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THE COMMUNITY-BASED DRUG REHABILITATION PROGRAM: ITS CONTRIBUTION TOWARDS A DRUG-FREE COMMUNITY

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ABSTRACT

The Community-Based Drug Rehabilitation Program (CBDRP) serves as a transformative journey for individuals battling substance abuse soon to be known as Recovery Champions empowering them to break free from addiction and embrace a new path toward lasting change. The program aims to prevent relapse and promote sustained recovery through community engagement, especially among vulnerable youth. A Mixed Methods research design, specifically an Explanatory Sequential approach, was employed to gather both quantitative and qualitative data. Findings revealed that the implementation of the CBDRP was consistently observed by both Recovery Champions and program administrators. Key strategies contributing to the program's effectiveness included the conduct of seminars, strengthened coordination and communication, and heightened community awareness. These initiatives supported the ongoing rehabilitation and reintegration of participants into society. The study recommends enhancing the facilitation of drug dependence examinations and increasing support for Barangay Anti-Drug Abuse Councils to improve the accuracy of assessments and the effectiveness of community interventions. Additionally, prioritizing livelihood programs, strengthening community relationships, and refining goal-setting strategies are vital in promoting long-term recovery outcomes. The findings serve as a foundation for evidence-based improvements in the CBDRP, particularly in enhancing partnerships with community leaders, strengthening communication with clients, and increasing awareness of recovery pathways. These insights contribute to a more responsive and sustainable approach toward achieving a drug-free community

KEYWORDS: *Community Based Rehabilitation program, Drug-free Community, Recovery Champion.*

INTRODUCTION

Rationale

To cater to the needs of drug surrenderers needing treatment and rehabilitation, the Department of Interior and Local Government (DILG) has issued the guidelines for the implementation of Community-Based Drug Rehabilitation Program (CBDRP) at the local level. The CBDRP can address the gap between the ballooning number of drug users and surrenderers brought about by the government's intensified anti-drug operations and the capacity of treatment facilities in the country. The CBDRP will not only diffuse the number of drug rehab patients away from drug treatment center but will also allow faster and greater chances of healing and rehabilitation for drug users because sessions are done within the community close to their nurturing families (DILG, 2020).

The persistent issue of illegal drug use in the Philippines has prompted a shift from punitive measures to more rehabilitative and community-centered approaches. San Fernando City, La Union, is one of the local government units that responded to this call by launching the Lakas ng Pagbabago (LNP) Community-Based Drug Rehabilitation Program (CBDRP). This initiative began in September 2016 after the Philippine National Police (PNP) identified 519 drug personalities in the city as of August of the same year. The program's first phase involved a 3-day boot camp designed to inspire drug surrenderers to pursue personal transformation. The second phase focused on empowering Barangay Anti-Drug Abuse Councils (BADACs) under the "Mamamayan, Sugpuin ang Iligal na Droga" (MASID) campaign, reinforcing the role of barangays as the frontline defense against illegal drugs (Barbadillo & Salamanca, 2018). To support the implementation, the city partnered with the Department of the Interior and Local Government and other stakeholders, providing lay counseling training and values formation sessions. As a result, by 2017, 311 former drug dependents had successfully completed the six-month rehabilitation program that included community service, volunteerism, and sports activities (Bello, 2017). These interventions aim not only to rehabilitate individuals but to reintegrate them into society as productive citizens. Further reinforcing this community-based strategy, the DILG Region 1 launched the Buhay Ingatan, Droga'y Ayawan (BIDA) campaign, including events such as the 2022 BIDA Fun Run. These activities promote health and wellness while discouraging drug use, especially among the youth (Victoria, 2024). Given these initiatives, the researchers

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find it necessary to evaluate the contribution of the community-based drug rehabilitation program in San Fernando City. This study seeks to assess the effectiveness of these programs in achieving a drug-free community, identifying best practices, and recommending improvements for long-term sustainability and impact.

Research Objectives/Questions

This study identified the contribution of community-based drug rehabilitation program in the City of San Fernando towards a drug-free community. Specifically, it sought to answer the following questions:

1. What is the level of implementation of the Community-Based Drug Rehabilitation Program in the City of San Fernando, La Union along the following:
    1a. Drug testing & Drug Dependence Exam
    1.b. Livelihood & Educational Programs for Adults
    1.c. Monitoring
    1.d. Spiritual Enhancement Program
2. What is the level of accomplishment of the Community-Based Drug Rehabilitation Program in the City of San Fernando, La Union in terms of:
    2.a. Livelihood Services
    2.b. Aftercare Services
    2.c. Growth Services
    2.d. Spiritual Services
3. What are the contributions of the program towards a drug-free community?

Theoretical Background:

- This study is anchored on the Rehabilitation Theory of Robert Wasserstrom (1997), which posits that while treatment is ethically preferable to punishment, forced rehabilitation often functions as punishment itself. It critiques the inefficacy of treatment imposed for outdated conditions and highlights the lack of deterrence in such approaches. Rehabilitation, therefore, must be rooted in prevention and reform while recognizing the limitations of deterrence and punitive measures.
- Reformative Theory of Punishment, which advocates for the transformation of offenders through individualized treatment, underscoring their capacity for change and reintegration into society (Banerji, 2022).
- The legal framework is guided by key Philippine policies. Administrative Order 2017-0018 by the Department of Health outlines a community-based client flow algorithm for drug rehabilitation, backed by the Dangerous Drugs Board (DOH, 2017).
- The DILG, through Memorandum Circulars No. 2018-125 and 2023, mandates local implementation of the Community-Based Drug Rehabilitation Program (CBDRP), highlighting the dual nature of drug abuse as both a public health and law enforcement concern.
- Executive Order No. 66 (2018) institutionalizes the Philippine Anti-Illegal Drugs Strategy (PADS), which positions LGUs as key implementers of CBDRP in collaboration with civil society and other sectors.

Related Literature

The Drug Abuse Resistance Education (D.A.R.E.) Program, initially developed in 1983 in the United States, has also influenced Philippine drug education strategies. D.A.R.E. uses police officers as educators to teach students about resisting peer pressure and understanding the consequences of drug use. It was adopted in the Philippines in 1993 through a tripartite agreement between PHILD.A.R.E., the Department of Education (then DECS), and the PNP-DILG (Dangerous Drugs Board, 2022). Evaluation of the program shows that student beneficiaries demonstrated positive behavioral changes, including increased self-confidence and assertiveness, highlighting the potential of educational interventions in drug prevention.

Aligned with global standards, the World Health Organization (WHO) and the UNODC emphasized in their 2020 International Standards for the Treatment of Drug Use Disorders that treatment must be available, accessible, and appropriate. They advocate for community-based models that integrate prevention, health promotion, treatment, and aftercare near the homes and communities of individuals, moving away from incarceration-focused models (University Research Co., 2022).

CBDRP emerged in the Philippines in 2016 as a response to a surge of over 1.2 million drug surrenderers. Recognizing that most could be managed outside of institutional settings, the government shifted focus toward localized rehabilitation services. According to Chase (2022), the USAID Renew Health project, led by University Research Co. (URC), conducted case studies in 12 LGUs to evaluate the implementation, challenges, and benefits of CBDR, finding it cost-effective and impactful when properly supported.

Similarly, Quezon City's Anti-Drug Abuse Advisory Council (QCADAAC) offers both community-based and facility-based rehabilitation. Screening mechanisms classify PWUDs based on risk levels, with low- to moderate-risk individuals referred to barangay-level programs and high-risk cases referred for further evaluation (QCADAAC, 2023).

Navotas City was recognized by the DILG in 2023 for its "Bidahan" CBDRP, which combines counseling sessions and routine testing for PWUDs. Since its inception in 2016, Bidahan has produced 944 graduates across 32 program batches, showcasing effective community-level intervention (Dioquino, 2023).

Methodology

This study will employ a mixed-methods research design, specifically the Explanatory Sequential Approach. The mixed-methods design allows for a more comprehensive

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understanding of the implementation and effectiveness of the Community-Based Drug Rehabilitation Program (CBDRP.

Research Locale

The 67 participants in this study were selected through purposive sampling, a method frequently utilized in qualitative research to strategically select individuals who are most likely to provide relevant and rich data concerning the research objectives. The sample population was carefully chosen to represent key stakeholders involved in the Community-Based Drug Rehabilitation Program (CBDRP), particularly those who have experienced or are directly involved in the transitional phase of rehabilitation and recovery.

The study population comprises participants from the 49 drug-free barangays in San Fernando City La Union.

Data Measure/Instrument

The researcher utilized a survey questionnaire and interview guide as the primary data-gathering tool to evaluate the program's implementation and its impact on the recovery champions. the questionnaire was designed to address the study variables and consisted of three parts:

- Level of Implementation – Assessed how the Community-based Rehabilitation Program are implemented, observed and enforced in the community in San Fernando City La Union.
- The Level of Accomplishment – Measure the Community-Based Drug Rehabilitation Program in the City of San Fernando based on its effectiveness in aiding the recovery champions to reform and restore their relationships with key aspects of their lives.
- In addition, Thematic Analysis was applied to the qualitative data as part of the mixed-methods approach. The thematic analysis followed a six-step process, where researchers systematically analyzed extensive data sets to identify patterns and develop themes, emphasizing the essence of the lived experiences of the participants.
- The guide questionnaire was validated by a group of experts as to its clarity, objectivity, and usability.

Data Gathering Procedures (with Ethical Guidelines)

- The researchers wrote and delivered formal letters of request to the following personnel for the approval in the conduct of study: PLTCOL Fernando Acain, Chief of Police of the City of San Fernando, La Union, MC Carl Michael A. Motas, CBDRP/LNP coordinator and Punong Barangay of drug-free communities.
- The letters were issued with the consent and approval of the research director, research adviser, dean, and program head of the CCJE department to request access to gather data on the contributions of the Community-Based Drug Rehabilitation Program (CBDRP) toward a drug-free community.
- The researchers ensured compliance with Memorandum Circular No. 028 series of 2022, which emphasizes the adoption of proper data-gathering tools for quality research management at the Department of Education.
- After obtaining the necessary permissions, the researchers presented the letter of request to the relevant participants, which included community leaders, LNP coordinators, and recovery champions.
- The researchers administered the interview guides to collect information about the implementation of the CBDRP.
- Each item from the completed questionnaires was analyzed using appropriate statistical tools, and qualitative responses were interpreted to determine the level of program implementation and success.
- The researchers assured the participants that the data collected was accurate and derived from valid records.
- To ensure clarity, the survey questionnaires were made available in both English and Filipino, allowing the respondents to fully understand and answer the questions.
- The researchers took necessary precautions to avoid any misleading representation of the data and ensured that all documents and findings were kept confidential and secure.

Data Analysis

- Quantitative Data: Weighted Mean was used to analyze the survey responses, categorizing results into descriptive equivalents.
- Qualitative Data: Thematic Analysis was used to gain a deeper understanding of the participants' lived experiences and the nuances of the Community-Based Drug Rehabilitation Program's impact. which were then used to complement and enrich the quantitative findings of the study.

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RESULTS AND ANALYSIS

Presentation/Report on the Results or Findings

Table 3. Level of implementation of the Community-Based Drug Rehabilitation Program in the City of San Fernando, La Union

INDICATORS	WEIGHTED MEAN	DESCRIPTIVE EQUIVALENT RATING	KEY OBSERVATION
1.Actively supervises the surveillance of possible drug users in the community.	3.77	HIGHLY IMPLEMENTED	This high rating indicates that both the administrators and clients perceive strong community vigilance, with the barangay and law enforcement maintaining consistent surveillance efforts.
2.Allocates funds for the creation and operation of a Barangay Anti- Drug Advisory Council.	3.55	HIGHLY IMPLEMENTED	This suggests that financial support for anti-drug councils is adequately provided and implemented, reflecting commitment from barangay leadership
3.Facilitate programs for recoveries such as livelihood, education, and other opportunities for the Recovery Champions.	3.55	HIGHLY IMPLEMENTED	The program is effectively providing alternative opportunities for Recovery Champions, helping reintegrate them into productive roles within the community.
4.Has progress in monitoring all Recovery Champions.	3.67	HIGHLY IMPLEMENTED	Monitoring and follow-up mechanisms are strongly observed, showing that progress tracking is a consistent part of the rehabilitation process.
5.Allows the Recovery Champion to share their experiences and learnings in the Community-Based Rehabilitation Program.	3.52	HIGHLY IMPLEMENTED	Participants feel encouraged and given space to reflect and share their journey, contributing to their personal development and community awareness.
6.Provides spiritual/ religious services to the Recovery Champions.	3.67	HIGHLY IMPLEMENTED	There is a strong emphasis on spiritual growth, which is highly valued by both the implementers and the beneficiaries of the program.
7.Allows the Recovery Champion to reconcile with their family.	3.72	HIGHLY IMPLEMENTED	The program prioritizes restoring family relationships, which is recognized as a crucial part of the recovery journey.
8.Facilitates drug dependence exam to determine what level of user they are.	3.57	HIGHLY IMPLEMENTED	Proper diagnostic steps are being followed to tailor the interventions based on the user's drug dependency level.
9.Facilitates Drug testing before, during, and after the program	3.63	HIGHLY IMPLEMENTED	Regular drug testing is consistently applied, ensuring accountability and tracking the effectiveness of the rehabilitation process.
10.Actively monitoring the recovery champions after the program	3.67	HIGHLY IMPLEMENTED	Sustained aftercare and post-program monitoring are strongly in place, supporting long-term recovery and relapse prevention.

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Level of accomplishment of Community-Based Drug Rehabilitation Program

INDICATORS	WEIGHTED MEAN	DESCRIPTIVE EQUIVALENT RATING	KEY OBSERVATION
1.Accomplished and achieved the target number of recoveries champions.	3.55	**HIGHLY ACCOMPLISHED**	**The program successfully met its target in identifying and enrolling the intended number of Recovery Champions. This demonstrates effective planning and outreach in the community.**
2.The program has gradually eradicated drug addiction in the community.	3.66	**HIGHLY ACCOMPLISHED**	**The initiative has effectively reduced drug addiction, showing promising community transformation**
3.The program has given a livelihood to the Recovery Champions	3.63	**HIGHLY ACCOMPLISHED**	**Livelihood support was well-implemented, aiding champions in achieving financial stability.**
4.The story of each Recovery Champion inspires other people.	3.72	**HIGHLY ACCOMPLISHED**	**Personal journeys of Recovery Champions have become powerful tools for community motivation.**
5.The Recovery Champions have strengthened their relationship with the community.	3.60	**HIGHLY ACCOMPLISHED**	**Stronger community ties were fostered, promoting trust and mutual support.**
6.The PDEA, DILG, and PNP give support and encourage them to re-develop themselves.	3.76	**HIGHLY ACCOMPLISHED**	**Government agencies played a vital role in supporting personal development and rehabilitation.**
7.The recovery Champions have restored their relationship to our almighty God and Family	3.76	**HIGHLY ACCOMPLISHED**	**The program successfully supported spiritual renewal and family reconciliation.**
8.The Recovery Champions expressed the better version of their self to the community.	**3.66**	**HIGHLY ACCOMPLISHED**	**Participants demonstrated personal growth and became positive role models.**
9.The Recovery Champion have successfully reformed through this program	3.69	**HIGHLY ACCOMPLISHED**	**Evidence shows meaningful behavioral reform among Recovery Champions.**
10.The recovery Champions have completed the 1-3months duration of the program.	3.69	**HIGHLY ACCOMPLISHED**	**High completion rate highlights the program's structure and participant commitment.**

The contribution of Community-Based Drug Rehabilitation Program towards a drug free community

THEME	%	KEY OBSERVATION
Seminars and Partnerships with Community Leaders	**88%**	**The program's outreach, supported by seminars and local partnerships, was effective in recruiting and mobilizing Recovery Champions within the community.**
Coordination and Communication with Clients	**83%**	**The strong inter-agency collaboration and consistent communication with clients ensured a holistic and supportive rehabilitation process.**
Community Awareness and Reformation	**90%**	**Effective monitoring and communication with clients contributed to high program completion rates, highlighting the program's structured support system.**

Discussion

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The Community-Based Drug Rehabilitation Program (CBDRP) in the City of San Fernando, La Union, is actively implemented and closely followed by both the Recovery Champions and the program administrators. It serves as a vital intervention that not only supports the rehabilitation process but also ensures the successful reintegration of recovering individuals into their communities. Through a combination of effective strategies—such as community seminars, strong coordination and communication among stakeholders, and sustained awareness campaigns—the program fosters a supportive environment that promotes long-term recovery and contributes meaningfully to the city's goal of building a peaceful, drug-free community.

Recommendations

1. The City Government of San Fernando, La Union, should improve access to drug dependence exams by allocating modest resources to Barangay Advisory Councils. These resources could include informational materials, training sessions, and small grants to support anti-drug programs.
2. Community-Based Drug Rehabilitation Program Officers should partner with local businesses or vocational training centers to offer basic skills training or job placements to Recovery Champions. Start with small, skill-building workshops or temporary employment opportunities, aiming to strengthen their connection to Drug Free.
3. Barangay Captains shall encourage community members to take active roles by hosting informational sessions that improve understanding of addiction recovery.
4. PCR Personnel shall collaborate with local media or social influencers to boost awareness and connect with a broader audience. To increase outreach, consider monthly community events or informational booths in public spaces to engage with more residents and inform them of available recovery resources.

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