# Healing the hurt amid the drug war: Narratives of young urban poor Filipinos in recovering families with parental drug use

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ABSTRACT

*Background:* This qualitative study explores the stories of young urban poor Filipino family members living with recovering parental drug users who turn themselves in to local authorities and completed the *Katatagan Kontra Droga sa Komunidad* (KKDK). This is a community-based rehabilitation program during the Philippine government's anti-illegal drugs campaign.

*Methods:* Young urban poor family members living with parental drug use were interviewed (n = 13) and asked to narrate their experiences of parental drug use, surrender, and recovery. Their stories were analyzed using an integrated approach to narrative analysis guided by Rhodes' framework (2002) of risk environment.

*Results:* Narrative work of participants focused on the stories of their parents' drug use and recovery after surrendering. These stories show contexts which evoke the salience of prevailing discourse (i.e., cultural organization of Filipino family) and shaming practices in the community, and how these are embodied in the lives of our young participants. In re-telling their stories of parental drug use, our young participants (re) positioned themselves in three different ways: "*I am used to it*", "*I was neglected*", "*I am angry and hurt*". After their parents completed the community-based rehabilitation program, they reconstructed their parents' stories of recovery as a catalyst to improve their situation as a family unit (i.e., "*their change is our change*").

*Conclusion:* Set against a national anti-illegal drug campaign, our findings contribute to a contextually nuanced perspective on the impact of parental drug use on children and families living in poverty. Policy makers and interventionists (e.g., mental health practitioners, social workers, psychologists) may need to consider young people's stories as a struggle to exercise their agency when tailoring community-based programs to respond to the needs of younger people. Challenges to advocate for psychological, social, and structural 'healing are discussed.

## Introduction

National statistics in the Philippines estimate the prevalence rate for drug use at 1.8%. This means there are currently around 1.8 million Filipino drug users in the country (Gavilan, 2016). When Rodrigo Duterte assumed office as President of the Republic of the Philippines in July 2016, he launched an Anti-Illegal Drugs Campaign (i.e., drug war) with the support of the Philippine National Police (PNP). The PNP conducted house to house visits to "persuade suspected illegal drug personalities to stop their illegal drug activities" (National Police Commission, 2016, p. 3). According to PNP's mandate, drug users and sellers, whose names were sourced from a drug watch list, were called out by the PNP to turn themselves in to their local police precincts (i.e., 'surrender') as a first step to stopping their illegal activities (i.e.,

Iyengar, 2016; Sadongdong, 2018). This generated around 1,171,433 drug 'surenderees' (Bueza, 2017).

At the heart of this national drug war lay a 'bloody road' alongside the rising, often contested, numbers of 'drug-related' killings allegedly in the 'thousands'. The veracity of reported 'escalating' numbers, however, may need to be interpreted in context of the diverse, often conflicting, positions assumed by national and international agencies, media outlets, and private universities (e.g., Presidential Communications Operations Office, 2017; Human Rights Watch, 2017; Talabong, 2018; The Drug Archive, n.d.). Death toll notwithstanding, some of the immediate and chronic impacts of such a 'deadly blow' are most felt by poor Filipino families (e.g., Quintos, 2018). For example young people, who may or may not be drug users themselves, who are living in social and physical spaces where drug-related harms are (re)

produced (Baldwin & Marshall, 2017; Gavilan, 2017; Human Rights Watch, 2017; Lingao, 2017). Nevertheless, the stories of these young people remain eclipsed beneath an existing economic and public health discourse of individuation of risk that reifies what Rhodes (2002) calls a 'culture of self-survival'. This reification can inadvertently reduce the social and environmental bases of risk to an individual level, and impair chances for social, environmental, and structural change.

Previous literature on the psychological impact of drug use in families and their children (e.g., Luthar, Cushing, Merikangas, & Rounsaville, 1998; Gruber & Taylor, 2006) often assume a rationalist perspective on the individuation of drug-related harms and substance use treatment. Young people in families wherein one or both parents are drug users are often constructed as overly 'passive', 'helpless', and in need of professional help. While there are indeed circumstances wherein young people are left vulnerable to forms of abuse and child maltreatment (e.g., Lobato, Sanderman, Pizarro, & Hagedoorn, 2016; Pihkala, Dimova-Bränström, & Sandlund, 2017), most of these studies are silent on how young people exercise agency in risk environments. Using insights from Rhodes' work (i.e., 2002; 2009) on risk environments, we reconstruct a narrative approach to understand the stories of how young people enact agency, living with a recovering family member, who surrendered and underwent a community-based drug rehabilitation program.

## Constructing agency in risk environments

The risk environment framework posits that drug-related harms are products of a complex relationship amongst contextual factors in physical, social, economic, and legal environments (Rhodes, 2002). From this perspective, agency is a reciprocal and dynamic relationship between people and the wider social structures that have shaped them. This assertion is reminiscent of ideas from Giddens' concept of structuration (e.g., Giddens, 1984) or Foucault's concept of care of the self (e.g., Foucault, 1988) that subverts a simplistic classification of subject-object dichotomy. This view "locates agency not in the individual alone but in the social (and material) interactions through which individuals come to have meaningful effects on the world, effects that affirm or embody important aspects of their identities" (Krause, 2013;).

In the context of examining drug-related harms, "macro" facets of risk environments (e.g., cultural organization of risk and harm; poverty) are embodied in "micro" everyday practices (e.g., social norms, values, networks, relationships) and experiences of young people (Rhodes, 2002, 2009). The interplay between macro and micro facets of risk environments, albeit not using these exact concepts, are alluded to in more recent studies of the impact of national anti-illegal drug campaign (i.e., drug war policies) on the everyday lives of people (e.g., see works of Pearson, 2016; Khenti, 2014). For example, Lasco (2018) conducted an ethnographic investigation on the everyday forms of resistance or tactics (i.e., *diskarte*) of young drug users' engagement with law enforcement in the Philippines. Rather than viewing these young men as "addicts" or "dependents", young Filipino men (aged 18–25, who received minimal education and who primarily work as vendors peddling food and beverages) are re-cast as exercising forms of 'situated agency' (e.g., using drugs as part of their tactics to deal with local law enforcers). His findings critically demonstrated how young participants negotiated agency against the prevailing social structures of crime control.

## Introducing the drug scene in the Philippines

Communities or *barangays*, a basic political unit of administration in the Philippines, have long been affected by drug use. In 1999, National Drug Law Enforcement and Prevention Coordinating Center (NDLEPCC) reported that 14 percent (6020) of the country's 42,979 barangays were considered to be seriously drug affected (Office of the President of the Philippines, 1999). In 2017, PDEA reported that 49.65 percent of the

42, 036 *barangays* were considered drug affected. It should be noted, however, that these numbers are generated by a single national government agency and should be interpreted with caution. Upon cursory review of existing published literature or publicly accessible data, there are no supplementary reports from other agencies or organizations that corroborate on similar figures. Moreover, a nationwide poll conducted by Social Weather Station (SWS) in December 2017 stated that more Filipinos reported the common occurrence of drug use in their communities compared to previous years' polls (CNN Philippines, 2018).

Media reports from neighboring countries in Southeast Asia such as Thailand, Indonesia, Vietnam and Cambodia also made reference – some expressed reservations whereas others gave their full support – to the intensive drug crackdown in the Philippines (e.g., Esmaquel, 2017; Reuters, 2017; Aurelio, 2016; Varagur, 2017). Similar to countries like Mexico or Indonesia, the Philippines' 'war on drugs' carries a prohibitionist rhetoric which frames the use of drugs as an 'external threat' challenging national security, as well as, corrupting the moral fabric of society which inevitably impact the lives of children (Barra & Jolloy, 2011; Rolles, 2011).

Alternatively, the issue of the drug war is also framed as an economic and public health narrative wherein orphaned and vulnerable children (OVC) are constructed as passive recipients of the unwelcome and harmful after-effects of wider social conditions (Camacho, Horstick, & Sax, 2014; Santa Ana Tellez, DeMaria, & Galárraga, 2011). However, there are not enough research approaches - especially those that are qualitative - that aim to understand the complexities of everyday living for young people dealing with the impact of the anti-illegal drug campaign. Notwithstanding, most Filipino families continue to live in extreme poverty (i.e., Philippine Statistics Authority, 2017) which further complicates how families, especially with members who 'surrendered' because of suspected drug use, 'bounce back' or 'recover' from these structural challenges.

Using insights from Rhodes' framework (2002; 2009) on risk environments, we reconstruct a narrative approach to understand the stories of how young people enact agency, living with a recovering family member who surrendered and underwent a community-based drug rehabilitation program. In this study, we define narrative as,

> '*a pervasive structure with which we convey and comprehend the experiences and meanings of events, account for our own and others' behavior, or reveal ourselves to others in the way in which we would like to be seen. In doing so, we also reveal something of the structure of our social world*' (Stephens & Breheny, 2013; p. 14–15).

In this sense, narrative work conveys the mutual 'constitution of agents and structures' (i.e., Giddens, 1984) as it reflects the weaving of personal and communal discourses imbued with cultural significance (Stephens & Breheny, 2013). In other words, this approach captures how storied forms of meaning evoke how risk environments are embodied in personal experiences, and at the same time, how the re-telling of these experiences can challenge, resist, or reconfigure wider social meanings and structures.

Rather than examining a broader range of young people's everyday experiences and enactments of agency while living with a drug-using parent, our analysis only focused on identifying and acknowledging the emotional consequences of parental drug use for young people living in the Philippines. Through a careful analysis of young people's articulation of emotions, we challenge both the 'under' and 'over' pathologizing language of understanding emotions of (poor) children who may experience chronic stigma due to clinical or social labeling (e.g., Dudley-Marling & Lucas, 2009; D'andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012). As such, the study aims to advance a critical space to reflect, interrogate, and bridge previous micro-psychological literature on the impact of drug use on children's socio-emotional life and the macro-sociopolitical literature of reproducing risk environments.

# Method

The Philippine government has employed compulsory residential treatment in resolving illicit drug use problems (Vuong et al., 2017). However, given the large number of 'surrenderees' and drug personalities, local government units (LGUs) created their own programs such as community service (e.g., street cleaning, gardening, and area beautifications), recreational activities (e.g., taekwondo, zumba, basketball) and spiritual development (e.g., prayer groups, bible study classes, spiritual counseling sessions).This national initiative emphasizes the importance of partnership between local government units (LGUs), churches, and other non-profit organizations. In this context, the Psychological Association of the Philippines, with the support of the Commission on Higher Education K to 12 DARE TO Research Grant, created a taskforce for community-based drug recovery and support. This study is part of the community-based intervention program entitled Katatagan Kontra Droga sa Komunidad (KKDK) that is being implemented in various LGUs.

## Participants

Study participants comprise thirteen urban poor young Filipinos aged 13 to 19 years from barangay Novaliches Proper, a local community with approximately 15,381 residents as of 2015 (Barangay Population Data, n.d.). Three participants were male and 10 were female. Purposive sampling was used. All participants (1) had low to moderate risk (occasional or non-problematic use to more regular use), drug using parents who surrendered to their local barangays, (2) completed all 15 sessions of the KKDK program, and (3) tested negative in random drug testing given by the barangay to ensure safety against continuous substance use in the household. There have been 274 drug surrenderees in barangay Novaliches Proper, 51 of whom underwent community-based rehabilitation (Weekly Assessment on Crime Trend, 2018).

The participants came from low socio-economic status families. The majority of the participants, mostly the younger ones, were students attending public schools around the barangay. Some older participants studied in small, private, vocational colleges while others stopped attending school and started working to help the family. Most of the participants' parents worked in construction, tricycle driving, and street cleaning; others were recently hired by the barangay following years of unemployment.

Parents of the participants were screened using Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). They were identified as low to moderate risk users particularly of Methamphetamine Hydrochloride, popularly known as *shabu,* which is the most common and primary drug of use in the Philippines (Dangerous Drug Board (DDB) (2016)). Users who are at the lower to moderate risk scale may use substances occasionally or continuously and may be at risk or currently experiencing health problems including, but not limited to, substance dependence.

Parents of the participants were also screened using Mental Health Gap Action Program (mhGAP) chart for their mental health conditions (Dangerous Drug Board (DDB, 2016) by the respective LGU through their Anti-Drug Abuse Councils (ADACs). The program in this barangay is monitored by members of the Psychological Association of the Philippines, of which the authors are members. All participants were from Barangay Novaliches Proper, Quezon City, an urban poor local government unit that was cleared by the city, of which it is under, to be safe and secure for program implementation.

## Data collection

Participants were contacted through their parents who had completed the KKDK program in the barangay. During the scheduled interview sessions, informed consent was obtained from both parents for those participants who were aged under 18 years old and for youth participants. They were informed that any issues on parental relapse and misuse would be reported to appropriate representatives to properly address and alleviate any potential stress to the participants and their family. Consent for recording the interviews was obtained and audio recordings were transcribed by individuals who signed a confidentiality agreement. Real names were not used during the transcription of data to protect the identity of those who surrendered. Respondents were asked not to name anyone (e.g., dealers or other users) to protect their parents and themselves. Confidentiality and privacy regarding respondents' private information were upheld. Research ethics clearance was sought and approved before conducting the study.

In conducting this research, the first author needed to schedule multiple interview sessions with the participants because of the emotionally difficult atmosphere (e.g., a number of participants cried and some had to pause and gather their thoughts before sharing). This interview format also provided a safe space for them to pause, verbalize, and make sense of what their family has gone through. Reflexively listening to their stories, our identities, both personal and professional, are reproduced and challenged as we share with the participants, albeit differently, our struggles to continue living in times of fear, pain, anger, and uncertainty in the country. The multiple and iterative re-reading of their accounts guided the subsequent analysis, interpretation and writing of the paper.

## Data analysis

To operationalize Rhodes' framework on risk environment, we analyzed the data by following Stephens and Breheny's Stephens and Breheny (2013) integrated approach to narrative analysis. This enabled the re-telling and interpreting of stories told within the immediate or mirco context (e.g., young Filipino people's experiences of living with parents who are drug users, norms, values, relationships with peers, community etc.) and the broader or macro socio-political context (e.g., cultural discourses of shame and drug use, drug war policy on surrendering, poverty etc.). In this iterative process, we first read and re-read the transcriptions of the participants' narratives on these two inter-related contexts. After which, we identified key shared narratives that are embedded across the interviews of the participants and examined how macro facets of risk environments are embodied in micro everyday practices and experiences of young people. Finally, we identified spaces or opportunities where young people enact agency vis-à-vis existing social structures. To ensure validity of the findings in the study, we used procedures to assess for truthfulness and legitimacy of the derived meanings through member checking, reflexive journaling, and use of thick and rich descriptions of respondent reports (Creswell, 2014). We employed member checking by reporting descriptions, key narratives, and roles from the findings to the participants to check if these were accurate.

## Findings

During the interviews, participants shared stories of their parents' drug use and recovery after surrendering. The stories showed the interplay of macro and micro contexts, which may open spaces to exercise agency for multiple purposes: to make sense, to resist, or to reposition. In cases of agency being used to resist or reposition, it is used against (or in relation to) the shared, although not necessarily acceptable, discourses or structures impinging on the everyday lives of young people and their families. It is within this perspective that we critically examine the re-telling of personal stories that voiced the unheard sentiments of young members of the family.

## Community narrative of shaming

As the national anti-drug campaign intensifies, drug-using family members (i.e., parents) are placed under strict surveillance with a possible threat of being killed. In this macro context, the prohibitionist drug policy may function to police and regulate family life by (actively) imposing legal sanctions on unacceptable behaviors. Compounded by the cultural discourse of shame shaping community life, our participants narrated experiences of stigma by association with their drug-using parents. As narrated, feelings of shame are further intensified once the drug use is publicly known in the community:

> "I am ashamed because other people hear and know that my family is like this. We want to tell our family that the neighbors already know. It is like we are so ashamed to the point we don't want to go out of the house because of the looks they give you." (Jenny, 16).
> "I am also ashamed. It is also a shame to my parents because they use drugs. It is the shame of the entire family." (Danilo, 16)

The accounts of Jenny and Danilo show the extent to which shaming practices (e.g., rumors among neighbors, critical gaze of community members) serve to position the whole family as morally 'unfit' in public spaces. As Danilo shares, the deeply felt mark of shame directed to his drug-using parent becomes a shared burden which he must also bear. As they struggle to make sense of their plight in the family, the participants shared personal narratives rooted in past experiences of children living with drug-using parents. In the next few subsections, we explain how our participants' construe themselves in their personal narratives labeled as '*I am Used to It*' and '*I was Neglected*'. Some narratives of young people also evoke space of active resistance through expressions of anger and hurt labeled as '*I am Angry and Hurt*'. In each of these narratives, we discuss how participants are positioned in relation to their role as children in the family.

**I am used to it.** The personal narrative of *I am used to it* describe parental drug use as a habitual practice in the family. In this narrative, young family members are exposed to the parent's pattern of behavior of using drugs as acceptable and thus left unquestioned. Salient in these accounts, our participants shared that parental drug use had been going on even before some of them were born and, therefore, they experienced it growing up. In certain instances, some participants felt helpless because they were unable to change the situation in the family. As some of them shared:

> "We talk so it's like normal when he was using." (Kristel, 16)
> "Dad has someone with him when he uses drugs, his cousin. Then I said, that always happens it's as if you're not used to it." (Alex, 13)
> "We are all concerned about him. Concerned about how it happened… But we can't do anything about it… Because he's already old enough. We can't stop him." (Ruby Mae, 19)

All three participants describe instances of drug use as something they are used to or is typical in their household. In a Filipino culture where there is an evident hierarchical relationship between parent and child, young family members are strongly guided by deference to parental authority, regardless if they agree or not (i.e., cultural discourse of values attributed to the Filipino family). As a possible consequence, young people, who grow up exposed to parental drug use, construct a seemingly unchanging reality they must accept and contend with. In the context of parental drug use, this type of culturally reinforced and valued relationship between parent and child may have unintended negative consequences for the child.

**I was neglected.** In some personal narratives, some of our participants felt neglected by their drug-using parent. As the parent spends more time using drugs, either outside or inside the house, Jenny and Kaykay, for instance, expressed that they were affected by the physical and emotional absence of an adult to watch over them and their kin. In the following excerpts the unspoken burden of being 'left to their own' devices as children is strongly felt in their narration of parental negligence.

> "Because before my siblings were very filthy, always on the streets, don't know any housework. Also, they didn't bother about us at home. We just eat at any time. My father, when he uses drugs, he doesn't care about us. He just gambles that is why he has no idea what's happening at home. And the effect to us before, all of us children were neglected. And we are so ashamed about it. They don't really care why we are ashamed. And they don't even know what we are doing daily." (Jenny, 16)

> "My mother went to her guy, to my other brothers. There, all of us siblings were neglected… especially us three children of my father. We weren't cared for that's why we always go hungry." (Kaykay, 13)

In the accounts of Jenny and Kaykay, parental drug use can be interpreted as a source of negative feelings of devaluation such as not being cared for, fed or looked after as children. In the micro context of the family, the negative consequences of parental drug use, such as having no food on the table and excessive gambling, may shake the inner world of young family members as they internalize a kind of personhood unworthy of love and care. In this instance, experiences of shame and disarrayed family relationships are embodied in a habituated 'sense of losing grip' of daily living and unsatiated pangs of (physical and emotional) hunger. So far, the foregoing '*I am used to*' and '*I am neglected*' narratives depict *cultural pre-givens* of what it means to be part of a (Filipino) family and the cycle of neglect young people *endure*. However, to endure the inflicted shame and pain *is far* from a passive and helpless orientation against pre-determined discursive and structural oppressions. Growing up in risk environments, our participants endure as an everyday exercise of agency to continue living on, despite not fully understanding their family situation at a young age.

## Anger and hurt as forms of active resistance

**I am angry and hurt.** Evident in the accounts below, our participants experienced either physical harm or verbal abuse at the hand of their drug-using parent. In turn, these hurtful instances left emotional wounds, as Jenny painfully described what she perceived as unjustified behaviors. This repeated parent-child interaction over time may further breed anger which amplifies a form of emotional rift between parent and child. However, this may be conceptualized as a way of practicing agency by evoking strong emotions of anger and hurt. Jenny aptly captures these sentiments below:

> "It hurts. It is hurtful for me because why would she say that because she doesn't even know what I am doing. Why would she tell me that I am a whore, I am flirtatious, why would she say that because she didn't bring me up that way. Why is she saying that to me? I asked them why they say to me that I am flirtatious, I am a whore, almost all things cruel has been said to me that is why it is hurtful. I am very hurt. That is why I am really angry towards my mother, I am very angry at my mother because she uses drugs. And whatever happens, if they don't change, whatever happens to them, I don't care because it's their fault that they neglected us. It's just really painful why she could say those things to me." (Jenny, 16)

In Jenny's account she emphasized how hurt she was at the critical judgment of her mother. In her narration, she receives the spiteful words – words that she can't fully understand – from someone who is supposed to know her as a daughter; and instead, responded with anger and estrangement. Jenny's feelings of anger and absorption of pain can be interpreted as an affective form of resistance to show strong disappointment because of the failure to perform parenting duties of providing care and support (i.e., challenging the cultural role of parenting). Hence, claiming the right to be angry allowed Jenny to justify her decision to emotionally disengage and to resist getting hurt again. Jenny further shared her attempts to directly voice her frustration:

"Sometimes I tell my father that he should've given to us children all the money used to buy drugs. It has more use for us. I tell him that. Sometimes when he and my mother fight, I butt in already. I tell them, 'Is that the effect of drugs to the both of you, we are the ones affected here if you're using drugs. You should be ashamed because we are already ashamed of what you do.' Sometimes those are the things I want to tell them when they fight. We tell them, 'Stop it. We hope you change already because we, your children, are all big now.' And that's it, seems like nothing to them."

Growing up, Jenny's family situation, in which both her parents are drug users, fueled frequent confrontations about squandering money to buy drugs. In this excerpt, the specificity of risk environments of drug-using parents and their drug non-using children constitute the re-production of drug-related harms where the macro context of poverty (i.e., 'war on drugs', shaming and persecution of illicit drug users) breeds everyday familial discord. Through repetitive outbursts of anger (i.e., confrontations with parents), young people, like Jenny, enact agency by repositioning the subject of shame (i.e., my parents should be the ones to feel ashamed) and attributing responsibility (i.e., duty to financially support children) back to their parents. However, not all participants expressed active resistance to what was happening in their family. As Danilo and Rhoda shared:

"Often times, I just avoid my parents when they are fighting about drugs... about work – about not having work... I just keep it inside because they might get angry." (Danilo, 16)

"It's as if I have distanced myself from them then... I still gave my mother support and my father too but it's as if it's not whole anymore. It's broken already." (Rhoda, 16)

In Danilo's account, he expressed his hurt and anger through acts of suppression and deference to parental authority, whereas Rhoda, on the other hand, explains the impact of parental drug use on her feelings towards and relationship with her parents. In these contexts, avoidance or disengagement can be interpreted as a means to mitigate discord and escalation of anger in the family (i.e., form of agency to manage the micro context of family relationships). Although, in Rhoda's case, the consequences of constant fighting brought fundamental changes, as if something 'inside' the self was broken, irreparable, and beyond console (i.e., *it's as if it's not whole anymore. It's broken already*).

Despite these personal stories of habituation, neglect and critical judgment, these narrative 'truths' are managed and kept closed within the family. For most participants, these narratives are considered 'personal' or 'private' and thus not for public consumption. To illustrate, the accounts of Kaykay and Danilo may serve to protect the dignity (left) of the family in spite of the consequences of parental drug-use that hounds them at home:

"It's like I'll say, you don't even know the entire story, why are you meddling?' And then I'll say, if you were the ones being meddled on, you get mad. That's why I say to them that if they have problems, we don't even meddle. Because it's like this, if it's a problem, if it's our problem, I want it to be our own problem." (Kaykay, 13)

"Sometimes other people nowadays are just judgmental right. Even I have been judged by my classmates... I feel ashamed. It is a shame of my parents. Because they use drugs. It is a shame of the entire family." (Danilo, 16)

For our participants, challenges faced by their families, no matter how hurtful they were, are constructed as a 'domestic' problem which they must address on their own. Implicit in their narration is their desire not only to manage public shame but in addition, in the context of the Philippines drug war, their fear of their parents being killed because they use drugs. In this context, gatekeeping the information of parental drug problem may function as an exercise of agency to contain the emotional 'rifts' inside the home, while maintaining a semblance of a 'normal' family viewed by others outside the family.

*Narrative of surrender: re-appropriating fear of death and shame*

As young family members need to manage the presentation of family life and the anxiety and shame brought by parental drug use, they face another challenge as the government's anti-illegal drug campaign pushes more than a million drug users to surrender in their communities. This is done to avoid the possible risk of being imprisoned or, in extreme cases, being killed. The fear of loss and death looms in the family, and surrendering and going through rehabilitation is seen as the only solution for some. In this context, the community continues to police the family; however, the reality of arrests and deaths happening in their community may have led them to show more concern. Some participants describe their experience of fear and shame for their drug-using parents in the following excerpts:

"We live in one compound, our family. And my uncle lives beside us, our relatives, like to gossip, they're like that. That's what they said, why wouldn't we surrender [him]? Since there are extra judicial killings yet, surrender him... if he gets killed, you won't be able to be with him anymore. That's what other people say." (Danilo, 16)

"When my father said that he will surrender, I asked him, 'why papa, you use drugs?'. He said yes and I said, 'That's right just surrender since maybe we'll hear about you in the news, and you'll get killed'. He said that he is also scared of dying that's why he will surrender... He said there is no risk [in surrendering] that's why he went." (Kaykay, 13)

"Whenever my grandmother gets angry, it is always about drugs. She says, 'you still use drugs [talking to the parent], your children are already big, they're already ashamed yet you still continue that'...that is why they surrendered because they are also ashamed since we are not proud of them because they use drugs. And then they thought about surrendering for our family." (Jenny, 16)

These accounts reveal the intensity of fear and shame felt in conversations among family members and their relatives. For both Danilo and Kaykay, the overwhelming fear of their parents getting killed pushed their family to confront the difficult issue of convincing their parents to surrender. Their accounts may be interpreted as counter-narratives of re-appropriating the fear of death (i.e., either surrender or be killed) linked to wider discourses on the Philippine 'drug war' and drug-related killings. These conversations in the family can be understood as a collective exercise of agency (e.g., through gossip, personally talking to drug-using parent) in the family to save the life of their kin. Similarly, Jenny's account showed how the discussion of shame in the family (i.e., by her grandmother) was redirected, not so much as to aggravate further stigma, but rather as an act of re-appropriation (i.e., to surrender or continue carrying the stigma of drug use) to restore the dignity of the family. In this sense, the discourse of shame reinforces 'productive' conditions that propel the ease of surrender and rehabilitation to regain the opportunity for the family to heal.

## Discussion

The participants narrate their journey through their parent's drug use, surrendering, and recovery as an overwhelming yet transformative process. In general, findings further supported and deepened our understanding of how young family members narrate how their parent's drug use has emotionally affected the entire family (Lander, Howsare, & Byrne, 2013; Mattoo, Nebhinani, Kumar, Basu, & Kulhara, 2013). For example, in some personal narratives, young family members also experienced feelings of neglect and the stigma anchored in critical judgment; thus, creating a rift between parent and child (Lobato et al., 2016; Pihkala et al., 2017). As such, our young participants engage in forms of agency: to endure adverse childhood experiences, to voice anger and hurt (i.e., active resistance), and to re-appropriate the fear of death and shame in order to persuade their drug-using parents to surrender. In contrast, to view young people as 'overly' passive and vulnerable, our

**Table 1**
Examples of Drug-related harm reduction interventions using a risk environment framework.

| | Micro-Environment | Macro-Environment |
|---|---|---|
| **Physical** | | |
| Risk | Poor health outcomes (hunger) Exposure to harsh environments of violence and drug use | Possible physical harm or death Threat and violence from the Philippine war on drugs |
| Possible Intervention | Parenting Interventions made available to local communities | Changes in anti-illegal drug campaign policies |
| **Social** | | |
| Risk | Feelings of shame from peers and community Policing practices by police as well as the community Community services for health and welfare (barangay level) | Structural inequalities Affiliated stigmatization and Marginalization Inconsistent community structures (at barangay level) |
| Possible Intervention | Community and Peer Interventions Partnership with local police and local community Developing local community health programs and services (KKDK and diversion programs by barangay) | Policy changes on inclusion Development of harm reduction marketing schemes through media Strengthening of community advocacy and organization |
| **Economic** | | |
| Risk | Lack of job opportunities and income for drug using parents Lack of quality education due to unsubstantial income of parents | Economic disempowerment cycle |
| Possible Intervention | Alternative employment structures Subsidies in education | Laws on employment and inclusion of recovering drug users Update national education policies |
| **Policy** | | |
| Risk | Threats to life (e.g., killings brought by war on drugs) Availability of illegal drugs in the neighborhood | Public health policy and budgeting on drug treatment and rehabilitation Policies on drug use and health Initiatives Laws on human rights |
| Possible Intervention | Inter-organizational cooperation through 360 initiatives (e.g., DSWD for children, DOH for drug users, LGUs through grassroot services) Strict implementation of policies and policing on supply reduction | National policy changes on collaboration of government institutions to address needs according to the new outcome brought by the anti-illegal drug campaign Legal restructuring on the protection policies of drug users and family members rights |

findings showed patterns of agency wherein our participants actively negotiated with existing social structures.

Our findings also showed nuances in the interplay between micro and macro contexts, constituting the everyday experiences of young people and their drug-using parents. Set against a prohibitionist rhetoric carried by the Philippine's drug war, our study did not only look into drug use and family disruptions as the only sources of harm but may have also revealed other contextual factors such as poverty, and political and cultural structures as contributors to the young family members' experiences of drug-related harm. The use of Rhodes' risk environment enabled us to highlight important implications for social, economic, and policy work involving young people and families of drug-using individuals.

*Social recovery in the context of poverty and risks*

The exercise of agency by our young participants were further complicated by highly entrenched (culture of) poverty in the country. Thus, we offer no easy solutions to families affected by the current drug war. Applying Rhodes' framework on risk environments allowed us to be more sensitive and critical of the underlying structures that further aggravate drug-related harms. For example, the issue of family finances

spent on drugs left a huge economic, as well as psychosocial dent in family relationships in general, but more so if one lives in poverty. Hence, social or 'non-health' interventions are needed to complement existing public health and psychological support in the community. In Table 1, we provide examples of (drug) harm reduction social interventions based on a risk environment framework. These examples are mainly anchored in our narrative analyses, the observations of the first author in the field during data collection, and our reflexivities being part of a community-based drug rehabilitation program.

Non-health interventions and initiatives are important to reduce drug-related harms in local communities. Based on the findings, these 'non-health' interventions may include: (a) parenting skills training, (b) community and peer interventions in partnership with local police and local community, (c) local community health programs and services (KKDK and diversion programs by the barangay for family members), and (d) public health policies on initiatives and availability of drug rehabilitation and family interventions. However, these interventions may need more efficient and open collaboration with various government institutions, to create 360-degree solutions toward better health, welfare, and inclusion programs in local communities. For example, inclusion programs with employers are needed to help combat stigma, especially for former drug users who intend to reintegrate back to the

workforce. The same principle applies to non-drug using members of the family who also experiences affiliated stigma (Mak & Cheung, 2008). Educational institutions might need to create programs that augment existing provisions in the community to provide for the mental health and developmental needs of affected young people.

Furthermore, fully adopting a 'poverty-reduction' lens in addressing the detrimental effects on younger family members (e.g., drug non-using family members, young family members orphaned by the drug war) are not yet fully addressed in social institutions and structures such as national policies and laws, welfare, and health. Philippine national policies and laws (e.g., Comprehensive Dangerous Drug Act of 2002) do not delineate social economic classes in their provisions, nor do they include family treatment. For example, existing local community-based programs (e.g., KKDK) address primarily the needs of the drug users and older family members (Hechanova et al., 2018). A sharp eye is given to the drug users, but those who are affected the most are seemingly overlooked.

We also humbly acknowledge that our findings depict only a partial 'truth' of the nature and extent of how parental drug use impacts the lives of children, especially those living in poverty. In the context of the campaign, missing in this analysis are the views of government officials, local police force and other members of the community, on how they contributed to the recovery process. Further, findings may not be generalizable to all young people who have drug-using parents and who are not part of any community drug programs at this time. It is recommended that there is further exploration of youth stories in other risk environments as community-specific structures and factors (e.g., safety and security) may influence results.

Engaging with the framework of risk environments as a social science approach to drug-related harms foregrounds practical importance. More importantly, this approach shifts our thinking of individual risk behavior and agency (i.e., parental drug use, 'personal' struggles of young people) to shared, collective, and collaborative responsibility to reduce harm and promote positive change (Rhodes, 2002). Departing from discursive productions of 'risks' and 'vulnerabilities' in neoliberal public health and more traditional psychological paradigms, this study raises the importance of mainstreaming children's rights in the wider social movements, in the fields of critical public and mental health. Evoking our personal and social reflexivities, our findings hope to give back *due* agency to young people as a fundamental process of relating – a contextual and evolving sense-making activity – with people, spaces in diverse environments, and the larger world.

## Conclusion

Our study aimed to examine the struggles described by the young Filipino family members about their parent's drug use, surrendering, and recovery. Findings also adapt a nuanced perspective on drug use embedded in risk environments such as urban poor neighborhoods. Narrative work, in this study, can function as an exercise of agency in the re-telling of painful stories among young people as they struggle with everyday discursive and economic material structures of oppression and marginalization. Unpacking these stories with a critical yet empathic ear can help craft social interventions and poverty reduction policies in local communities, to help families living in poverty rebuild a life 'after drugs' – a life where people can live and thrive despite the hurt inside and out.

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## References

Aurelio, J. M. (2016). *Filipinos in Vietnam back Duterte war on drugs.* Retrieved fromPhilippine Daily Inquirerhttp://globalnation.inquirer.net/145604/filipinos-vietnam-back-duterte-war-drugs.

Baldwin, C., & Marshall, R. C. (2017). *Duterte targets Philippine children in bid to widen drug war.* Retrieved fromReutershttps://www.reuters.com/article/us-philippines-drugs-children-insight/duterte-targets-philippine-children-in-bid-to-widen-drug-war-idUSKBN15T1NB.

Barangay Population Data. (n. d.). Barangay Population Data: Municipality of Quezon City. Retrieved from http://122.54.214.222/population/BgyPop.asp?prov=NC2&Mun=QUE&Munic=Quezon%20City.

Barra, A., & Jolloy, D. (2011). Children: The forgotten victims in Mexico's drug war. In D. Barrett (Ed.). *Children of the drug war: Perspectives on the impact of drug policies on young people* (pp. 29–42). USA: Idebate Press.

Bueza, M. (2017). *In numbers: The Philippines' 'war on drugs'.* Retrieved fromRapplerhttp://www.rappler.com/newsbreak/iq/145814-numbers-statistics-philippines-war-drugs.

Camacho, S., Horstick, O., & Sax, S. (2014). Orphans of the Mexican drug war: Insights on a public health challenge. *Revista Panamericana de Salud Pública, 36*(2), 94–100.

CNN Philippines (2018). *More Filipinos report seeing drug addicts in communities*Retrieved from. CNN Philippineshttp://cnnphilippines.com/news/2018/02/03/SWS-More-Filipinos-report-seeing-drug-addicts-in-communities.html.

Creswell, J. W. (2014). *Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.

D'andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry, 82*(2), 187.

Dangerous Drug Board (DDB) (2016). *2015 statistics.* Retrieved fromhttp://www.ddb.gov.ph/research-statistics/statistics/45-research-and-statistics/287-2015-statistics.

Dudley-Marling, C., & Lucas, K. (2009). Pathologizing the language and culture of poor children. *Language Arts, 86*(5), 362–370.

Esmaquel, P., II (2017). *China on duterte drug war: Respect PH sovereignty.* Retrieved fromRapplerhttps://www.rappler.com/nation/169336-china-philippines-un-human-rights-killings.

Foucault, M. (1988). Technologies of the self. In L. H. Martin, H. Gutman, & P. Hutton (Eds.). *Technologies of the self: A seminar with michel foucault* (pp. 16–50). Amherst, MA: University of Massachusetts Press.

Gavilan, J. (2016). *DDB: Philippines has 1.8 million current drug users, 2018 users.* Retrieved fromRapplerhttp://www.rappler.com/nation/146654-drug-use-survey-results-dangerous-drugs-board-philippines-2015.

Gavilan, J. (2017). *LIST: Minors, college students killed in Duterte's drug war.* Retrieved fromRapplerhttps://www.rappler.com/newsbreak/iq/179234-minors-college-students-victims-war-on-drugs-duterte.

Giddens, A. (1984). *The constitution of society.* Cambridge: Polity.

Gruber, K. J., & Taylor, M. F. (2006). A family perspective for substance abuse: Implications from the literature. *Journal of Social Work Practice in the Addictions, 6*(1), 1–29.

Hechanova, M. R., Alianan, A., Mediola, C., Melgar, I., Acosta, A., Villasanta, A., et al. (2018). The development of a community-based drug intervention for Filipino drug users. *Journal of Pacific Rim Psychology, 12*(12), 1–10. https://doi.org/10.1017/prp.2017.23 Retrieved from.

Human Rights Watch (2017). *War on drugs*Retrieved fromhttps://www.hrw.org/report/2017/03/02/license-kill/philippine-police-killings-dutertes-war-drugs.

Iyengar, R. (2016). *It's killing time: Inside Philippine President Rodrigo Duterte's war on drugs.* Retrieved fromTime Magazinehttp://time.com/4462352/rodrigo-duterte-drug-war-drugs-philippines-killing/.

Khenti, A. (2014). The Canadian war on drugs: Structural violence and unequal treatment of black Canadians. *International Journal of Drug Policy, 25*(2), 190–195.

Krause, S. R. (2013). Beyond non-domination: Agency, inequality and the meaning of freedom. *Philosophy & social criticism, 39*(2), 187–208.

Lasco, G. (2018). Kalaban: Young drug users' engagements with law enforcement in the Philippines. *International Journal of Drug Policy, 52,* 39–44.

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28,* 194–205. https://doi.org/10.1080/19371918.2013.759005 Retrieved from.

Lingao, A. (2017). *SPECIAL REPORT: At least 29 minors killed in gov't war on drugs, group says*Retrieved from. CNN Philippineshttp://cnnphilippines.com/news/2017/08/21/Minors-killed-in-war-on-drugs.html.

Lobato, M., Sanderman, R., Pizarro, E., & Hagedoorn, M. (2016). Marijuana use and dependence in Chilean adolescents and its association with family and peer marijuana use. *International Journal of Behavioral Medicine, 24*(1), 144–152. https://doi.org/10.1007/s12529-016-9595-2.

Luthar, S., Cushing, G., Merikangas, K. R., & Rounsaville, B. J. (1998). Multiple jeopardy: Risk and protective factors among addicted mothers' offspring. *Development and Psychopathology, 10,* 117–136.

Mak, W., & Cheung, R. (2008). Affiliate stigma among caregivers of people with intellectual disability or mental illness. *Journal of Applied Research in Intellectual Disabilities, 21,* 532–545.

Mattoo, S. K., Nebhinani, N., Kumar, B. N. A., Basu, D., & Kulhara, P. (2013). Family

burden with substance dependence: A study from India. *The Indian Journal of Medical Research, 137*(4), 704–711.

National Police Commission (2016). *PNP anti-illegal drug campaign plan – Project: "Double barrel" (command memorandum circular No. 16 – 2016)*. Quezon City: National Headquarters Philippine National Police.

Office of the President of the Philippines. (1999). Exec. Order No. 61, 3 C.F.R. 4. Manila : Presidential Management Staff. Retrieved from http://www.officialgazette.gov.ph/downloads/1999/01jan/19990115-EO-0061-JEE.pdf.

Pearson, Z. (2016). Coca got us here and now it's our weakness:" Fusarium oxysporum and the political ecology of a drug war policy alternative in Bolivia. *International Journal of Drug Policy, 33,* 88–95.

Philippine Statistics Authority (2017). *Farmers, fishermen and children consistently posted the highest poverty incidence among basic sectors – PSA. (Reference No. 2017-150).* Retrieved from https://psa.gov.ph/poverty-press-releases.

Pihkala, H., Dimova-Bränström, N., & Sandlund, M. (2017). Talking about parental substance abuse with children: Eight families' experiences of beardslee's family intervention. *Nordic Journal of Psychiatry, 71*(5), 395–401. https://doi.org/10.1080/08039488.2017.1308009.

Quintos, P. (2018). *Poor Filipinos most vulnerable in Duterte's drug war: Study.* Retrieved from ABS-CBN News http://news.abs-cbn.com/focus/06/25/18/poor-filipinos-most-vulnerable-in-dutertes-drug-war-study.

Rhodes, T. (2002). The "risk environment": A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy, 13*(2), 85–94.

Rhodes, T. (2009). Risk environments and drug harms: A social science for harm reduction approach. *International Journal of Drug Policy, 3*(20), 193–201.

Rolles, S. (2011). After the war on drugs: How legal regulation of production and trade would better protect children. In D. Barrett (Ed.). *Children of the drug war: Perspectives on the impact of drug policies on young people* (pp. 59–74). USA: Idebate Press.

Reuters (2017). *Cambodia promises harsher drug crackdown as arrests soar.* Retrieved from Reuters https://www.reuters.com/article/uk-cambodia-drugs-idUKKBN15N18Z.

Sadongdong, M. (2018). *11,000 names figure in validated drug watch list.* Retrieved from Manila Bulletin https://news.mb.com.ph/2018/02/09/11000-names-figure-in-validated-drug-watch-list/.

Santa Ana Tellez, Y., DeMaria, L. M., & Galárraga, O. (2011). Costs of interventions for AIDS orphans and vulnerable children. *Tropical Medicine and International Health, 16*(11), 1417–1426.

Stephens, C., & Breheny, M. (2013). Narrative analysis in psychological research: An integrated approach to interpreting stories. *Qualitative Research in Psychology, 10*(1), 14–27. https://doi.org/10.1080/14780887.2011.586103.

Talabong, R. (2018). *Duterte gov't tally: At least 4,000 suspects killed in drug war* Retrieved from. Rappler https://www.rappler.com/nation/199587-pdea-report-death-toll-war-on-drugs-philippines-march-2018.

The Drug Archive. (n.d.). The Drug Killings: Who, What, Where, When, How?. Retrieved from https://drugarchive.ph/post/26-the-drug-killings-who-what-where-when-how-master.

Varagur, K. (2017). *Indonesia borrows Philippines rhetoric to revamp drug war.* Retrieved from VOA News https://www.voanews.com/a/indonesia-war-on-drugs/3981443.html.

Vuong, T., Nguyen, N., Le, G., Shanahan, M., Ali, R., & Ritter, A. (2017). The political and scientific challenges in evaluating compulsory drug treatment centers in Southeast Asia. *Harm Reduction Journal, 14,* 1–14.

Weekly Assessment on Crime Trend (2018). *Consolidation data of rehabilitation wellness program for drug surrenderees in Quezon City.*