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Utilising the Occupational Justice Health Questionnaire (OJHQ) with a Filipino drug surrenderee in occupational therapy practice: A case report

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ABSTRACT

In the past two years, the problem on illicit substance use and trade in the Philippines has become a focal interest by the government, human rights advocates, media, and healthcare professionals. This case report aims to describe illicit substance [ab]use from an occupational justice (OJ) perspective by presenting a case of a Filipino drug surrenderee who underwent an interview which utilised the Occupational Justice Health Questionnaire (OJHQ). Using the OJHQ, findings showed that individuals involved in substance addiction could possibly experience different levels of occupational injustices: occupational alienation, occupational deprivation, occupational imbalance, and occupational apartheid. Identifying the occupational injustices experienced by an individual and collectives allows occupational therapists and clients to mutually prioritise occupations that are important and meaningful which could potentially inform recommendations and plans of action towards OJ. Moreover, using the OJHQ in occupational therapy practice could open opportunities for collaborative practice with other professionals, community workers, and agencies that would facilitate OJ for clients like Donnie.

KEYWORDS

Occupational justice; illicit substance use; Occupational Justice Health Questionnaire

Introduction

Occupational justice (OJ) is concerned with ethical, moral, and civic issues such as equity and fairness for both individuals and collectives but specific to engagement in diverse and meaningful occupations (Wilcock & Townsend, 2014). Today, individuals and collectives are facing issues that are related to occupational therapy (OT) as seen in the prevalence of insufficient housing, unemployment, and inadequate financial support to sustain their mental, physical, and spiritual health (Wilcock & Townsend, 2014). People with disabilities and illness living in developing countries can be assumed to be experiencing more occupational injustices. In recent years, social injustices have been classified conceptually by scholars studying occupations and OJ into occupational alienation, occupational deprivation, occupational imbalance, and occupational apartheid (Kronenberg, Algado, & Pollar, 2005; Stadnyk, Townsend, & Wilcock, 2010). This case report aims to establish a baseline assessment in terms of occupational justice issues that could inform OT practice by exploring the lived experiences of an adult Filipino who was formerly involved in substance addiction using the Occupational Justice Health Questionnaire (OJHQ) (Wilcock & Townsend, 2014, pp. 548–549) and OJ perspective.

Background

In the past two years, the problem on illicit substance use and trade in the Philippines has become a focal interest by the government, human rights advocates, media, and health and social care professionals. Mental health and human rights advocates criticise how the government runs the national anti-drug campaign or ‘war on drugs’ by arguing that substance [ab]use is a health, social, and a disability concern necessitating health services and respect for basic human rights. In the Philippines, the nature of abuse is characterised by more than six months of mono-drug use among any of the following: methamphetamine hydrochloride (“shabu”), cannabis (marijuana), or methylenedioxymethamphetamine (“ecstasy”) (Dangerous Drug Board, 2016a). Effects of drug using, abusing, and trading could lead to a decline in mental health, productivity, and/or maintaining social harmony. To date, little is known about the number of individuals who surrendered to authorities in relation to their designated after-care substance addiction and rehabilitation (SAR) programmes as well as their situations in terms of exercising basic human rights and engagement in meaningful occupations before, during, and after any form of SAR programme.

Reason for practice and the role of occupational therapy

In the psychology and psychiatry-dominated practice of SAR, it is necessary for occupational therapists (OTs) to assert its position in helping people transform their addictive behaviours into health-promoting activities that can develop into meaningful and socially acceptable role patterns. Doing so could leverage OT as a health and social care profession that uniquely deals with a person's human rights in relation to his or her physical, mental, and social well-being throughout and even after the OT process. Presently, there are approximately 50 drug treatment and rehabilitation facilities throughout the Philippines operated by a team of professionals, including OTs (Dangerous Drug Board, 2016b). While there is an evident manpower shortage, the role of OT in Philippine SAR is deemed to either be medically oriented (i.e. reduce and manage symptoms; train skills) or tangent to the occupation-focused paradigm (i.e. promote sports, culture; provide counselling) (United Nations Office on Drugs and Crime [UNODC], 2015; Basco, Garcia, & Mendoza, 2004). To clarify the role of Filipino OTs in SAR, a recent Q-methodology study identified OTs to assume a tripartite role of promoting occupational participation, facilitating environmental supports, and collaborating with clients and other professionals (Sy, Ohshima, & Roraldo, 2018). This finding sheds light in expanding the professional role of OT not only as a rehabilitation professional but also as a health advocate who is responsible for the assessment and service delivery for people experiencing occupational injustices (Wilcock & Townsend, 2014).

Both an idea and a need, OJ may be considered as a relatively new concept in OT practice. However, scholars over the past decades have asserted that people's actions towards being, becoming, and belonging are not merely a matter of individual choice but is greatly affected by the complex contexts and environments where those individuals thrive (Wilcock & Townsend, 2014). Within these contexts and environments, occupational injustices may be classified into four OJ-related conceptual issues that describe social exclusion in varying degrees: denying of people from engaging in meaningful occupations (occupational alienation); restricting people from health-promoting occupations while residing in diverse contexts (occupational deprivation); having too little to do or excessively burdened to do things on a daily basis (occupational imbalance); and denying access to meaningful occupations on the basis of socio-political, sexual, and religious characteristics (occupational apartheid) (Kronenberg et al., 2005; Stadnyk et al., 2010).

Townsend and Marval (2013) determined role-emerging OT practices that deal with OJ-related issues among individuals, communities, and populations: people with disabilities; poverty; war, disasters, and

refugees; elderly; social class, race, and gender; and, penitentiaries. Interestingly, the substance use disorder (SUD) group has yet to be classified possibly due to its complex nature and disability effects on the person such as intellectual and cognitive impairments, chronic pain, as well as mental health decline including trauma and emotional discomfort. However, OJ has been criticised in ascertaining practice dissonance among OTs who find it problematic to provide services within an OJ perspective by all-together enacting an occupation-focused, client-centered, and community-based practice (Gupta, 2016). To address the disjoint between OJ and OT, operationalising and publicising OJ through stories of occupational injustices in context must be encouraged among OTs positioned in different practice settings informing the individual, group, and collective levels of action (Wilcock & Townsend, 2014).

Method

In an attempt to establish a baseline assessment of occupational justice issues, OJHQ was used to collect data from an interview with Donnie, a Filipino drug surrenderee. OJHQ is a five-part checklist with binary options (able and unable) across 27 items related to basic needs (Part I), overall well-being (Part II), living standards (Parts III & IV), and specific injustices decreasing occupational participation (Part V) (see Appendix). As part of the initial stages of the first author's research project, the first author contacted prospective research sites (hospitals, communities, and non-profit organisations) where data from drug surrendeerees could be collected in Manila, Philippines. With a formal letter of permission, a leader from a 'barangay' (village) in an urban district accepted the request and invited the author to visit them. With permission and informed consent, one volunteer was interviewed among the cohort using the OJHQ. The face-to-face interview lasted for 90 minutes. The dialogue, anecdotes, and comments were transcribed and organised to complete the OJHQ documentation which is appended as a supplementary material.

Case: Donnie, a Filipino drug surrenderee

The case of Donnie, a 36-year-old male who is a former user and trader of shabu residing in an urban village in the City of Manila, will be framed based on the OJ-related conceptual issues according to the occupational injustice taxonomy based on data collected by using the OJHQ (Stadnyk et al., 2010).

The OJHQ enabled the first author, a qualified occupational therapist, to obtain data about Donnie's ability or inability to experience basic needs (e.g. food, income), aspects of well-being (e.g. aspirations, leisure), rights concerning health and well-being (e.g.

employment, education). The experiences of being unable to participate in occupations were further explained by health, political, social, and/or economic reasons. At the end of the OJHQ, specific issues that decrease occupational justice (e.g. poverty, disasters, armed conflict) can be identified and be utilised to contextualise Donnie's experiences. The completed data set allowed the first author to analyse the case by classifying Donnie's experiences into the four occupational justice typologies: occupational alienation, occupational deprivation, occupational imbalance, and occupational apartheid.

Occupational alienation is the 'sense of social isolation, powerlessness, frustration, loss of control, estrangement from society or self as a result of engagement in occupation which does not satisfy inner needs' (Wilcock, 1998, p. 257). Due to extreme poverty and lack of educational attainment, job options were limited or absent. Donnie thought that he is physically fit to take on any job and is willing to be trained just to put food on the table. However, he disclosed that seeking employment was problematic due to his physical appearance (wearing tattoos) and criminal records, thus leaving him with no choice but to scavenge for garbage in a nearby landfill for a USD 2.00 wage in a day. He even disclosed:

I tried to get a job as a porter at the big market in downtown Manila, but since the employer saw my tattoos, she immediately said I cannot work for her ...

Occupational deprivation is the 'deprivation of occupational choice and diversity because of circumstances beyond the control of individuals or communities' (Wilcock, 1998, p. 257). The chronic issue of unemployment led Donnie to settle in using shabu instead of resorting to health-promoting occupations simply because there was no other option. Motivations for using shabu were to earn money to provide for his family, escape from problems (e.g. death of father, finances, and family relationships), keep himself awake to perform menial tasks in the landfill as a scavenger, and experience enhanced sensations during sexual activity with spouse. Donnie seemed to perceive using shabu as a lone 'starter' to engage in more diverse occupations. Although using shabu could provide him with short-term relief, eventually this occupation could lead to detrimental long-term effects on his health and overall well-being. With the hope of being financially productive, Donnie also admitted:

I used to consume the drug but also sold them for 3000 to 5000 pesos (USD 60-100) in one day ... I had to do it for my growing family or else we won't eat ...

Donnie became both a consumer and trader of this illicit substance because his environment created conditions that significantly limited his opportunities to be a productive part of society, even to the point of putting the validation of his personal uniqueness aside.

Occupational imbalance is defined as the 'disproportion of occupation resulting in decreased well-being' due to either having too little or too much to do each day (Wilcock, 1998, p. 257; Stadnyk et al., 2010). In the previous anecdotes, it is evident that Donnie experienced the other side of the spectrum of having too little to do in a day due to unemployment, extreme poverty, and lack of education and skills. This state of boredom led Donnie into constant conflict with his wife who frequently worries about having food on the table and their survival as a family every single day.

Lastly, occupational apartheid refers to the segregation of groups of people through the restriction or denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, colour, disability, national origin, age, gender, sexual preference, religion, political beliefs, or status in society (Kronenberg et al., 2005). Based on recent national statistics, Donnie is part of the marginalised and poor population which is characterised by their inability to meet basic needs on a daily basis, large family size relevant to low income, lack of housing, unemployment, and low or no education attainment (Bersales, 2015). Poverty and social segregation are occupational injustices that could have instigated Filipinos like Donnie to use or trade illicit substances in order to survive and thrive.

Despite the occupational injustices experienced by Donnie, his OJHQ results revealed that regular physical activity and coping to survive current situation were possible. Rest, engagement in the community, and participation in government matters were also achievable due to the recent relationship he has had with the government after his surrender. Arts and scientific pursuits, however, were not applicable at the point of the interview due to his history and profile.

Implications and impact

This case report demonstrates the utility of the OJHQ as a starting point in identifying social injustices experienced by clients in vulnerable settings. Being mindful of clients' disability experience and their contexts (health, political, social, and economic) could allow OTs to frame issues based on the OJ typology and perspective that would help them in developing human rights- and justice-oriented programmes using health-promoting occupations.

Donnie's long-term use of illicit substances could have been a result of his childhood experiences, which severed his values and motivation for education. These compounding factors implicate his limited interests and thus constrained his skills which could have given him better opportunities for himself and his growing family. The social stigma towards people recovering from SUD makes it more difficult for Donnie to

reintegrate and realise his personal and familial goals. While the community provides free vocational skills training, OTs can assist in assessing the skills of participants to set realistic outcomes of transferring skills to actual trades or jobs. OTs can also co-organise socio-civic-spiritual activities sponsored by the barangay through addiction education and promotion of drug-free and health-promoting activities.

In the psychology- and psychiatry-dominated practice of SAR, it is necessary for OTs to apply their OJ knowledge by asserting their contribution in evaluation and intervention planning based on the OJHQ. Data from the OJHQ can guide the OT and client to mutually identify and prioritise occupations that are important and meaningful, which will later on inform recommendations and plans of action (as shown in the Appendix). Since OJHQ has a wide conceptual coverage, using it nonetheless allows OTs to collaborate with other professionals and community workers as well as coordinate with agencies that can facilitate OJ and occupational participation for clients like Donnie.

Conclusion

Donnie's case represents the reality of life in a poverty-stricken community in the Philippines and how occupational injustices contributed to the national drug crisis. The OJHQ was demonstrated as a pragmatic tool that could assist OTs in identifying and framing social injustices among clients from vulnerable populations from an occupational perspective and prioritising which occupations could be used as a starting point in the OT process. Doing so can potentially provide OTs the confidence in co-creating SAR programmes that are occupation-focused, client-centered, and community-based.

Disclosure statement

No potential conflict of interest was reported by the authors.

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