

Strengthening mental health initiatives and care pathways for families affected by the Philippine drug war

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In 2016, then-President of the Philippines, Rodrigo Duterte, initiated a state-sponsored drug war through punitive law enforcement and extrajudicial actions.¹ Such measures have led to thousands of fatalities, including innocent victims and children, and engendered significant psychological distress amongst relatives and communities, predominantly in socioeconomically disadvantaged areas.²⁻⁴ Underpinned by structural inequities, socio-political determinants, and help-seeking barriers, these circumstances have exacerbated unmet care needs. Accordingly, researchers have advocated for national drug policy changes.¹ Yet, legislative reforms have stalled, particularly in relation to the Comprehensive Dangerous Drugs Act of 2002, which entails severe penalties for illicit drug-related activities. Although the newly-elected administration in 2022 signalled a shift towards rehabilitative approaches for substance use disorders, reports indicate that lethal drug raids, human rights abuses, and violent incidents have continued.⁵

Whilst the Philippine drug war initially drew condemnation both regionally and internationally, its ongoing impact on marginalised and poorer communities has been overlooked in recent times. From a psychiatric perspective, affected families have experienced short- and long-term stressors, specifically those who endured a critical life event, such as a relative's death.^{3,4} Due to underreported fatalities and limited help-seeking, it is difficult to estimate the true extent of this mental health burden. Nevertheless, evidence shows how Filipinos exposed to drug-related killings had higher vulnerabilities for severe mental distress and post-traumatic stress disorder.⁴ This is compounded by insufficient death investigations, leaving many bereaved individuals still seeking closure.³

Socioeconomically disadvantaged families have frequently been unable to finance adequate burials, intensifying psychological stressors. Most have paid to intern relatives in "apartment-style" tombs for five

years, after which remains are exhumed and returned,⁶ simultaneously compromising forensic evidence. Alarming, unaddressed mental health concerns have also been identified amongst children and adolescents caught up in the violence, some of whom have become orphaned. Human Rights Watch noted cases of adverse behavioural patterns and emotional disturbances, with one five-year-old exhibiting aggression and violence after witnessing his father's death.³ Other children have experienced additional psychosocial risk factors, like bullying, social ostracism, poverty, and homelessness.³

This situation has been worsened by adverse political determinants, including resource allocation and healthcare priorities, which have shaped social determinants.⁷ Within these communities, entrenched inequities have reinforced barriers to care, restricting treatment pathways and psychiatric support. The COVID-19 pandemic disproportionately affected poorer Filipinos and disrupted mental health services, heightening digital and health disparities by rendering already-marginalised populations harder to reach.⁸ Though civil society organisations (CSOs), non-governmental organisations (NGOs), certain local governments, and volunteers have organised community-based mental health initiatives, these have been impeded by inadequate resources and recurring violence.^{2,3} More broadly, the influence of CSOs and NGOs has been hampered, with relatives discouraged from cooperating; when addressing these organisations, Duterte stated "along with drug addicts [...] I will decapitate you".²

Equally, populist rhetoric has intensified stigma and discrimination towards people who use drugs and their families, perpetuating scenarios of disadvantage and societal "otherness".⁹ Notably, strict drug enforcement retains popularity amongst parts of the electorate, thereby limiting wider efforts to address unmet care needs and support CSOs.¹⁰ Gender-based and sociocultural paradigms have also influenced psychopathology; often the primary caregivers, women may experience distinctive risk factors due to drug-related killings, including socioeconomic stressors and role conflicts.³ Moreover, the persistence of masculinised beliefs in Filipino society might deter men who have been affected by the drug war from discussing resulting mental health issues.¹⁰

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The Lancet Regional Health - Western Pacific 2023;36: 100844

Published Online xxx
<https://doi.org/10.1016/j.lanwpc.2023.100844>

To improve care provisions, collaborations between international, regional, and community-based networks could enhance technical expertise and services. Here, mutual efforts are necessary to promote human rights frameworks, guided by collaborations between CSOs, NGOs, healthcare institutions, government agencies, researchers, legislators, and other relevant stakeholders.¹ In the long-term, regional capacity-building is crucial for sustaining evidence-based public health programmes, strengthening mental health initiatives, and advancing social justice.¹¹ The latter is particularly important in the context of health disparities and drug-related stigma in the Philippines, emphasising care equivalence and dignified support for socioeconomically disadvantaged families (especially children).

Bolstering community-embedded programmes assisted by CSOs, NGOs, and local governments, could help expedite these goals in the short-term, reducing drug-related stigma and developing social capital through empathetic engagement and shared narratives.³ Analogously, such interventions may account for gender-based and social determinants through cultural brokers or community figures, with the aim of circumventing help-seeking constraints and facilitating care pathways. This could involve counselling or peer support groups tailored to specific sociocultural dynamics delivered by key actors like social workers, local health practitioners, or trained volunteers. Thus, taken together, we believe a combination of high-level strategies alongside localised approaches could better uphold the rights and needs of vulnerable families affected by the Filipino drug war, who for too long have been its neglected victims.

Contributors

AJS: Conceptualization; Writing—Original Draft; Writing—Review & Editing.

MCADU, FLV, DB, and ML: Conceptualization; Writing—Review & Editing.

Declaration of interests

ML has represented the Swiss Federal Office of Public Health several times in the work of the Council of Europe—International Cooperation Group on Drugs and Addictions (Pompidou Group). As co-founder of the non-governmental organisation, Program Paghilom, FLV is actively involved in promoting human rights frameworks for families affected by the Philippine drug war. Through this group, FLV organises holistic care provisions for bereaved relatives of drug-related killings, including widows and orphans.

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