday lives of male urban poor youths in a Philippine port community*. (unpublished thesis manuscript). University of the Philippines Manila.
- **Porio E & Crisol C, et.al. (2004)** – *Working Children in Drugs in the Philippines: A participatory action research for child/family and community empowerment* (ILO-IPEC Manila)
- **Jopson J & Sakaran A. (2020).** Mapangahas na Pananaliksik: Pagbuo ng Kaalaman at Katatagan sa "Gera Laban sa Droga" *Aghamtao*, vol 28:45-73
- **Plus others....**

## Short list in substance use research that is worth sharing...

- **Bawal na Gamot: Exploring Contradictions and Connections in an Urban Barangay (PhD diss., 2003)**
- **Primary Prevention of ATS Abuse Among Youth In the Philippines (UNODC, 2003, 2007)**
- **The Use of Children in Illicit Drug Trafficking in the Philippines (ILO, 2002-2004)**
- **Addiction Recovery Project for the Grassroots in the Philippines ( JICA-APARI, 2009-2011)**
- **Drug Use and Behavioral Health Among Young Population in Metro Manila: A Baseline Cum Intervention Study [EIDR, OVPAA-UP System, 2015 to 2019]**
- **Comprehensive Evaluation of Accredited DOH-TRCs in the Philippines (DOH-PCHRD, 2016-2017)**
- **Assessing the Drug Use and Behavioral Health of Adolescent Substance/Drug Users in the Philippines: Moving Toward a Culturally Appropriate and Age Specific Treatment Response**
- **Assessing and Designing Evidence-Based, Culturally-Appropriate and Cost- Effective Aftercare Programs and Services for Drug Users in the Philippines (DOH-PCHRD, 2018 to present)**

• **Bawal na Gamot: Exploring Contradictions and Connections in an Urban Barangay**

*L.Estacio/Resiliency Approach to Addressing Drug Addiction: A Paradigm Shift*

**Resiliency Approach to Addressing Drug Addiction:  
 A Paradigm Shift to Building Drug-Resistant  
 Communities in the Philippines**

LEONARDO R. ESTACIO, JR.

**ABSTRACT.** *This article examines how two contending paradigms clash in terms of their view and response to the dynamics of drugs, drug use and the drug problem. The dominant vulnerability paradigm considers drug users as addicts and deviants. On the other hand, the resiliency paradigm sees drugs as a controllable object, drug use as socially-induced and meaning-driven, and users as either healing-seekers or risk-takers and deals with the drug problem using harm-reductionist related approaches. With epidemiological and ethnographic methods, a barangay (village) as setting and shabu use as a unit of study, data on how these two paradigms are played out in the community were analyzed. The barangay data deconstructed the totalizing view of drug users as addicts and deviants, affirmed the extreme difficulty of using a “war on drugs” approach in solving the drug problem, and demonstrated the value of a development-oriented and transformative approach couched within a resiliency approach in solving the drug problem.*

**INTRODUCTION**

Contending paradigms on drug addiction as played out in the Philippines clash on how drugs, drug addiction (drug use) and the drug problem should be viewed and dealt with.

The dominant paradigm is that drug addicted people are vulnerable people. They are se-



**Useful Framework on the Cycle of Shabu Use in the Urban Setting**

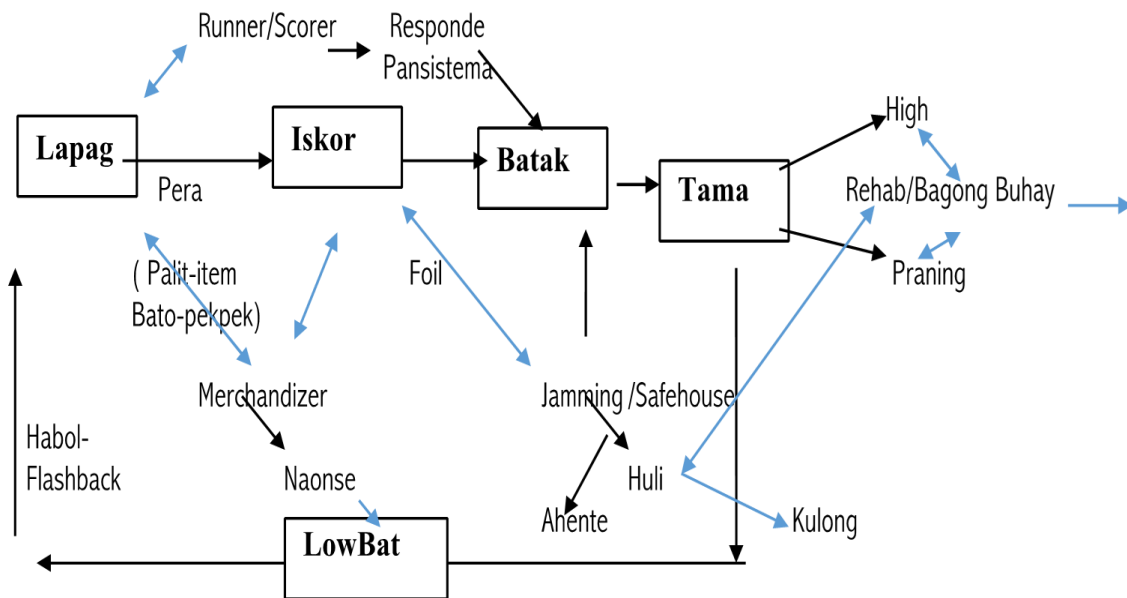


Figure 2. Filipino Culture of Shabu-Taking (Addiction).

**Development of Drug Resistant Communities via  
 Community Organizing and Development**



## Scientific Basis for Barkada Kontra Droga (BKD) Campaign of DDB

### Research hypotheses:

The following are the working hypotheses as informed by the research objective/s:

1. *Increased knowledge* on the harmful effects of ATS (*shabu* and *ecstasy*) influenced the increase in protective factors and decrease in risk factors;
2. *Increased knowledge* of the drug law influenced increase in protective factors;
3. A *strong anti-drug attitude* influenced increase in protective factors;
4. *Effective interventions* influenced positive changes in knowledge, attitude and behavior among the target groups vis-à-vis ATS abuse.

Social Marketing and Health Promotion/Communication Model  
Transnational Collaboration (UNODC-DDB-PIA-LGU-Addictus)



Working Children in Drugs in the Philippines:  
A participatory action research  
for child/family and community empowerment

By

Emma Porio, PhD and Christine S. Crisol  
Ateneo de Manila University  
In collaboration with

Jerry Apolonio  
**Leonardo Estacio, Jr., PhD**  
Evelyn Galang  
Amalia Lorelia  
Andrea Bolhayon  
Fernando Rico

Submitted to The International Labour Organization

October 2004



## **Community-Based Drug Demand & Supply Reduction Program for Children and Youth**

### **Pasay City & Quezon City**

- **Peer-Counseling/Home Visits/**
- **Capacity Building = Responsible Parenthood**
- **Youth Organizing**
- **Recreation Against Drugs; Sports Against Drugs Talent Against Drugs**
- **After School Tutorial**
  
- **Modeling for Community-Based Prevention Research and Intervention [Baseline Study + Pilot-Testing]**
- **Transnational Collaboration [ILO-IPEC-Ateneo-KKPC-Addictus-Philippines]**

JICA-APARI

ADDICTION RECOVERY PROJECT FOR THE GRASSROOTS IN THE PHILIPPINES



**An Evaluation of the Addiction Recovery Meetings in Tatalon,  
Quezon City**

implemented by the Kapatiran-Komunidad Peoples Coalition (KKPC) in partnership with  
APARI, Family Wellness Center and Addictus-Philippines

LEONARDO R. ESTACIO Jr., MPH, PhD - Principal Investigator  
DAVE ELIJAH DADA - Co-Investigator  
JONAH MIKKA DORADO - Co-Investigator  
KRIZA GENGANIA - Co-Investigator  
HAZEL PEREZ - Co-Investigator

October 2011 and March 2012

- **Pilot-tested the the AA-NA treatment approach to 10 PWUDs in the community (October 2011 and March 2012)**
- **Transnational collaboration to treat drug users in underserved communities [JICA-APARI-FAMILY WELLNESS CENTER-ADDICTUS-PHILS-KKPC-UP Manila]**
- **4/10 success rate ?!**
- **Need to match AA/NA approach + livelihood for better outcomes**



**EIDR CODE NO. C2-R-07-612-98**  
**Drug Use and Behavioral Health among Young People in Metro Manila and Neighboring Provinces: A Baseline cum Intervention Study**

This is a collaborative research that looks into the drug-using behaviors and health patterns of young people in Metro Manila and neighboring provinces, as well as the consequences and implications of drug-use to the country's existing policies and programs.

**Program Leader | Dr. Leonardo R. Estacio Jr.**

Sr. Operations Manager: Dr. Laurie S. Ramiro  
 Project Leader: Prof. Andrea B. Martinez  
 Project Manager: Ms. Ma. Irene N. Quilantang  
 Research Assistants: Kim Ronaline B. Salvador  
 Mariel S. Quiogue  
 Gaea Marelle J. Miranda

**475 RESPONDENTS**

**DATA GATHERING TECHNIQUES:**

- Questionnaires
- Focus Group Discussions
- Key Informant Interviews

**Target Areas**

Makati Taguig Quezon City Bataan  
 Marikina Pangasinan Cavite

**PHASE ONE 1 YEAR**

- Epidemiology of Drug Use and Phenomenology of Drug Users in Treatment
- Survey of current interventions and their effectiveness
- Design of a community-directed treatment intervention

**PHASE TWO 2 YEARS**

- Case-study of drug users/ comparison groups in the community
- Community-based clinical trial of community-based treatment intervention
- Outcome study of treatment effects
- Policy and program recommendation

**EXPECTED OUTCOMES**

- Database of profile of drug-users and their effects, and treatment interventions in Metro Manila and neighboring provinces
- Evidence-based design of a novel community-directed treatment intervention
- Policy briefs and primers on treatment of drug users
- Written oral papers for national and international conferences and articles for publication in high-impact journals and popular media
- Community-directed treatment therapy that can be copyrighted



UNIVERSITY OF THE PHILIPPINES  
 EMERGING INTERDISCIPLINARY RESEARCH

# 6PS HAKBANG TUNGO SA PAGBABAGO

A COMMUNITY-BASED LIFE SKILLS WORKSHOP FOR DRUG SURRENDEREES

improve knowledge and attitude about the harmful effects of drug use

increase self-efficacy and responsibility

reduce repeated drug use

**PHASE 2 INTERVENTION PROGRAM**

**PAGPAPAKILALA**

**PAGPAPALAKAS**

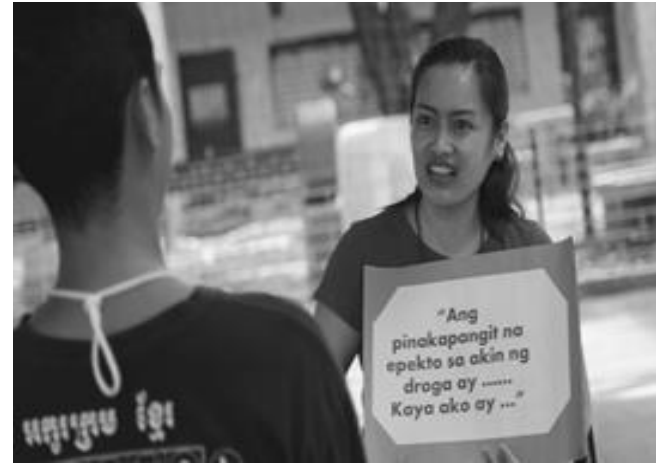
**PAGTANGGI SA TUKSO**

**PAGPAPATIBAY**

**PAGBALANGKAS NG PANGARAP**

**PAGSULONG TUNGO SA PAGBABAGO**

- Showed good results on self-efficacy and drug resiliency
- City government resolution to adopt the program
- Work in progress, further study such as efficacy trial needed



## Assessing the Drug Use and Behavioral Health of Adolescent Substance/Drug Users in the Philippines: Moving Toward a Culturally Appropriate and Age Specific Treatment Response

- Study among 10 Accredited DOH-Treatment and Rehabilitation Centers (DOH-TRC) in the Philippines, few number of adolescent substance users.
- About 15.6% of 756 respondents, from 19 and below age group (Estacio, Galang, Ocbina, et.al., 2017)
- Only 2 out of the 10 government-run treatment and rehabilitation center (TRC) studied provided female care
- Only 1 out of 10 DOH-TRC in the study provide treatment services for adolescents aged 18 years old and below.
- To assess the treatment services provided by 1 government-managed TRC to adolescents: socio-demographics, history of substance use and by determining the level of effectiveness of treatment being provided and its implications to policy and program

### Results and Discussion



#### Significant Statements from TRC officials and Staff Regarding Treatment Services

##### Theme 1: Treatment and services provided for adolescent clients

- Sub-theme 1: Services given to adolescent clients
  - "They have separate dormitories from female and male adult groups.." – Senior Staff, FGD
  - "They are provided with alternative learning systems (ALS) opportunities..." – Senior Staff, FGD

##### Sub-theme 2: Lack of specialized treatment for young drug dependents

- "There are no specialized treatment services for adolescents..." - Administrator, KII
- "They receive the same treatment services as the female and male adult groups..." – Senior Staff, FGD
- "There should be a separate treatment intervention for adolescents since they are in the age group where they experiment a lot and where they are in their most adventurous and challenging period in their lives..." – Administrator, KII

### Recommendation



#### Creating an evidence-based, culturally-appropriate, affordable and age-appropriate [specialized] treatment approach

- While the effort of modifying the current TC approach was a good initiative by the TRC, the creation of a treatment approach is a better option and an opportunity that opens the door to a culturally appropriate, affordable and age-appropriate model.

#### Creating an individualized treatment program for adolescent clients

- Although giving the adolescent clients alternative learnings and up to secondary education are one of the strengths of the program.
- The study recommends the development of a treatment intervention that fits the age and the sub-culture of the adolescent groups. Particularly a stronger focus in providing or assisting in continuing the client's education after residential treatment rather than helping them find jobs.

**Advancing Health through Evidence-Assisted Decisions  
with Health Policy and Systems Research Program  
(AHEAD-HPSR) DOH-PCHRD**

**Main Title**

**Assessing and Designing Evidence-Based,  
Culturally-Appropriate and Cost-Effective  
Aftercare Programs and Services for Drug Users  
in the Philippines” (phase 1 & 2)**

**Sub-Title**

**“Pilot-Testing and Assessing the Outcome of an  
Evidence-Based, Culturally-Appropriate and  
Cost-Effective Aftercare Program and Services  
for Drug Users among 7 TRCs” (Phase 2 )**



**Objectives**

- To assess the current aftercare programs provided by TRCs
- To design **evidence-based, culturally-appropriate and cost-effective aftercare programs** for recovering drug users in the Philippines
- To pilot-test the aftercare programs developed for **cultural appropriateness, cost-effectiveness and treatment-effectiveness** in 8 DOH-TRCs

## SIBOL Aftercare Program [Telehealth Version]

ORIGINAL VERSION	TELEHEALTH VERSION
Module 1: Sustaining the Motivation Towards Self-Change and Recovery	Module 1: Sustaining the Motivation Towards Self-Change and Recovery
Module 2: Relapse Prevention	Module 2: Drug Avoidance/Resistance/Resilience
Module 3: Enhancing Spiritual Life and Family Relations	Module 3: Enhancing and Maintaining a Healthy Lifestyle [merged modules 3, 4 & 5 of original version]
Module 4: Enhancing Mental Well-Being	Module 4: Strengthening Social Relations and Self-Development [merged modules 3, 6 & 7 of original version]
Module 5: Sexual and Reproductive Health, HIV and Nutrition	Module 5: Enhancing Community Re-integration [ part of module 6 of original version]
Module 6: Strengthening Social Relations and Community Re-integration	Module 6 : Sustaining Journey Towards Recovery Version [module 8 of original version]
Module 7: Enhancing Livelihood and Employment Skills	
Module 8: Sustaining Journey Towards Recovery Version	



Synergistic Intervention Based on Life Skills Enhancement



**AN EVIDENCE-BASED, CULTURALLY-APPROPRIATE, AND COST-EFFECTIVE MANUALIZED AFTERCARE PROGRAM**



**Hypothesis/Assumption:**

Clients/participants provided with **responsive aftercare** that is **culturally-appropriate** and **cost-effective** will engage in **fewer risky drug use and lifestyle behaviors** as measured by the **primary outcome measure** of the **number of relapse cases** during **the first 90 days [ 3months ]** prior to the **6<sup>th</sup> and 9<sup>th</sup> month** follow up assessments.

**STAGES OF PSYCHOTHERAPY RESEARCH**

- **PILOT-TESTING** – pre-experiment using non-controlled one arm prospective study with a single group, pre-test/post test design
- EFFICACY TRIAL/CLINICAL TRIAL
- REPLICATION/EFFECTIVENESS TRIAL



Month 1.0 to 3.0	Treatment Provider Directed Phase [ <b>Full-intervention; 2-3x weekly interventions</b> ]	3 <sup>rd</sup> month end-point
Month 3.1 to 6.0	Self-Treatment and Recovery Phase [ <b>Bi-weekly consultation and on-call sessions</b> ]	6 <sup>th</sup> month end-point
Month 6.1 to 9.0	Self-Efficacy/Resiliency Post-Treatment Phase [ <b>Monthly consultation and on-call sessions</b> ]	9 <sup>th</sup> month end-point





## **INTENDED TREATMENT OUTCOMES OF SIBOL AFTERCARE INTERVENTION**

At the end of the aftercare treatment program, the clients are expected to:

1. Avoid/Resist/Prevent the use of drugs and substances
2. Improve significantly their spiritual, physical, mental and behavioral health
3. Improve their social relations with their family, friends and significant others
4. Improve significantly their self-efficacy, productivity and livelihood skills
5. Improve their community relations and re-integration
6. Effectively used culturally-appropriate, socially-acceptable, cost-effective and efficacious intervention strategies and approaches towards recovery

## Outcome assessment , 3 months pilot-testing

- High level of cultural-appropriateness, cost-effectiveness and treatment effectiveness
- Telehealth approach is appropriate, cost-effective and flexible (asynchronous)
- Self-efficacy : 3.8 % relapse cases (3/79)

- **Gawang Pinoy”**

- **“Swak sa Panlasang Pinoy”**

- **TATAK PINOY!**

## Recommendations

- **For all TRCs to adopt SIBOL as their aftercare program**
- Too short pilot trial; a continuing follow through session should be conducted
- Include sessions on the harmful effects of alcohol and tobacco use
- Add more family therapy and strengthening relationship sessions with involvement of family members

# Summary

- Shared existing evidence on prevention, treatment, and care for people affected by drug use and drug use disorder that employs rights-based approaches
- Policy advocacy research (Bawal na Gamot study)
- Prevention research (Prevention research on ATS = BKD)
- Treatment research (6 Ps, AA-NA)
- Aftercare research (Sibol Aftercare Program)
- Rights-based (adolescents; use of children in drugs)

# Contribution to the Discourse on Substance Use

- **SOCIO-ANTHRO:**
- Provides holistic/transdisciplinary perspective of the phenomenon
- Encourages collaborative research (transnational/inter-multi-transdisciplinary, etc.)
- Supports the use of mixed methods research (participatory action research; epidemiology and ethnography)

# Contribution to the Discourse on Substance Use

- **SOCIO-ANTHRO:**
- Advocates evidence-based and policy-driven research
- Advocates culture-sensitive, cost-effective, humanistic and rights-based approach in dealing with the problem
- Supports the development and design of Filipino (Tatak Pinoy) models of promotion, prevention, treatment and recovery on substance use

## Q3? Evidence-based policy recommendation

- In line with the Actionable Points from the Governance POV, the following are in need of support and strengthening:
  - **1. Shift to community-based and community-directed approach in promotion, prevention, treatment, recovery and control**
    - Expansion of preventive education and information program (**Barkada Kontra Droga**)
    - **Strengthening of CBDR** policies and programs as they reduce substance dependence and enhances coping behavior & family support.
    - Continuous and strict integration of **social support systems** on the recovery of recovering drug dependents

## Q3? Evidence-based policy recommendation

- **1. Shift to community-based and community-directed approach in promotion, prevention, treatment, recovery and control**
  - Design and development of evidence-based, standardized, policy-driven, culturally-appropriate, cost-effective, treatment and rights-based CBDRs (KKDK, 6Ps, SIBOL, etc.)
  - **Sustainable funding support to ADACs, BKD, CBDRs, among others**

## Q3? Evidence-based policy recommendation

- **2. Improvement of residential/outpatient treatment services:**
  - Development of a **specialized treatment program** for different substance dependency age/gender groups (**adolescents, women, LGBT**)
  - Development of **programmatic capacity enhancement/professional development** program for **treatment/service providers**
  - Additional/more **government funds** for **TRC personnel, facilities and programs and services**



## Q3? Evidence-based policy recommendation

- **3. Shift from retributive justice to restorative justice policy framework**
  - De-listing and de-stigmatization of PWUDs
  - Strengthening of public health, behavioral health, social development programs informed by rights-based policy framework

## **Q3? Evidence-based policy recommendation**

- **4. Strike a balance in terms of funding and implementation of demand reduction and supply reduction programs**
- **5. More opportunities for capacity enhancement in substance use research and intervention:**
  - training program for service providers (promotion, prevention, treatment and rehabilitation, recovery etc.)
  - development of short-term courses, graduate degree programs and research fellowships, etc.
- **More programmatic/sustainable funding for substance use research**

**“Science is not the truth. Science is finding the truth. When science change its opinions [findings] it doesn’t lie to you - It learned more...”**

[Extracted from a viber text [8 May 2021]

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