EpiMetrics

JUNE 2020 VOLUME 4 ISSUE 1

PRESCRIPTIONS

POLICY BRIEF

Effectiveness of selected Dangerous Drugs Board (DDB)-Supported Drug Facilities in the Philippines:

Implication to the Enhancement of the Drug Treatment and Rehabilitation Programs and Services

POLICY LESSONS

Drug Treatment and Rehabilitation Centers (DTRCs) require a consistent monitoring and evaluation protocol to assess whether or not their program and services are effective.

Such a protocol would include uniform outcome indicators for different specialist staff to use within centers as well as standardize targets for centers across the country. The manual would also pinpoint those accountable at different stages of the patient journey to collect, analyze, and act on patient and staff data from the different DTRCs. These standards would aid in goal-setting and evidence-based decision making for not only the DTRCs but also the Dangerous Drugs Board (DDB) and Department of Health (DOH). This is particularly relevant since the DOH handles funding and resource concerns for the DTRCs.

Rehabilitation and Aftercare must be treated as a continuous process through integrating treatment and aftercare programs, and information transfer between DDB, DTRCs, and aftercare satellite offices.

At present, the DTRCs do not have access to data on their patients after their initial discharge. Patients may opt to report to satellite offices that are not in constant communication with the centers, or other hospitals or agencies out of DDB jurisdiction. As such, the continuity between rehabilitation and aftercare is unclear, which reduces the effectiveness of the treatment offered by DTRCs, since it is not followed-up on during aftercare.

INTRODUCTION

Drugs have become a priority agendum for the current administration and it is important to assess whether the administration's targets have been met. One of the main "Pillars of Action" of the Dangerous Drugs Board (DDB) is drug demand reduction. Under this pillar, the public health approach is used to address drug dependency. The main avenue for treatment in the Philippines is the drug treatment and rehabilitation center (DTRC), some of which are supported by the DDB.

Effectiveness of Selected DDB-Supported Drug Facilities in the Philippines aims to identify the gaps between theoretical treatment and rehabilitation of patients versus actual practice in order to determine the effectiveness and efficiency of DTRCs and their programs. Ultimately, this study is to aid decision-makers improve the treatment, rehabilitation, and aftercare system through policy.

METHODS

The study was a retrospective cohort involving: (1) records review of drug dependents admitted in 2015 and (2) key informant interviews (KIIs) with facility staff, and drug dependents admitted in 2017. For the record review, stratified sampling according to four geographic zones: Luzon, NCR, Visayas, and Mindanao, for a total sample size of 250 drug dependents admitted in 2015 was done. For the KIIs, stratified sampling according to life stage and sex for the patients and according to role or position for the staff, led to a total of 14 patients admitted in 2017 and 19 current staff. Data was encoded, cleaned, and cleared of any identifiers by the DDB in order to protect the identities of the patients.

Aside from univariate analysis for quantitative data and thematic analysis for qualitative data, pathway analysis was used for data analysis. The method lays out the entire process from admission to aftercare feedback and accounts for the different key players in each step of the patient journey. Both quantitative and qualitative data are combined to identify gaps or weaknesses in the patient journey that could be improved in order to produce better outcomes.

RESULTS

At the **Intake and Admission** phase, the patient intake form lacks information that staff could use to create needs-based programs. Though DDB provides support for subsistence needs of the patients, DTRCs require families to bring food and other necessities for them.

During **Rehabilitation**, though all DTRCs in the sample used therapeutic community modality, there were no standard outcome indicators for successful treatment. The study made use of self-reported evidence from patients and staff. Both found the rehabilitation helpful but could be improved. There is a low staff-to-patient ratio that leads to staff feeing overworked.

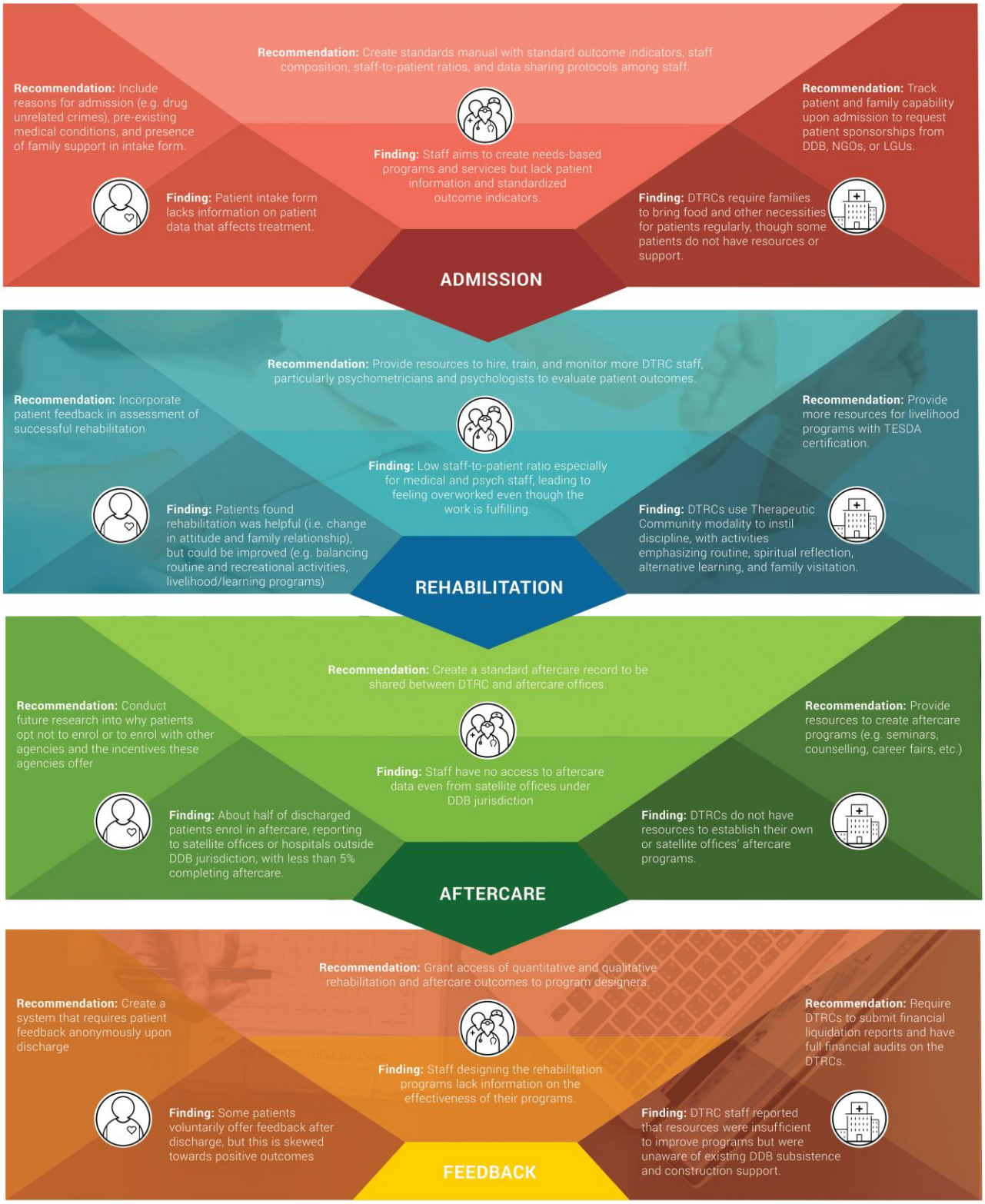
For **Aftercare**, about half of patients enroll in aftercare after rehabilitation, reporting to satellite offices or hospitals outside DDB jurisdiction. Less than 5% complete aftercare. Explicit explanations for why this was could not be identified in the study, as staff of the DTRCs have no access to aftercare data, even from the satellite offices under the DDB. In the study, DTRCs did not have resources to establish their own, or satellite offices' aftercare programs.

In **Feedback and Continuous Improvement**, patient feedback comes in the form of voluntary feedback after discharge from the DTRC, but this is skewed towards positive outcomes. In the absence of other feedback, staff designing the rehabilitation programs lack information on the effectiveness of their programs. Regarding feedback on DDB support to DTRCs, staff reported that resources were insufficient to improve programs but were unaware of existing DDB subsistence and construction support. Unfortunately the directors of the DTRCs were unavailable for KIIs during data collection.

CONCLUSION

Based on the results of the study, the main conclusion is that the main issues to do with effectiveness and efficiency of the DTRC programs and services has to do with the systems in place for admission, rehabilitation, aftercare, and feedback.

DRUG REHABILITATION ASSESSMENT



CONTEXT. The national government placed responding to drug dependency as one of its main priorities. Since then, the number of individuals admitted into Drug Treatment and Rehabilitation Centers (DTRCs) has been increasing annually. This has prompted the need for an understanding and assessment of the DTRCs' programs and services.

SAMPLE. The study involved one DTRC from each of the 4 main geographic zones: Luzon, National Capital Region, Visayas, and Mindanao. The study reviewed records from 250 former patients who were admitted in 2015 and conducted interviews with 14 patients admitted in 2017 and 19 current staff members.

LIMITATIONS. Data analysis was limited by the homogeneity of the sample. Outcomes could not be compared based on sex, age, facility, or treatment modality. Moreover, without uniform rehabilitation and aftercare outcome indicators, DTRCs were not able to record consistent and comparable outcomes. Finally, only half of patients had opted to proceed to aftercare, some of which had chosen aftercare facilities unaffiliated with the DDB. As such, the study was unable to retrieve their data.

RECOMMENDATIONS

Policy Recommendations

1. Limit the admissions of individuals with plea bargains from drug-unrelated crimes into the DTRCs, or at least track their information. These admissions take staff efforts and facility resources away from drug dependents. Furthermore, they prevent any clear drug rehabilitation program from being implemented since they are not in need of rehabilitation.
2. Increase resource allocation to facilities for their programs and services. Resources would not only be financial, but also in terms of workforce such as staff. Increasing the number of staff would improve the responsiveness of the DTRC to the needs of the patients during rehabilitation. More resources would allow DTRCs to enhance their programs and services, create and maintain an aftercare program, and improve their monitoring and evaluation capacity.

Action Recommendations

These can be further divided into program creation and management, and monitoring and evaluation.

Rehabilitation and Aftercare

1. Update the patient intake form to include: reason for admission, medical history, and presence of family support. This aid in program design and patient care. Those admitted due to drug-unrelated cases would neither find the rehabilitation programs effective nor report to aftercare. Knowledge of patient medical history would help staff request needed maintenance medicines. Knowledge of family support would identify whether the DTRC should request sponsorships from the DDB, NGOs, or LGUs.
2. Crete an aftercare program such as seminars for training or certification, talks on dealing with family or emotional problems, and career fairs or other employment opportunities. These would not only provide incentives to regularly report to aftercare, but would also continue rehabilitation and prevent relapse.
3. Improve information transfer among offices, specifically the transfer of aftercare programs and outcomes between satellite offices and the DTRC. A means for sharing information on a regular basis can inform the DTRC whether their programs were successful for their patients and find areas of improvement.

Monitoring and Evaluation

1. Create and implement clearly defined and consistent rehabilitation and aftercare outcome indicators. Setting an institutional framework across all government-run DTRCs would make the rehabilitation and aftercare programs more targeted towards meeting the set goals.
2. Compare outcomes among centres through creating and maintaining a database for monitoring and evaluation as well as creating a system to collect patient and staff feedback regularly, so these can be filtered back to the designers of rehabilitation and aftercare programs specific to the DTRC.
3. Hire and train of more staff members such as house parents, medical staff such as nurses, psychometricians, and psychologists. They would not only improve patient care but also patient evaluation for successful rehabilitation.
4. Require liquidation and comprehensive financial reports for all financial DDB assistance given. This would help the DDB determine whether their financial assistance is really being used properly and can also assist in targeting what other aspects of DTRCs may actually need the funding.

Research Recommendations

1. Study why patients opt to report to agencies other than those under DDB jurisdiction and the kinds of programs being offered may enhance the DDB-supported DTRCs aftercare programs.
2. Study smaller facilities as well for insight into staff workload and work-allocation, particularly: optimal staff composition and staff-to-patient ratio, and appropriate work and workload.
3. Study facilities that use treatment modalities other than Therapeutic Community, to identify modifications that may lead to greater improvements in rehabilitation services offered and better rehabilitation outcomes.
4. Conduct full financial audits on the resource usage of DTRCs to provide insight to where disbursed assistance has been allocated. This would also lead to a greater understanding of the resource allocation in DTRCs.

Authors:
Vanessa T. Siy Van

Original Research:
Wong, J., Co, S., and Siy Van, V. (2018) *Effectiveness of selected Dangerous Drugs Board (DDB)-Supported Drug Facilities in the Philippines: Implication to the Enhancement of the Drug Treatment and Rehabilitation Programs and Services. Unpublished manuscript*. Makati City: EpiMetrics, Inc.

Recommended Citation:
Wong, J. Co, S. and Siy Van, V. (2018) 'Effectiveness of selected Dangerous Drugs Board (DDB)-Supported Drug Facilities in the Philippines: Implication to the Enhancement of the Drug Treatment and Rehabilitation Programs and Services', *Prescriptions,* 4(1). Makati City: EpiMetrics, Inc.