

## **SERVICES IMPLEMENTED AT SELECTED DRUG REHABILITATION CENTERS IN CAVITE: AN ASSESSMENT**

*Espineli, Ruby Ann L.*

*Lontoc, Marissa C.*

Master of Science in Criminal Justice with Specialization in Criminology  
at De La Salle University, Dasmariñas City, Cavite

Instructor I at the College of Criminal Justice – Cavite State University, Indang, Cavite

*Legaspi, Myleen P., PhD*

Doctor of Philosophy in Sociology / Anthropology of Education

at the University of the Philippines, Diliman, Quezon City

Associate Professor II at Cavite State University, Indang, Cavite

Dean of the Graduate School and Open Learning College

---

### **Abstract**

The study mainly assessed the services implemented on drug rehabilitation centers in Cavite. Three out of six drug rehabilitation centers in Cavite gave their consent to conduct the study in their centers. Survey questionnaire and interview of the administrators, program facilitators and patients were utilized to gather necessary data. The findings showed that in terms of operational management, all centers strictly follow the standards set by Department of Health (DOH). On the other hand, most of the program facilitators are on-call. In terms of administrator and program facilitators, they are always on time in performing their duties but the center could not maintain its employees due to lack of provision on security of tenure. In terms of resources, all is properly monitored. They have division of budget for their operation. On the other hand, two of the centers lack financial support from NGO for their trainings. Findings further revealed that, centers established linkages with religious groups. Every phase of their activities often involve religious adoration. In contrast, there is limited linkage with local and non-government agencies in support to the traditional healing of the patient. In terms of physical facility, its privacy and comfort helps in the immediate recovery of the patient. Further, evaluation conducted by program facilitators is indispensable in the formulation of individualized treatment program. Moreover, monitoring of patients is also done through interaction with them. They also keep in touch with their graduated patients.

---

**Keywords:** Services implemented, Operational management, Administration and program facilitator, Resources, Linkages, Physical facility, Reception and diagnosis, Treatment program, Monitoring and evaluation, Patient

### **Introduction**

Today, drug dependency is undeniably one of the major problems around the globe. This kind of somewhat called disorder commonly results to suicide, mental illness and violence that can lead to heinous crimes or worst - death. It does not only affect the drug dependent and his families but also the society in a way that it threatens everyone's security and life.

Drug dependency refers to a state wherein an individual can only function effectively with the help of his/her substance of abuse (Le Moal and Koob, 2006). American Psychiatric

Association (1994) emphasized the three stages of drug use such as: occasional/controlled or social use; drug abuse; and drug addiction. Introduction of excessive amount of drugs in the human body cause an abnormal state of physical and psychological dependence. Physical dependence occurs when an intense physical disturbance or withdrawal syndrome upon drug usage was discontinued while psychological dependence is a chronic, compulsive, loss of self control and over-powering desires and craving to use one's substance of abuse (Soriano, 2002).

In the Philippines, the emphasis of combating drug related problems is usually through the establishment and operation of agencies such as Dangerous Drug Board, Philippine Drug Enforcement Agency, National Bureau of Investigation, Philippine National Police and other law enforcement agencies charged with the enforcement of drug related laws. However, intervention, treatment and rehabilitation of drug dependents are slightly given emphasis and funding. This statement is supported by United Nations International Drug Control Programme (UNDCP), emphasizing that drug dependency is one of the major problems of almost all societies and that should also be addressed through giving more emphasis on appropriate intervention strategies, treatment and rehabilitation of drug dependents.

Because of the huge negative effects of drug dependency, intervention and rehabilitation programs were made available by different states. These rehabilitation centers particularly private rehabilitation centers, exist for those who can afford to undergo such treatment. According to the National Survey on Drug Use and Health in 2006, 23.6 million Americans needed treatment for **drug addiction** and only 4 million received that treatment. Of that figure, only 2.5 million received treatment at a specialty treatment facility such as a hospital, drug or alcohol rehabilitation center or a mental health center. The remainder received treatment through self-help groups, jail, private doctors, or other methods (The Importance of Drug Rehabilitation, 2013).

Many of the drug dependents think that they can overcome the addiction and get back to normal lives by themselves but it was proven that dependents need help and professional assistance to get back in their normal lives (Drug and Abuse, 2013).

Rehabilitation centers are the institutions that give service to these drug dependents and are responsible in correcting their over-all behaviour as one of the main purposes of the existence of drug rehabilitation centres is to break the cycle of dependency (The Importance of Drug Rehabilitation, 2013).

Due to increasing number of institutions that cater treatment and rehabilitation of drug dependents, this study was conceptualized to assess the services implemented in selected public and private rehabilitation centers.

### **Objectives of the study**

This study assessed the Drug Rehabilitation Centers in Cavite.

Specifically, it aimed to:

1. identify the existing rehabilitation centers in Cavite;
2. assess the operation and management of rehabilitation centers; and
3. determine the compliance of rehabilitation centers with the standards.

### **Methodology**

#### **Research Design**

Descriptive method was used in this study. According to Calderon and Gonzales (1993), this method is concerned on the process of recording, analyzing, classifying, and interpreting data gathered with or without statistical methods. The study gathered, recorded

and analyzed the selected public and private rehabilitation centers concerning their services, thus, descriptive method was applied.

### **Participants of the Study**

The study involved the administrators, program facilitators and patients of selected public and private rehabilitation centers in the Province of Cavite. In selecting the participants the researchers conducted an initial survey wherein the following criteria were considered: 1) approval of the administrators of the selected public and private rehabilitation centers; and 2) accessibility and convenience to the program facilitators and clients.

The list of identified public and private rehabilitation centers in Cavite was based on the Department of Health - Bureau of Health Facilities and Services. Since this study involved risk to the rehabilitation center because of the exposure of its actual operation and management, only those public and private rehabilitation centers who agreed to participate in the study were included. In the observance of confidentiality, the rehabilitation centers and participants' name were not revealed.

### **Sampling Technique**

Only those public and private drug rehabilitation centers that permitted the conduct of the study concerning their services were the participants.

Purposive sampling was used in selecting the participants of the study. Purposive sampling is defined as “a form of sampling in which the selection of the sample is based on the judgment of the researcher as to which subjects best fit the criteria of the study” (“*Purposive sampling*”, n.d., para.1).

### **Research Instrument**

To determine the services implemented in selected public and private drug rehabilitation centers in Cavite, survey questionnaire, observation and interview was used in the study.

A self-made survey questionnaire based on the “Manual of Operations” (2003) of the Department of Health was formulated to assess services implemented in drug rehabilitation centers.

Interview supplemented the data collected from survey questionnaire. This also gave the researchers a deeper description and understanding of the participants' answers. This was composed of open-ended questions formulated by the researchers in facilitating systematic interview. Semi-structured interview was used. This enabled the researchers to ask specific questions, also other relevant questions that may fit to the situation was asked.

Also, observation was used to have an accurate interpretation and description of the services implemented in selected public and private drug rehabilitation centers through the use of senses.

As a research strategy, triangulation technique increased objectivity on the part of the researchers by raising the personal biases of the researchers that could stem from using single methodology. Survey instrument was used to determine the perception of the respondents. Direct observation described the services implemented as it occurs and the reasons for its occurrence. This was understood and validated by interview by asking participants to verbally report their services.

### **Data Gathering Procedure**

A letter was sent to public and private rehabilitation centers within Cavite area. Upon approval, identification and selection of participants was conducted.

On each rehabilitation center, researchers set a formal meeting to explain the nature of the study and other matters concerning the extent of their participation. During this time, the participants were also given ideas on what to expect during interview and observation.

## **Results and discussion**

### **Rehabilitation Centers in Cavite**

There were six public and private drug rehabilitation centers in Cavite, namely: Bridgehall Community Foundation Incorporated Treatment Facility, Change and Recovery Treatment & Rehabilitation Center, DOH- Tagaytay City Treatment & Rehabilitation Center, Seagull Flight Foundation Incorporated, Serenity House of Sobriety and The Garden House of Hope.

### **Extent of Compliance on Operational Management**

In terms of program facilitators' perception on **operational management**, adherence to the regulations and standards pertaining to the conduct of their work got the highest mean score of 4.87 with verbal interpretation of *Very High Extent of Compliance*. This is due to the fact that adherence to rules and regulation is considered a way of attaining its goals and mission. Grusenmeyer (nd) affirmed that rules and regulations are considered as the “core values” that serve as the underlying principle in the attainment of mission, vision, values and goals.

On the other hand, assurance that program facilitators involved in the operation of the treatment center are able to undertake their responsibilities appropriately and effectively got the lowest mean score of 4.67 with verbal interpretation of *Very High Extent of Compliance*. This can be explained by the fact that most of the program facilitators like psychiatrist, psychologist, dentist and doctor are called only when their services are needed.

### **Extent of Compliance of Administration and Program Facilitator**

In terms of **administration and program facilitator**, punctuality of program facilitators is commendable. It got the highest mean score of 4.87 with verbal interpretation of *Very High Extent of Compliance*. The finding may imply that in this case, program facilitators are always on time in performing their assigned duties and responsibilities. The centers desire to inculcate the value of time to their patients, that is why, they set themselves as examples to their patients. Brett and Kate McKay (2012) furthered that punctuality builds and reveals discipline of a person. Being prompt and on time makes one organized and is capable of doing things and achieving his/her goals on time.

However, amount of salary and benefit in accordance with the law was interpreted to be the lowest. It got a mean score of 4.27 but still with verbal interpretation of *Very High Extent of Compliance*. Full time program facilitators particularly, the program director, counselor and nurse receive a minimum amount of salary. It also depends on their position and function. They are also entitled to the benefits given by the centers such as bonuses, transportation, seminars and training allowances. But, there are some instances wherein full-time program facilitator chooses to transfer to another institution after the end of his/her contract because of higher salary and greater opportunities. Meanwhile part time program facilitators are paid with an amount of one thousand pesos per every session of each patient.

### **Extent of Compliance on Resources**

In terms of **resources**, a *very high extent of compliance* was interpreted in monitoring finances of the centers with a mean score of 4.87. The finding may indicate that there is a well-organized budget allocation for its operation. According to Bremser (nd), budgeting

plays a significant role in attaining the goals of an institution for it also serves as a planning and controlling system.

However, it was revealed that support of non-government agency in the cost of program facilitators' training got the lowest mean score of 4.50 with verbal interpretation of *Very High Extent of Compliance*. This finding seems to show that NGO agencies do give support to rehabilitation centers but found to be the lowest among the items.

On the other hand, one of the administrators affirmed that the center solely shoulder the cost of training for its employees. She added that some of the seminars required by DOH to be attended amount to 25,000 pesos per session. Training of employees is way of educating its people, thus, it also creates a great impact in a company's success (Brum, nd). Department of Labor and Employment requires institution to train their employees in order to upgrade the quality of its service. Results imply and give highlights to the claim that rehabilitation centers do invest in the training of its employees, specially, to its program facilitators.

### **Extent of Compliance on Linkages with Other Agencies**

In terms of **linkages**, it was revealed that they have established linkages with different religious groups to assist in the spiritual development of their patients. It got the highest mean score of 4.80. This gives rise to the fact that most of the drug rehabilitation centers integrate religious as well as moral values in their program and healing process. In the interviews conducted with the program facilitators, it manifested that in every phase of their patients' activities, religious worship is always done. One of the centers revealed that at 8 o'clock in the morning all patients including the facilitator worship God through singing, bible reading and sharing of their thoughts and realization in relation to the readings.

However, they have limited linkages with local and non-government agencies in support to the traditional healing of their patients; thus, it got the lowest mean score of 4.27 but still with verbal interpretation of *Very High Extent of Compliance*. It implicates that LGUs and NGOs do help in the rehabilitation of the patients by giving support to the patients' traditional healing but found to be lowest. Schools exert their efforts to reach out the patients through visiting them at the center. Also, as revealed by a program facilitator, there are community groups organized to help in the over-all development of their patients.

### **Extent of Compliance on Physical Facilities**

In terms of **physical facilities**, it was proven that they have a *Very High Extent of Compliance* with a mean score of 4.93. Centers offer complete facilities and equipment not only to meet the standards set by DOH but also to make their patients comfortable while regaining their normal lives, since, their aim is the life-long recovery of their patients from substance abuse. Also, privacy is provided by the centers which give their patients the time and space to reflect and internalize. Further, privacy makes their patients and their co-dependents recover and live without worries. According to Schweitzer, et al. (2004), it is of human nature to seek "safe shelter" in which to heal. And privacy is a major element of safety that is provided by drug rehabilitation centers.

Meanwhile, waste segregation got the lowest mean score of 4.73 with verbal interpretation of *Very High Extent of Compliance*.

### **Extent of Compliance on Reception and Diagnosis**

The centers extent of compliance on **reception and diagnosis** revealed that all referrals for medical, psychological and psychiatric examination are seen by DOH-accredited physician within 24 hours. This statement got the highest mean score of 4.93 with verbal interpretation of *Very High Extent of Compliance*. It is mandatory to all centers

through the DOH-accredited physician to assess the physical and mental condition of the patient before they admit him/her. But in an interview with a program facilitator, it was revealed that physical and mental examination is done only after the processing of legal documents such as waiver and court order and after the patient got out from the reflection room wherein he/she needs to stay in for three days. According to them, putting the patient in the reflection room for three days is their initial method of eliminating the substance of abuse from the patient's body.

In contrast, comprehensive description of drug use situation, psychological and social evaluation and identification of priority groups for treatment got the lowest mean score of 4.67 with verbal interpretation of *Very High Extent of Compliance*. Reports, comprehensive description of the problem and identification of priority groups are in general, effectively done. Time and availability of some facilitators to conduct and complete these function are the main reasons why it got the lowest mean score.

### **Extent of Compliance on Treatment Program**

In **treatment program**, it was shown that withdrawal of their patients is achieved in a way that is safe and comfortable. It got the highest mean score of 4.87 with verbal interpretation of *Very High Extent of Compliance*. The finding exposed that the centers treatment program has an organized method of gradually lessening and removing the substance of abuse in the patient's body that is safe and comfortable. Although each center has its own name and method of treatment program, it was found out that in general, each treatment program is similar.

On the other hand, detoxification treatment got the lowest mean score of 3.80 with verbal interpretation of *High Extent of Compliance*. Detoxification is the use of the substance of abuse in a reduced dose to minimize the discomfort of sudden withdrawal (Soriano, 2002). Natural method of detoxification such as physical exercises is utilized by centers to let their patients perspire; thus, remove the substance of abuse from their bodies.

### **Extent of Compliance on Monitoring and Evaluation**

In terms of **monitoring and evaluation**, it is interesting to note that, centers assess their patients' existing problems, stressors and family support. Also, communication with the patients through regular phone contact and scheduled visitation at the center got the highest mean score of 4.80 with verbal interpretation of *Very High Extent of Compliance*. According to a program facilitator, they monitor their patients by attending and interacting with them in their daily activities and counselling. In that way, facilitators are able to identify the problems based on patients' behavior and notice their reactions to recommendations. She furthered that their aim is not just only to address the addiction of their patients but rather address all the areas of their patients' lives – and that is what they call effective treatment.

On the other hand, giving assistance to patients in obtaining work opportunities got the lowest mean score of 4.53 with verbal interpretation of *Very High Extent of Compliance*. They recommend their graduates to companies that they personally know. Also, conducted interviews revealed that most of the program heads and facilitators were once patients of drug rehabilitation centers. Because they personally undergone the process they are very familiar with it, especially on what a patient would actually feel and think. What they only need is proper seminars and training to understand the real purpose of what they have undergone before.

## **Patients' Perception on the Centers' Extent of Compliance in Terms of Physical Facilities**

In terms of the patients' perception on the services implemented in the rehabilitation centers the patients perceived that the centers have a *very high extent of compliance* with the **physical facility** for it gives them privacy and comfort. Also, it contributes to their immediate treatment.

Practice of waste management was also perceived to be the lowest which got the mean score of 3.85 with verbal interpretation of *High Extent of Compliance*.

## **Extent of Compliance on Reception and Diagnosis**

In terms of **reception and diagnosis**, it was proven that the centers have a *Very High Extent of Compliance* in relation with the proper conduct and documentation of psychological, social evaluation and medical results. It got the highest mean score of 4.73. The findings imply that the program facilitators do their function efficiently and effectively. This may also imply that patients have high trust and confidence to their program facilitators.

In contrast, patient's least perception is the used of rapid procedure of the centers to detect individual health disorder which got the lowest mean score of 4.50 with verbal interpretation of *Very High Extent of Compliance*. This is due to the fact that patients are unaware of the purposes or intentions that go with the procedures like interviews and counseling.

## **Extent of Compliance on Treatment Program**

In terms of **treatment program**, they perceived that the centers have a *Very High Extent of Compliance* in helping them to improve their personal and social functioning which got the highest mean score of 4.87. It confirms that the centers are doing their main concern which is to restore their personal and social being, thus, prepares their patients in their return to the community. It was revealed by the program facilitators that officer or other calls it "big buddy" – a patient who shows remarkable change in his/her behavior, has the opportunity to remind and correct the misbehavior of his/her co-patient in a proper and modest way. This is what they call levelling. In addition, in case the misbehavior or action is considered to be grave or a major violation this is the time the officer or "big buddy" gives warning and lesson to his/her misbehaved co-patient. This is what they call "blasting". Through these, the patients feel accountable to the actions of their co-patient, thus, they do have the sense of responsibility while in the center.

On the other hand, substitution and maintenance therapy got the lowest mean score of 4.50 with verbal interpretation of *Very High Extent of Compliance*. Substitution/maintenance therapy is the exercise of replacing the desired substance of abuse by another substance which has the similar effect in the body but is more accepted by the community (Reference.MD). According to the conducted interviews with the program facilitators of different centers, they do not use any of these therapies. They never use medicine or other substance to satisfy their patients but rather, reduce and remove their substance of abuse from their body system by means of natural therapy as earlier discussed.

## **Conclusion**

Based on the findings of this study, the following conclusions were drawn:

1. The program facilitators adhere to the regulations and standards set by the DOH pertaining to the conduct of their work to facilitate the vision and mission of their centers. However, most of them are part-timers at the center. That is why they are only called when their services are needed.

2. Punctuality is widely practiced by the program facilitators to set as an example with their patients.
3. Finances are properly monitored by the centers to divide and allocate the budget for its operation.
4. Different religious linkages are established by the centers to assist the spiritual as well as moral development of the patients.
5. The centers' physical facility provides privacy and comfort to their patients, thus, it contribute to their immediate recovery.
6. Medical, psychological, psychiatric and social examination and evaluation take time to be completed and accomplished but are indispensable to determine the suitable primary care treatment plan for a patient.
7. Natural method like physical exercises and kinetic activities are the methods used by the centers to remove the substance of abused in the patients' body system.
8. Monitoring and evaluation is done through the interaction of the program facilitators with the patients in their daily activities and scheduled counselling. Furthermore, the centers always keep in touch with their graduates and their families to continue monitor their graduates' development.
9. Based on the perception of the patients in terms of physical facility, the privacy and comfort that the centers provide contribute to their immediate recovery.
10. Patients have high trust and confidence in the medical, psychological and social evaluation done by their program facilitators.
11. Patients believe that the centers do improve their personal and social being as preparation in their return to the community.

### **Recommendations**

Based on the findings and conclusions, the following are proposed:

Full-time program facilitators are recommended to be composed of program director, psychologist, social worker/counsellor, nurse, dietician, clerk and security officer.

As much as possible, employees should have the security of tenure in accordance with the laws on labor.

Continuous maintenance and improvement of the physical facility is suggested.

For centers that were not able to assess the suitable individual treatment program of their patient within the specified time upon admission, it is recommended that alternative/general treatment program may be initially and temporarily designed and given to the new patient.

Strengthening their linkages with the local and other non-government agencies by setting terms and conditions through memorandum of agreement/memorandum of understanding that are beneficial on both parties is highly recommended.

For monitoring, it is recommended to have a particular program facilitator whose task is to supervise the regular visitation of their graduate as well as their immediate family in the center.

Additional linkages with business industries are also recommended for some of the graduated patients are jobless after the treatment.

For the local government and non-government agencies it is recommended to give support in the traditional healing of the patients by means of participating in the programs and activities of the centers.

### **References:**

Bremse, W.G. (nd). *How to plan and manage your company budget*. Retrieved on July 27, 2014. Retrieved from <http://www.flexstudy.com/catalog/schpdf.cfm?coursenum=95075>

Brum, S. (nd). *What impact does training have on employee commitment and employee turnover?*. Retrieved on July 27, 2014. Retrieved from <http://www.uri.edu/research/lrc/research/papers/Brum-Commitment.pdf>

Department of Health (2003). *Manual of Operations*. Retrieved on: Friday, July 19, 2013. Retrieved from

[http://www.doh.gov.ph/system/files/Manual\\_of\\_Operations\\_DATRC\\_2003.pdf](http://www.doh.gov.ph/system/files/Manual_of_Operations_DATRC_2003.pdf)

*Drug abuse treatment and rehabilitation: a practical planning and implementation guide* (2003). Retrieved on: Friday, July 19, 2013. Retrieved from.

[http://www.unodc.org/docs/treatment/Guide\\_E.pdf](http://www.unodc.org/docs/treatment/Guide_E.pdf)

*Drug and abuse* (2013). Retrieved on: Friday, July 19, 2013. Retrieved from. <http://www.medicalonline.com.au/medical/drugs/drug-addiction-rehab.htm>

Grusenmeyer, D (nd). *Mission, vision, values and goals*. Retrieved on July 27, 2014. Retrieved from

[https://www.msu.edu/~steind/estate%20Goals%20Mission%20Values%20Overview\\_ProDairy%2017pg.pdf](https://www.msu.edu/~steind/estate%20Goals%20Mission%20Values%20Overview_ProDairy%2017pg.pdf)

Le Moal and Koob (2006). *Neurobiological mechanisms for opponent motivational processes in addiction*. Retrieved on: Friday, July 19, 2013. Retrieved from. <http://rstb.royalsocietypublishing.org/content/363/1507/3113.full>.

McKay, K. and McKay, B. (2012). *A man is punctual: the importance of being on time*. Retrieved on July 27, 2014. Retrieved from <http://www.artofmanliness.com/2012/07/16/a-man-is-punctual-the-importance-of-being-on-time/>

*Principles of drug dependence and treatment* (2008). Retrieved on: Friday, July 19, 2013. Retrieved from. <https://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>

Schweitzer, M. et al (nd). *Healing Spaces: Elements of Environmental Design That Make an Impact on Health*. Retrieved on July 27, 2014. Retrieved from <https://www.samueliinstitute.org/File%20Library/Knowledge%20Center/Publications/Schweitzer-Gilpin-and-Frampton.pdf>

Soriano, O.G. (2002). *Drug education and vice control*.

*The importance of drug rehabilitation* (nd). Retrieved on: Friday, July 19, 2013. Retrieved from <http://www.gatehouseacademy.com/research/articles/importance-drug-rehab>.