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AN ASSESSMENT ON COMMUNITY–BASED DRUG REHABILITATION PROGRAM FOR PERSONS WHO USE DRUGS IN TANAY, RIZAL

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ABSTRACT

This study assesses the Community-Based Drug Rehabilitation Program (CBDRP) for Persons Who Use Drugs (PWUDs) in Tanay, Rizal. The study aims to evaluate the level of implementation and effectiveness of the CBDRP across key components: Individual and Family Programs, Community Care Interventions, Health and Psycho-Education, and Psychosocial Support/Psycho-socio-spiritual Support. It also investigates any significant differences in perceptions between two groups – Municipal Anti-Drug Abuse Council (MADAC) members and PWUDs – regarding the program's implementation and effectiveness. The study employed an explanatory sequential design using mixed methods. The respondents included 23 MADAC members and 132 PWUDs. The findings reveal that the CBDRP is highly implemented, with an overall weighted mean of 3.81, indicating strong execution across all program components. Individual and Family Programs received the highest ratings, emphasizing the importance of family involvement and counseling. The program was also perceived as highly effective, with an overall mean of 3.82, especially in areas related to family support and psychosocial interventions. Although both groups rated the program similarly, MADAC members tended to view its implementation and effectiveness as slightly higher than the PWUDs' perceptions. Additionally, the study identified several challenges, including issues with participant cooperation, family acceptance, and self-reliance. These challenges hindered some participants' full engagement in the rehabilitation process. In conclusion, while the CBDRP in Tanay is largely successful, addressing the identified challenges and enhancing program components like after-care, participant engagement, and family support will further improve its long-term effectiveness. Based on the findings, recommendations for strengthening these aspects are proposed for future program development.

KEYWORDS: *Community-Based Drug Rehabilitation Program (CBDRP), Persons Who Use Drugs (PWUDs), Program Effectiveness, Individual and Family Programs, Community Care Interventions*

INTRODUCTION

Drug use and dependence remain a burden to the health, social, and economic stability of our country. They are interlinked with problems of intoxication, development of mental illness and mental disorders, spread of infectious diseases like HIV/AIDS and TB, disruption of peace and order due to petty and heinous crimes, and loss of productivity, which can have a direct or indirect impact on an individual, family, and community. The Community-Based Drug Rehabilitation Program (CBDRP) is a consolidated model of treatment for substance abuse disorders featuring services ranging from general intervention to relapse prevention. The CBDRP, as currently implemented in the Philippines, is consistent with DILG Memorandum Circular No. 2018-125 and DDB Regulation No. 04 s. 2016, which prescribes the process flow for effecting wellness and recovery for people suffering substance abuse disorders.

Drug addiction has become a pervasive issue in communities worldwide, and the Philippines is no exception. The increasing prevalence of substance use has not only affected the individuals directly involved but also poses significant challenges to public health, safety, and social stability (United Nations Office on Drugs and Crime [UNODC], 2016). In the municipality of Tanay, Rizal, various interventions have been introduced to address this growing concern, with one of the most promising being community-based drug rehabilitation programs. These programs aim to provide accessible, sustainable, and culturally appropriate rehabilitation services that encourage recovery through community engagement and support systems (Flores & Garcia, 2020).

Community-based rehabilitation programs (CBRPs) are seen as an alternative to the traditional, often costly and inaccessible facility-based approaches. By focusing on local resources, peer support, and social reintegration, CBRPs have shown potential in not only helping individuals with substance use disorders but also in reducing stigma and promoting social cohesion (De la Cruz & Santos, 2021). This assessment aims to evaluate the effectiveness of the community-based drug rehabilitation program for persons who use drugs (PWUDs) in Tanay, Rizal.

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Specifically, it explores the program's accessibility, impact on recovery outcomes, and the challenges faced by both participants and service providers. Understanding the strengths and limitations of this approach can provide valuable insights for improving existing drug rehabilitation frameworks, both in Tanay and other regions of the Philippines (Ocampo, 2018).

Theoretical and Conceptual Framework

This study is anchored on the Minnesota Model of Addiction Treatment, developed and elaborated by Stinchfield and Owen (1998). The Minnesota Model is a comprehensive, multidisciplinary, and abstinence-oriented approach to treating substance use disorders. It integrates medical, psychological, social, and spiritual dimensions of recovery by combining professional clinical interventions with peer support and active family involvement. Rooted in the disease concept of addiction, the model views substance use disorder as a chronic yet treatable condition, requiring structured interventions and continuous care.

A central feature of the Minnesota Model is the integration of the Twelve-Step philosophy, which emphasizes personal responsibility, peer fellowship, and spiritual growth as mechanisms for change. Treatment is delivered through a structured therapeutic environment where recovering individuals, professional counselors, and family members collaborate in planning and implementing interventions. According to Stinchfield and Owen (1998) and Anderson, McGovern, and DuPont (1999), this model has been associated with improved outcomes in abstinence, psychosocial adjustment, and long-term recovery when its core components are faithfully implemented.

In the context of this study, the Minnesota Model provides a guiding framework to assess the effectiveness of community-based drug rehabilitation programs in Tanay, Rizal. Its emphasis on community reintegration, family engagement, and peer support resonates with the objectives of local rehabilitation initiatives that rely on collective responsibility and social support. By applying the Minnesota Model, this study examines whether the essential elements of structured treatment, family participation, and peer-driven support are effectively implemented to facilitate the recovery and reintegration of persons who use drugs within the community.

This study is conceptualized as shown in Figure 1. It includes the input, the process, and the output in assessing the Community-Based Drug Rehabilitation Program for Persons Who Use Drugs in Tanay, Rizal.

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.

The first frame represents the input, which shows the DDB Regulation No. 4 S. 2016, Effectiveness and Challenges Encountered in Community-Based Drug Rehabilitation for Persons Who Use Drugs in Tanay, Rizal, of the Community-Based Drug Rehabilitation Program for Persons Who Use Drugs in Tanay, Rizal, and the recommended programs and activities to ensure its effectiveness.

The second frame represents the process, which contains the data collection, validation of the questionnaire, administering of survey questionnaires and interviews, organization of responses, and statistical analysis and treatment of data.

Lastly, the third frame is the output, which consists of assessing the Community-Based Drug Rehabilitation Program for Persons Who Use Drugs in Tanay, Rizal.

Statement of the Problem

This study aims to assess the Community-Based Drug Rehabilitation Program for Persons Who Use Drugs in Tanay, Rizal.

Specifically, the study aimed to answer the following questions:

1. What is the level of implementation of the Community-Based Drug Rehabilitation Program for Persons Who Used Drugs in Tanay, Rizal, in terms of:
   - 1.1. Individual and Family Programs
   - 1.2. Community Care Interventions
   - 1.3. Health and Psycho-Education
   - 1.4. Psychosocial Support/Psycho-socio-spiritual Support
2. Is there a significant difference in the level of implementation of the Community-Based Drug Rehabilitation Program for Persons Who Used Drugs in Tanay, Rizal, between the groups of respondents?
3. What is the level of effectiveness of the Community-Based Drug Rehabilitation Program for Persons Who Used Drugs in Tanay, Rizal, in terms of the above variables?
4. Is there a significant difference in the level of effectiveness of the Community-Based Drug Rehabilitation Program for Persons Who Used Drugs in Tanay, Rizal, between the groups of respondents?
5. What are the challenges encountered in the implementation of the Community-Based Drug Rehabilitation Program for Persons Who Used Drugs in Tanay, Rizal?
6. Based on the results of the study, what program may be proposed?

METHODOLOGY

Research Design

The study employed an explanatory sequential design, a mixed-methods approach that combines both quantitative and qualitative data collection and analysis. In this design, quantitative data is

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gathered first, followed by qualitative data to provide a deeper understanding of the initial results. The quantitative phase measures the level of implementation and effectiveness of the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, assessing components such as individual and family programs, community care interventions, health and psycho-education, and psychosocial support. This phase helps identify how well these components are functioning and if there are significant differences among various groups (e.g., program implementers and participants). The qualitative phase follows, offering an opportunity to explore the underlying factors behind the quantitative results. By conducting interviews or focus group discussions, participants share their experiences, challenges, and insights, providing a richer, contextual explanation for the observed outcomes. This two-phase approach allows for a comprehensive understanding of the program's impact.

Population and Locale of the Study

The one hundred fifty-seven (157) participants in this study were those who met the inclusion criteria.

Table 1.
Respondents of the Study

Respondent	Population	Sample Size
Municipal Anti-Drug Abuse Council	24	23
Persons who Used Drugs (PWUDs)	200	132
Total	224	157

To ensure that the data gathered are valid, reliable, and relevant to the objectives of the study, specific inclusion and exclusion criteria were established for the selection of respondents.

Data Gathering Tools

The researcher utilized a survey questionnaire and interview guide as the primary data-gathering tool to evaluate the program's implementation and its effectiveness. The questionnaire was designed to address the study variables and consisted of three parts: (a) the level of implementation to assess how the Community-Based Rehabilitation Program is implemented in Tanay, Rizal, and (b) the level of effectiveness to measure the Community-Based Drug Rehabilitation Program in Tanay, Rizal, based on its effectiveness.

To ensure the accuracy and consistency of the data-gathering instruments, both validity and reliability procedures were established before the administration of the survey questionnaire and interview guide.

Validity of the Instrument. The researcher utilized a structured survey questionnaire and an interview guide as the primary tools for data collection. The questionnaire consisted of three main parts: (a) the *Level of Implementation*, which assessed how the Community-Based Drug Rehabilitation Program (CBDRP) is carried out; and (b) the *Level of Effectiveness*, which measured the program's perceived impact and outcomes.

To ensure content and face validity, the instruments were subjected to expert validation by a panel composed of professionals from the fields of criminology, psychology, social work, and public administration. These experts evaluated the items based on their clarity, relevance, objectivity, and usability in measuring the intended variables. Suggestions from the validators were incorporated to improve the precision, structure, and language of the questionnaire, ensuring that it accurately reflected the study objectives and the local context of the respondents.

Reliability of the Instrument. After validation, the questionnaire underwent pilot testing involving a group of 20 respondents who were not included in the final sample but shared similar characteristics with the target participants. The responses from the pilot test were analyzed using Cronbach's Alpha to measure internal consistency. A coefficient value of 0.80 and above was considered acceptable, indicating that the items in the instrument were reliable and produced consistent results. The reliability test confirmed that the questionnaire items were internally consistent and suitable for use in the actual study.

Data Gathering Procedures

The data gathering procedures followed a systematic and ethical approach consistent with its explanatory sequential mixed methods design. The process began with the preparation stage, where the researcher obtained approval from the Municipal Government of Tanay, the Municipal Anti-Drug Abuse Council (MADAC), and other relevant agencies. Eligible respondents were identified from municipal records, and inclusion criteria were established to ensure the proper selection of MADAC members and PWUDs. Informed consent was then obtained from all participants, with a clear briefing on the study's purpose, confidentiality, and participants' rights, including the right to withdraw at any time.

The development of research instruments followed, with a structured survey questionnaire created for the quantitative phase and a semi-structured interview guide for the qualitative phase. The survey focused on evaluating the program's implementation and effectiveness across four main domains: individual and family programs, community care interventions, health and psycho-education, and psychosocial support. The instruments underwent expert validation, and the Content Validity Index (CVI) was calculated to ensure clarity and relevance. A pilot test

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was conducted with respondents from a neighboring municipality to assess the reliability and clarity of the tools, resulting in necessary revisions.

In the quantitative phase, the validated survey was distributed to MADAC members and PWUDs, with data collected face-to-face at designated venues. The responses were analyzed using descriptive and inferential statistics to assess program implementation and effectiveness. In the qualitative phase, a subset of respondents was selected for in-depth interviews, aimed at exploring program challenges, strengths, and suggestions for improvement. Thematic analysis was applied to the qualitative data to generate themes that explained and contextualized the quantitative findings.

Finally, the results from both phases were integrated to provide a comprehensive understanding of the program's effectiveness, which was used to propose enhancements. Throughout the process, ethical standards were upheld, ensuring voluntary participation, confidentiality, and secure handling of data. This multi-stage approach ensured the study's findings were both reliable and reflective of participants' experiences.

Treatment of Data

The data collected through the validated survey questionnaire were analyzed using the Statistical Package for the Social Sciences (SPSS) Version 26, ensuring accurate and efficient data computation. Descriptive and inferential statistics were used to answer the research questions. Descriptive statistics such as frequency, percentage, weighted mean, and standard deviation were employed to assess the level of implementation and effectiveness of the Community-Based Drug Rehabilitation Program (CBDRP). A four-point Likert scale was used to quantify participants' perceptions, with the mean serving as the primary statistical measure. The scale allowed for ordinal data to be treated as interval data, enabling the computation of the mean to identify trends in perceptions across various dimensions like individual and family programs, community care interventions, health and psycho-education, and psychosocial support.

Inferential statistics, specifically the independent samples t-test, were used to examine significant differences between the assessments of the two respondent groups: MADAC members and Persons Who Use Drugs (PWUDs). The t-test determined whether differences in perceptions of program implementation and effectiveness were statistically significant, with a significance level set at 0.05.

For the qualitative phase, thematic analysis was employed to analyze interview data, following Braun and Clarke's six-phase approach. This allowed the researcher to identify recurring patterns and provide insights that complemented the quantitative findings. Together, the quantitative and qualitative analyses ensured a comprehensive evaluation of the CBDRP in Tanay, Rizal.

Ethical Considerations

The study adhered to strict ethical standards to protect the rights and dignity of all participants. Prior to data collection, approval was obtained from relevant authorities, including the Municipal Government of Tanay, and MADAC. Participants were fully informed about the study's objectives, procedures, and potential risks, and their participation was voluntary. Informed consent was obtained from all participants, who were also assured of their right to withdraw at any time without consequence.

Confidentiality and anonymity were prioritized throughout the study. Participants were assigned code numbers to protect their identity, and no personal information was included in the data analysis or reports. Special care was taken with PWUDs to avoid stigma or harm, ensuring their responses were confidential. All data were securely stored in password-protected files, with audio recordings deleted after transcription.

The study upheld ethical principles of non-maleficence, beneficence, and justice. The researcher ensured that no participant was coerced or manipulated, and that the study contributed positively to improving community-based rehabilitation efforts.

RESULTS AND DISCUSSION

Level of implementation of Community–Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal

Individual and Family Programs. As shown in Table 2, the overall weighted mean of 3.86, interpreted as Highly Implemented, indicates that the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal is being effectively carried out, particularly in the dimension of Individual and Family Programs.

Both the Municipal Anti-Drug Abuse Council (MADAC) and the Persons Who Use Drugs (PWUDs) consistently perceived the program's implementation as strong and well-structured. This suggests that the local government and its partner agencies have actively integrated family involvement, personal counseling, and aftercare strategies to help PWUDs sustain recovery.

This finding implies that the community-based approach adopted in Tanay effectively aligns with the Minnesota Model (Stinchfield & Owen, 1998), which emphasizes holistic treatment involving the family, community, and continuous support after detoxification. Similarly, UNODC (2018) emphasized that community-driven and family-supported interventions are crucial for promoting long-term rehabilitation outcomes. The high implementation level reflects strong coordination among stakeholders under the Municipal Anti-Drug Abuse Council, which enhances the consistency and quality of intervention delivery.

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Community Care Interventions. The overall weighted mean of 3.81, interpreted as Highly Implemented, indicates that the Community Care Interventions under the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal are being effectively executed. Both MADAC members and Persons Who Use Drugs (PWUDs) perceived that the program successfully delivers activities promoting livelihood, reintegration, and skill development for recovering individuals.

This result implies that the local government unit (LGU) of Tanay, through MADAC, has effectively mobilized community resources to facilitate the socioeconomic reintegration of PWUDs—an essential component of recovery that helps prevent relapse and rebuilds self-sufficiency. The finding aligns with the principles of the Minnesota Model (Stinchfield & Owen, 1998), which emphasizes restoring the person's functioning and reintegration into society through structured, supportive community environments. Similarly, UNODC (2020) and DOH-DILG (2018) stress that community-based rehabilitation programs must not only focus on treatment but also provide livelihood and reintegration support to ensure sustainable recovery.

Health and Psycho-Education. The overall weighted mean of 3.79, interpreted as "highly implemented," reveals that the health and psycho-education component of the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, is effectively and consistently carried out. Both the Municipal Anti-Drug Abuse Council (MADAC) and the Persons Who Use Drugs (PWUDs) acknowledged that the program provides sufficient health-related education, counseling, and monitoring interventions to support recovery.

Table 2.
Level of implementation of Community–Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal

IMPLEMENTATION	MADAC		PWUDs		OVERALL	
	WM	VI	WM	VI	WM	VI
INDIVIDUAL AND FAMILY PROGRAMS	3.96	HI	3.75	HI	3.86	HI
COMMUNITY CARE INTERVENTIONS	3.90	HI	3.71	HI	3.81	HI
HEALTH AND PSYCHO-EDUCATION	3.81	HI	3.77	HI	3.79	HI
PSYCHOSOCIAL SUPPORT/ PSYCHO-SOCIO-SPIRITUAL SUPPORT	3.87	HI	3.75	HI	3.81	HI
GRAND MEAN	3.86	HI	3.75	HI	3.81	HI

This high level of implementation implies that the CBDRP places significant importance on educating PWUDs about the physiological and psychological effects of drug use, as well as promoting awareness of their health conditions during rehabilitation. Such emphasis aligns with the Minnesota Model (Stinchfield & Owen, 1998), which promotes continuous education and medical-psychological support as core elements of the recovery process.

Similarly, the World Health Organization (WHO, 2021) underscores the importance of psychoeducation and medical supervision in community rehabilitation programs as essential tools for preventing relapse and promoting behavioral change.

Psychosocial Support/Psycho-Socio-Spiritual Support. The overall weighted mean of 3.81, interpreted as "highly implemented," indicates that the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, is highly effective in addressing the psychosocial and psycho-socio-spiritual needs of Persons Who Use Drugs (PWUDs). This finding underscores the holistic approach of the program, which not only focuses on treatment and education but also nurtures the emotional, social, and spiritual well-being of participants.

Both the Municipal Anti-Drug Abuse Council (MADAC) and the PWUDs rated this component highly, suggesting that the program integrates various counseling, aftercare, faith-based, and skill development activities that contribute to the reintegration and rehabilitation of recovering individuals.

This implementation aligns with the bio-psycho-social-spiritual model of recovery, which emphasizes that effective rehabilitation must address not just biological and psychological factors but also the social and spiritual dimensions of healing (Miller & Carroll, 2020).

The finding also resonates with the Philippine Dangerous Drugs Board (DDB) framework for community-based treatment, which recognizes spiritual renewal and psychosocial care as vital in sustaining rehabilitation outcomes (DDB Board Regulation No. 4, s. 2020).

Significant Difference in the level of implementation of the Community-Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal Between Groups

The study sought to determine if there is a significant difference in the level of implementation of the Community-Based Drug Rehabilitation Program (CBDRP) between the perspectives of Municipal Anti-Drug Abuse Council (MADAC) members and Persons Who Use Drugs (PWUDs) in Tanay, Rizal. As presented in Table 5, the results reveal that differences exist in specific program components.

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Table 2

Significant Difference in the Level of Implementation of the Community-Based Drug Rehabilitation Program between the Municipal Anti-Drug Abuse Council and Persons who Use Drugs

Programs	Mean	Mean Difference	Decision
Individual and Family Programs	3.86	.26	Significant
Community Care Interventions	3.81	.23	Significant
Health and Psycho-Education	3.79	.10	Not Significant
Psychosocial Support/Psycho-Socio-Spiritual Support	3.81	.16	Not Significant
Grand Mean	3.86	.17	Not Significant

For Individual and Family Programs, the mean difference of 0.26 was found to be significant, indicating that MADAC members and PWUDs perceive the implementation of these programs differently. Similarly, Community Care Interventions also showed a significant mean difference of 0.23, suggesting that the delivery or impact of community-focused activities is interpreted differently by implementers and beneficiaries.

In contrast, Health and Psycho-Education (mean difference = 0.10) and Psychosocial Support/Psycho-Socio-Spiritual Support (mean difference = 0.16) did not show significant differences, indicating a more aligned perception between the two groups regarding these program components. The grand mean difference of 0.17 was not significant, suggesting that overall, both groups generally agree on the level of program implementation.

These findings are consistent with previous studies emphasizing the importance of multiple perspectives in assessing community-based rehabilitation programs. For instance, Allado et al. (2019) highlighted that program implementers and clients may perceive the effectiveness of community-based drug rehabilitation differently due to their distinct roles and experiences, particularly in family- and community-centered interventions. Likewise, Hechanova (2022) found that while program delivery may be largely consistent in health education and psychosocial support, variations often occur in individual- and community-level programs due to differences in expectations, involvement, and resource accessibility.

Level of Effectiveness of the Community-Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal in Terms Identified Variables

Individual and Family Programs. The table presents the perceived level of effectiveness of the Individual and Family Programs within the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, as reported by both Municipal Anti-Drug Abuse Council (MADAC) members and Persons Who Use Drugs (PWUDs).

These findings are consistent with existing research. Hechanova (2022) emphasized that individualized care and family involvement are essential in enhancing rehabilitation outcomes for drug users. Similarly, Allado et al. (2019) reported that community-based programs incorporating family support and recreational engagement significantly improved participants' motivation and resilience, reducing relapse rates. The high effectiveness rating for lectures on drug awareness and relapse prevention aligns with findings by Walag et al. (2024), who noted that structured educational interventions enhance participants' understanding of addiction triggers and coping strategies.

Community Care Interventions. The findings from the Table indicate that the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, is perceived as highly effective in terms of community care interventions by both Municipal Anti-Drug Abuse Council (MADAC) members and Persons Who Use Drugs (PWUDs).

These results corroborate previous research emphasizing that community-based care interventions—especially those providing skills development and livelihood opportunities—are crucial for long-term recovery and social reintegration among persons with substance use disorders. Studies by Hechanova (2022) and Jason Manaois et al. (2023) support the notion that integrating vocational, educational, and psychosocial support into rehabilitation programs enhances participants' employability, self-efficacy, and overall recovery outcomes. The findings also align with UNODC and WHO (2020), which stress the importance of comprehensive, community-based approaches that combine rehabilitation with social and economic reintegration for sustained recovery.

Health and Psycho-Education. The results reveal that the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, is perceived as highly effective in terms of health and psycho-education by both Municipal Anti-Drug Abuse Council (MADAC) members and Persons Who Use Drugs (PWUDs). Key program activities, including providing a clear understanding of drug use consequences, daily monitoring for withdrawal symptoms, sufficient staffing for observation, individualized counseling, and education on causes and treatments of drug dependence, all received high effectiveness ratings. The overall weighted mean of 3.79 indicates a consistently positive perception, with MADAC members slightly rating the program higher (WM = 3.82) than PWUDs (WM = 3.75). This slight difference may reflect variations in how program implementers perceive effectiveness compared to participants' lived experiences, suggesting areas for ongoing program evaluation

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Table 3

Level of Effectiveness of the Community-Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal in Terms Identified Variables

Effectiveness	MADAC		PWUDs		OVERALL	
	WM	VI	WM	VI	MEAN	VI
INDIVIDUAL AND FAMILY PROGRAMS	3.83	HE	3.97	HE	3.90	HE
COMMUNITY CARE INTERVENTIONS	3.82	HE	3.75	HE	3.79	HE
HEALTH AND PSYCHO-EDUCATION	3.82	HE	3.75	HE	3.79	HE
PSYCHOSOCIAL SUPPORT/ PSYCHO-SOCIO-SPIRITUAL SUPPORT	3.86	HE	3.75	HE	3.81	HE
GRAND MEAN	3.83	HE	3.81	HE	3.82	HE

Emphasizing continuous monitoring, individualized counseling, and education on substance use aligns with a participant-centered approach, ensuring that rehabilitation programs are responsive to the needs of PWUDs. Additionally, the slight differences in perception between implementers and participants highlight the importance of feedback mechanisms to refine program delivery and maintain high standards of care. Capacity building is also essential, ensuring that staff are adequately trained to deliver psycho-educational interventions, monitor physical and mental health changes, and provide counseling effectively.

These findings are consistent with previous research demonstrating that psycho-education and health monitoring are critical elements in effective rehabilitation. For instance, De Leon (2021) emphasizes that structured health education combined with continuous monitoring significantly improves treatment adherence and relapse prevention among drug users.

Similarly, studies by Hechanova (2022) found that providing individualized counseling and clear explanations of drug dependence enhances participants' engagement in recovery programs and facilitates long-term behavioral change. The results also support global recommendations by the UNODC and WHO (2020) that highlight the necessity of comprehensive health and psycho-educational interventions as part of community-based rehabilitation efforts.

Psychosocial Support/Psycho-Socio-Spiritual Support. The results indicate that the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, is perceived as highly effective in terms of psychosocial and psycho-socio-spiritual support by both Municipal Anti-Drug Abuse Council (MADAC) members and Persons Who Use Drugs (PWUDs). Activities such as counseling and therapy, provision of essential skills and job preparation information, aftercare and preventive interventions, spiritually oriented exercises, and mindfulness activities all received high effectiveness ratings. The overall weighted mean of 3.81 confirms that both implementers and participants regard these program components as highly beneficial, with MADAC members rating slightly higher (WM = 3.86) compared to PWUDs (WM = 3.75). The slightly lower ratings by PWUDs on mindfulness and spiritual exercises suggest potential areas for program adaptation to better meet participants' needs and preferences.

These results align with previous studies emphasizing the importance of psychosocial and spiritual support in rehabilitation programs. Research by White and Kelly (2020) highlights that integrating psychological counseling and community-based spiritual support reduces relapse rates and improves social reintegration among drug users. Similarly, Hechanova (2022) found that programs that address the emotional and spiritual needs of participants foster higher engagement, adherence, and overall effectiveness in community-based drug rehabilitation. The findings also support global recommendations from the UNODC and WHO (2020), which advocate for multidimensional approaches that combine psychosocial, educational, and medical interventions to achieve sustainable recovery outcomes.

Significant Difference in the Level of Effectiveness of the Community-Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal Between the Groups of Respondents

The findings presented in Table 4 indicate that there is no significant difference in the perceived level of effectiveness of the Community-Based Drug Rehabilitation Program (CBDRP) between the Municipal Anti-Drug Abuse Council (MADAC) members and the Persons Who Use Drugs (PWUDs) across all program components. Specifically, the median scores for Individual and Family Programs (3.90), Community Care Interventions (3.79), Health and Psycho-Education (3.79), and Psychosocial Support/Psycho-socio-spiritual Support (3.81) show very minimal mean differences ranging from -0.08 to 0.17, all of which were deemed not significant. The overall grand mean difference is 0.08, further confirming that both groups generally share a similar perception regarding the program's

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Table 4

Significant Difference in the Level of Effectiveness of the Community-Based Drug Rehabilitation Program between the Municipal Anti-Drug Abuse Council and Persons who Use Drugs

Programs	Median	Mean Difference	Decision
Individual and Family Programs	3.90	-.08	Not Significant
Community Care Interventions	3.79	.12	Not Significant
Health and Psycho-Education	3.79	.12	Not Significant
Psychosocial Support/Psycho-Socio-Spiritual Support	3.81	.17	Not Significant
Grand Mean	3.82	.08	Not Significant

This alignment between implementers and beneficiaries suggests that the CBDRP is well-structured, consistent, and effectively communicates its objectives and services, resulting in comparable evaluations from both perspectives. The absence of significant differences corroborates prior research emphasizing that effective rehabilitation programs tend to maintain coherence between service delivery and participant experience, which is critical for program credibility and sustained engagement (Kelly et al., 2010; Marsch, 2012).

Moreover, it indicates that MADAC's implementation strategies are being perceived positively by PWUDs, reinforcing the value of participatory program planning and continuous monitoring.

Overall, the findings imply that the program is successful in meeting its intended goals across its core components and that future efforts can focus on maintaining this consistency while exploring enhancements in areas like mindfulness, aftercare, and community reintegration to further optimize rehabilitation outcomes.

Challenges Encountered in the Implementation of the Community-Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal

Based on the challenges identified in the implementation of the Community-Based Drug Rehabilitation Program (CBDRP) in Tanay, Rizal, three main themes emerge: cooperation and commitment, acceptance and trust, and self-reliance. Each theme reflects critical dimensions of program effectiveness and participant engagement.

Theme 1. Cooperation and Commitment

This theme reflects the degree to which PWUDs and other stakeholders actively engage in the program. Several MADAC participants noted, *"Some of the PWUDs were uncooperative and not willing to finish the program"* (Participants 2, 3, and 5), highlighting the difficulty in maintaining consistent participation. The challenges of dealing with unstable moods and varying willingness of PWUDs further complicate program adherence.

This aligns with findings by the University of Research Corporation (2025), which identified participant attrition due to conflicting schedules as a common barrier to community-based rehabilitation programs. Many local government units (LGUs) addressed this by offering sessions during weekends or after work hours to improve attendance. Cooperation and commitment are critical because irregular participation reduces program efficacy and limits the achievement of rehabilitation outcomes (Prendergast, Podus, Chang, & Urada, 2002).

Theme 2. Acceptance and Trust

Acceptance and trust emerged as another central theme, emphasizing the importance of both family support and participants' trust in themselves. Some respondents shared, *"As an initial reaction, one challenge is the acceptance of their family member as a user"* (Participants 9, 10, and 11), indicating that family skepticism or stigma can undermine the rehabilitation process. Trust in oneself was also noted as a challenge, with respondents expressing, *"Nawawalan ako ng tiwala sa aking sarili na kaya kong magbago"* (Others), reflecting doubts about personal capacity to change.

This is consistent with previous studies that highlight family involvement as a crucial determinant of successful rehabilitation (Liddle, 2010). When participants feel supported and accepted, they are more likely to remain motivated and adhere to program activities. Conversely, lack of trust or acceptance can hinder progress and exacerbate feelings of isolation or self-doubt.

Theme 3. Self-Reliance

The theme of self-reliance underscores participants' ability to manage their recovery independently. Challenges in self-confidence and self-worth, as expressed in participants' reflections, indicate that many PWUDs struggle with maintaining agency and motivation during rehabilitation. Promoting self-reliance is essential because it empowers participants to make healthy choices, engage in vocational activities, and sustain long-term recovery.

This aligns with Bandura's (1997) concept of self-efficacy, which posits that belief in one's capabilities is critical for behavioral change, and with findings by Kelly, Stout, Magill, and Tonigan (2010), which emphasize that fostering personal agency reduces the risk of relapse.

These three themes—cooperation and commitment, acceptance and trust, and self-reliance—highlight the multifaceted challenges in implementing CBDRP. Integrating family support, enhancing participant engagement, and promoting self-efficacy are essential strategies for overcoming these challenges and

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ensuring successful rehabilitation outcomes. The participant quotes, along with corroborating studies, strengthen the understanding that both interpersonal and intrapersonal factors significantly influence program effectiveness.

Summary

The challenges encountered in the implementation of the Community-Based Drug Rehabilitation Program are interconnected through the themes of cooperation and commitment, acceptance and trust, and self-reliance. Cooperation and commitment reflect the need for consistent engagement from PWUDs and other stakeholders, as irregular participation can undermine program effectiveness. This engagement is closely linked to acceptance and trust, where family support and participants' confidence in themselves foster motivation and adherence to rehabilitation activities. Both of these themes influence and are reinforced by self-reliance, as developing personal agency and confidence enables PWUDs to actively participate, overcome challenges, and sustain recovery.

Together, these themes underscore that successful implementation of community-based rehabilitation requires not only program availability but also active participation, supportive relationships, and empowerment of individuals to take ownership of their recovery, corroborating prior research on the importance of family involvement, self-efficacy, and participant commitment in effective rehabilitation (Bandura, 1997; Kelly, Stout, Magill, & Tonigan, 2010; Liddle, 2010; University of Research Corporation, 2025).

Program to be Proposed Based on the Results of the Study

Below is the program to be proposed based on the findings of the study.

Enhanced Strategies and Interventions in the Implementation of Community – Based Drug Rehabilitation for Persons who Use Drugs in Tanay, Rizal

Key Result Areas	Objectives	Programs and Activities	Persons Responsible
Enhanced Program on Community-Based Drug Rehabilitation Program	To design an enhancement program of Community-Based Drug Rehabilitation Program; and To monitor the capabilities of persons involved and to provide additional training.	Meeting with the members of Municipal Anti-Drug Abuse Council, other organizations, and Barangay Chairpersons and their Officials for retraining; and The training of trainers, consisting of a series of discussions, simulation activities, and teach-back exercises, equipped local government units health and substance abuse prevention officers to provide comprehensive technical support for local health offices in conducting CBDRP down to barangay levels using the Guidance Manual on CBDRP.	CBDRP Implementers/ Barangay Officials/Local Government Unit
Community Awareness and Reformation	To increase the level of awareness of the community constituents on Community-Based Drug Rehabilitation Program; and To increase the knowledge and interaction between the community and its environment.	Hold lectures, orientations and reorientation of the community members on CBDRP design and distribute Information, Education, and Communication for awareness campaigns; and Effective monitoring and communication with clients contributed to high program completion rates, highlighting the program's structured support system.	CBDRP Implementers
Individual and Conjoint Family Sessions	To improve communication, resolve conflicts, and strengthen relationships; and To foster understanding and collaboration among family members.	Conduct of Therapeutic Conversations to focus on personal issues, emotions, and goals. Skill-Building for coping with stress, anxiety, or relationship challenges; and Emotions sharing using guided discussions where family members express feelings and perspectives. Conduct of Family Mapping to identify relationships and dynamics within the family.	CBDRP Implementers

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CONCLUSIONS

Based on the findings of the study, the following are thereby concluded:

The CBDRP in Tanay, Rizal, was highly implemented as perceived by both the Municipal Anti-Drug Abuse Council (MADAC) and the Persons Who Use Drugs (PWUDs), with an overall mean of 3.81, indicating effective execution across its major components. Individual and Family Programs were particularly well-implemented, highlighting the significance of family engagement, counseling, and support in facilitating recovery. Both Community Care Interventions and Psychosocial/Psycho-Socio-Spiritual Support also received strong ratings, demonstrating effective community reintegration and psychosocial support strategies. While MADAC members rated the implementation slightly higher than PWUDs, the difference was minimal, suggesting a generally positive view of the program's delivery from both parties.

The CBDRP was also perceived as highly effective by both MADAC and PWUDs. Among the components, Individual and Family Programs again received the highest rating, indicating that interventions involving family support and aftercare initiatives are critical to the success of rehabilitation efforts. Psychosocial or psycho-socio-spiritual support, as well as community care interventions and health and psycho-education, all achieved similarly high ratings, underscoring the importance of holistic approaches that combine psychological, social, health, and vocational support. The slight difference in ratings between MADAC and PWUDs (with MADAC members rating the effectiveness slightly higher) reflects a small perceptual gap, but overall, both groups recognized the program's positive impact on rehabilitation.

The findings revealed both significant and non-significant differences in the perceptions of program implementation between MADAC and PWUDs. Significant differences were observed in Individual and Family Programs and Community Care Interventions, where MADAC members rated the implementation more favorably. This suggests that while implementers perceive the program as more effectively executed, PWUDs may experience certain gaps in their engagement or access to these interventions. However, no significant differences were found in areas such as health and psycho-education and psychosocial/psycho-socio-spiritual support, indicating that both groups share a consistent perception of the program's effectiveness in these domains. The overall lack of significant differences in the grand mean further suggests that both MADAC and PWUDs generally agree that the program is well-implemented.

The qualitative findings identified three main challenges faced during the implementation of the CBDRP: cooperation and commitment, acceptance and trust, and self-reliance. Uncooperative behavior and a lack of commitment from some PWUDs, along with family acceptance issues and low self-confidence, hindered the rehabilitation process. These challenges align with existing literature that underscores the importance of participant cooperation, family involvement, and self-efficacy for successful rehabilitation. Addressing these challenges is critical to ensuring continued engagement and fostering long-term recovery, which highlights the need for ongoing support, trust-building efforts, and strategies to enhance self-reliance among participants.

In conclusion, the CBDRP in Tanay, Rizal, is a well-executed and highly effective program as perceived by both MADAC and PWUDs. Despite some minor gaps in perceptions of implementation, the program is largely seen as successful in meeting its objectives. To further improve its effectiveness, it is essential to address the identified challenges, particularly in relation to participant engagement, family acceptance, and fostering self-reliance. By focusing on these areas, the CBDRP can continue to evolve as a comprehensive, community-based model for drug rehabilitation.

Recommendations

Based on the findings and the conclusions drawn, the following are hereby recommended:

1. It is suggested that Tanay, Rizal, should continue to maintain the proper implementation of the said program for any drug surrenderees and the utilization of the formulated enhancement programs, plans, and activities of the Community Based Drug Rehabilitation Program (CBDRP).
2. Considering that the level of implementation is significantly different between the groups of respondents, it is recommended that proper implementation of the said program based on existing guidelines should be strictly observed.
3. Based on the results in the determination of the level of effectiveness, the items with the lowest mean results all came from Community Care and Interventions and Health and Psychoeducation. It is recommended that the program should give emphasis to providing livelihood activities and technical and vocational skills for their reintegration.
4. Considering that the level of effectiveness is not significantly different between the groups of respondents, it is recommended that there should be established strategies that will aid in heightening the community participation in the Community-Based Drug Rehabilitation programs and their implementation. Monitoring and evaluation of the strategies, policies, and guidelines implemented should also be done at least quarterly to monitor the progress of surrenderers.
5. A high motivation influences the completion of the program and aftercare programs. Similarly, relationships with family members and other significant others show strong influence in rehabilitation success. It is recommended that the implementers should give more effort in involving family

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members and significant others of the persons who used drugs in the rehabilitation process through programs.

6. For the purpose of enhancement of the Community-Based Drug Rehabilitation Program, it is recommended to utilize the crafted enhanced strategies and interventions in the implementation of Community-Based Drug Rehabilitation for Persons Who Use Drugs in Tanay, Rizal.

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Research Instruments
A Survey Questionnaire for the assessment on Community–Based Drug Rehabilitation Program for Persons Who Use Drugs in Tanay, Rizal

Date: _____

I. Respondent's Details:

Name: (*Optional*) _____

Gender: ❒ Male ❒ Female

Age: ❒18 to 24 ❒25 to 34 ❒35 to 44 ❒45 to 54 ❒55 to 64 ❒ 65 or over

Civil Status: ❒ Single ❒ Married ❒ Separated ❒ Widowed

Educational Attainment:

❒ Elementary Level/Graduate ❒ High School Level/Graduate
❒ College Level/Graduate ❒ Post Graduate Studies

Category:
❒ Municipal Anti-Drug Abuse Council
Agency/Office/Organization: _____
❒ Persons who Used Drugs (PWUDs)

Please put a tick mark (✓) on the number to the extent of your best choice. Please note that:

Highly Implemented (4)	Moderately Implemented (3)	Slightly Implemented (2)	Not Implemented (1)

Level of Implementation	(4)	(3)	(2)	(1)
Individual and Family Programs				
Provides recreational or outdoor activities for the PWUDs to overcome drug dependency. *(Nagbibigay ng mga panlabas na aktibidad para sa mga PWUDs upang mapaglabanan ang pagkagumon sa droga.)*				
Provides lectures on drug awareness and relapse prevention. *(Nagbibigay ng mga panayam sa kamalayan sa droga at pag-iwas sa pagbabalik sa paggamit nito.)*				
Provides after-care treatment to manage addiction. *(Nagbibigay ng pagkatapos na pangangalaga upang mapangasiwaan ang pagkagumon o adiksyon.)*				
Assists the PWUDs in establishing emotional support systems for their friends and family. *(Tumutulong sa mga PWUDs sa pagtatatag ng mga suportang emosyonal na sistema para sa kanilang mga kaibigan at pamilya.)*				
Provides individual treatment and advice on health status.				

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(Nagbibigay ng indibidwal na paggamot at payo sa katayuan ng kalusugan.)				
Community Care Interventions				
Assists in a livelihood program that will help in returning to the PWUDs own lives. *(Tumutulong sa livelihood program na makatutulong sa pagbabalik sa sariling buhay ng mga PWUDs.)*				
Provides knowledge and skills pertaining to basic life support. *Nagbibigay ng kaalaman at kasanayan na nauukol sa pangunahing suporta sa buhay.)*				
Provides personal development to increase the opportunities for livelihood. *(Nagbibigay ng personal na pag-unlad upang madagdagan ang mga pagkakataon para sa kabuhayan.)*				
Provide technical and vocational skills education during reintegration. *(Magbigay ng edukasyon sa teknikal at bokasyonal na kasanayan sa panahon ng muling pagsasama.)*				
Conducts job fairs and job placement events. *(Nagsasagawa ng mga job fair at mga kaganapan sa paglalagay ng trabaho.)*				
Health and Psycho-Education				
Provides clear understanding about the cause and effect of using drugs for the benefit of the PWUDs. *(Nagbibigay ng malinaw na pag-unawa tungkol sa sanhi at epekto ng paggamit ng droga para sa kapakinabangan ng mga PWUDs.)*				
Conducts daily monitoring on PWUDs to check on withdrawal symptoms. *(Nagsasagawa ng pang-araw-araw na pagsubaybay sa mga PWUDs upang suriin ang mga sintomas ng withdrawal.)*				
Provides a sufficient number of staff to observe changes among the PWUDs. *(Nagbibigay ng sapat na bilang ng mga tauhan upang obserbahan ang mga pagbabago sa mga PWUDs.)*				
Provides counselling about health status to individuals to monitor whether there are physical and mental changes. *(Nagbibigay ng pagpapayo tungkol sa katayuan sa kalusugan sa mga indibidwal upang masubaybayan kung mayroong mga pisikal at mental na pagbabago.)*				
Explains the causes, symptoms and treatments of their drug dependence. *(Ipinapaliwanag ang mga sanhi, sintomas at paggamot ng kanilang pagkalulong sa ipinagbabawal na gamot.)*				
Psychosocial Support/Psycho-socio-spiritual Support				
Conducts counseling/therapy to PWUDs if they are doing well.				

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(Nagsasagawa ng counseling/therapy sa mga PWUDs kung sila ay maayos na.)				
Provides essential information in skills preparation and gives more information in job programs. *(Nagbibigay ng mahahalagang impormasyon sa paghahanda ng mga kasanayan at nagbibigay ng higit pang impormasyon sa mga programa sa trabaho.)*				
Gives after-care services and preventive interventions. *(Nagbibigay ng mga serbisyo na pagkatapos ng pangangalaga at mga pang-iwas na interbensyon.)*				
Conduct exercises to medicate the PWUDs through spiritual activities and faith-based therapy. *(Magsagawa ng mga pagsasanay upang gamutin ang mga PWUD sa pamamagitan ng mga espirituwal na aktibidad at faith-based na therapy.)*				
Provides exercises in connection to Psychological/Social/Spiritual and making the PWUDs more mindful. *(Nagbibigay ng mga pagsasanay na may kaugnayan sa Sikolohikal/Sosyal/Espirituwal at ginagawang mas maalalahanin ang mga PWUD.)*				

Highly Effective (4)	**Moderately Effective (3)**	**Slightly Effective (2)**	**Not Effective (1)**

Level of Effectiveness	**(4)**	**(3)**	**(2)**	**(1)**
Individual and Family Programs				
Provides recreational or outdoor activities for the PWUDs to overcome drug dependency. *(Nagbibigay ng mga panlabas na aktibidad para sa mga PWUDs upang mapaglabanan ang pagkagumon sa droga.)*				
Provides lectures on drug awareness and relapse prevention. *(Nagbibigay ng mga panayam sa kamalayan sa droga at pag-iwas sa pagbabalik sa paggamit nito.)*				
Provides after-care treatment to manage addiction. *(Nagbibigay ng pagkatapos na pangangalaga upang mapangasiwaan ang pagkagumon o adiksyon.)*				
Assists the PWUDs in establishing emotional support systems for their friends and family. *(Tumutulong sa mga PWUDs sa pagtatatag ng mga suportang emosyonal na sistema para sa kanilang mga kaibigan at pamilya.)*				
Provides individual treatment and advice on health status. *(Nagbibigay ng indibidwal na paggamot at payo sa katayuan ng kalusugan.)*				
Community Care Interventions				

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Assists in a livelihood program that will help in returning to the PWUDs own lives. *(Tumutulong sa livelihood program na makatutulong sa pagbabalik sa sariling buhay ng mga PWUDs.)*				
Provides knowledge and skills pertaining to basic life support. *(Nagbibigay ng kaalaman at kasanayan na nauukol sa pangunahing suporta sa buhay.)*				
Provides personal development to increase the opportunities for livelihood. *(Nagbibigay ng personal na pag-unlad upang madagdagan ang mga pagkakataon para sa kabuhayan.)*				
Provide technical and vocational skills education during reintegration. *(Magbigay ng edukasyon sa teknikal at bokasyonal na kasanayan sa panahon ng muling pagsasama.)*				
Conducts job fairs and job placement events. *(Nagsasagawa ng mga job fair at mga kaganapan sa paglalagay ng trabaho.)*				
Health and Psycho-Education				
Provides clear understanding about the cause and effect of using drugs for the benefit of the PWUDs. *(Nagbibigay ng malinaw na pag-unawa tungkol sa sanhi at epekto ng paggamit ng droga para sa kapakinabangan ng mga PWUDs.)*				
Conducts daily monitoring on PWUDs to check on withdrawal symptoms. *(Nagsasagawa ng pang-araw-araw na pagsubaybay sa mga PWUDs upang suriin ang mga sintomas ng withdrawal.)*				
Provides a sufficient number of staff to observe changes among the PWUDs. *(Nagbibigay ng sapat na bilang ng mga tauhan upang obserbahan ang mga pagbabago sa mga PWUDs.)*				
Provides counselling about health status to individuals to monitor whether there are physical and mental changes. *(Nagbibigay ng pagpapayo tungkol sa katayuan sa kalusugan sa mga indibidwal upang masubaybayan kung mayroong mga pisikal at mental na pagbabago.)*				
Explains the causes, symptoms and treatments of their drug dependence. *(Ipinapaliwanag ang mga sanhi, sintomas at paggamot ng kanilang pagkalulong sa ipinagbabawal na gamot.)*				
Psychosocial Support/Psycho-socio-spiritual Support				
Conducts counseling/therapy to PWUDs if they are doing well. *(Nagsasagawa ng counseling/therapy sa mga PWUDs kung sila ay maayos na.)*				

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Provides essential information in skills preparation and gives more information in job programs. *(Nagbibigay ng mahahalagang impormasyon sa paghahanda ng mga kasanayan at nagbibigay ng higit pang impormasyon sa mga programa sa trabaho.)*				
Gives after-care services and preventive interventions. *(Nagbibigay ng mga serbisyo na pagkatapos ng pangangalaga at mga pang-iwas na interbensyon.)*				
Conduct exercises to medicate the PWUDs through spiritual activities and faith-based therapy. *(Magsagawa ng mga pagsasanay upang gamutin ang mga PWUD sa pamamagitan ng mga espirituwal na aktibidad at faith-based na therapy.)*				
Provides exercises in connection to Psychological/Social/Spiritual and making the PWUDs more mindful. *(Nagbibigay ng mga pagsasanay na may kaugnayan sa Sikolohikal/Sosyal/Espirituwal at ginagawang mas maalalahanin ang mga PWUD.)*				

An Interview Guide for the assessment on Community–Based Drug Rehabilitation Program for Persons Who Use Drugs in Tanay, Rizal

What are the challenges you have encountered in the implementation of the Community-Based Drug Rehabilitation Program for Persons who Used Drugs in Tanay, Rizal?

(Ano ang mga hamon o pagsubok na iyong naranasan habang ipinapatupad ang Community-Based Drug Rehabilitation Program para sa mga taong gumamit ng iligal na gamot sa Tanay, Rizal?)