

Effectiveness and Level of Implementation of a Community-Based Rehabilitation and Wellness Program (CBRP) for Drug Surrenderees in Northern Philippines

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ABSTRACT

The Community-based Rehabilitation and Wellness Program (CBRP) is a program by the Philippine government aimed at the treatment of drug addiction as it provides individual and family program, community care intervention, health and psycho-education, and psychological, social, and spiritual support services. The program has been in its implementation for several years, but no extensive studies exist about its implementation and effectiveness. This study thus, determined the level of implementation and effectiveness of CBRP in Bagabag, Nueva Vizcaya, a local government unit in Northern Philippines. It employed a descriptive-quantitative approach of research, having the Municipality of Bagabag, Nueva Vizcaya with 17 barangays as the locale of the study. Utilizing a survey questionnaire, the researchers found that the health and psychological program components of CBRP were implemented to an excellent extent, while all the others were implemented to a great extent. In terms of the programs' effectiveness, it was found to be effective to a great extent. In sum, the CBRP in Bagabag, Nueva Vizcaya was implemented and effective to a great extent which implies that it was well-managed and has very high effectiveness. This is attributed to the cooperation and collaboration of all the agencies implementing the above program.

Keywords: Drug Surrenderees, Drug Addiction, Rehabilitation, Community-based Rehabilitation, Nueva Vizcaya

INTRODUCTION

The Philippine government's antidrug campaign has different agencies and implementing bodies, with the Philippine National Police (PNP) covering the national level and varying roles assigned to local governments. For the execution of the campaign, local government officials including the barangay captains play an important role. Two provisions in the operational documents of Oplan Double Barrel and the PNP Command Memorandum Circular No. 16-2016 issued by the PNP chief imply that coordinated actions are must between police and local officials.

According to the Philippines Drug Enforcement Agency (PDEA) 2021 Annual Report, there were 55,169 Persons Who Use Drugs (PWUDS) contributing to the over 1.2 million drugs surrenderees in the year 2021. According to the Department of Interior and Local Government (DILG) Secretary Eduardo Año, 48% of the said total number of surrenderees are now living a normal life after undergoing the recovery and wellness program of the Philippine National Police (PNP) [1].

Traditionally, drug treatment in the Philippines has been through inpatient rehabilitation centers. Community-based drug interventions and rehabilitations are quite new in the scene of treatment [2]. The United Nations Office on Drugs and Crime's (UNODC) guidelines for Community-based drug rehabilitation (CBDR) was adopted by the Dangerous Drug Board (DDB) which viewed drug dependence as

a health issue and community treatment as an alternative to incarceration. The DDB recommendations urge local governments to establish screening, assessment, and treatment planning, as well as a continuum of care from prevention to reintegration. They also encourage localities to provide accessible, affordable, and evidence-based therapies [3]. Community participation and involvement is another important component of Community-Based Rehabilitation Program (CBRP). The identification of drug users, preliminary screening, needs assessment, psychosocial counseling, support, and referral to professional treatment are all done with the help of community members.

Community-based rehabilitation is a beneficial treatment to addiction as it provides opportunities to learn how addiction settles into a healthy mind and body and how it can be addressed. At this point, Bauko municipality in the Mountain Province, Philippines [4] and the Municipality of Lingayen, Province of Pangasinan [5] designed a community-based rehabilitation program to cater to the health needs of drug surrenderers or scholars under the government program “TOKHANG”. No visible impact was determined so this study was conceptualized to assess its effectiveness for possible enhancement. Qualitative method was utilized where focus group discussion, key informant interview and observation were employed using thematic analysis for data treatment.

The Local Government Unit and the Barangay Council/BADAC/ Barangay Peace and Order Committee (BPOC) shall conduct sustaining activities to respond to the needs and problems of volunteers and family members individually or in groups. These activities shall include conduct of cultural and sports activities, provision of recognition and awards, home visitations, peer support groups and regular meetings among others. This is enhanced through a consensus development workshop to be participated in by various stakeholders representing national government agencies, local government units, public and private health care facilities and providers, and civil society organizations [6].

Several studies have examined the issues related to drug use on a national and international level, the increase of drug usage, psychological rehabilitation, and their impacts were all investigated by researchers. However, the community-based program’s implementation has not received a lot of attention [7].

Different community care intervention programs are conducted as additional support to the rehabilitation of PWUD’s. Skills training, livelihood opportunities, and job placements are implemented under this area in preparation for the re-integration of the PWUD’s in the society (DOH, AO no. 2017-0018). Key facilitators to accessing CBRP interventions involve stress reduction, feelings of security and settlement, exercising with family and friends (community), and understanding the impact on physical health outcomes as they relate to chronic health and disease [8].

The CBRP is also a key facilitator in helping people reach a solution to understand the impact of drugs on physical health as they relate to chronic health and disease. The psycho-educational approach gives both the individuals who suffer from psychological conditions and their families a stronger base of knowledge for knowing ways on to cope and thrive despite the condition.

In September 2021, USAID helped train 19 of Tolosa’s (a municipality with more than 20,000 residents in the central region of the Philippines) barangay (neighborhood) health workers (BHWs) on the screening, brief intervention, and referral to treatment, an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. As a result, the BHWs were able to conduct the municipality’s very first screening of PWUDs. Substance or drug abuse is a serious public health problem usually affecting adolescents and young adults. It affects both males and females and it is the major source of crimes in youth and health related problems in many communities. It harms unborn babies and destroys families. As indicated in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, a cluster of cognitive, behavioral, and physiological symptoms suggesting the individual continues to use the substance despite serious substance-related issues is the key component of substance use disorder. Abused substances are many which include alcohol, tobacco/nicotine, caffeine, cannabis,

inhalants, opioids, sedatives, anti-anxiety and hypnotics, psychostimulants like cocaine, amphetamine, methamphetamine, and hallucinogens [9].

Drug addiction is a chronic relapsing illness that can be treated with pharmacological and non-pharmacological methods. The treatment of drug abuse and substance abuse disorder (SUD) covers many variables in the process wherein these variables lead a certain individual to such disorder. This includes the behavioral and psychosocial components contributing to the condition [10].

Psychological/social/spiritual support services refer to the support system of the PWUD undergoing rehabilitation. These services or program integrates the use of spiritual doctrines, assistance from other people, and mental support to influence the well-being of the surrenderees [11]. PWUD's who are in the treatment and rehabilitation need the constant support of family and society. Therefore, it is important to take into consideration the different psychological, social, and other factors that can help the PWUD's in their treatment [12].

The Municipal Social Welfare Development (MSWD) provides activities relating to psychological/social/spiritual needs like writing in journals, basic knowledge about farming, and monthly visitation to check on the well-being of the drug surrenderees. They also conduct surprise home visitation to monitor if the patients have a positive result. Patients with positive results officially graduate from the program and given a Certificate of Program Completion. The Bless our Cops/ My Brother's keeper conduct a spiritual support for drug surrenderees.

At present, beyond biological and psychosocial well-being, the spiritual dimension of well-being is frequently discussed. This new construct is defined as a sense of connection with others, sense of life, and relationship with a transcendent force. It has psychosocial and religious components, and it is believed to promote spiritual health [13] [14].

Within the context of the discussions above, this study could serve as a reference that demonstrates the efficacy of the PNP's performance appraisal in the community. This research will also give detailed insight into the impact of community-based recovery and wellness programs on Unified Tokhang Responders who have been drug-free. This research might potentially serve as a foundation for the future implementation of a more complete rehabilitation program.

This study generally assessed the level of implementation and effectiveness of CBRP in Bagabag, Nueva Vizcaya. Specifically, it sought to give answers to crucial questions as follows: 1) What is the level of implementation and level of effectiveness of the CBRP in Bagabag, Nueva Vizcaya in terms of a) individual and family programs; b) community care interventions; c) health psycho-education; and d) psychological, social, spiritual support services. And 2) What are the recommendations to be forwarded for the improvement and for the better implementation of CBRP in Bagabag, Nueva Vizcaya, Philippines?

METHODOLOGY

This study employed a descriptive-quantitative approach of research. Numerical and statistical data collected through the validated researcher-made questionnaire served as the basis in deriving the level of implementation and effectiveness of the different CBRP in the municipality of Bagabag. Moreover, it is also descriptive because it attempted to describe the effectiveness and level of implementation of Community-Based Rehabilitation and Wellness Program (CBRP) in the municipality of Bagabag based on the data gathered. Forty four local implementors of CBRP in the municipality of Bagabag were chosen as the respondents whose consent was given voluntarily and without any coercion. To determine the level of implementation of the CBRP based on the Likert scale model of the questionnaire, frequency determination, percentage, mean, and standard deviation were used in the study.

RESULTS AND DISCUSSIONS

This study determined the level of implementation of the CBRP in Bagabag, Nueva Vizcaya. The following tables illustrate the level of implementation and effectiveness of the Community Based Rehabilitation Program as perceived by the implementers.

Table 1. The Level of Implementation and Effectiveness of the CBRP in terms of Individual and Family Programs

Individual and Family Programs	Mean (Level of Imple-mentation)	Mean (Level of Effec-tiveness)
1. The Philippine National Police (PNP) provide recreational activities for the surrenderees and through sports provides treatment to physical health of the surrenderees.	3.50	3.45
2. The PNP provides lectures on drug prevention and through lectures allows the surrenderees to be aware about drug prevention.	3.61	3.59
3. The PNP provides services to the program and gives assistance for the enhancement of the victims.	3.41	3.34
4. The Department of the Interior and Local Government (DILG) Secretary provides clear policies and plans for the enhancement program of the CBRP.	3.59	3.52
5. The Department of Agriculture (DA) provides knowledge on how to cultivate crops that will assist them in a livelihood program that will help them in returning to their own lives.	3.41	3.32
6. The Municipal Anti-Drug Abuse Council provides technical assistance for the MADAC activity and provides the evaluation of effectiveness of rehabilitation.	3.52	3.43
7. The Bureau of Fire Protection (BFP) provides brief lectures on fire protection and through these allows the surrenderees to overcome drug dependency.	3.48	3.39
8. The BFP provides basic skills specially first aid and bandaging and through these basic skills allows them to have knowledge in basic life support.	3.43	3.43
9. The BFP provides recreational activities to enable the surrenderees to overcome drug dependency.	3.23	3.20
10. The Barangay Anti-Drug Abuse Council (BADAC) monitors the drug surrenderees' everyday activities and allows Individuals to become more efficient when they report their journal monthly.	3.39	3.39
11. The BADAC monitors the development of drug surrenderers in skills training and prepares them for their future livelihood.	3.39	3.32
12. The Municipal Social Welfare Development (MSWD) provides services for after-care treatment like symposiums and makes specific recommendations for their rehabilitation.	3.36	3.36
13. The MSWD provides family counseling to assist the surrenderees in establishing an emotional support system for their friends and family.	3.48	3.45

14. The Municipal Health Office (MHO) provides lectures about the risks of illegal drugs like after-care services that will promote appropriate reintegration and rehabilitation prevention.	3.48	3.50
15. The MHO provides individual treatment/advice on their health status and offers a variety of therapy services to help drug victims recover.	3.48	3.50
Overall Mean	3.45	3.41

Legend: 0-1.49 – Implemented/Effective to a little extent; 1.5-2.49 – Implemented/Effective to a moderate extent; 2.5-3.49 Implemented/Effective to a great extent; 3.5-4.0 – Implemented/Effective to an excellent extent.

On implementation – Based on the results of the study, it is evident that the provision of the PNP of lectures is implemented to an excellent extent. Lectures done by the PNP became the primary medium in implementing CBRP in Bagabag, Nueva Vizcaya. Lectures are the simplest yet most efficient way of delivering instructions. On the other hand, the recreational activities provided by the BFP seemed to be less effective than the lectures done by the PNP. Based on this, the power and presence of police officers conducting lectures about drugs can be inferred as more efficient than those of the implementing group of the BFP.

It could also be observed that the CBRP in its individual and family program is well implemented by the different implementers as could be seen from the very high mean scores. While there are items that could be considered as highly or excellently implemented, it is noteworthy to say that all of the projects in the individual and family program are well implemented.

In relation to the study of [15], treatment programs, which included solution-focused family skilled training therapy, action learning techniques, community and peer mentorship, and parent training, were effective in lowering drug ingestion, changing addicts’ attitudes toward drug use, increasing knowledge of the physical consequences of drug use, and improving competent behaviors. Family therapy improved family resilience, structure, and strong ties. The program also improved the addicts’ problem-solving, coping, and family resiliency levels.

On effectiveness – Table 1 shows the descriptive statistics of the different items under the level of effectiveness of CBRP in terms of Individual and Family Programs including the overall mean of 3.41 and SD of 0.426, described as effective to a great extent. The lowest rating is on *the provision of recreational activities by the BFP, the surrenderee helps oneself to overcome drug dependency* ($M= 3.20, s= 701$) described as effective to a great extent. Of the items under this area, it is revealed that *the provision of lectures on drug prevention and through lectures by the PNP allows the surrenderees to be aware about drug prevention* ($M= 3.59, s=0.497$) evaluated to have the highest mean and described as implemented to an excellent extent.

Recreational activities are the items with the lowest mean. The budget is limited, and the majority was allocated to lectures, seminars, and other similar activities. This would explain why recreational programs have the lowest mean. Conversely, of all the programs listed in the CBRP in the municipality of Bagabag, lectures have proven to be the most effective according to the Bagabag Municipality’s Approved Peace and Order and Public Safety Plan for 2017-2019. In accordance with the CBRP, 17 barangay symposia (2017), 12 lectures (2018), and ten lectures (2019) were held.

According to participant feedback gathered following the sessions held in the family skills training program developed in the context of cognitive-behavioral psychological group, therapy is effective in the treatment of substance addiction in the second phase of their study. This effect is the result of a qualitative analysis of the participants’ comments. Not only the addicts, but also the families who took part in this study, indicated

that the family skills training program aided their treatment process. The therapist and family then used this information to discuss how and why the drug use took place, helped to develop appropriate measures of discipline, and created barriers to further use.

CBRP has also been observed to be effective in individual and family programs as evidenced by very high average scores. It is worth noting that all projects in the Individual and Family Programs are effective, although some items may be considered highly effective or very effective.

Table 2. The Level of Implementation and Effectiveness of the CBRP in terms of Community Care Interventions

Community Care Interventions	Mean (Level of Implemen-tation)	Mean (Level of Effec-tiveness)
1. The PNP provides lectures about the risk of illegal drugs and promote appropriate reintegration and rehabilitation prevention.	3.73	3.61
2. The PNP improves drug surrenderees' social protection and keeps peace and order of the community.	3.64	3.52
3. The PNP provides proper treatment to the surrenderees and helps to overcome their drug dependency.	3.55	3.48
4. The Municipal Environment and Natural Resources Office (MENRO) conduct natural resources activities like tree planting activities for surrenderees that helps them individual to adapt to the environment and to the community.	3.52	3.43
5. The MENRO conducts a program like greening program that helps the surrenderee overcome drug dependency.	3.48	3.48
6. The MENRO conducts natural service program to promote community building.	3.43	3.32
7. The Barangay Anti-Drug Abuse Council supervises the quarterly report of the surrenderers to show the progression of the client.	3.43	3.36
8. The BADAC gives brief lectures in their respective barangays like drug awareness lectures to provide the community with knowledge about drug substances.	3.45	3.39
9. The BADAC oversee peace and order to help the community create public morality.	3.43	3.41
10. The Local Government Unit (LGU) provides the building and strengthens the Anti-Drug Council to enhance policies and plans for the CBRP program.	3.55	3.48
11. The LGU strengthens the relationship of the community by community participation.	3.57	3.57
12. The LGU conducts community care programs that constitute good society.	3.55	3.48
13. The MENRO conducts performance audit in a specific program to provide capital to individual for their livelihood.	3.14	3.11
14. The PNP provides protection and safety of the community through public morals, peace and order initiatives.	3.59	3.57
15. The MENRO conducts natural service program to promote ecological factors for healthy behavior.	3.32	3.25
Overall Mean	3.49	3.43

Legend: 0-1.49 – Implemented/Effective to a little extent; 1.5-2.49 – Implemented/Effective to a moderate extent; 2.5-3.49 – Implemented/Effective to a great extent; 3.5-4.0 – Implemented/Effective to an excellent extent.

On Implementation – Table 2 shows the descriptive statistics of the different items under the level of implementation of CBRP in the area of community care interventions including the overall mean of 3.49 and SD of 0.420, described as implemented to a great extent. The lowest rating is on *the conduct of performance audit in specific program for their livelihood by the MENRO* ($M=3.14$, $s=0.702$) described as implemented to a great extent. Of the items under this area, it is revealed that *the provision of lectures by the PNP of the risks of illegal drugs and the promotion of appropriate reintegration and rehabilitation prevention* ($M=3.73$, $s=0.451$) was evaluated to have the highest mean and described as implemented to an excellent extent.

In terms of community care intervention, the most visible methods are still community lectures on the dangers of illegal drugs. To accommodate the programs' intended audience, lectures are simplified. This resulted in the widespread use of the item with the highest mean in this category. The MENRO's performance audit in a specific program for their livelihood received the lowest mean score of any item in this category. This could be the result of more efficient programs for providing capital to individuals for their livelihood.

According to UNODC, the provision of a continuum of care that takes a comprehensive approach to addressing the stakeholders' general health, family, education, and employment needs is a key principle in community-based treatment. It also emphasizes the active participation of people affected by drug use, as well as their families and community members, in service planning and delivery.

The community care prevention of the CBRP was also well implemented by the various implementers, as evidenced by the very high mean scores. While some items could be considered highly or excellently implemented, it is worth noting that all of the community care prevention projects are well implemented.

On Effectiveness – Table 2 shows the descriptive statistics of the different items under the level of effectiveness of CBRP in terms of Community Care Interventions including the overall mean of 3.43 and SD of 0.444, described as effective to a great extent. The lowest rating is on *the conduct of performance audit of MENRO in a specific program provides capital to individual for their livelihood* ($M= 3.11$, $s=0.689$) described as effective to a great extent. Of the items under this area, it is revealed that *the provision of lectures by the PNP about the risks of illegal drugs and the promotion of appropriate reintegration and rehabilitation prevention* ($M= 3.61$, $s=0.493$) was evaluated to have the highest mean and described as implemented to an excellent extent.

The item with the lowest mean is about giving capital to surrenderees for their livelihood. Several livelihood lectures are given, such as *tocino* and *longganisa* food processing, home decor and bag making, and furniture making. However, due to limited funding, providing capital to surrenderees is not widely used. As a result, it has the smallest mean. Programs delivered through lectures, symposiums, and other mediums are the most efficient and effective.

As stated in one study [16], the needs analysis suggests that, in addition to the intervention's design, community preparation and participant priming are crucial. According to the Stages of Change Model by Prochaska, DiClemente, & Norcross, those who gave up seemed to be in the pre-contemplation stage and might not actually recognize the need for change. Additionally, some people rationalize their use of illegal substances as productive. As a result, low- to mild-risk users might require more encouragement to actually take part in recovery intervention. This implies that those engaged in screening and assessment may require a foundational understanding of motivational enhancement.

The CBRP’s community care intervention was also found to be effective, as evidenced by the extremely high mean scores. While some items may be considered highly or extremely effective, it is important to note that all of the projects in the community care intervention are effective. According to the certification of the Philippine Anti-Illegal Drugs Strategy-Project Management Office, a total of 285 Rehabilitated Persons who used Drugs underwent different programs which included socio-ecologic wellness programs like tree planting and clean-up drives, Zumba activities and sports. The certification was done and signed on 29 September 2021.

Table 3. The Level of Implementation and Effectiveness of the CBRP in terms of Health Psycho-education

Health Psycho-Education Program	Mean (Level of Imple-mentation)	Mean (Level of Effec-tiveness)
1. The Municipal Health Office (MHO) provides clear understanding about the cause and effect of using drugs for the benefit of the surrenderees.	3.64	3.57
2. The MHO conducts daily monitoring on surrenderee to check on withdrawal symptoms. Sufficient number of staff is needed to observe changes among those who surrender.	3.36	3.36
3. The MHO provides lectures about the effects of illegal drugs so the advantages of abstaining from drugs would be clearly understood.	3.57	3.55
4. The MHO provides counseling about health status to individuals to monitor whether there are physical and mental changes.	3.57	3.50
5. The MHO monitors those who give up drugs and prevent their return to drug addiction.	3.45	3.45
6. The MHO provides adequate number of personnel to conduct drug awareness seminars that would provide more knowledge about illegal drugs.	3.50	3.52
7. The MHO gives basic knowledge about the effect of using drugs to provide public awareness about illegal drugs.	3.64	3.61
8. The MHO provides seminars on drug awareness and services to help drug users in their recovery.	3.61	3.61
9. The MHO provides clear understanding on the advantages of not using and pushing drugs to be better persons.	3.64	3.64
10. The Scene of the Crime Operatives and Physician-Hospital Organization (PHO and SOCO) conduct drug testing on drug surrenders to know if the low-risk is safe if they are in the community.	3.52	3.52
11. The (PHO and SOCO) properly classify drug surrenderers for counseling purposes.	3.39	3.36
12. The (PHO and SOCO) conduct drug test to the drug surrenderees to identify symptoms and signs of drugs abuse and addiction to provide early intervention and help prevent accidents.	3.52	3.52
13. The (PHO and SOCO) monitor the progress of the surrenderee after drug test is done to know their level of risk if it is low, medium, and high.	3.45	3.43

Health Psycho-Education Program	Mean (Level of Imple-mentation)	Mean (Level of Effec-tiveness)
14. The (PHO and SOCO) conduct drug awareness seminars for Bagabag residents to find out if they are doing the drug test correctly.	3.52	3.48
15. Are low -risk drug users safe in the community? Monitoring drug surrenderees to prevent their regression into drug dependence.	3.48	3.52
Overall Mean	3.52	3.51

Legend: 0-1.49 – Implemented/Effective to a little extent; 1.5-2.49 – Implemented/Effective to a moderate extent; 2.5-3.49 – Implemented/Effective to a great extent; 3.5-4.0 – Implemented/Effective to an excellent extent.

On implementation – Table 3 indicates the descriptive statistics of the different items under the level of implementation of CBRP in the area of health psycho-education including the overall mean of 3.52 and SD of 0.410, described as implemented to an excellent extent. The lowest rating is on *the provision of basic knowledge about the effect of using drugs by the MHO* ($M= 3.36, s= 0.685$) described as implemented to a great extent. Of the items under this area, it is shown that *the provision of MHO of clear understanding about the cause and effect of using drugs, provision of clear understanding on the advantages of not using and pushing drugs to be a better person, and the conduct of drug awareness seminars for the residents of Bagabag* ($M= 3.64$ in each item, $s=0.487$) were evaluated to have the highest means and described as implemented to an excellent extent.

Based on the findings of this study, it is possible to conclude that drug awareness seminars for municipal residents, conducted in collaboration with MHO implementers, are widely implemented. Since the lowest refers to the effect of drug use, this could be the result of more complex and detailed information in lectures, seminars, or even visual aids. Given the attention span of listeners and viewers, this could explain why it is the lowest mean. On the contrary, drug awareness seminars, as well as the provision of a clear understanding of the cause-and-effect relationship of using and pushing drugs, have the greatest means.

Psycho-education is a collaborative teaching method with the main objectives of client engagement, understanding, and utilization. To trainees, practitioners, and clinical supervisors who do not see themselves as aligned with a particular evidence-based modality but who could benefit from training and proficiency testing in fundamental behavioral health counseling competencies, Psycho-education provide a novel resource with practical value [17].

The CBRP’s health psycho-education program was also well implemented, as evidenced by the very high mean scores. While some items may be considered highly or excellently implemented, it is important to note that all projects in the health psycho-education program are well implemented.

On Effectiveness – Table 3 shows the descriptive statistics of the different items under the level of effectiveness of CBRP in terms of Health and Psycho-education Programs including the overall mean of 3.51 and SD of 0.409, described as implemented to an excellent extent. The lowest rating is on *conduct daily monitoring by the MHO on surrenderee for the checking of withdrawal symptoms. Sufficient number of staff is needed to observe those who surrender for their changes; The identification by the PHO/ SOCO of the proper level of classification of drug surrenderees Counseling to help the individual to overcome* ($M= 3.36, s= 0.685$) described as implemented to a great extent. Of the items under this area, it is revealed that *the MHO provides clear understanding of the advantages of not using and pushing drugs to be a better person* ($M= 3.64, s= 0.487$) is evaluated to have the highest mean and described as effective to an excellent extent.

One of the items with the lowest means is the daily monitoring of surrenderees experiencing withdrawal symptoms. Returning to the chart of CBRP implementers in Bagabag, Nueva Vizcaya, there are only eight members under the MHO. This number of personnel is insufficient to house and monitor every surrenderee in Bagabag's 17 barangays. Furthermore, the PHO/SOCO's identification and proper classification of drug surrenders had one of the lowest means. The number of personnel is also a major reason for it having one of the lowest means. There is only one personnel involved in each of the offices of PHO and SOCO. On the other hand, the item with the highest mean deals with the provision of MHO of clear understanding on the advantages of not using and pushing drugs which are counseling and lecture based.

Drug use is a complex phenomenon that requires a comprehensive approach to the problem [18]. According to a Chinese study of community-based drug recovery, a lack of coordination, divergent attitudes, and conflicting targets for police and health officials undermine the shared goal of treatment [19]. This seems to be the case in the Philippines as well.

In contrast with the general mean of the implementation of health and psycho-education which is 3.52 described as implemented to an excellent extent, the general mean of the effectiveness of the programs under the area of health and psycho-education is 3.51 described as effective to an excellent extent. A high mean of implementation has an impact on the degree to which CBRP programs are effective. Despite having a lower general mean, effectiveness is also described as implemented to an excellent extent due to the implementation's status as implemented to an excellent extent. The degree to which a program is put into practice has an impact on its efficacy and is a determinant of its success.

The CBRP's health psycho-education programs may also be effective, as evidenced by the extremely high mean scores. It is important to note that all of the projects in the health psycho-education programs are effective, despite the fact that some of them may be regarded as highly or excellently effective.

Table 4. The Level of Implementation and Effectiveness of the CBRP in terms of Psychological, Social, Spiritual Support Services

Psychological, Social, Spiritual Support Services	Mean (Level of Implementation)	Mean (Level of Effectiveness)
1. The MSWD Municipal Social Welfare and Development provides monthly counseling/ therapy to the surrenderees if they are doing well.	3.25	3.23
2. The MSWD provides a program overview in order to fully understand the surrenderees.	3.32	3.32
3. The MSWD provides essential information of cultivating to the surrenderees like skills preparing and give them more information in job programs.	3.34	3.30
4. The MSWD provides counseling the rules to guarantee the security and viability of drugs for the common public.	3.32	3.32
5. The MSWD provides empower to advocate the medicate surrenderees and aims to advance anti-drug abuse promotion by providing data on the extent of region drug problem.	3.36	3.30
6. The MSWD provides after care services through backslide mediation and progress victory rates of recuperation	3.23	3.20
7. The MSWD provides preventive interventions for the surrenderees through their information the planting of plant and creature items for individuals to utilize them	3.34	3.30

8. The MSWD provides otherworldly exercises to medicate surrenderees through spiritual activities and faith-based therapy will encourage emotional recover, self-worth and acceptance.	3.32	3.30
9. The MSWD provides checking of the progression and evaluating advance toward an execution target, based on rates of advancement from visit (as a rule of week by week) appraisal of a particular skill	3.41	3.39
10. The MSWD provides counseling drug surrenderees in spiritual self-care through advance internal peace, quality to manage, physical unwinding, self- awareness and more to the surrenderees.	3.45	3.41
11. The MSWD provides counseling drug surrenderees in social-selfcare to maintain a solid relationship with their selves to expand it to others	3.32	3.32
12. The MSWD provides month to month checking of report of surrenderees to maintain the surrenderees if they change through checking of the activities.	3.30	3.30
13. The MSWD provides exercises in connection on Psychological/Social/ Spiritual and making them more mindfulness through journaling, serves in the community, investing time in nature and increasing in value music and the arts.	3.25	3.30
14. The MSWD provides aptitude preparing the medicate surrenderee for long-standing time livelihood so that they will be prepared with aptitudes for them to explore for a job.	3.25	3.23
15. The MSWD doing the surprise domestic visit to the medicate surrenderees to know what they are doing the MSWD giving otherworldly back for the medicate surrenderees and executed to bolster families in giving an environment that advances the sound development and advancement.	3.36	3.36
Overall Mean	3.37	3.30

Legend: 0-1.49 – Implemented/Effective to a little extent; 1.5-2.49 – Implemented/Effective to a moderate extent; 2.5-3.49 – Implemented/Effective to a great extent; 3.5-4.0 – Implemented/Effective to an excellent extent.

On implementation – Table 4 shows the descriptive statistics of the different items under the level of implementation of CBRP in the area of psychological, social, spiritual support services including the overall mean of 3.37 and SD of 0.575, as implemented to a great extent. The lowest rating is on *provision of the MSWD of after care services through backslide mediation and progress victory rates of recuperation* ($M= 3.23, s= 0.605$) described as implemented to a great extent. Of the items under this area, it is revealed that *the provision of the MSWD of counseling for drug surrenderees in spiritual self-care through advance internal peace, quality to manage, physical unwinding, self-awareness and more* ($M= 3.45, s= 0.663$) was evaluated to have the highest mean and described as implemented to a great extent.

According to the study’s findings, implementing MSWD counseling is an effective way of assisting drug surrenderees in spiritual self-care by advancing internal peace, quality of life, physical relaxation, self-awareness, and other benefits. According to the documents provided by the LGU, a total of 285 Rehabilitated Persons who used Drugs (RPWUDs) underwent and completed spiritual enhancement during the CBRP conducted from 2017 to the first quarter of 2021. Because of limited supply, the after-care services of mediation and progress victory rates of recuperation are the lowest.

According to UNODC’s Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in the Philippines, psychological interventions assist clients in recognizing

and addressing the causes of their drug use, its negative effects, and the advantages of quitting. Psychological interventions also emphasize the identification and development of relapse prevention skills as well as self-assurance, optimistic thinking, and motivation for successful self-treatment. A counselor is crucial to the client’s process of change. The purpose of counseling is to help clients set goals and create a treatment plan by offering advice and recommendations. A counselor should assist clients in drug addiction treatment in learning problem-solving and refusal techniques, as well as how to recognize risky situations and how to manage the risks.

The CBRP is also well implemented in psychological, social, and emotional support services by various implementers, as evidenced by the very high average scores. Some projects are highly or excellently implemented, but all psychological, social, also psychiatric support services projects are well implemented.

On Effectiveness – Table 4 shows the descriptive statistics of the different items under the level of effectiveness of CBRP in terms of Psychological, Social, Spiritual support services including the overall mean of 3.30 and SD of 0.530, described as implemented to an excellent extent. The lowest rating is on the *provision by the MSWD of after care services through backslide mediation and progress victory rates of recuperation* ($M= 3.20, s= 0.594$) described as effective to a great extent. Of the items under this area, it is revealed that *provision by the MSWD of counseling drug surrenderees in spiritual self-care through advance internal peace, quality to manage, physical unwinding, self-awareness and more to the surrenderees.* ($M= 3.41, s=0.658$) was evaluated to have the highest mean and described as implemented to a great extent.

The item with the lowest mean in this category is also due to a lack of personnel assigned to the program. Looking back, there are only two implementers assigned from the MSWD office, which is insufficient to cater to and provide after-care services to more than a hundred surrenderees in Bagabag’s 17 barangays. The provision of counseling in spiritual self-care, on the other hand, received the highest mean score. This has something to do with the surrenderee’s religion, because even though there are only a few MSWD implementers involved in the program in this category, religious leaders are also contributing to the betterment of their church mates.

Spiritual and religious traditions are deeply ingrained in Philippine culture. Filipinos draw inner strength and support from their faith, which acts as a protective factor, particularly among natural disaster survivors [20]. Participation in church rituals and prayer groups is a coping mechanism, and religious communities provide valuable social capital [21]. As a result, community-based interventions may be tapped as psycho-spiritual resources to facilitate healing.

To establish the relationship of the implementation and effectiveness, the general means of the implementation and effectiveness must be compared. The general mean of the implementation under of Psychological, Social, Spiritual support services is 3.37 described as implemented to a great extent while the general mean of the effectiveness is 3.30 also described as effective to a great extent. A high incidence of implementation influences the effectiveness of CBRP programs. Despite having a lower general mean, effectiveness is also described as implemented to a great extent due to the implementation’s status as implemented to a great extent. The extent to which a program is implemented has an impact on its efficacy and is a determinant of its success.

It could also be observed that the CBRP in its Psychological, Social, Spiritual support services is effective as could be seen from the very high mean scores. While there are items that could be considered as highly or excellently effective, it is noteworthy to say that all of the projects in the Psychological, Social, Spiritual support services are effective.

Table 5. Overall Level of Implementation and Effectiveness of the CBRP in Bagabag, Nueva Vizcaya

Overall	Mean	SD	Level
Implementation of the CBRP In Bagabag, Nueva Vizcaya, Philippines	3.45	.39021	Imple-mented to a great extent

Effectiveness of the CBRP in Bagabag, Nueva Vizcaya, Philippines	3.41	.39587	Effective to a great extent
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Legend: 0-1.49 – Implemented/Effective to a little extent; 1.5-2.49 – Implemented/Effective to a moderate extent; 2.5-3.49 – Implemented/Effective to a great extent; 3.5-4.0 – Implemented/Effective to an excellent extent.

As presented in Table 5 the overall level of implementation and effectiveness of the CBRP in Bagabag, Nueva Vizcaya, has an overall mean of 3.4595 evaluated and described as implemented to a great extent. On the other hand, the effectiveness of the CBRP in Bagabag, Nueva Vizcaya has an overall mean of 3.4144 evaluated and described as implemented to a great extent.

The results of this study showed how the level of implementation affects the effectiveness of the CBRP in Bagabag, Nueva Vizcaya. The scope of the implementation greatly affects the effectiveness of the program. As the community of Bagabag complements the national government’s anti-illegal drug campaign during the conduct of 2018 ADAC performance audit, Bagabag garnered the 2019 National Anti-Drug Abuse Council Performance Award in the year 2019.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results, the following conclusions are forwarded: The CBRP in Bagabag, Nueva Vizcaya was implemented well by all the government and non-government agencies tasked to make the program possible. The CBRP is also very effective. This is evidenced by all its component programs, the Health Psycho-education Program, which was excellently implemented, and the Individual and Family Program, the Community Care Intervention program, and the Psychological, Spiritual and Social Services programs which were implemented and are effective to a great extent.

In relation to the conclusions of the study, the following recommendations are hereby proposed:

1. Considering the positive and high level of implementation and effectiveness of the CBRP, it is recommended that Bagabag continue to maintain the very good implementation of the CBRP for any drug surrenderee and for the municipality to maintain its status as a drug-cleared municipality
2. The results of the study showed that lectures and seminars done by other implementing bodies aside from the PNP are the lowest in means. It is thus, recommended that lectures should be done through an inter-agency implementation. The low mean results may be explained by the redundancy of lectures from one implementing body to another.
3. Based on the results in the determination of the level effectiveness, the items with the lowest mean results all came from implementing bodies with low number of personnel assigned. Accordingly, it is recommended that more personnel should be recruited to implement the programs or services.
4. In line with the recruitment of additional personnel for the implementation of the different programs, it is hereby recommended that the implementing bodies do a systematic preparation which includes funding management and proper designation of personnel to accommodate a more effective surrenderee-to-implementer ratio.

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