

# Impact of Community Based Drug Rehabilitation Program (CBDRP) as implemented by Philippine National Police

Estrada, Michaella Mandahuyan ✉

Graduate School, Lyceum of the Philippines University - Batangas, Philippines  
([michaellamandahuyan23@gmail.com](mailto:michaellamandahuyan23@gmail.com))

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## ***Abstract***

The Philippine National Police (PNP) in coordination with several agencies including the Department of Social Welfare and Development, the Department of Health, and others implemented the Community-based Drug Rehabilitation Program (CBDRP). By emphasizing their physical, mental, and spiritual well-being through individual and family counseling, therapeutic sessions, community care intervention, health and psychotherapy, and emotional, interpersonal, and spiritual support services, it aimed to rehabilitate drug-abandoned individuals. In spite of the program's length, thorough evaluations of its effects have not been conducted. This study thus, determined the impact of CBDRP as implemented by the PNP in several police stations in the province of Batangas. It employed a mixed method approach of research, having the four city police stations namely: Sto Tomas City, Tanauan City, Lipa City and Batangas City as the locale of the study. Using the survey questionnaire and in-person interviews to evaluate the impact of the PNP's implementation of the CBDRP in the Province of Batangas. The findings revealed that the plans implemented by the program were highly identified by the participants. However, when it came to the actual activities implemented and programs implemented, the identification was found to be only moderate. This suggests that while the participants recognized and acknowledged the plans and the program has succeeded in having clear plans in place, there may be room for improvement in the execution of these plans and in terms of their engagement and active participation in the activities.

***Keywords:*** community based drug rehabilitation, drug addiction, PNP

## **Impact of Community Based Drug Rehabilitation Program (CBDRP) as implemented by Philippine National Police**

### **1. Introduction**

Drug addiction greatly affects individuals, families, and society as a whole. It is a pervasive and complex problem. Although there are many ways to treat addiction, community-based drug recovery programs have gained attention as a potential solution. In the Philippines, drug addiction requires a comprehensive strategy to be addressed. It is evident that drug addiction has elevated to the top of the government's priority list, despite the dearth of reliable statistics. In order to address this problem, law enforcement organizations like the Philippine National Police must overcome formidable obstacles. Understanding the root causes of drug addiction and putting evidence-based policies and programs into place are crucial for effectively addressing the problem. It is crucial to understand that addiction is a complicated illness influenced by a variety of causes rather than an isolated problem. The development and management of addiction are significantly influenced by a person's social and health circumstances. Prevention, treatment, and harm reduction initiatives must be prioritized in a public health approach to effectively treat addiction. Human rights must also be the lens through which the world is viewed in order to guarantee that those who struggle with addiction get the help and resources they require to heal, as well as the dignity and respect to which they are entitled.

In order to eradicate stigma and offer complete care for those impacted, addiction needs to be acknowledged by society as a complicated medical illness as opposed to a moral failing. In embracing a human rights framework, individuals battling addiction can access resources without fear of discrimination or judgment, ultimately leading to better outcomes for both the individual and the community as a whole. It is only by prioritizing compassion, understanding, and inclusivity that we can truly combat the devastating effects of addiction and create a healthier, more supportive society for all.. By considering addiction from the perspective of public health, we can put into place laws and initiatives that try to lower the rate of substance usage and give people who need it easy access to treatment. With this method, the significance of treating the underlying causes of addiction—such as trauma, mental health disorders, and environmental factors. In addition, using a human rights viewpoint not only encourages empathy and compassion for those who are battling addiction, but it also fights for their autonomy, equality, and right to health treatment and support. In the end, by fusing these two viewpoints, we can develop a more thorough and inclusive strategy for combating addiction and assisting people on their road to recovery.

On June 30, 2016, Philippine President Rodrigo R. Duterte assumed office, and his administration pronounced and began his unprecedented war on illicit drugs. He committed to address the nation's illicit drug problem, which he claimed was ruining many Filipino families' lives and destroying the future of the Filipino youth. He announced the "war on drugs." impacting consumers, dealers, producers, and suppliers and demanded that the Philippine criminal justice system halt the drug threat. In response to this pronouncement, the Philippine National Police (PNP) created plan to address the illegal drugs and it was called PNP Anti-Illegal Drugs Campaign Plan - Project: "Double Barrel." The implementation of the TOKHANG project is dependent upon the cooperation of numerous organizations and agencies, including the Local Government Units (LGUs), which include the City and Barangay Anti-Drug Abuse Councils (ADACs), Non-Governmental Organizations (NGOs), stakeholders, and other law enforcement agencies. The project will be carried out in two phases, called PROJECT TOKHANG and PROJECT HVT. In order to carry out anti-drug operations in all drug-affected areas of the nation, this project uses a lower barrel strategy. The strategy involves making house calls to convince those who are suspected of using illegal drugs to stop their criminal activity. By using this strategy, the war on illegal drugs in these impacted areas can be accelerated and strengthened, resulting in a more successful and all-encompassing anti-drug campaign (Command Memorandum Circular No. 16 - 2016). In effect, there is a

sudden influx of individuals in the country, who surrendered (Dumaguing et al., 2021).

In CY 2022, the DDB recorded a total of seventy (70) treatment and rehabilitation facilities reporting to the Treatment and Rehabilitation Admission Information System (TRAIS). Eight (8) of these are outpatient, while sixty-two (62) are residential. Three thousand, eight hundred sixty-five (3,865) admissions were recorded from these reporting facilities. Of these numbers, three thousand, three hundred forty-three (3,343) are new admissions, seventy-nine (79) are readmitted or relapse cases and four hundred forty-three (443) are Outpatient (Dangerous Drugs Board, 2022). The overwhelming number of PWUDS emphasize the imperative to develop and implement drug treatment programs and plans that the government needed to address.

The Community-Based Drug Rehabilitation Program (CBDRP) was implemented by the national government to address the rehabilitation program of the Persons who used Drugs (PWUDs) because there were insufficient rehabilitation facilities in the Philippines to accommodate the drug surrenderers. The Province of Batangas was composed of four (4) cities and thirty (30) municipalities. The total number of surrenderees in four cities were 9,969. And they have no rehabilitation facilities to accommodate the PWUDs, thus they also adopted the CBDRP of the National Government as their program to rehabilitate the PWUDs. An integrated approach called community-based drug rehabilitation, or CBDR, is designed to assist drug users with moderate to low levels of severity. Included are screening, counseling, recovery and family support, reintegration, and follow-up. The guiding premise of community-based drug recovery programs is that addiction is a disease that impacts the community as a whole in addition to the addict. In order to offer support and encourage recovery, these programs incorporate a cooperative approach between the person seeking therapy, their family, friends, and community members. These programs take many different forms, but they frequently combine support groups, education on addiction and recovery, and individual and group therapy sessions. Being involved in the community may take various forms: volunteering, planning activities, or simply listening sympathetically to those going through recovery.

In rehabilitation, the residents learn new lifestyles, principles and coping mechanisms that will help them overcome drug addiction. Treating the offender with specific cognitive skills should help them modify the thoughts and attitudes that lead to drug use. Behavioral treatments also help addicts in reintegrating into their homes, communities, and workplaces, which is advantageous to both the addict and society in general. Additionally, Community-based therapy not only addresses substance abuse but also emphasizes the patient's holistic needs, taking into consideration their physical, mental, and social well-being. By providing them with comprehensive services including housing support, health-care, counseling, and vocational training, this approach recognizes the importance of assisting individuals on their road to recovery. Community-based therapy fosters individualized care that is sensitive to the range of difficulties people may encounter by customizing treatment programs to suit each person's particular requirements and situation (Kiblasan et al., 2020). However, the impact of the program is not visible, which made this study to further assess how effective its implementation and the possible recommendations as basis for enhancement.

**Objectives of the Study** - This study aimed to assess the impact of Community Based Drug Rehabilitation (CBDRP) among drug surrenderers as assessed by the police enforcers. Specifically, this study sought to determine the organizational Profile of the CBDRP in terms of year of existence, number of populations catered and number of surrenderers served; identify the programs, plans, and activities being implemented for the surrenderers; determine the problems encountered during the implementation of CBDRP; identify the impact of the CBDRP implementation among the drug surrenderers. Finally, formulate enhancement programs, plans and activities.

**Theoretical Framework** - Treating the underlying causes of addiction, including trauma, mental illness, and social isolation, is the main objective of these programs. The government works to give individuals thorough and individualized treatment plans so they can get back control of their life and continue to fulfill their obligations as contributing members of society. Additionally, via launching educational campaigns, educating the public, and

providing assistance to groups who are vulnerable, these programs place a priority on preventing drug usage. The government often adopts a holistic policy that promotes rehabilitation, healing, and reintegration into society in order to battle drug addiction, rather than only using the legal system and punishment. The Therapeutic Community (TC), as defined by the Parole and Probation Administration, is an atmosphere that promotes self-improvement and support. Individuals who interact with others not only get the support they need, but they also improve the lives of others. The foundation of this therapy approach is the idea that all individuals possess the ability to offer assistance and direction, fostering a mutually beneficial therapeutic relationship within the community. People who go through this process gain empathy and useful abilities that they may use in their own rehabilitation process. When someone is in distress or is getting support from others due to a problem, they may be in the client's position at that particular moment. Occasionally, the same person who is providing assistance or support also assumes the position of a therapist. The Administration uses the therapeutic community as a tool to get the client ready for reintegration into society as a productive, drug-free, law-abiding, reformed individual.

**Conceptual Framework**



*Figure 1* Conceptual Framework on the Impact of Community Based Drug Rehabilitation Program as Implemented by the Philippine National Police

The Input Process Output (IPO) Model was adopted in this study to understand the relationship between different variables and how they influence each other. By clearly outlining the inputs, processes, and outputs of the study, researchers were able to identify patterns and trends that may have otherwise gone unnoticed. This model helped to streamline the research process and ensure that all aspects were carefully analyzed and accounted for. Ultimately, the IPO model proved to be a valuable tool in producing meaningful and reliable results. Figure 1 illustrates the concept model of the study which shows the process of formulating and enhancing the programs, plans and activities included in the CBRDP will be based on the identifying the programs, plans, activities itself being implemented together with recognizing the problems encountered during the implementation and assessment of the impact to the surrenderers as well as to the community. The successful drug rehabilitation is determined by the relationship of certain competent rehabilitation practices and ideal resources.

Effective rehabilitation practices include adequate treatment programs, qualified service providers, efficient assessment procedures, community commitment and involvement, adequate and safe infrastructural resources. The optimal combination of these resources in rehabilitation centers leads to an efficacious drug rehabilitation process and, consequently, altered behavior. Accordingly, the study's findings will serve as a foundation for improving the programs and suggested plans/activities/programs that the national government and the Philippine National Police (PNP) will execute.

## 2. Research Method

**Research Design** - Community-based treatment helped surrenderers break through denial, changed negative attitudes, provided self-awareness tools through psycho-education, and offered community resources to help with aftercare plans. These statements highlighted the importance of a supportive and understanding environment in the recovery process. The community-based treatment approach seemed to have a profound impact on the participants' journey towards recovery. Each participant's reasons for changing their lifestyles and taking a positive social change were distinct from one another and had to do with their journey to recovery. The program not only focused on individual healing but also emphasized the significance of community support and involvement in the recovery process. By fostering a sense of belonging and connection, the community-based treatment approach proved to be a powerful catalyst for positive change and transformation in the lives of those seeking recovery. The success stories of these individuals serve as a testament to the effectiveness of a holistic and inclusive approach to addiction treatment. Numerous studies have investigated the challenges associated with drug use on a national and global scale. Researchers have also examined the impact of drug use, clinical treatment, and the spread of substance abuse.

A crucial discovery from these studies is the need to address the physical and psychological aspects of addiction to treat individuals with substance abuse effectively. Additionally, researchers have identified various risk factors that contribute to the onset of drug use, such as genetics, socio-economic status, and mental health issues. However, there has been limited emphasis on implementing community-based rehabilitation programs. Community-based rehabilitation programs have the potential to provide essential support and resources for individuals recovering from addiction in their own environment. These programs can offer a range of services, including counseling, vocational training, and peer support groups, to address the holistic needs of those struggling with substance abuse. By focusing on the community as a whole, these programs can help create a network of support and resources to prevent relapse and promote long-term recovery. Prioritizing the development and implementation of community-based rehabilitation programs is essential for policymakers and healthcare providers to enhance the outcomes of individuals struggling with addiction (Simbulan et al., 2019). The research employed a method known as Concurrent Triangulation for data collection, which involved triangulating data from multiple sources to ensure accuracy and reliability. By combining interviews, observations, and surveys, the researchers were able to gather a more comprehensive understanding of the phenomenon under study. Through quantitative data analysis, the researchers were able to identify patterns and trends within the data, while the qualitative data provided rich insights into the experiences and perceptions of the participants. The combination of both methods allowed for a deeper exploration of the research questions and a more well-rounded interpretation of the results.

**Setting and Respondents of the Study** - The research was performed in four separate localities within Batangas province, including the City of Sto. Tomas as well as Tanauan, Lipa, and Batangas. These localities were purposely selected since they had already implemented the Community Based Drug Rehabilitation Program (CBDRP) and the number of Persons Who Uses Drug (PWUDs) is greater as compared to the PWUDs from municipalities. Thus, these were chosen as the appropriate locales for the study. City Police Station had a total strength of 616 uniformed personnel. There were 148 police officers at the Batangas City Police Station; 189 police officers at Lipa City Police Station, 148 police at Tanauan City Police Station. Sto. Tomas City, a recently formed city in the province, was also part of the study's environment, with 138 police officers. The researcher utilized a random sampling technique. RAOSOF Sample Size Calculator was used to determine the sample size with the power of 0.95. The RAOSOF Sample Size Calculator calculated a sample size of 441 from the total population of 616. The table below shows the distribution of the PNP personnel-respondents per police station.

Name of Police Station	Total Population	Sample Population
Batangas City Police Station	148	108
Lipa City Police Station	189	127
Tanauan City Police Station	141	104
Sto. Tomas City Police Station	138	102
Total	616	441

**Research Instruments** - This study utilized a semi-structured interview guide and an observation checklist based on the focus of this study to evaluate the impact and contributions to scholars and the community, and recommendations for the enhancement of the program. Moreover, a survey questionnaire was utilized. It derived from multiple sources and statements explicitly designed for this study. The questionnaire was made according to how the questions in the problem statement are structured. Consultations with the researcher's adviser, college dean, and faculty experts were also performed to enhance and refine the questions in the questionnaire. The question focused on CBRP's implementation, emphasizing its benefits to the community, efficacy, and recommendations for improving the program.

**Validation of the Instrument** - The survey questionnaire had undergone content validation by the researcher's adviser, department dean, and faculty and subject experts. Likewise, item validation followed. Pilot testing was done to 32 police officers from a nearby province to further ensure the reliability of the questionnaire and the clarity, length, and conciseness of the items. The specific suggestions and comments were incorporated for the refinement and development of the questionnaire. More so, the survey questionnaire was pilot tested for internal consistency by computing the Cronbach's alpha coefficient based on the data collected from at least 32 non-respondent officers. Cronbach's alpha of .909 for Programs Implemented questionnaire; Cronbach's alpha of .868 for Plans Implemented; Cronbach's alpha of .939 for Activities Implemented; Cronbach's alpha of .978 for Perceived Problems and Cronbach's alpha of .864 for Impact of CBRP Implementation indicated that the instruments were valid and reliable for use. The researcher utilized the Likert Scale. A type of psychometric scale which is a unidimensional scale and used to collect respondents' attitudes and opinions in order to understand the views and perspectives of the respondents.

**Data Gathering Procedures** - The researcher made necessary coordination before the distribution of the questionnaire. Upon approval, the researcher proceeded to the police station and met the participants to ask for their maximum cooperation in the study. In addition, the researcher discussed the research objectives and gave complete assurance that all the responses provided were used for scholarly purposes only and treated with the strictest confidentiality and the participant's identity will be kept anonymous throughout the study.

**Quantitative Phase** - The first phase of data gathering was collected through a survey questionnaire. The researcher used google forms in conducting the survey among the personnel assigned at Sto Tomas, Tanauan, Lipa and Batangas CPS To ensure a high retrieval percentage. A Random Sampling Technique was utilized by the researcher in this study. A total of 441 respondents participated in taking the survey questionnaire with a retrieval rate of 100%. Then these questionnaires were retrieved, and data were tabulated followed by computation through a statistical tool by a professional statistician.

**Qualitative Phase** - Another instrument that was utilized is the interview guide; this was separated into three components: the introduction, the questions, and the ending remarks. The introduction consists of the formalities such as salutations, the beginning of the proponent, the paper and its objective, and the justification of the instruction on how they will answer the instrument. The questions consist of the matters to be asked to the participants to answer the problems of this research study. The ending remarks consist of the review and finalization of the data gathered and the displaying of gratitude by the proponent for the participants. The collection of data was challenged by the current duty scheme of the PNP Personnel in relation to the barangay and SK election wherein the PNP were placed under full alert status and will render duties to strengthen the conduct of series of activities to prevent election related crimes. It was participated by twelve (12) personnel assigned at PCAD Section of the four cities through a face-to-face interview. These participants were selected

purposively since they have first-hand information about the CBDRP. The interview will last approximately ten (10) to twenty (20) minutes to give participants sufficient time to expand on any matter. The research informed the participants that the interview will be tape-recorded and then will be transcribed verbatim by the interviewer (removing all identifiable references) as soon as possible after its completion. For each interview a contact sheet will be completed, outlining, and organizing major themes and findings and making general notes on the participant's body language and any asides made outside the interview itself. These themes will then be used as the basis for the subsequent analysis.

### Data Analysis

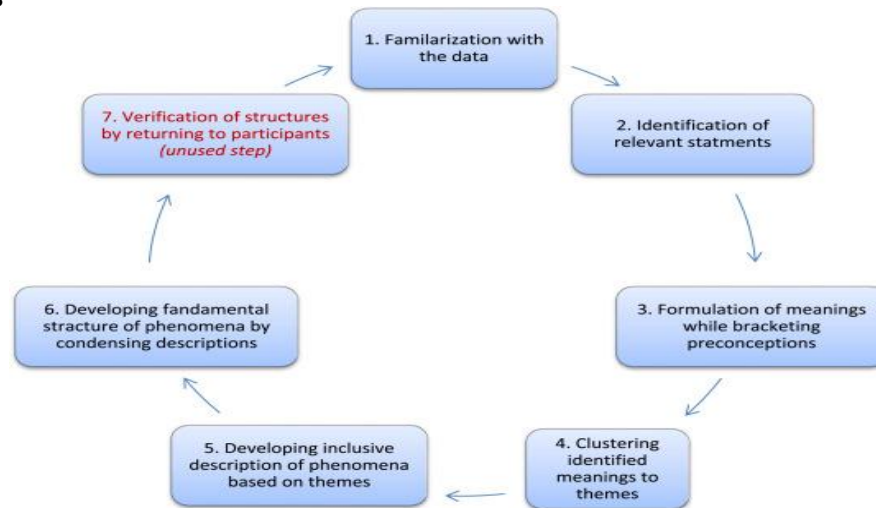


Figure 2. Diagram of Colaizzi Method

The study utilized Colaizzi's Phenomenological Method. It is utilized by first recording the lived experiences of the study informants, from which significant information will be extracted and used to formulate rational meanings. These meanings will be sorted and organized into a theme, which will be integrated together in a well-defined description that forms the framework structure of the phenomenon. For final validation of the result, the informant will then be presented with the result of the analysis and let them determine if it is an exact match of their actual experiences. The statistical tool and test that were used to generate reliable and valid results in this study was Mean and Rank. These treatments were utilized in measuring the overall assessment of the respondents on the Programs Implemented in the Community on CBDRP; Plans Implemented in the Community on CBDRP; Activities Implemented in the Community on CBDRP; Perceived Problems encountered during the CBDRP implementation and Impact of CBDRP Implementation.

**Ethical Considerations** - This study sought the approval from the research instrument proponent, nursing school, and nursing administration and research ethical committee. The study utilized the four (4) cities in the Province of Batangas, thus the researcher obtained approval and consent from the Provincial Office addressed to the Provincial Director and City Police Station addressed to the Chief of Police and was involved in the study. The researcher also obtained consent from the Police Officers who acted as the participants of the study. Likewise, essential details of the study were discussed to them such as the nature and scope of the study as well as its aim/objective. By explaining these vital details, the participants will understand their role in the completion of the study. The participants informed that they have the right to choose not to complete and to exit from the study if they decide to. Moreover, confidentiality of the information and anonymity of the participants were ensured by not disclosing their names and the station where they affiliated. Only pertinent data that was required to address the study topics was included.

### 3. Results and discussion

**Table 1**

*Demographic Profile of the CDBRP Organization*

Name of CDBRP	Years of Existence	Total Number of Population Serves	Total number of surrenderees
Batangas CPS	Less than one year (July 14, 2023)	351,437	2842
STO.TOMAS CPS	Less than one year (October 28, 2023)	218, 500	1733
TANAUAN CPS	Less than one year (July, 2023)	193,936	1571
LIPA CPS	Less than one year (September 2023)	372,931	3823

The findings of this study show the quantitative and qualitative data results. The results are integrated and presented in accordance with the research question. As seen from the table, Batangas City and Lipa gained the most population in Batangas Province being served by the Police workforce while Sto. Tomas ranks 3<sup>rd</sup> followed by Tanauan as the least with 193,936 total population. However, with regards to the total surrenderers, Lipa City gained more numbers who surrendered for Drug Rehabilitation with 3823. Distinctly depicting that of the total population, 1.025 % have been victimized by Drugs and undergoing rehabilitation as compared to Batangas which gained 0.81 % of the total population. However, Tanauan also gained the highest number of surrenderers with .81 % based on the total population followed by Sto Tomas with .79 % of the total population. Moreover, in the years of existence all of the cities have less than a year of existence wherein Batangas CPS and Tanauan CPS were the first who adopted the CDBRP as they started last July 2023. It was followed by Lipa CPS dated September 2023. The last who adopted the CDBRP was Sto Tomas CPS dated October 28, 2023.

**Table 2**

*Identified Programs Implemented in the Community on CDBRP (n= 441)*

Indicators	WM	VI	Rank
1. Community Advocacy on Drug use prevention and Rehabilitation	3.59	Highly Identified	1
2. Community mobilization of indigenous law enforcers and the active-duty enforcers in the area	3.51	Highly Identified	2
3. Screening and assessment of the people	3.47	Moderately Identified	5
4. Provision of appropriate treatment and rehabilitation services for the Victims	3.46	Moderately Identified	3.5
5. Operation of sustainability programs	3.46	Moderately Identified	3.5
Aftercare and follow-up services for community reintegration	3.42	Moderately Identified	6
Composite Mean	3.48	Moderately Identified	

*Legend: 1.00 – 1.49 (Not Identified at All – NIAA), 1.50 – 2.49 (Fairly Identified, FI), 2.50 – 3.49 (Moderately Identified – MI), 3.50 – 4.00 Highly Identified – HI)*

Generally, the respondents identify the programs implemented only on a moderate level as proven by the computed mean of 3.48 with an adjectival rating as Moderately Identified. This implies that the respondents may not be fully aware that there are different ongoing programs mentioned above. However, Highest among the indicators was seen in Community Advocacy on Drug Use Prevention and Rehabilitation and Community Mobilization of Indigenous Law Enforcers and active-duty enforcers in the area with 3.59 and 3.51 mean scores and found as Highly identified in its' verbal interpretation. The mid mean score on the other hand was identified in Provision of appropriate treatment and rehabilitation services for the Victims and Operation sustainability with the same means of 3.46 and seen as Moderately Identified. Hence the least among was established in Aftercare and follow-up services for community reintegration with 3.42 mean score and the same verbal interpretation as Moderately identified.

The comprehensive approach known as CBDR combines drug treatment, screening and assessment, prevention and health promotion, wraparound family and community services, and aftercare programs that are closest to the individuals' homes. In the Philippines, CBDR first surfaced in 2016 following an aggressive case discovery that attracted over 1.2 million potential customers. The majority of patients, according to the Dangerous Drugs Board, could receive treatment at their local government units (LGUs). Majority of individuals



assumed that drug users are mentally ill and require inpatient rehabilitation.

As gleaned from table 3, the Respondent's Assessment on the Plans Implemented in the Community on CBDRP gained a composite mean score of 3.54 with an adjectival rating of Highly Identified. The highest among in the parameters assessed with the same verbal interpretation as Highly Identified were seen with the same mean scores of 3.56 from Enhance program implementation from advocacy and Increase Community mobilization.

**Table 3**

*Identified Plans Implemented in the Community on CBDRP (n= 441)*

Indicators	WM	VI	Rank
1.Enhance program implementation from advocacy	3.56	Highly Identified	1.5
2.Increase Community mobilization	3.56	Highly Identified	1.5
3. Improvement of Screening and assessment including vulnerable	3.53	Highly Identified	3.5
4. Provision of appropriate treatment and rehabilitation services for the Victims	3.51	Highly Identified	6
5.Sustainability of Operation of sustainability programs and participation of the community	3.52	Highly Identified	5
6. Enhance collaboration and series of integration	3.53	Highly Identified	3.5
Composite Mean	3.54	Highly Identified	

*Legend: 1.00 – 1.49 (Not Identified at All – NIAA), 1.50 – 2.49 (Fairly Identified, FI), 2.50 – 3.49 (Moderately Identified – MI), 3.50 – 4.00 Highly Identified – HI)*

This is an indication that the PNP is really in active compliance in improving and strengthening the CBDRP program, as part of the campaign on Drug Addiction Prevention and Rehabilitation. However, Improvement of Screening and assessment including vulnerable Enhancement collaboration and series of integration was seen as the second but ranked 3.5 probably because of the challenges imposed in the screening process where most of those being screened shall also do the self-submission. Hence the least among was established in the Provision of appropriate treatment and rehabilitation services for the Victims which may be affected by the availability of the rehabilitation service whom experts from police and psychologists are needed.

Community-Based Drug Rehabilitation (CBDR) is an integrated model for helping persons who use drugs (PWUDs) with low to mild severity of use. It includes screening, treatment, recovery and family support, and aftercare and reintegration. The majority of LGUs do not have permanent CBDR staff and rely on volunteers to implement the program. However, some LGUs have hired full-time personnel to deliver or implement CBDR. Human resources account for almost half of the total CBDR program costs for all LGUs. The next highest expenses were testing kits, equipment, furniture, and supplies. Other costs were for facility repairs and maintenance, meetings, other medical costs, training for program staff, and prevention programs in schools.

**Table 4**

*Identified Activities Implemented in the Community in CBDRP (n= 441)*

Indicators	WM	Verbal Interpretation	Rank
1. Health Wellness and Prevention Activities	3.54	Highly Identified	1
2. Medication, Treatment and Detoxification	3.47	Moderately Identified	3.5
3. Individual Group and Family Counseling	3.47	Moderately Identified	3.5
4. Spirituality and moral resiliency activities	3.53	Highly Identified	2
5. Psychosocial education and support	3.46	Moderately Identified	5
6. Life skills training for rehabilitation and prevention	3.45	Moderately Identified	6
7. Relapse management	3.38	Moderately Identified	7
Composite Mean	3.47	Moderately Identified	

*Legend: 1.00 – 1.49 (Not Identified at All – NIAA), 1.50 – 2.49 (Fairly Identified, FI), 2.50 – 3.49 (Moderately Identified – MI), 3.50 – 4.00 Highly Identified – HI)*

The Identified activities implemented by the respondents in the community on CBDRP were seen as Moderately Identified with a 3.47 composite mean score. However, the highest of the parameters listed was identified in Health Wellness and Prevention Activities with Verbal interpretation as Highly Identified with a

3.54 mean score followed by a 3.53 mean score in Spirituality and moral resilience activities and the same verbal interpretation as above. Medication, Treatment and Detoxification and Individual Group and Family Counseling were Moderately Identified manifesting a mean score of 3.47. Further, the lowest among the cited parameters was seen in Relapse Management with a 3.38 mean score. Relapse Management in the first place is not regularly done in the community as this posts more months or years to determine. This gives extra time and effort to monitor the victims till such time they have attained total rehabilitation and recuperation.

With counseling and other therapy sessions, CBRP takes a holistic approach to treating drug personalities who have given up on their use, with an emphasis on the body, mind, and spirit. Drug surrenderers will be offered a second opportunity to live fulfilling lives free from illness through the CBRP. There will also be an end to the stigma attached to them. They will decide to give up drugs if they are accepted, cared for, supported, and nurtured. The CBRP, in adherence to DDB Regulation No. 4s.2016, makes use of the prescribed process flow for wellness and recovery for people with substance use disorders for six months. This incorporates various forms of advocacy and community mobilization, screening and assessment, provision of appropriate services for drug abuse, rehabilitation services and sustainability programs, to the aftercare and follow-up or community reintegration.

**Table 5**

*Problems Encountered during the CDBRP Implementation (n= 441)*

Indicators	WM	VI	Rank
Various forms of unethical conduct among its personnel.	3.07	Moderately Identified	1
2. Including bribery	2.98	Moderately Identified	5
3. Patronage politics	3.00	Moderately Identified	3.5
4. Cutting corners around the criminal justice system	3.00	Moderately Identified	3.5
5. Shortcomings in leadership	3.01	Moderately Identified	2
6. Financial corruption	2.95	Moderately Identified	8
7. Highly militarized and almost entirely masculine	2.97	Moderately Identified	6.5
8. Politicized entity	2.97	Moderately Identified	6.5
9. Violations of human rights as they said	2.92	Moderately Identified	9
Composite Mean	2.98	Moderately Identified	

*Legend: 1.00 – 1.49 (Not Identified at All – NIAA), 1.50 – 2.49 (Fairly Identified, FI), 2.50 – 3.49 (Moderately Identified – MI), 3.50 – 4.00 Highly Identified – HI)*

The respondent's Assessment of Perceived Problems encountered during CDBRP Implementation gained a composite mean score of 2.98 and was verbally interpreted as Moderately Identified. The highest among the indicators listed was Identified Moderately Identified in Various forms of unethical conduct among its personnel with a 3.07 mean score followed by Shortcomings in leadership with a 3.01 mean score and the same adjectival rating as above. Hence the median mean score was seen in 2.97 mean score from Highly militarized and almost entirely masculine and Politicized entities. The least or lowest among the indicators was identified in Violations of human rights as they said with a 2.92 mean score.

According to DINF, 2021, the Community Based Rehabilitation Development and Training Center (CBRDTC) approach to CBR is predicated on the knowledge that the attitudes and beliefs of the communities in which individuals with disabilities reside, in addition to their own individual impairments, are the cause of the problems these individuals encounter on a daily basis. If people with disabilities are to have equal chances and attain full involvement, then the issues resulting from unfavorable views, such as a lack of social acceptability, limited options for earning a living, and limited access to education, must be addressed. For these reasons, the Centre's programs are directed towards the whole community as well as the individual members who are disabled. This understanding leads the CBRDTC to define CBR as a series of "efforts to change community behaviors (attitude, knowledge and skills) to enable community members to improve their understanding about socio-economic, socio-cultural, medical, psychological, and other disability issues; to participate in disability prevention activities; and to provide a positive environment (physical, psychological, socio-cultural, economic, etc.) to improve the quality of life of persons with disabilities."

The Perceived Problems encountered during the Implementation of the CBDRP. All participants claimed that they encountered problems during the implementation of the said program. Some stated, "We encountered certain issues that turned into roadblocks in the program's overall implementation". One of which is cooperation and Participants 3, 4 and 5 all from the Community Response team of the Police force. Fear along with dealing with the unstable moods of the surrenderers are somewhat becoming their problem which means cooperation and response to their questions are not certain. But for the others, they took time to search more for the other vulnerable and prone individuals for those people do not submit themselves for screening and interventions. A strong statement noticed was, "*Mahirap makipagusap sa mga taong di nananiniwala sa programa bagkus ei pinapairal nila ang emosyon siguro dahil sa takot at hindi sila magbahagi ng kanilang tamang sagot na nagiging dahilan ng pagkakompormiso ng ilang mga alintuntunin sa pulisya, isama mo pa dito ang palakasan system.*" As claimed by Participant 10, 11 and 12. "*Mahirap din ang kulang sa tao na magsasagawa nito pati na din ang pag ka cascade ng programang ito dahil na din sa kakulangan ng cooperation sa kanilang komunidad,*" as claimed by the rest of the respondents.

The creation and execution of CBR programs in Asia and the Pacific area face at least four significant hurdles, according to the research given by DIFN at the Asian Summit in 2021. These issues include the region's rapidly changing environment and high service demand. They include developing human resources for CBR, financing CBR operations, disseminating information about CBR services, and devising better strategies or techniques to carry out CBR programs.

**Table 6**

*Impact of CBDRP Implementation (n= 441)*

Indicators	WM	VI	Rank
1. Decrease in the number of hospitals stays, emergency-room visits, and criminality among users and surrenderers	3.27	Moderately Identified	5
2. Solicited participation and cooperation among members of the community	3.27	Moderately Identified	5
3. Increase participation of the members of the community in the campaign against drugs	3.36	Moderately Identified	3
4. Decreased criminality in the area	3.39	Moderately Identified	2
5. Enhanced peace and order in the community	3.46	Moderately Identified	1
6. Increased number of self-submission	3.34	Moderately Identified	4
Composite Mean	3.35	Moderately Identified	

*Legend: 1.00 – 1.49 (Not Identified at All – NIAA), 1.50 – 2.49 (Fairly Identified, FI), 2.50 – 3.49 (Moderately Identified – MI), 3.50 – 4.00 Highly Identified – HI)*

As gleaned from Table 6, Respondent's Assessment on the Impact of CBDRP shows Moderately Identified which gained a 3.35 composite mean score. As such, the highest among the assessed impacts was seen in Enhanced Peace and Order in the community with a 3.46 mean score. An indication that the community with fewer victims of drug addiction is more peaceful than the other ones, followed by Decreased criminality in the area with a 3.39 mean score the same verbal interpretation as above. However, the least among the cited assessed parameters were both seen with the same mean scores of 3.27 from a Decrease in the number of hospital stays, emergency-room visits, and criminality among users and surrenderers and Solicited participation and cooperation among members of the community. The above results seem to be more encouraging for the PNP to enhance the implementation of the programs of CBDRP.

The overwhelming numbers emphasized the imperative need to create and implement drug treatment plans. This implies that despite the challenges encountered, CBRP provides positive reinforcement to the drug surrenderers, and the objective of the program is being attained. To aid drug surrenderers through the process of recovery, reformation, and reintegration, the community's understanding and engagement is crucial. Because of this, the intended result is being achieved and the drug surrenderers are experiencing good changes that lead to their participation in all programs, activities, regardless of their personal circumstances. Nonetheless, respondents continue to note difficulties.

**Table 7***Summary Table on The Variables of this Study (n=441)*

Indicators	WM	Verbal Interpretation	Rank
Programs Implemented	3.48	Moderately Identified	2
Plans Implemented	3.54	Highly Identified	1
Activities Implemented	3.47	Moderately Identified	3

*Legend: 1.00 – 1.49 (Not Identified at All – NIAA), 1.50 – 2.49 (Fairly Identified, FI), 2.50 – 3.49 (Moderately Identified – MI), 3.50 – 4.00 Highly Identified – HI)*

Table 7 shows total depiction of the variables included in the study showing Programs implemented, Plans implemented, activities carried out. Plans implemented got the highest mean score of 3.54 which means that the plans were carried out in such a way that the PNP personnel assigned to them were all compliant and they exerted efforts to put the plan in place, although Programs implemented ranked 2nd with 3.48 mean score suggests that there are still more things to be observed and considered in the implementation thus participation of the police and community should be enhanced. However, third rank was seen in Activities implemented with a 3.47 mean score. More likely there are some loopholes in the implementation and activities carried out which caused some delays or deferment of activities. Services for psychological, social, and spiritual assistance are the PWUD's network of support during their recovery. These services or programs incorporate the utilization of other people's help, mental support, and spiritual concepts to impact the well-being of the surrenderees. PWUDs undergoing treatment and rehabilitation depend on the ongoing assistance of their families and the community. Consequently, it's critical to address the many psychological, social, and other aspects that might support PWUDs in receiving therapy (Damayon, et al.2023).

**Table 8**

*Formulate Enhancement Programs, Plans, and Activities for Enhanced Community Based Drug Rehabilitation Program (CBDRP)*

Key Result Area	Plans	Activities	Person Responsible
Enhanced Program on CBDRP	Designing Enhancement Program in the of CBDRP	Meeting with PNP Officials, CBDRP Team and Barangay Captains and Officials Training and Retraining on CBDRP	PNP Officials/ CBDRP Team / Barangay Officials
Communication	To increase the level of Awareness of the community constituents on CBDRP	Hold lectures, Orientation and Reorientation of the community members on CBDRP Design and distribute IEC for awareness campaign Utilize tri-media in the advocacy on CBDRP Creation of system flow of Screening with utmost Confidentiality	PNP team/Barangay Officials
Screening	To enhance screening and identification of vulnerable populations	Community mapping Motivation of community members for self-submission Making the logistics needed in the Screening Process Collaboration to the other CBDRP stations if needed	CBDRP Team, PNP authority
Awards and Recognition	To recognize the full compliance of surrenderers and the Effectiveness of CBDRP team	Monitoring of Response, feedback and Improvement of both surrenderers' and Police Effectiveness	PNP National and Sub-national Organizations

#### 4. Conclusions and recommendations

Based from the findings and results of the study the following are hereby concluded: Batangas City and Lipa experienced the highest population growth in Batangas Province, with Sto. Tomas ranked third and Tanauan third. Lipa City saw more surrenderers for Drug Rehabilitation, while Tanauan had the 2<sup>nd</sup> highest number of drug surrenderers based on the total population. The respondents identified moderately implemented programs, suggesting they may not be fully aware of ongoing initiatives. The highest indicators were Community Advocacy on Drug Use Prevention and Rehabilitation and Community Mobilization of Indigenous law enforcers.

The mid-mean score was for providing appropriate treatment and rehabilitation services for victims and Operation sustainability. The least was aftercare and follow-up services for community reintegration. CBDR is a holistic approach that includes prevention, health promotion, screening, drug treatment, and community services. Moreover, the plans implemented in CBDRP were rated as highly identified, with the highest rating for advocacy and community mobilization. This indicates active compliance in improving and strengthening the CBDRP program for Drug Addiction Prevention and Rehabilitation. However, improvements in screening and assessment, including vulnerable enhancement collaboration, were observed, possibly due to challenges in screening.

The least significant improvement was the provision of appropriate treatment and rehabilitation services for victims, which may be affected by the availability of rehabilitation services. The activities implemented in CBDRP were moderately identified, with Health Wellness and Prevention Activities being the most important. Spirituality and moral resiliency activities followed by Medication, Treatment and Detoxification, and Individual Group and Family Counseling were the most important. Relapse Management was the lowest. CBDRP provides a second chance for drug surrenderers to enjoy their lives free from disease and removes associated stigma. The respondent moderately identified perceived problems during CBDRP implementation, with unethical conduct among personnel and leadership shortcomings being the highest indicators. The median was found in masculine and politically influenced entities, while human rights violations were the least. The impact of CBDRP on the community was moderately identified, with the highest impact being enhanced peace and order and decreased criminality. The least impact was a decrease in hospital stays, emergency-room visits, and criminality among users and surrenderers, and a decrease in participation and cooperation among community members. These results are encouraging for the Philippine National Police (PNP) to enhance the implementation of CBDRP programs, as they emphasize the importance of creating and implementing drug treatment plans.

Despite challenges, CBDRP provides positive reinforcement to drug surrenderers, encouraging participation in program activities. The implementation of CBDRP has been evaluated, with plans receiving the highest mean score, indicating compliance from PNP personnel. However, the second-ranked program ranked second, indicating the need for enhanced police and community participation. Activities have been found to have loopholes, causing delays or deferments. Problems are inevitable in CBDRP, as responses are sometimes adapted to pressing issues. The impacts of CBDRP must be continuously determined, as other municipalities are still monitoring surrenders. Overall, the implementation of CBDRP requires continuous improvement and improvement.

Based on the Conclusions drawn the following are hereby recommended: Utilization of the formulated enhancement programs, plans and activities of the Community Based Drug Rehabilitation Program (CBDRP). The PNP in its' Objective for Drug Addiction rehabilitation and eradication should intensify the campaign regarding prevention, control and Rehabilitation as an established program of the Police Enforcers. The PNP should establish strategies that will aid in heightening the community participation in the CBDRP programs and implementation. The PNP National Office and Organization should request for additional manpower and resources that would enable the program and availability of the logistics need, training designs and collaboration with other stakeholders depending on the needs of the surrenderers. If one PNP station lacks resources, it is recommended that mutual sharing of available resources and Rehabilitation team be observed and carried out not to miss opportunity to immediately respond to the surrenderers. Periodic Gap analysis and needs identification should be done to further enhance the services of CBDRP. Monitoring and evaluation of the strategies, policies and guidelines implemented should also be done even at least quarterly to monitor progress of surrenderers. Future researchers are encouraged to do more research on this topic to have tangible inputs for successful implementation of the Program on CBDRP.

## 5. References

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