

Telling Stories of Recovery: A Narrative Evaluation of a Community-Based Drug Treatment Program

Richard Martin C. Bautista

Ateneo de Naga University

Mendiola Teng- Calleja

Ateneo de Manila University

Community-Based Drug Treatment (CBDT) is a model for treating drug abuse that is designed to utilize community resources. However, few studies have reported its effectiveness based on the storied lives of the participants. We evaluated *Katatagan Kontra Droga sa Komunidad* (KKDK), a 12-module CBDT program designed for low to mild risk users, using a narrative approach to demonstrate how this form of evaluation can enrich our understanding of program effectiveness. Themes that emerged from the narratives of seven recovering drug users who completed the program described the program's strengths in terms of its ideological approach to treatment that is reconstructive and uplifting to their lives; the collaboration with facilitators, Local Government Units, and Philippine National Police officers; and its use of cultural resources that support recovery and change. We discuss the implications of these findings on the integration of the program with broader social and political initiatives to address the problem of drug abuse.

Keywords: narrative evaluation, Community-Based Drug Treatment program

Correspondence regarding this article should be addressed to Richard Martin C. Bautista, Department of Psychology, College of Humanities and Social Sciences, Ateneo de Naga University, Naga City, Camarines Sur. Email: rbautista@gbox.adnu.edu.ph

Published online: 11 August 2022

The increasing number and evolving development of treatment models to address drug abuse worldwide (Rush, 2003) highlights the importance of evaluation in establishing credible evidence of effectiveness (Simpson, 1990). Evaluation ensures that drug users who are seeking recovery receive the highest quality of care and services that work (World Health Organization, 1999). One type of treatment model that has been evaluated for decades are Community- Based Drug Treatment (CBDT) programs. Early large-scale multimodal evaluations like the Drug Abuse Reporting Program in the United States (Simpson, 1990) and recent randomized and controlled studies have shown substantial positive outcomes. Nonetheless, it seems that these studies lack clients' perspectives that link treatment efficacy to specific features of the programs and do not provide insights regarding how the treatment works. This study contributes to the knowledge and evaluation of CBDT in three ways. First, it provides in-depth understanding of how the treatment works in a real-world setting. Second, it provides personal accounts of change that program developers can use for treatment design, implementation, and evaluation. Finally, it presents an approach to drug use recovery that is more reconstructive rather than punitive in its ideological framework. We briefly discuss the defining characteristics of CBDT and current evaluation studies in the area, including the emerging trend that uses the participants' narratives as one indicator of the effectiveness of CBDT.

Community-Based Drug Use Treatment Interventions: Description and Evaluation

CBDT is a patient-centered approach to treating drug addiction within a locality where the community members are the main service providers (Bowser, 1998; United Nations Office on Drugs and Crime, 2014). It is based on the assumption that drug users are best treated by people who share their social and cultural identities (Peyrot, 1982). However, its non-medical approach and reliance on professional judgment to determine treatment efficacy continue to raise doubts among medical researchers and policymakers, stressing the importance of further studies to demonstrate its effectiveness as

a viable treatment modality for drug use (e.g. De Leon, 1989; Rush, 2003). Currently, studies have focused on utilizing various evaluation tools most of which are based on secondary data (e.g., Edelen et al., 2010; Lachini et al., 2015) and experiments. Findings of these studies are informative of the effects of treatment on clients' satisfaction (Speed & Janikiewicz, 2000) and recidivism (e.g., Ahmad, 2014; Axiak, 2016) but do not explain how recovering drug users manage cravings, conflicts, stress, and relationships with drug-using friends that lead to relapse (McKetin et al., 2012). Qualitative evaluation of CBDT is much more scarce and the few studies that have used the approach have focused on residential treatment programs for children and families (e.g. Lachini, et al., 2015).

A Narrative Approach to Evaluation

In recent years, an emerging method that utilizes the narratives of participants for evaluation has become increasingly popular among applied researchers from different disciplines. It involves telling the story of a program, its impact, and meaningfulness (Baú, 2016). It departs from the traditional narrative studies of addiction and recovery that are focused on self- and reality constructions (Chase, 2008; Smith, 2008). In narrative evaluation, the stories that participants tell about themselves are related to a program that highlight its value and indicate how it can be improved (Abma, 1999).

The narrative approach to evaluation is grounded in the theory that people are storytellers who interpret and make value judgments of their experiences (Lundby, as cited by Meesenburg et al., 2011). In this sense, narratives that people tell are of significant value in evaluation because they reflect a discursive repertoire that expresses the speaker's point of view, how this view is presented, and where the speaker is located in social space (Chase 2008). These narratives create a "critical, reflective space" where people can engage in self-evaluation (Constant & Roberts, 2017, p. 5).

The narrative method involves storytelling that can be used for context-based evaluations of a program (McClintock, 2004). It yields valuable data relevant to project outcomes and success (Leslie et al, 2013). These data can reveal different perspectives and unique

experiences of participants or staff (Mitchel & Egudo, 2003); provide rich information of the program activities; deepen stakeholders' understanding of participants' experiences; reveal community strengths, and inform the development of other programs (Keene et al., 2016).

The narrative method is particularly suited for evaluating community projects (Riley & Hawe, 2005) involving small groups of people who are undergoing difficult life transitions (Baú, 2016). Given these attributes, narrative evaluation is theoretically and methodologically suitable for the evaluation of CDBT programs where participants share painful experiences of recovery, and unavoidably, addiction. In addition, narratives express emotions (Chase, 2008), that in an evaluation framework indicates affective attitude towards an object (Deonna & Teroni, 2014). Therefore, the emotions that participants expressed are also evaluative of how they experience the treatment.

Program evaluations that utilized the narrative method highlighted the impact of programs or treatments at the personal and societal levels. Nelson, et al.'s (2005) evaluation of Ontario's provincial government housing project for homeless people with mental illness described the effectiveness of the program in terms of the positive sense of self, personal growth, and hope that participants experienced from obtaining residency. The findings also provided the researchers a platform to lobby the provincial government for more housing options and high quality housing facilities for this population. Similarly, Baú's (2016) evaluation of a participatory theater project aimed at healing post-election violence in Kenya described the effects of the program as helping the participants re-experience the positive relationship they had before the conflict; re-examine their fear, loss, and anger; and discover peace as means for recovery. This theme of personal empowerment is also common in the evaluation of a citizen science project (Constant & Roberts, 2017) and psycho-education and therapeutic alliance program (Levy-Frank et al., 2012) wherein participants experienced a growing appreciation of their roles and increasing sense of stewardship as a result of their involvement in the programs.

Since stories are situated not only in personal but also in broader social contexts (Wong & Breheny, 2018), we used Murray's (2000) narrative analysis approach to tease out the different levels by which narratives are produced. Four levels of analysis are proposed: personal, interpersonal, positional, and ideological.

At the personal level, analysis is focused on individuals' construals of their world and identities. At the interpersonal level, the focus of analysis is the narrative accounts that are produced by the interaction between individuals in a social context; for example, the interview itself. The different positions of the interacting individuals that shaped the narratives is the focus of analysis at the positional level. At the ideological level, analysis is concerned with societal narratives that express ideologies, beliefs, and representations. When using this analytical framework, researchers are challenged to interweave the levels to provide a more coherent narrative account (Murray, 2000). In this study, we excluded the interpersonal level of analysis as the data did not provide substantial basis to assume that the interactions of the interviewer and participants shaped the narrative accounts.

Although the narrative approach to evaluation provides personal and contextual understanding of the program impact that quantitative measures lack, this approach is seldom utilized (Constant & Roberts, 2017). Evaluation is still a largely empirical activity emphasizing numbers and rigor as more objective measures of effectiveness (McClintock, 2004). However, it has been argued that evaluators should also understand the drug users' process of change by focusing on their experiences of recovery and identifying needs that can enhance intervention design (Orford, 2008).

In this study, we evaluated the effectiveness of a Community-Based Drug Treatment (CBDT) program in facilitating the recovery of seven drug users through the stories they tell. We argue that narrative evaluation is particularly well suited for our study as stories have surprising and unexpected plots that in relation to CBDT, may reveal other aspects of the program not expected by the program developers. It also makes cultural sense to utilize its storytelling component for Filipinos who have a natural liking for *pakikipagkwentuhan* or telling stories (Pe, 2011). The setting was chosen from two pilot sites of *Katagan Kontra Droga sa Komunidad* (KKDK, Resilience Against

Drugs Use in the Community), a CBDT model designed for low to mild-risk drug users.

Statement of the Problem

Using the narrative approach to evaluate a CBDT program, this study examined:

1. What personal changes do participants ascribe to their participation in KKDK?
2. What positions do participants assign to themselves, the facilitators, the Local Government Units, and the Philippine National Police, that are related to effective program delivery?
3. What ideologies are reflected in the participants' narratives of change when describing KKDK?

METHOD

Setting

In the Philippines, where CBDT programs are in its early stages, the demonstration of effectiveness seems to be of practical and immediate need. CBDT has the potential to address the dearth of rehabilitation centers by serving as an institutionalized treatment modality for low to mild-risk users who, according to Hechanova (2017), may not require admission to treatment centers.

We carried out this study in two barangays chosen by the local government of Naga City as pilot sites for KKDK.

CBDT Program: Katatagan Kontra Droga sa Komunidad

The program is composed of 12 modules. Six modules train the participants in recovery skills and six modules in life skills. Recovery skills consist of helping drug users understand the effects of drugs; the importance of change; coping with cravings; avoidance of external triggers; drug refusal skills; and adopting a healthy lifestyle. Life skills include helping users manage their thoughts; relate with others;

rebuild relationships; solve problems; recognize their strengths; make meaning of the past; and find hope for the future. In addition, three modules involve the families of the users to help them clarify and understand problems associated with drug use; address the roots of drug use; and move forward as a family in recovery. Overall, the program was designed to address the local context and culture (KKDK Training Manual, 2017). Evaluation of the pilot implementation of the program (Hechanova et al., 2019) showed that the program produced significant changes in drug recovery skills and psychological well-being of mild-risk drug users.

The program was put in place to address the City's lack of an evidence-based treatment program for drug use and the Department of Interior and Local Government's mandate for the barangays to clear their lists of drug users by means of rehabilitation. The Philippine National Police (PNP) local chapter, the Department of Health (DOH), the City's Dangerous Drugs Board (NCDDDB), the Psychology department of a University, and the City Government collaborated to address this need.

The sessions were held in barangay halls on weekends for fifteen weeks. A staff from NCDDDB and another from the DOH regularly monitored the participants and wrote progress reports. PNP made routine home visits (*tokhang*) to those who failed to appear in the sessions. Two volunteers, including one of us, researchers, who were trained in the modules facilitated the program. The participants were identified from the PNP's drugs watch-list. At the initial meeting, they were told that they will be removed from the list after their completion of the program.

Participants

Seven recovering drug users who completed the program responded to our invitation for interviews. They were categorized as either low or mild users based on two assessment tools: The World Health Organization-Alcohol, Smoking and Substance Inventory Screening Test (WHO-ASSIST) and Diagnostic and Statistical Manual to establish Substance Use Disorder (DSM-SUD). The youngest of the participants was 30 years old and the oldest was 50. The highest

educational attainment is high school. All are male, married and have children. They work as transport drivers, construction workers, watch repairman, and iron welder. At a random time during the course of treatment, they were tested for drug use based on urine sample. On the third session, one tested positive for drugs. The participants were tested again eight months after completion. All test results were negative.

Materials and Procedures

Ethics clearance to conduct the research was obtained through a University's ethics committee. Before the field work, we asked the staff from DOH to help us reach the participants. We explained the purpose of the interviews and attempted to obtain written consent for participation. We honored their refusal to sign any agreement and instead, settled for verbal consent. They also proposed to use their real names in the report to stand witness that drug users like them can still change.

Since some of the participants completed the program with us, an independent researcher was asked to conduct the interviews. The interview questions were broad and open-ended: Could you tell us about your experiences in attending KKDK? What changes have you observed in yourself in relation to KKDK? Who or what helped you in your recovery? How will you describe KKDK after your completion of the program? All questions were asked in the local dialect. The data were recorded and transcribed verbatim.

Data analysis and reporting

We adapted Murray's (2000) model in analyzing the data by creating a matrix that captured the narratives at the three levels of analysis we used in this study. At the personal level, we analyzed the narratives for themes that expressed personal changes associated with participation in KKDK. At the positional level, we analyzed the narratives for themes that described how the participants view themselves, the local government units, the police officers and the facilitators in relation to their recovery. Lastly, at the ideological level,

we examined the narratives for themes that represent the beliefs held by the participants about the program. We generated the themes inductively from the narratives using a coding process (Boyatzis, 1998) that identified whether the narratives reflect evaluation at the personal, positional, or ideological level. We decided not to seek for reviewers to validate the themes. Instead, we used our past experiences with the group to finalize the themes. This procedure may appear biased but to some extent is advantageous because of our being cultural insiders who understand their values, language, and behavior (Sherif, 2001). We wrote the final report by embedding narrative passages in discussing the themes to provide a rich description of the impact of KKDK. Findings were presented according to the themes that emerged from the data.

RESULTS

We present the results of the narrative analysis according to the research question at each of Murray's (2000) three levels of analysis. At the personal level, we asked: *What personal changes do participants ascribe to their participation in KKDK?* At the positional level: *What positions do participants assign themselves, the facilitators, the LGUs and the PNP that are related to effective program delivery?* Lastly, at the ideological level: *What ideologies are reflected in the participants' narratives of change when describing KKDK??* Table 1 presents the themes that emerged from the analyses.

Ideologies underlying personal narratives of recovery

The personal narratives of the participants revealed three underlying ideologies of the program: *Educative*, *Advocative*, and *Restorative*.

Educative ideology

The narratives of the recovering drug users described KKDK as an educational program that teaches skills to stop drug use. Under this ideology, the facilitators were positioned as teachers and the Local Government Units as implementers of the program in the barangays.

Table 1. Themes describing the effectiveness of *Katatagan Kontra Droga sa Komunidad* (KKDK)

Ideological themes	Positional themes	Themes of personal change
Educative ideology	<ul style="list-style-type: none"> • Facilitators as teacher • LGUs as implementers 	<ul style="list-style-type: none"> • Learning to live a healthy lifestyle • Learning skills to avoid drug and skills that improve communication and relationships • Developing self-efficacy
Advocative ideology	Participants as performers of obligation	<ul style="list-style-type: none"> • Promoting the positive attributes of the program in the participants • Asserting the goodness of the Program • Promoting the transformative value of the program to other users.
Restorative ideology	<ul style="list-style-type: none"> • PNP as agent of control • Group as motivation and companion in the journey to recover • Family as aid for and endpoint of recovery 	<ul style="list-style-type: none"> • Restored to family life • Restored to community life • Restored to dignity and pride • Restored to freedom and right

Three themes of personal change constitute this underlying educative ideology: learning to live a healthy lifestyle; learning skills to avoid drug use and skills that improve communication and relationships; and developing self-efficacy.

Learning to live a healthy lifestyle

Participants talked about how joining KKDK taught them to live a healthy lifestyle. They continue to do physical exercises and eat nutritious food even after the program. Roland mentioned that his new health routine motivated him further to grow vegetables in his backyard where his family now finds time to do something together. Mario and Rutchie learned to regulate their alcohol intake and their time outside their homes. Rutchie particularly attributed his drug use to his tambay days and is now resolved to spending more time at home, doing household chores when not driving his tricycle. As more time is spent at home, several of the participants said that they sleep more hours than before. Thereafter, they noticed gains in weight. Before joining the program, they described themselves as looking very thin and starving but after the program, they were in a more robust health. Trollie and Mario said that their body weight continues to increase especially when they limited their alcohol drinks to a few occasions:

Tuminaba ako. Saditon ako kaito. Ngunyan nagparadakula na lang бага ako. Binawasan ko na din ang pag inom. Pag minsan mainom nalang ako pag may okasyon. Kadto, kung nasain ang inuman yaon ako duman. Ngunyan mayo na... Nagpara dakula na pati ako. (I gained weight. I was so thin before. Now, I grew in size. I also cut down on alcohol. I now drink only on occasion. Unlike before where I would go where friends are drinking. Now, no more...I have grown big.) - Mario

Payaton ako dati. Kan nagpundo na, OK na. Minsan nahihiling man ninda na ay mataba na бага ngay. (I was very thin before. I then became OK when I stopped. They [neighbors] also noticed that I gained weight.) –Trollie

Learning skills to avoid drug use and skills that improve communication and relationships

Joining the program also helped the participants acquire skills to prevent relapse. They mentioned employing strategies they

learned such as avoiding people and events associated with drug use: “Nanud-an ko ito pong teknik kung papano ka maiwas sa droga” (I learned techniques to avoid drugs); “Maiwasan mo man si mga taong nag aalok saimo.” (I also learned how to avoid people who offer me drugs). Mario recalled that several times, the technique for “saying no to drugs” helped him ward off invitations to use drugs again:

Pag nagdidirigdi sa harong o pag sa luwas ta nagpapataya baga ako o nakakasabihan ko sinda. Masabi sinda, ‘ano, tira kita?’ Tigtingiritan ko na lang yan. Tigsasabihan ko na ‘ika na lang.’ Sinasabihan ko na ‘magbago ka na.’ Kung habo, , sinasabihan ko na lang na dae na ninda ako pag alukon. Ang iba nagsusuruba. Pero dae naman ako nadadale kayan. (If they go to my house or when we meet outside because I sell lottery tickets, or if we meet each other in the street, they will tell me, “hey, let’s take drugs?” I just laughed at them. I would tell them, “do it yourself.” I tell them “change your life man.” If they refuse...I just tell them not to offer me drugs anymore. Others teased me. But I will not go back to drug use anymore.)

All the participants stated that their relationships with family members dramatically improved because KKDK taught them ways to rebuild their relationships. Rutchie, who described himself as a man of few words, discovered the importance of regular communication with his wife and children. Regular conversations, he said, become a sort of family bonding.

For Erwin, he realized that he needed to fix his life for his three children and to regain the trust of his parents. Since joining KKDK, he learned to reach out to them and convinced them that he was sincere in his recovery. He said:

...kahit na sabihin kong tumigil na ako kung walang pruwera dun sa magulang ko hindi pa rin magtitiwala sa akin...mga anak ko malayo loob sa akin. Ngayon, mga magulang ko laki nang tiwala bumalik na... marami akong kaibigan ulit. Yung mga anak ko na matagal ko’ng hindi nakasama, kasama ko na ngayon, malaki naitulong sa akin nito. (...even if I tell them that I already stopped using drugs, if there is no proof, my parents still

would not trust me...my children were emotionally distant. Now, my parents trust me again...I have many friends again. I now spend time with my children who I did not see for a long time. Joining this program helped me so much.)

All the participants admitted that they were bedeviled by thoughts of using drugs again, even if only for a single time. They mentioned that one of the life skills they learned is managing their thoughts. For Rutchie, it helped to recite the mantra that the group composed during the meetings: "I promised myself from now on, I'm not going to take drugs anymore." Roland would imagine the worst things that can happen if he relapses, such as getting shot, looking very sickly again, and losing his family. Mario distracted himself from his thoughts by repairing as many watches as he can until the thoughts passed away.

Developing self-efficacy

All the participants expressed confidently that they are now capable of staying sober because KKDK helped them identify their vulnerabilities to drugs and employ the skills to strengthen them to resist. Alex said that he is resolute in his aim to be totally drug-free. He mentioned a time when a drug user invited him to go someplace and he wondered what the invitation was for, as people in the neighborhood knew that he was not doing drugs anymore. So he told the person that he already stopped using drugs. Similarly, Trollie confidently expressed that he can permanently change his drug-using habit: "*Kaya ko na siyang bag-uhon.*" (I can now change it.) He remembered a time when his friends were in their house and asked him to join them. He told them that he had to sleep early for work the next day. They all left. Rutchie vowed that he will never take drugs again: "*...papanindugan ko na talaga yan, promise yan.*" (I am standing firm on this [not to use drugs again], that is a promise.)

Facilitators as teachers

Facilitators and the LGU personnel played key roles in the teaching of skills. Positional narratives described them as teachers and

implementers respectively, who advanced the educational ideology of the program.

The participants positioned their facilitators as teachers. They called them “maestros” or teachers even if one of them does not hold a professional degree. According to the participants, their “maestro” provided them a positive learning experience that helped them value their recovery more. Rutchie particularly credited his maestro for his full recovery. He mentioned that if not for the skills that he learned from his teacher, he would have given in to his urges and returned to drug use. He said: “*Nasakitan ako magbutas...may udyok...maray ngani na natukduan ako kaso maestro mi kan mga teknik kung pan-o makaiwas.*” (It was difficult for me to stop using drugs...there were urges...Good thing that my teacher taught me the techniques for avoiding drugs.)

As facilitators were called teachers, the weekly meetings were also referred to with a different name. Instead of rehabilitation or treatment that was used during the orientation, they used the term “Saturday class”: “*Ang nagtutukdo samuya itong maestro mi...suru Sabado ... kaya nagpatanid na ako sa mga kairibahan ko na pagirumdumon ako pag Sabado na may klase.*” (The one who taught us was our teacher...every Saturday...that is why I asked some family members to remind me of my Saturday class.) Mario also mentioned that with the help of his teacher, he understood the lessons life taught him about using drugs: “*..., maray tong tig tukdo samo ni sir. Maray magdangog saiya...nakanood ako kan mga bagay tungkol sa buhay ko... lalo na su pag gamit kan droga...*” (...it was good, those taught to us by sir. It was a good experience listening to him...I learned lessons about my life particularly, about my drug use...) Rutchie, who initially did not like attending the program, attributed his eventual appreciation of the program to his teacher:

Si inot ang rason ko garo istorbo lang ngako yan sa trabaho ta sabado pating gayo sarahudan. First module, second module, hanggang third module. Kang nakalipas itong third module hanggang yaon na kami sa 5, 6, 7 na-realize ko na magayon palan kaya pinadagos ko hanggang sa makaabot na kami ning module 15. Pinadagos ko hanggang sa namamati ko na kung ano si pinapaabot ninda sako na Sir...Maray nang natabangan

ako kaini nila Sir... na nakabali ako igdi sa listahan ninda, na tabangan man ako kaning programa.... Yan ang pinakadakulaon na pasalamat ko sainda ta kumbaga dagos dagos na si pagbago ko. (At first, my reason was, this will disrupt my work especially that it was held on Saturday which was our payday. First module, second, third module until we reached 5,6,7 and I realized that it was good so I continued until we finished module 15. I continued until I felt the message that sir... has been telling me along the way...that is my greatest gratitude for them...like, my recovery will continue.)

Local Government Units (LGUs) as Implementers

In the Duterte administration's War Against Drugs, the LGUs were mandated by the national government to implement rehabilitation programs in their respective municipalities. This role of the LGUs as implementers of the program resonated well in the participants' stories. They said that their participation in the program commenced when their barangay officials summoned them for the orientation to the program: *"Tigpaabutan nalang po kami ning surat...Basta ang samuya lang mag attend kamo ta kamo ngaya ang pinili na inot na first batch."* (The LGUs sent us letter...asking us to attend the orientation because we were the ones chosen for the first batch.)

According to Mario, the barangay personnel's persistent communication and personal visits in their homes obligated him to attend regularly. He said:

...dapat kada halos pag paapod kang barangay dapat yaon kami pirmi. Dapat pirming naka log-in ka duman...Primero arog lang kadto. Si pang duwa na iyo nani. Si mga seminar. Mismong taga Barangay ang nagduman samo... (...Whenever the barangay officials call us, we should be there all the time. We should log in...that happened only at the start. The second time, the program was introduced. The barangay people themselves went to our house...)

The presence of the barangay captain, the City Government and

the DOH staff were particularly cited as helpful in motivating the participants to complete the program. Rutchie mentioned that he strongly felt the support of their LGU when their Barangay Captain regularly dropped by during the sessions to check on them.

Advocative ideology

The advocative ideology reflects the narratives wherein the participants described the program as changing their perspectives about drug abuse and treatment. Three themes constitute this ideology: promoting the positive attributes of the program in the participants, asserting the goodness of the program, and promoting the transformative value of the program to other users.

Promoting the positive attributes of the program in the participants

When asked to describe the overall attributes of the program, all the participants declared that KKDK is good (“*maray*”). It is good because it can help others who will surrender (“*Maray, magkatarabangan pa si iba pang masurrender*”); and it is good because it changed the user and the community as well (“*Maray ta nagkabarago ang mga taga barangay arog sakuya*”). Alex was convinced that it can stop drug use in their community: “*Magayon...kumbinsido ako kayan...Yan ngani mag pundo naman ang droga igdiyo.*” (Good...I am convinced...that is right so drug use will stop here.) For Mario and Roland, it was a good program that removes fear, inspires others to surrender, and saves lives:

Maray man ngani ning arog kayan, magkatarabangan pa si iba pang masurrender...mahali ang takot ninda...na magdakula pa... mas lalo pa nindang pagtibayin yang programa ninda ta nganing mas maengganyo pa man na magsurrender ang iba. (It is good...[it] removed their fear...it should be expanded...they should strengthen the program to inspire others to surrender.) - Mario

Magayon na project na naisipan ninda para sa samuyang arog kani. Para sakuya magayon na mag-arog man sinda kang ginibo mi para maintindihan ninda kung anong programa ang arog kayan sagip buhay, ligtas buhay na programa. (The program that they provided us was good. For me, it would be good for others to join the program so that they can understand what the program about saving lives is.) - Roland

The participants' narratives also revealed internal processes of change. The earlier quote from Rutchie described how his attitude regarding the program changed from something that will disrupt his work, to a good program that can be helpful to his continuous recovery.

Asserting the goodness of the program

In evaluating KKDK, we also asked the participants what they thought was the weakness of the program. We varied the questions and at times pressed questions that will allow them to say negative things about the program. For example, we asked them that perhaps, they are just shy or reluctant to say what in the program did not really work for them. In response, they asserted that the program is good and it brought positive outcomes not just in their recovery, but also in their lives as a whole. It was easy, one participant said. ("*Bako man masakit*"). Another participant reported that simply attending and learning different things from the sessions made him very happy: "*Mas naugma pa ngani ako ta... syempre makakanood ka man ning iba-iba.*" (I was even very happy because... I will be learning different things.) For another participant, the program provided him the opportunity to openly express himself to the group: "*inopen niya ako. Nag-open ako sainda gabos. Dahil gusto ko ngani talagang magbago.*" (It helped me to open myself...I opened myself to the group. Because I really wanted to change.) When we asked Rutchie to rate the program from one to ten, he gave it a ten, the highest possible score that can be given.

Promoting the transformative value of the program to other users

Consequent to the valuing of the positive outcomes of the program, the participants felt that they are now responsible for the promotion of the program to other users. Rutchie, who started the program half-heartedly, now tries to convince other users to join him:

Sa totoo lang Ma'am, may mga tig-engganyo man akong mga barkada ko na if ever kung dae man sinda makattend kayan magpundo nalang sinda ta mayo man naidudulot na maray ta kung magamit ka ngunyan saaga kita nganga. Inarugan ko sinda kayan na punduhi na nindo yan. Pero bako man itong harass, pakiulay lang. Kung madangog sinda Salamat kung dae man mayo naman ako magiginibo. (The truth ma'am is that I have friends that I tried to convince to attend the sessions or if they can't, they should stop using drugs because it will do them no good. If they use today, tomorrow they will be miserable. I told them to stop without being crass. Simply pleading them to stop. If they listen, then I will be thankful, if they don't then I can do nothing about that.)

Participants as performers of obligation

The advocative ideology positioned the participants as performers of obligation. The sense of obligation evolved as valuing of the program deepened. Fearful participants who initially felt obliged by the law to attend the program left the program with a sense of mission to help other users recover too. The participants described their attendance in the sessions as performing obligation:

Suru-Sabado, obligado ka magduman ta tig aapudan kami kan mga nasa barangay...kaya kami naging parte kan program. (We are obliged to attend every Saturday because the people in the barangay called us..That was how we became part of the program.)

For some participants, this obligation was motivated by fear, perhaps due to constant news on extrajudicial killings of drug users. One participant said that he had to attend the program because it was required: “...*siyempre komunikasyon ninda ang PNP ... aram mi siyempre mag atender kami ta iyo to ang kaipuhan.*” (...of course, PNP is their speaker...we know that we had to attend because it was required.)

For others, obligation resulted from their desire to finish the program:

Ako ngani minsan pag may laog man akong domingo, na leave na lang talaga ako ta para makaattend. (If I have work on Sundays, I had to file an official leave so I can attend.) - Mario

Pag nag-absent, ma-extend sindang oras ta kaipuhan tapuson kada module. (If one missed a module, the hour is extended because he needs to finish each of the modules.) - Joven

The sense of obligation to simply complete the program gradually changed into a personal valuing of the program. Mario, recalling his experience with the program, reflected on this point:

"Sa buot mo nalang, gibuhon mo para mapailing mo na kaya mong mag-bago dawa si ano sa sadiri mo." (In your own way, do it [avoid drugs] to show that you can do it, even just for yourself.)

His recollection of the program also helped him realize that he now has the obligation to tell others about the program:

"Mas maray na tong nainot na kami kasi halos kami na lang ang magiging guide ninda eh... Maugmang manumpa. Ngunyan na ano na mas ma danyar saimo marayo kana, mataram kana." (It is better that we are the first to graduate so that we ourselves can guide the others. It feels good to make a pledge. Now that I am free from drugs...I need to speak out.)

For Rutchie, it was his sacrifices that obligated him to promote the program to his friends.

"Nagsakripisyo kami sara-sabado, kaya obligado ako na sabihon sainda na 'kung kamo niyako yaun man diyan, maluwas man kamo diyan'." (We sacrificed every Saturday, that is why I feel it was my responsibility to tell my friends that if they were only in the program, then, they will also graduate like me.)

Restorative ideology

In narrating the changes in their lives, the participants revealed the restorative ideology of the program. This ideology expresses the participants' reclaiming of their lives and the restoration of their personal and communal relationships. Four themes constitute this ideology: restored to family life; restored to community life; restored to dignity and pride; and, restored to freedom and right. These layers of restoration reflect the various aspects of the drug users' lives negatively impacted by drug use in a highly familial and collectivist society that mostly applies punitive ways of addressing the issue.

Restored to family life

Family was central to the participants' narratives of recovery. Their wives and children were their inspiration and their hope. For Alex, it was important to re-claim his life to preserve his family:

Sa pamilya ko, si agom ko, dae ko pag butasan tanganing mapundo ko na yan (drugs)... (I am not going to let go of my family, my wife, so I can stop it [drugs].)

Their recovery also brought them a new sense of family responsibility. After realizing the gravity of his drug use, Mario devoted his time to taking care of his home and children:

.. number one na iniisip ko man si mga aki ko. .. Pinapahiling ko na lang ngunyan na yaon ako sa trabaho, yaon ako sainda.

Kung anong ltuon ako naman ang nagluluto. Ako na gabos sa harong ang naghihiro. Yan ang pinapahiling ko sainda sa ngunyan pagbago ko. Ta habo ko naman mautro tong arog kadto. (...my children are number one in my mind..now, I just show them that I am working, that I am with them. I cook for them. I do all the house chores. These are what I show them now that I have recovered...because I don't want it to happen again.)

Consequently, all participants liked the family modules as they helped them reflect on the importance of family in their lives.

Pinaka-naapresyar ko itong tungkol sa pamilyal. Su mga pamilya na na-anggot dahil sa arog kayan na gibo mo napapabayaan mo. Iyo may time na talaga na mapapabayaan mo ang pamilya mo dahil sa arog kayan pero pag kaaga maiisip mo na sala palan si gibo ko, dapat si pamilya muna bago tong kalokohan inuton. (I appreciated most the family [modules]. Families that are in conflict because you neglected them... because of drugs. Yes. There are really times that you will neglect your families because of drugs then in the morning you will realize that they should come first. She [wife] was happy. She asked: "What do you do in your meetings every Saturday?" I said, that was what we had volunteered for.) - Roland

...nasunuan ko ang family modules. Pig iba ko si agom ko saka si mga aki ko... kaipuhan mi man tong gibuhon para maipahiling mi man na sinsero ka sa pagbabago. Magayon man to nasunuan ko man to.Ugmahun man ngani siya (agom) ta dawa dae niya maitaram sako sa totoo lang dae man talaga yan nagtataram sako aram kong nauugma siya sa ginibo ko. Dawa dae niya itaram sako, nahihiling ko man saiya na nauugma siya para sa pagbabago ko. Miski dae ko siya hinahapot dae niya man sinasabi sakuya pero naririsa ko na nauugma man siya. (I liked family modules. I brought my wife and my children...we needed to do that to show our sincerity to change. It was beautiful. I liked it. She [wife] was also happy with what I did. The truth is, even if I did not ask her and she did not tell me, I knew that she was happy.) - Rutchie

Restored to community life

This theme summarizes the participants' experience of community life while they were in treatment. They spoke of their communities' renewed faith in their recovery. As Roland described it:

Ang obserbasyon ninda (Barangay) samuya, okay man na na itong na tubod man sinda na ang dulok mi, ang sadiri mi na mag-dulok sa okasyon nindang arog kayang Salvar Buhay. Mayo man nabag-o sa pag-iribahan mi. normal man giraray. Kung sa ano si tig-puonan mi Iyo man giraray si sa pag-tapos, sa pag-tapos mi maugma man. (The observation of the barangay is that we are OK, they believed us when we presented ourselves in the program...Nothing changed in our fellowship. It was back to normal. We were the same in the end as when we started the program. The ending was a happy one.)

For Rutchie, his recovery healed his broken relationship with his community:

Kaidto pirmi ngani akong kalaban kang barangay na kumbaga na itong mga inot kong agi agi sala talaga. Minsan kaya, arog kang mga tao ngunyan pag hubin pa talaga dae pa naiisip dae pa matured ang isip ninda sa mga bagay bagay. Pero ngunayn na nasa edad na may edad na ako makwartenta na ako desisyunado naman sa buhay. Pokus ka na sa pamilya, pokus ka na sa buhay bakong arog kadto. (In the past, I was always in conflict with our barangay like, my old ways were really wrong. People today especially the young sometimes act that way. But now that I am older, I am already 40 and I have decided what to do with my life, that is, to focus now on family, focus on life unlike before...)

Trollie briefly expressed his community healing in these words: “*Nagbalik na sako si tiwala kang mga tao.*” (I regained the trust of the people.)

Restored to dignity and pride

It was evident in the participants' stories that participation in KKDK restored their dignity and pride. Roland recalled that when he was still using drugs, he did not care what people said about him. He was dirty, moneyless, and hungry, but these did not matter as long as he had drugs: "*Mayo na akong pakiamang kung ano sasabihon ninda...mabata na daa ako...pirmi ako mayong kuwarta...gutom.. pero para sako basta may droga ayos lang.*" (I did not care what they say...they said I smelled...I did not have money...I was hungry...but for me as long as I have drugs is okay.) For his part, Mario amassed a large amount of debts that he used to buy drugs. Every day, people came asking for payments. He said he lost the feeling of shame that he could not pay any of them. His family told him that their neighbors were talking about them and that they cannot be trusted with debts.

After completing the program, the participants said that they felt "*tao*" (human) again. According to Alex, he regained the self-respect that he lost when he lost himself to drugs: "*Tao na uli ako... ito po bagang tataong masupog sa kapwa, ito na namamati ang pangaipo kan iba...na nirrespeto ang sadiri.*" (It's like I am human again...it's like I am a person who knows how to be ashamed again of his wrongdoings to other people, who feels the need of others...who respects himself.)

All participants mentioned that they are proud in their ability to cease from drug use after completing the program. For Rutchie, every time he says no to drugs is an achievement that he is proud of: "*Maging proud ka sa sadiri mo...kada iwas sa bisyo.*" (Be proud of yourself...every time you avoided vices.)

Restored to freedom and right

Katatagan Kontra Droga sa Komunidad rolled out against the backdrop of the Duterte government's War on Drugs during which about 7,000 drug users and pushers were killed (Human Rights Watch, 2017). Like many others who surrendered, the participants constantly feared for their lives as President Duterte continuously threatened summary execution of illegal drug suspects.

We asked them to describe their fears and its consequences in their lives. One participant associated his fear with “phobia”:

Takot lang talaga ako...nagkaigwa akong phobia dahil sa tokhang saka drugs na yan. Minsan lang ngani magduman ang police natatakot na ako. Miski ang mga aki natatakot naman ta paghuna ninda dadakupon na ako. (I was really scared, sometimes. It's like I developed a phobia because of tokhang and drugs. The police came once and I was scared. My children were scared too because they thought I will be arrested.)

The participants also mentioned that they fear for their families, especially for their children as they heard about family members who were innocently shot when policemen gunned down suspected drug users. For Joven, this thought became so unbearable that he relocated his two children to another province: “*Masakit na sir, baka madamay pa ang mga aki.*” (I won’t take chances sir, my children can be caught on this innocently.)

Because they knew that they were identified as drug users, the participants felt that they had no right to complain when the policemen rounded them up and presented them for treatment. For Roland, it was a very shameful experience but one which he cannot do anything about: “*...arog talaga kayan...nakakasupog pero mayo ako magiginibo.*” (...it’s just the way it is...it was very shameful but I cannot do anything about it.) For many of the participants, fear forced them to religiously attend the program: “*...pag dae ka nakatapos kadto ipapaapod ka na naman utro. Minsan police na ang maduman saimo. Ako pati tarakuton ako kaya gusto ko talagang tapuson...*” (... if you don't complete the program, you will be summoned again. Sometimes, the police officers will go to our house. I am easily scared so I really wanted to finish the program...)

One of the important outcomes of the program, according to the participants, is that in the course of the treatment, their fear gradually vanished as their valuing increased of what they hold dear in their lives. For Alex, Rutchie, and Roland, the welfare of their families exceeded the fear that they felt:

Sa pamilya ko, si agom ko, dae ko pag butasan tanganing mapundo ko na yan...tanganing dae naman ako ma ano (magadan) ta hirak man sararadit pa pati. (For my family, my wife, I will hold on so that I can stop it...so that I won't be killed because it will be really sad for my children who are still very young). - Alex

Furthermore, as they completed the program, they felt that they are accepted as members of their communities again. In Rutchie's words, KKDK freed them from their past. They can once again walk along the streets without fearing for their lives and for the lives of their families: "...nakalaya kami sa dati ming buhay..ngunyan, nakakalakaw lakaw na ako na dae natatakot na magadan...o ang pamilya ko" (We were freed...now, we can walk in the streets again without fear of getting shot...or our families.)

The participants' narratives of restoration revealed three actors in their stories who helped them finish the program: the Philippine National Police as agents of control; the group as motivation and companion in the journey to recovery; and the family as aid for and end point of recovery.

Philippine National Police (PNP) as agent of control

In the Government's fight against illegal drugs, President Duterte charged the Philippine National Police' Criminal Investigation and Detection unit to implement the Dangerous Drugs Law. One of the strategies used was Operation *Tokhang* wherein military personnel "knock" on the doors of suspected users and pushers and ask them to surrender. Through *tokhang* and other drug-related operations, PNP exercised control over the participants, compelling them to participate in the program. The participants described *tokhang* as *nakakatakot* (scary):

Tigsuratan kami kan PNP...aram mi siempre kaipuhan kami na mag attender. (The PNP sent us letters...we know of course that we need to attend.) - Alex

In retrospect, despite the scary presence of the PNP, the participants realized that it was a necessary force that helped them complete the program. Roland mentioned that his fear of the police officers made him want to finish his treatment as soon as possible: *“Nakatabang na matapos ko ang programa... na pag dae ka nakatapos kadto ipapaapod ka nanaman utro. Minsan police na ang maduman saimo. Ako pati tarakuton ako kaya gusto ko talagang tapuson to si mga kada dominggong ito.”* (It helped me finish the program...that if you don't, you will be called again. Sometimes, it's the police officers themselves who will go to your house. I am easily scared so I really wanted to finish the sessions every Sunday.)

The group as motivator and companion in the journey to recovery

All the participants described their group as providing them support to continue attending the program. This was evident in the following quote from Trollie:

Minsan ta may mga nag-aaralok sakuya na “Madya na mahuhuri na kita”. Desidido man talaga sindang magklase ta syempre kung dae sinda desidido dae man yan mapara-aralok sakuya na magduman sa barangay. So sainda mismo nakakakua akong motibasyon sa pagklase. Na magbago na ngani baga ta iyo man yan ang way ninda para magbago man sinda na makatapos... (Sometimes they will tell me "let's go, we will be late." They were really determined to attend the session because if they were not, then they would not be inviting me to go to the barangay. So, they became my motivation to attend the sessions...to change because that was also their means to change, to finish. It was good that they always invite me as I was reminded to go.)

Attending the program helped the participants form friendships that made them feel accepted. Alex described his group experience as a fellowship:

Maray, maray ang iribanan ninda duman. Maugma, may mga barkada ka man na maski arog sinda kayan, sinda nagbago...

(Good. We had a good fellowship there. Happy, you have friends who despite that [drug use], they want to change.)

In the course of the treatment, the participants agreed to stay together until completion. Rutchie described this as a tradition that they mutually agreed to create:

Iyo na yan ang sakripisyuhan ming tradisyon, na matapos mi. Ang urulay mi, yaun kami sa pag-puon saka sa pag tapos. (That was the tradition that we agreed on, to finish the program. Our agreement was, that we stay together from start to finish.)

Their commitment to this tradition resulted to a number of strategies that pushed the members to attend. This included sharing information, or simply reminding each other of the sessions:

Nakatabang sako si mga kaibanan ko na matapos ang programa, ..naghaharaputan kami, torotohanan kung iyo talaga o dai. (My groupmates helped me finish the program. We clarify if this or that is true or not. We are truthful to each other.)

Yan po si mga "Padi magattend ka para gulpi kita" Yan man ang pirmi sinasabi kung minsan ako man ang nasabi sainda na magattend kamo padi dae kamo magabsent. Garo nagkakararo na kami na magattend kami para matapos na. ("That's it, friend, do attend so that there will be many of us." This is what we told each other. Sometimes I myself reminded them not to be absent because we all agreed to finish it) - Rutchie

Maray man na na pirming nag-aalok kumbaga may nagpapagirumdom. (It's good, that they always invite me...it's like, someone is always reminding.) - Trollie

Listening to the members' stories was for them, also inspiring:

Nakatabang ang mga kaibanan ko sa paagi kan pagdangog sa mga istorya ninda. Makaenganyar na maaraman kung ano ang kaluluwasan kan arog kani o arog kaan na desisyon. Nakanood kami sa lambang saro. (The group inspired me by listening to the

members' stories. It was interesting to know the consequences of one's decision. We learned from each other.) - Joven

Family as aid for and end point of recovery

Family played a crucial role in the participants' completion of the program. Family members constantly reminded them of their weekend meetings:

...tapos ngani kung minsan sinda pa nag papa alala sako, "Manoy Alex, ma ano ka pa? Sabado ngunyan, ma-eskwela ka na naman... (...sometimes, they (family members) were the ones who reminded me that it was Saturday: Alex, what else are you doing? It's Saturday, you are going to school again.)" - Alex

In some sessions, Alex was even accompanied by his eldest son:

...si matua ko dae man nag gigirong, highschool naman...kaya ngani sya na mismong pirmi kong kaibanan pag nag rereport, siya na pinapa drawing ko. (...my eldest son who seldom talks, he is highschool...he went with me all the time when I report. I asked him to draw for me.)

For Trollie, nothing in the world can help him but his family. "...*dae na ako mabalik...mayo man ibang makakapitan kundi pamilya.*" ("...I won't go back...there is nothing you can depend on but family.")

DISCUSSION

The purpose of this study was to evaluate the effectiveness of *Katatagan Kontra Droga sa Komunidad* using the narrative approach. We employed Murray's (2000) narrative analysis to examine the different ways by which the program produced positive outcomes in the participants' lives. We identified three areas we consider the best attributes of KKDK that make it an effective treatment program for drug abuse in communities. These are the program's ideological approach to treatment, collaboration with community members construed by participants to be agents of change, and its use of cultural resources that support recovery and change.

Ideological approach to treatment

In a broader sense, the personal narratives of the participants revealed three ideologies that are reconstructive and uplifting of their lives. These ideologies are educative, advocative, and restorative. One of the important features of KKDK is found in its educative ideology that grounds treatment in learning. This ideology reflects Simpson's (1993) observation that an educational component lies at the heart of effective programs. In their stories, the participants attributed their ability to avoid drug use and triggers to the recovery *skills* they learned. This includes avoiding people and places where illegal drugs can be accessed. They also credited the program for the overall change in their lifestyles by learning *life skills*. As a result, their health improved as they learned to eat well and their relationships with family and friends became better as they learned to communicate openly. Given these new skills, their treatment may conclude in full recovery as past studies showed that improved quality of relationship motivates drug users to change and complete their treatment (Brunelle et al., 2015).

The skills learned from the program have been well put in practice. There were many instances in the participants' post-treatment life that opened the possibility for relapse but they used their skills that helped them stay on track, by being self-efficacious and telling themselves that they are far stronger than their urges, for example. According to Miller and Rollnick (2013), a marked indicator of motivation to change is when drug users reminded themselves that they can change (which is self-efficacy) and this is critical for a drug-free life. Overall, the learning process provided the participants a positive experience which they described as deeply transformative.

Advocative ideology is another sterling quality of KKDK and it facilitated a process of conversion among the participants. The program was described as good because it was helpful, good because it inspired other drug users to surrender; good because it convinced the participants to end their drug use; good because it freed them from their fear (of *tokhang*), and saved their lives. The local terms *maray*, *magayon*, *matibay*, *maorag* do not even fully translate to *good* because in the Bicol language, these words convey deeper meanings. These descriptions were matched by the participants' assertion of the program's goodness in the face of a challenging interview as well as in their promotion of the transformative value of the program to other

users. De Leon (1988), in his lifetime career of evaluating treatment programs in the United States, made a keen observation that “when participants have positive experiences in the program, they are likely to recommend the program to others too” (p. 83). In this regard, we see KKDK not only producing *graduates* of the program, but also creating a pool of *advocates* who will also promote the program to other users.

The participants’ narratives also revealed the restorative ideology of KKDK. This ideology highlights the program’s goal, which is the restoration of the participants to their dignified selves that had been destroyed by their drug use. In their narratives, each of the participants re-discovered a new person who had been freed from a dangerous life of drugs. If identity construction can be used as a lens to explain the rebirth of a new self, then we say that the participants have reconstructed a non-addict identity typical of recovering drug users who feel self-confident after coming out clean (McIntosh & McKeganey, 2000). KKDK therefore may be effective not only in teaching skills to stop drug use but also in helping participants discover a new identity as they start a drug-free life.

The program in its restorative ideology also freed the participants from fear as they discovered far better reasons for undergoing treatment. Their fear of losing their lives in tokhang was gradually replaced by their growing concern for their families as they realized that their wives and children need them. Consequently, they learned to acknowledge that fear was instrumental in their surrendering to the drug-enforcement officers, and subsequently, in their enrollment to KKDK. In the end, the narratives tell of a program that helped the participants live normal lives again, with full rights to participate in the life of their respective communities.

Collaborating with community members construed as agents of change

To roll out KKDK in communities, its program designers have to identify and train individuals or groups capable of delivering the program objectives. They also need the support of local authorities to coordinate the program in communities. Thus, the program’s success hinges on collaborating with community stakeholders committed to helping drug users recover.

We discovered from the positional narratives that KKDK effectively navigated this reality on the ground. The narratives described the stakeholders as performing different roles. The facilitators were construed as teachers, imparting knowledge and skills to stop drug use. The LGUs were implementers, opening drug treatment programs in the barangays. The PNP personnel were control agents, enforcing the rigor of law so that drug surrenderees submit to treatment, and the participants themselves as performers of obligation. More importantly, each actor in the program was not portrayed as doing the work in isolation but described as collaborating with each other to push the program forward. Collaboration constitutes a major narrative strand in the stories starting from when the participants were initiated to the program and continuing even after their completion—when they were given livelihood by the City Government. Collaboration therefore is one of the exceptional qualities of KKDK and may prove to be an indispensable feature of any program. Brunelle et al. (2015) explained that collaboration improves program management and information exchange, and provides drug users the assurance that they are given an “appropriate and effective treatment” (p. 305).

Use of cultural resources that support recovery and change

The positional narratives revealed two cultural themes in Philippine society that enhance efficacy in the context of service delivery (Roseberry-McKibbin, 1997): *Group relations* and *family* (Miralao, 1997). Although CBDT models are by design, group-based, this requires a reinterpretation for Filipinos whose psychology is highly collectivist and group-oriented (Roseberry-McKibbin, 1997), and whose social interactions are defined by the quality of their relationships (Enriquez, 2011). The terms *peer groups* and *social support groups* that have been found to contribute some aspects to the recovery process (Tracy & Wallace, 2016) may be qualitatively different from *friendship* which the participants used to describe their relationship as a group. In their stories, friendship enabled them to create group strategies that motivated individual members to continue (e.g. sharing information, reminding each other of the meetings, creating tradition). This friendship-based nature of the group may be

unique to KKDK program outcomes and further studies can illuminate how differences in the types of group relations that are formed in the course of treatment contribute to program success.

The program developers also recognized the critical role of family in the recovery process. Analysis of the narratives revealed that the participants' families significantly motivated them to change. The participants talked of not losing their families; and of aspiring to recover and complete the program for their wives and children. These narratives highlight the importance of family as a source of emotional and moral support, and where personal responsibilities and obligations are centered (Miralao, 1997). Consequently, participants were most appreciative of the three family modules which helped them reflect on the brokenness of their homes and which only heightened their resolve to recover. The utilization of group relations and family in the recovery process reflect the cultural competency in the program design.

Findings in this study resemble those that were found in previous program evaluations (Bau, 2016; Clarke, 2005; Constant & Roberts, 2017; Levy-Frank et al., 2012) where effectiveness was demonstrated in changing personal lives, valuing of the program, and serving broader social needs. Participants in this study reported marked changes in their personal and community relationships and expressed appreciation for the program. We now turn to discussing how the findings can inform social and political initiatives.

Practical implications

By evaluating the effectiveness of KKDK using the storied lives of the participants in the program, we presented how narratives can inform the design, implementation, and evaluation of treatment programs. Program developers should consider the narrative voice of the participants that expresses their personal and subjective experiences of the program. This can help them identify what in the content and processes of the program the participants found meaningful and valuable. This study also illustrates that collaborative efforts work well in sustaining motivation to change. The participants' awareness of the collaborative efforts of LGUs and community members (workers and facilitators) to provide treatment services nurtured their hope of acceptance, healing, and community reintegration. In their study of

drug users' sources of motivation, Brunelle et al. (2015) showed that motivation to change is increased and sustained when treatment services are personal and collaborative.

This study also emphasized the roles of facilitators as teachers, providing people in the educational sector some direction on how to be involved. The Local Government Units play the important role of ensuring that the program is established on the ground. This underscores the need to support community-based treatment programs by training staff for facilitation, providing areas for meetings to take place, and creating jobs or livelihood programs for former drug users so that they do not relapse. This study also provides the PNP a creative way to channel fear associated with *tokhang*. Involvement in CBDT programs can help them recognize new models for addressing drug problems compassionately.

Researchers can engage in a number of CBDT evaluation studies to build converging evidence for program effectiveness. This evidence can be used to lobby government for public funds and convince policymakers to review existing laws on drug abuse and treatment.

We also saw the crucial roles that family and friends played in the recovery process. The family modules inspired the participants to change and the friendships that developed in the course of treatment motivated them to complete the program. Treatment programs, therefore, may benefit from including these two cultural resources in the design.

Lastly, our evaluation of KKDK presents some realities regarding the treatment services provided in communities. In contrast to Western societies where drug treatment is well integrated in their social systems, drug treatments in the Philippines were forcibly propelled by the Government's effort to eradicate illegal drug use in a short period of time. With less time to create or identify effective treatment programs for drug users, stakeholders made do with treatment services developed by private and Church-based organizations, a number of which do not indicate effective outcomes. Drug-enforcing agencies, therefore should institutionalize evidence-based treatment services and create guidelines on how these services are evaluated.

Methodological Implications

Narrative evaluation is narrative in action. Our use of the narrative approach in evaluating KKDK demonstrates the bidirectional relationship between theory and application. We used the framework and method of narrative theory to evaluate an existing treatment program rather than to add to the body of existing knowledge in drug abuse and recovery. In the process, we enrich the theory through new domains where it can be applied.

Perhaps the most important contribution of this paper to narrative theory is that stories can be used to reveal the strengths of a program. Past studies made use of the narrative approach to understand drug users' self and reality constructions through their lived experiences of drugs and recovery. We have demonstrated in this study that self and reality construction can have program or treatment as "medium" through which drug users are reborn. Participants in this study described changes in selves and realities ensuing from program effectiveness and not simply from recounting their stories where they construct new realities. The interviews engaged them to reflect, critique, identify, assert, describe, and judge the value and worth of CBDT, and in the process we discover how narratives are action and doing action (Chase, 2008).

Limitations and Recommendations for Research

Several questions related to reliability and validity arise when working with a narrative framework for evaluation. There were seven participants in the study who were compelled to attend the program; can we accept their personal narratives as apt descriptions of program effectiveness? Participants in studies can present themselves in a positive light, choosing to tell those stories that interviewers want to hear, more so for former drug users who may be socially validating their recovery.

Narrative evaluators address these issues by acknowledging that credibility and truthfulness depends on the versions of reality that narrators chose to construct (Chase, 2008). Stories that people tell about programs and services they availed of are always subjective

representations of their effectiveness and therefore should not be judged (Constant & Roberts, 2017). However, these stories enrich our understanding of the impact of the program. External validity, on the other hand can be established by how individual stories represent cultural reality of communities (Baú, 2016). If we consider this point, the evaluation of the seven participants provided us a means to understand how the program might impact this particular population.

Small sample qualitative studies are foundations for instrument development that can measure larger populations (Creswell, 2009). Findings from this study can be used to create a measure that can determine quantitatively the effects of the program to a large number of recovering drug users who are completing the program. Future researchers may also look at how other demographic populations evaluate the program impact. Program developers may also explore the role of religious faith in recovery, which is missing in the evaluation of KKDK. Past studies have established the positive outcomes of treatment programs ensuing from religious faith in substance-use recovery (Kelly, 2017) and among disaster survivors (Hechanova, Ramos, & Waelde, 2015).

References

- Abma, T. (1999). Introduction: Narrative perspectives on programme evaluation. In T. Abma (Ed.), *Telling tales: On evaluation and narrative* (pp.1-27). Jai Press.
- Axiak, C. (2016). The effect of community-based drug rehabilitation programs on recidivism in Malta. *Malta Medical Journal*, 28(1), 41-47.
- Ahmad, J. (2014). Therapeutic communities. In J.S. Albanese (Ed.), *The encyclopedia of criminology and criminal justice*. Blackwell-Wiley.
- Baú, V. (2016) A narrative approach in evaluation: Narratives of change method. *Qualitative Research Journal*, 16(4), 374-387.
- Bowser, B. (1998). Drug treatment programs: The challenge of bidirectionality. In S. Lamb, M.R. Greenlick, & D. McCarty (Eds.), *Bridging the gap between practice and research: Forging*

- partnerships with community-based drug and alcohol treatment.* National Academies Press.
- Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development.* SAGE.
- Brunelle, N., Bertrand, K., Landry, M., Flores-Aranda, J., Patenaude, C., & Brochu, S. (2015). Recovery from substance use: Drug dependent people's experiences with sources that motivate them to change. *Drugs Educ. Prev. Pol.*, 22(3), 201-307.
- Chase, S. E. (2008). Narrative Inquiry: Multiple lenses, approaches, voices. In N.K. Denzin & Y.S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (3rd ed, pp.57-94). SAGE.
- Constant, N. & Roberts, L. (2017). Narrative as a mode of research evaluation in citizen science: Understanding broader science communication impacts. *Journal of Science Communication*, 16(04), 1-18.
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd edition). SAGE.
- Deonna, J.A. & Teroni, F. (2014). In what sense are emotions evaluations? In S. Roeser, & C. Todd (Eds.), *Emotion and value* (pp. 15-31). Oxford Scholarship Online. DOI:10.1093/acprof:oso/9780199686094.001.0001
- De Leon, G. (1988). Program-based evaluation research in therapeutic communities [research monograph series]. *Alcohol Drug Abuse and Mental Health Administration*, (ADM)88-1329.
- De Leon, G. (1989). Psychopathology and substance abuse: What is being learned from research in therapeutic communities. *Journal of Psychoactive Drugs*, 21, 177-188.
- Edelen, M.O., Slaughter, M.E., McCaffrey, D.F., Becker, K., & Morral, A.R. (2010). Long-term effect of community-based treatment: Evidence from the adolescent outcomes project. *Drug and Alcohol Dependence*, 107, 62-68.
- Enriquez, V. (2011). Kailangan ba ng Sikolohiyang Pilipino ng sarili nitong kasaysayan? In R. Pe-Pua (Ed.) *Sikolohiyang Pilipino: Teorya, metodo at gamit.* University of the Philippines Press.
- Hechanova, M.R. (2017). *Katatagan Kontra Droga sa Komunidad resilience against drugs: A community-based drug treatment*

- program facilitator's manual*. (Introduction, p.vi). Psychological Association of the Philippines.
- Hechanova, M.R., Alianan, A.S., Calleja, M. T., Acosta, A.C., & Yusay, C.C. (2019). Evaluation of the training and pilot implementation of Katatagan Kontra Droga sa Komunidad, *Philippine Journal of Psychology*, 52(1), 65-101.
- Hechanova, M. R. M., Ramos, P. A. P., & Waelde, L. C. (2015). Group-based mindfulness-informed psychological first aid after typhoon Haiyan. *Disaster Prevention and Management: An International Journal*, 24, 610–618.
- Human Rights Watch (2017). License to kill: Philippine police killings in Duterte's war against illicit drugs. Retrieved July 13, 2021, <https://www.hrw.org/report/2017/03/02/license-kill/philippine-police-killings-dutertes-war-drugs>
- Keene, K., Keating, K., & Ahonen, P. (2016). *The Power of stories: Enriching program research and reporting*. OPRE Report# 2016-32a. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Kelly, J.F. (2017). Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research. *Addiction*, 112(6), 929-936.
- Lachini, A.L., DeHart, D.D., McLeer, J., Hock, R., Browne, T., & Clone, S. (2015). Facilitators and barriers to interagency collaboration in mother-child residential substance abuse treatment programs. *Children and Youth Services Review*, 53,176-184.
- Leslie, H.M., Goldman, E., Mcleod, K.L., Sievanen, L., Balasubramanian, H., Cudney-Bueno, R., Feuerstein, A., Knowlton, N., Lee, K., Pollnac, R. & Samhouri, J. F. (2013). How good science and stories can go hand-in-hand. *Conservation Biology*, 27(5), 1126–1129. DOI: 10.1111/cobi.12080.
- Levy-Frank, I., Hasson-Ohayon, I., Kravetz, S., & Roe, D. (2012). A narrative evaluation of a psychoeducation and therapeutic alliance intervention for parents of persons with a severe mental illness. *Family Process*, 51(2), 265-280.

- McClintock, C. (2004). Using narrative methods to link program evaluation and organization development. *The Evaluation Exchange*, 9(4), 1-4.
- McIntosh, J., & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: Constructing a non-addict identity. *Social Science & Medicine*, 50, 1501-1510.
- McKetin, R., Najman, J.M., Baker, A.L., Lubman, D.I., Dawe, S., Ali, R., Lee, N.K., Mattick, R. P. & Mamun, A. (2012). Evaluating the impact of community-based treatment options on methamphetamine use: Findings from the Methamphetamine Treatment Evaluation Study (MATES). *Addiction*, 107, 1998-2008.
- Miller, W.R., & Rollnick, S. (2013). *Motivational interviewing, helping people change* (3rd ed.). Guilford Press.
- Mitchell, M. & Egudo, M. (2003). *A review of narrative methodology*. DSTO Systems Sciences Laboratory.
- Meesenburg, A., Dolberg, L.C., & Viffeldt, T.S. (2011). *Narrative evaluation methods -in a context of conflict and reconciliation*. Retrieved from <https://ccpa.eu/wp-content/uploads/2019/01/RUC-rapport-Narrative-Evaluation-Methods-May-201113.pdf>
- Miralao, V.A. (1997). The family, traditional values and the sociocultural transformation of Philippine society. *Philippine Sociological Review*, 45(1-4), 189-215.
- Murray, M. (2000). Levels of narrative analysis in Health Psychology. *Journal of Health Psychology*, 5(3), 337-347.
- Nelson, G., Clarke, J., Febbraro, A., & Hatzipantelis, M. (2005). A Narrative approach to the evaluation of supportive housing: Stories of homeless people who have experienced serious mental illness. *Psychiatric Rehabilitation Journal*, 29(2), 98-104.
- Orford, J. (2008). Asking the right questions in the right way: The need for a shift in research on psychological treatments for addiction. *Addiction*, 103, 875-892.
- Pe, R. (2011). Kailangan ba ng Sikolohiyang Pilipino ng sarili nitong kasaysayan? In R. Pe-Pua (Ed.), *Sikolohiyng Pilipino: Teorya, metodo at gamit*. University of the Philippines Press.
- Peyrot, M. (1982). *The social organization of community based drug abuse treatment*. [Unpublished Doctoral Dissertation.] Department of Sociology, University of California, Los Angeles.

- Riley, T. & Hawe, P. (2005). Researching practice: The methodological case for narrative inquiry. *Health Education Research*, 20(2), 226-236.
- Roseberry-McKibbin, C. (1997). Understanding Filipino families: A foundation for effective service delivery. *American Journal of Speech-Language Pathology*, 6(3), 5-14.
- Rush, B. (2003). The evaluation of treatment services and systems for substance use disorders. *R.Psiquiatr.RS*, 25(3), 393-411.
- Sherif, B. (2001). The ambiguity of boundaries in the fieldwork experience: Establishing rapport and negotiating insider/outsider status. *Qualitative Inquiry*, 7, 436-447.
- Simpson, D. D. (1990). Treatment evaluation research using a national data base. In J. J. Platt, C. D. Kaplan, & P. J. McKim (Eds.), *The effectiveness of drug abuse treatment: Dutch and American perspectives* (pp. 221-230). Malabar, FL: Krieger.
- Simpson, D.D. (1993). Drug treatment evaluation research in the United States. *Addictive Behaviors*, 7(2), 120-128.
- Smith, J.A. (Ed.) (2008). *Qualitative psychology: A practical guide to research methods*. (2nd ed.). SAGE.
- Speed, S., & Janikiewicz, S.M.J. (2000). A comparison of levels of satisfaction of stable drug users treated in general practice and an outpatient (community based) drug treatment service. *Health and Social Care in the Community* 8(6), 436-442.
- Tracy, K. & Wallace, S.P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 7, 143-154.
- United Nations Office of Drug and Crime (UNODC). (2014). Community-based treatment and care for drug use and dependence: Information brief for Southeast Asia. Retrieved from https://www.unodc.org/documents/southeastasiaandpacific/cbtx/cbtx_brief_EN.pdf
- Wong, G. & Breheny, M. (2018). Narrative analysis in health psychology: A guide for analysis: *Health Psychology and Behavioral Medicine*, 6(1), 245-261.
- World Health Organization (1999). Evaluation of psychoactive substance use disorders treatment. Workbook Series: <https://www.who.int/publications/i/item/evaluation-of-psychoactive-substance-use-disorder-treatment-workbook-series>

