

## Community-Based Treatment and Care Services for Persons Who Used Drugs

Janice DC Estrada<sup>1</sup>, Marlow T. Pacapac<sup>2</sup>

<sup>1</sup>Philippine Drug Enforcement Agency

<sup>2</sup>University of Northern Philippines

<sup>1</sup>estradajanice025@gmail.com

<sup>2</sup>marlow.pacapac@unp.edu.ph

### ABSTRACT

*This descriptive and correlational study provided valuable insights into implementing Community-Based Treatment and Care Services in the Municipality of Magsingal, Ilocos Sur, a crucial initiative for addressing substance use issues. By evaluating the effectiveness of programs for Persons Who Used Drugs (PWUDs), measuring their satisfaction, identifying challenges faced during implementation, and proposing solutions, the study contributes to improving treatment outcomes and policy development. The findings can inform local efforts to enhance rehabilitation services, support recovery, and prevent relapse, ultimately benefiting the community and promoting long-term well-being for PWUDs. The study's respondents were PWUDs who had graduated from the Community-Based Treatment and Care Services in Magsingal and were selected through purposive sampling. Data were gathered using a questionnaire checklist and analyzed using frequency count, percentage, weighted mean, and Bivariate Correlation Analysis. The findings reveal that a significant percentage of respondents are aged 41-50 years, male, married, have completed high school, are unemployed, had used drugs for less than one year before treatment, and primarily abused shabu. Based on these findings, recommendations include collaboration with organizations such as DSWD, universities, DepEd, DOLE, NGOs, PDEA, and PNP to prevent relapse, facilitate early recovery, and promote gender-specific interventions. It is also suggested that job preparedness programs be implemented to equip PWUDs with the skills and credentials needed for stable employment and optimize scheduling to ensure reliable and accessible delivery of CDBRP programs.*

**Keywords:** *Community-based, PWUDs, drugs, rehabilitation, Relapse*

### INTRODUCTION

When most people think of drug treatment, they imagine imprisonment along with the inpatient treatment that is expected. However, there has been a shift in perspective of drug use over the last years, with an increasing understanding that most users are low to moderate risk and may be treated without being removed from their homes or work (URC, 2022).

According to the United Nations Office on Drugs and Crime, over 296 million people used drugs, an increase of 23% over the previous decade. The number of people who suffer from drug use disorders, meanwhile, has skyrocketed to 39.5 million, a 45% increase over 10 years (UNODC Drug Report 2023).

The study of Navarro et al. (2023) revealed that the shared population of men and women are into drug use disorder. The need to treat drug-related diseases is still primarily unfulfilled. With growing regional differences in the availability of treatment, one in five individuals with drug-related illnesses were receiving treatment for drug use in 2021. Community-based treatment and care services are attempting and failing to address a massive unmet need on a global scale. They are usually underdeveloped and under-resourced as a result. The infrastructure for CBTC services is underfunded, even in nations with well-established and resourced healthcare systems. According to a study conducted in Australia, for instance, the country has one of the lowest rates of unmet demand worldwide and high rates of treatment utilization compared to other countries. However, just 26–48 percent of the need was being met by Australian drug treatment programs, with residential rehabilitation, residential withdrawal, pharmacotherapies, and counseling accounting for the majority of interventions. (Cole, 2022).

The Philippine Anti-Illegal Drugs Strategy, Executive Order No. 66 Series of 2018, issued by the Dangerous Drugs Board through the Office of the President on October 28, 2018, will guide government initiatives to combat the nation's drug use problem. These initiatives include reducing consumer demand for drugs and other substances through drug rehabilitation and extensive preventive education and awareness campaigns, as well as stifling the flow of illegal drug supply through persistent law enforcement operations. LGUs are the primary implementers of the CBDPR, which is promoted as a tactic to combat illegal narcotics.

For those impacted by drug use and dependence in the community, Community-Based Treatment and Care Services is a particular integrated model of treatment that offers a range of services, from outreach and low threshold services to detoxification and stabilization, aftercare, and integration, including maintenance pharmacotherapy. Addressing the patient's needs entails coordinating several non-specialist health, social, and other services. To address complicated drug and alcohol issues and guarantee effective and long-lasting outcomes, the patient's family and the community are also provided with strong assistance (United Nations Office on Drugs and Crime, n.d).

Based on the statistical data from the Philippine Drug Enforcement Agency (PDEA) as of October 2023, there are 312,041 total Community-Based Drug Rehabilitation Program (CBDPR) graduates nationwide. (PDEA, 2023) Further, five thousand seven hundred eighty-seven (5,787) persons who Used Drugs (PWUDs) were recorded to have surrendered, wherein five thousand two hundred ninety-two (5,292) of them have completed the Community-Based Drug Rehabilitation Program CBDPR). Since 2017, the Municipality of Magsingal, Ilocos Sur, has recorded a total of three hundred eighty-two (382) individuals classified as Persons Who Used Drugs (PWUDs) who have voluntarily surrendered to authorities. This number represents the highest count of PWUDs who have surrendered within the 1st district of Ilocos Sur. The significant number of surrenders underscores the municipality's critical role in addressing substance abuse issues in the region, highlighting both the scale of the challenge and the community's responsiveness to interventions aimed at rehabilitation and recovery.

This also reflects the effectiveness of local government and law enforcement efforts in encouraging individuals to seek help and participate in community-based treatment programs. (PCADU ISPPPO, 2023).

The war on drugs during the Duterte Administration brought about an influx of people who use drugs (PWUDs) availing of community-based drug rehabilitation services for treatment. Thus, the voluntary surrender of confessed drug personalities nationwide in 2016 became a country's problem. Programs have been created to develop skills to avoid relapse and improve family relations and support throughout recovery. (Pellegrino, 2022). However, not all Filipino PWUDs are committed to changing their deeply rooted behaviors/vices, which is why they return or are willing to go back to their vices after completing their intervention program (PDEA Annual Report 2021).

Unfortunately, relapse rates for individuals who enter recovery from a drug or alcohol addiction are pretty high. Relapse PWUDs are those rehabilitated people who completed intervention but resumed the use of illegal drugs (PDEA 2023). Studies show that up to 85% of people relapse within the first year after leaving an inpatient drug and alcohol treatment facility, and between 40 and 60% of people do so within 30 days. Although it can happen at any point throughout a person's abstinence, relapse is most frequent during the initial phases of addiction rehabilitation. In the early stages of recovery, people cope with cravings and a variety of unfamiliar feelings. Until the brain heals, a person may not feel completely like themselves as their brain adjusts to the change in chemistry. In actuality, several PWUDs who have been arrested for drug use or sales graduate from the program. Because drugs are readily available, returning to the same setting after treatment does not aid in recovery. (Andersson et al, 2019).

The result of the study would eventually help the PWUDs to understand the significance of involvement in the program as a holistic approach to rehabilitating them that focuses on the healing of the body, mind, and soul through counseling and other therapeutic sessions, and an opportunity to express their concerns about the level of implementation of the program, level of satisfaction and problems encountered in the implementation of the program. Second, the Philippine Drug Enforcement Agency (PDEA) will strengthen the program's implementation and proposed measures and select the best practices to be endorsed to enhance existing policies/guidelines. Third, for the local implementers in Ilocos Sur, this study dramatically assists the training management and other entities involved in determining whether the program's implementation is successful and improving community services. Fourth, the Community would create awareness to prevent the onset of substance use or limit the development of problems associated with using psychoactive substances and the consequences if they engage in illegal drug activities. Fifth, the Higher Educational Institutions (HEIs) would be material to them, specifically the College of Criminal Justice Education (CCJE), in crafting the Bachelor of Science in Criminology curriculum.

### ***Objectives of the Study***

This study aimed to look into the following: (1) respondents' profile, (2) the level of implementation and satisfaction with Community-Based Treatment and Care Services (CBTCS) for Persons Who Used Drugs (PWUDs), (3) the relationship between satisfaction, respondent profiles, and program implementation, as well as the (4) severity of problems encountered during the program's implementation.

## **METHODOLOGY**

### ***Research Design***

The study used a descriptive-correlational method of research and quantitative research method precisely to determine the implementation of the program of Community-Based Treatment and Care Services, the level of satisfaction of the PWUDs on the Programs, the problems encountered in the implementation of the program, the significant relationship between the level of satisfaction and profile of the respondents, the significant relationship between the level of implementation of Programs of Community Based Treatment and Care Services and level of satisfaction of the PWUDs.

### ***Participants of the Study***

The respondents of the study were the 192 PWUDs who have graduated from the Community Based Treatment and Care Services implemented by the Municipality of Magsingal, Ilocos Sur, chosen through purposive sampling.

### ***Data Gathering Instrument***

The survey questionnaire, designed to gather data on respondents' profiles, the implementation level of Community-Based Treatment and Care Services programs, PWUDs' satisfaction with these programs, and the severity of problems encountered during implementation, was reviewed for content approval by the adviser and validated by experts, including the Provincial Officer of PDEA Ilocos Sur, the Municipal Health Officer of Caoayan, Ilocos Sur, and faculty from the College of Criminal Justice Education at the University of Northern Philippines (UNP).

### ***Data Gathering Procedure***

The researcher sought approval through a request letter to the Provincial Officer of PDEA Ilocos Sur Provincial Office to allow the researcher to collect surveys and data. After the approval, the researcher coordinated with the Municipal Local Government Operations Officer (MLGOO), Municipal Health Officer (MHO), and Police Community Relations Officer of Magsingal, Ilocos Sur, to schedule the date of administering the questionnaire. The researcher presented an informed consent form to the PWUDs to ensure their voluntary participation. The identity of the respondents was not disclosed, and their responses were treated confidentially and privately.

### **Data Analysis**

The data gathered were analyzed using Frequency count, and percentages were used to identify the demographic profile of the respondents. Weighted mean to determine the level of implementation of the programs, the level of satisfaction of the PWUDs on the programs of Community-Based Treatment and Care Services, and the problems encountered in the implementation of Community Based Treatment and Care Services; and Bivariate Correlation Analysis to measure the significant relationship between the profile of the respondents and level of satisfaction and the significant relationship between the level of implementation of Programs of Community Based Treatment and Care Services and the level of satisfaction of the PWUDs.

## **RESULTS AND DISCUSSIONS**

### **1. Profile of the respondents**

Most respondents (44.8%) are aged 41–50, followed by those aged 31–40 (19.8%), with the smallest group being individuals 60 and above (6.3%). The majority of respondents are male (91.1%), married (68.2%), and predominantly high school graduates (37%), with 32.8% having some college education, and a small percentage having completed vocational education (4.2%). Employment status indicates that 51.6% are unemployed, reflecting economic challenges among the group. Half of the respondents (50.5%) reported substance use for less than a year before seeking treatment, while others reported durations of 1–2 years (27.6%), 2–5 years (13.5%), and over 5 years (8.3%). Shabu was the most commonly abused substance (81.3%), followed by Marijuana (18.8%). These findings underscore the demographic, socioeconomic, and behavioral challenges faced by persons who use drugs (PWUDs), including unemployment, limited education, and prolonged substance abuse.

### **2. The level of implementation and satisfaction of the programs of Community-Based Treatment and Care Services to the PWUDs**

Table 1 reveals that the level of implementation of Community-Based Treatment and Care Services (CBTCS) for PWUDs is highly effective, with an overall mean rating of 4.53, classified as "Very Much Implemented."

Among the program categories, Relapse Management/Aftercare and Reintegration achieved the highest mean rating of 4.82, also categorized as "Very Much Implemented," indicating the strength of these programs in helping individuals maintain recovery and transition back into society. However, Individual and Family Programs, with a mean rating of 4.24, though still classified as "Very Much Implemented," represent the lowest score among the categories, pointing to potential areas for improvement in addressing the personalized needs of individuals and their families.

The highest scores in relapse management and reintegration underscore the effectiveness of strategies aimed at long-term recovery. This may reflect well-structured

aftercare plans, active monitoring, and community support systems that effectively prevent relapse and facilitate reintegration into the community. The focus on these areas aligns with the need for sustained interventions post-recovery to ensure stability and prevent recidivism.

**Table 1**  
*The Level of Implementation of the Community-Based Treatment and Care Services*

<b>Programs</b>	<b>Mean</b>	<b>DR</b>
A. Brief Interventions	4.75	Very Much Implemented
B. Individual and Family Program	4.24	Very Much Implemented
C. Community Care Intervention	4.33	Very Much Implemented
D. Health and Psycho-Education	4.56	Very Much Implemented
E. Psychological/ Spiritual/Social Support Services	4.69	Very Much Implemented
F. Counseling/Coaching	4.41	Very Much Implemented
G. Education and Employment Support	4.42	Very Much Implemented
H. Relapse Management/After Care and Reintegration	4.82	Very Much Implemented
<b>Overall Mean</b>	<b>4.53</b>	<b>Very Much Implemented</b>

**Legend:**

<b>Scale</b>	<b>Item DR</b>	<b>Overall Mean</b>
4.21-5.00	Always (A)	Very Much Implemented (VMI)
3.41-4.20	Often (O)	Much Implemented (MI)
2.61- 3.40	Sometimes (S)	Implemented (I)
1.81-2.60	Seldom (S)	Slightly Implemented (SI)
1.01-1.80	Never (N)	Not Implemented (NI)

While Individual and Family Programs are also rated as "Very Much Implemented," the comparatively lower score suggests potential shortcomings in addressing specific needs. Challenges may include insufficient tailoring of programs to individual circumstances, limited involvement of family members in the recovery process, or resource constraints. This gap highlights the need for holistic, family-centered approaches and individualizing interventions to enhance program impact.

The current study's findings contrast previous research in several key areas. For instance, Govender and Voce (2020) highlighted the lack of robust aftercare and reintegration policies in contexts such as South Africa, which mirrors the systemic barriers identified by Bersamina and Tolio (2022). They found that respondents faced uncomfortable work environments, poor relationships with employers and peers, a lack of belonging, and jobs that did not align with their abilities or needs. These challenges point to inadequate policy support for aftercare and reintegration, which starkly contrasts with the higher implementation scores observed in the current study. The comparison suggests that the Municipality of Magsingal's focus on aftercare could be a potential model for regions experiencing similar issues.

The high relapse management and reintegration scores suggest the successful allocation of resources and policy emphasis in these areas. However, the comparatively lower performance in Individual and Family Programs indicates an opportunity to strengthen these components. Incorporating family therapy, psychoeducation, and personalized care plans could address this gap. This approach is critical, as family dynamics and individualized care are foundational to sustained recovery.

The contrasting evidence between this study and the situation in South Africa highlights the role of localized policies and resource allocation in determining program success. While the Municipality of Magsingal demonstrates success in certain areas, the findings also underscore the need for continuous evaluation and improvement to ensure comprehensive and inclusive support across all program categories; this can include leveraging lessons from international studies to address potential challenges preemptively.

Table 2 presents the level of satisfaction of the PWUDs with the Community-Based Treatment and Care Services programs.

**Table 2**

*The Level of Satisfaction of PWUDs on the Programs of Community-Based Treatment and Care Services*

<b>Programs</b>	<b>Mean</b>	<b>DR</b>
A. Brief Interventions	4.77	Very Much Satisfied
B. Individual and Family Program	4.44	Very Much Satisfied
C. Community Care Intervention	4.22	Very Much Satisfied
D. Health and Psycho-Education	4.54	Very Much Satisfied
E. Psychological/ Spiritual/Social Support Services	4.58	Very Much Satisfied
F. Counseling/Coaching	4.41	Very Much Satisfied
G. Education and Employment Support	4.41	Very Much Satisfied
H. Relapse Management/After Care and Reintegration	4.74	Very Much Satisfied
<b>Overall Mean</b>	<b>4.52</b>	<b>Very Much Satisfied</b>

**Legend:**

<b>Scale</b>	<b>Item DR</b>	<b>Overall Mean</b>
4.21-5.00	Strongly Agree (SA)	Very Much Satisfied (VMS)
3.41-4.20	Agree (A)	Very Satisfied (VS)
2.61- 3.40	Undecided (U)	Satisfied (S)
1.81-2.60	Disagree (D)	Moderately Satisfied (MS)
1.01-1.80	Strongly Disagree (SD)	Not Satisfied (NS)

It can be gleaned from Table 2 that PWUDs are "Very Much Satisfied" with the Community-Based Treatment and Care Services (CBTCS) programs, achieving an overall mean satisfaction rating of 4.52. Among the categories, Brief Interventions garnered the highest

satisfaction level, with a mean of 4.77, while Community Care Interventions scored the lowest, with a mean of 4.22, still classified as "Very Satisfied." These results highlight the effectiveness of brief interventions in meeting respondents' needs and point to areas for potential improvement in community care interventions.

The high satisfaction level with Brief Interventions suggests that the strategies and approaches employed, such as screening, brief counseling, and referral mechanisms, are well-received. This aligns with the findings of Chambers et al. (2016), which noted the potential effectiveness of brief, focused interventions, especially when tailored to immediate needs. However, the study also highlights the need to assess the potential for even greater success with multi-session interventions, as sustained and intensive engagement may yield more consistent long-term outcomes for PWUDs.

The relatively lower satisfaction rating for Community Care Interventions suggests possible gaps in implementation or alignment with the participants' expectations. This may indicate challenges such as inadequate community support systems, limited accessibility, or a mismatch between the services provided and the perceived needs of the respondents. Addressing these gaps could involve strengthening partnerships with community organizations, ensuring the availability of resources, and tailoring interventions to be more responsive to local contexts.

The insights from Woodward et al. (2014) on the utility of online support groups offer an interesting perspective for improving Community Care Interventions. Online communities can provide an alternative platform for individuals reluctant to engage in traditional community care settings due to stigma or fear of judgment. Integrating online components, such as virtual counseling or peer support groups, into community interventions could enhance accessibility and inclusivity, particularly for marginalized or hesitant individuals.

The mixed results highlighted by Chambers et al. (2016) in brief interventions emphasize the need for a balanced approach. While Brief Interventions work well for immediate needs, Community Care Interventions should focus on sustained and deeper engagement. This could involve expanding the scope of services, integrating evidence-based practices like multi-session therapy, and enhancing community involvement to ensure continuity of care and support. Likewise, Purisima et al. (2023) recommended that support from local government units through livelihood programs be considered.

The contrast between high satisfaction in brief, targeted interventions and lower satisfaction in broader community care reflects a common challenge in substance use recovery programs: balancing immediate, impactful strategies with long-term, comprehensive care. By drawing on global research and local feedback, the CBTCS programs can evolve to provide a more holistic approach that meets short-term and sustained recovery needs.

### **3. Relationship between the level of Satisfaction and the Profile of the Respondents**

Analyzing the significant relationships between the level of satisfaction with Community-Based Treatment and Care Services (CBTCS) programs and the socioeconomic



profiles of PWUDs reveals crucial insights into tailoring these programs for improved outcomes. These findings underscore the importance of considering individual differences, such as gender, educational attainment, and employment status, to ensure that interventions effectively meet the diverse needs of participants.

The significant correlation between gender and satisfaction suggests that male and female PWUDs may have distinct needs and experiences within treatment programs. Tailoring interventions to these differences is critical for ensuring equity and effectiveness. Gender-specific considerations include addressing stigmas, providing child care for women participants, and offering psychosocial support for gender-related challenges. For instance, as Ezell et al. (2024) highlight, women are more likely to actively engage in harm reduction efforts, suggesting that empowering women participants can enhance program outcomes.

The relationship between educational attainment and satisfaction emphasizes the need for accessible, user-friendly program materials that accommodate varying levels of literacy and educational backgrounds. This could involve creating simplified materials or offering visual and interactive resources for participants with limited formal education. Programs could integrate educational components such as life skills workshops or literacy programs to empower participants and increase their capacity to engage with recovery services. This aligns with findings by Shahrabadi et al. (2020), suggesting education plays a role in psychological functioning, though it may not directly influence social functioning.

The significant link between employment status and satisfaction indicates many PWUDs' economic challenges. Addressing these challenges requires providing vocational training, job placement assistance, and support for economic stability as part of the recovery process. Walag et al. (2024) note that many LGUs provide livelihood training during aftercare rather than within Community-Based Drug Rehabilitation (CBDR) programs. This suggests a need to re-evaluate program protocols to integrate economic interventions earlier in the recovery journey, especially for unemployed participants or those in precarious jobs.

These findings highlight the importance of adopting a multi-faceted approach that considers the intersection of gender, education, and employment in program design. Policies should prioritize equity and inclusivity, removing barriers that hinder specific groups from accessing or benefiting from services. In addition, integrating feedback mechanisms that allow participants to voice their unique challenges based on their profiles can provide valuable insights for program refinement. For example, understanding why certain groups report lower satisfaction can inform targeted interventions to close these gaps. Further, Collaboration with local governments and organizations to enhance wraparound services, such as livelihood programs and educational opportunities, can address the systemic challenges affecting participant satisfaction.

### **Relationship between the level of implementation of Programs and the level of satisfaction of PWUDs**

On the significant relationship between the implementation of Programs of Community Based Treatment and Care Services and the level of satisfaction of PWUDs. As a whole, the level of implementation of Community-Based Treatment and Care Services Programs has a highly significant relationship to the level of satisfaction of the respondents, as indicated by an r-value of .520. The null hypothesis was rejected.

Moreover, when the variables are taken singly, it was found that the level of implementation has a significant relationship as to the following: Brief Intervention as indicated by r-value of .173; Individual and Family Program as indicated by r-value of .334; Psychological/Spiritual/Social Support Services as indicated by r-value of .499; Counseling/Coaching as indicated by r-value of .394; Education and Employment Support as indicated by r-value of .464; and Relapse Management/Aftercare and Reintegration as indicated by r-value .353.

This implies that as the level of implementation of the programs increases, the level of satisfaction of the respondents also increases. Therefore, Community-Based Treatment and Care Services must implement their programs effectively to maximize client satisfaction.

Walag et al. (2024) state that clients are highly satisfied with all dimensions of services, particularly the efficacy of the program. Much research has shown how it affects the effectiveness of rehabilitation and treatment initiatives. Clients in a peer support group rehabilitation program, for instance, reported being satisfied with their care and using drugs far less frequently. Managing their emotions and thoughts, identifying their talents, relating to others, repairing relationships, resolving issues, making sense of the past, and finding hope for the future are all covered in the life skills modules of the CBDR program. The findings support earlier research that found the CBDR program enhanced rehabilitation, life skills, and overall well-being. This further highlights the need to design rehabilitation programs with cultural sensitivity and needs in mind since it guarantees the resources, methods, language, and content.

### **4. The degree of seriousness of the problems encountered in the implementation of Community-Based Treatment and Care Services**

Table 3 presents the degree of seriousness of the problems encountered in the implementation of Community-Based Treatment and Care Services.

The conflicting schedules for delivering CBDRP programs to PWUDs rank one as the problem that is always encountered, with a mean of 4.71, which is a serious concern. It shows that there is a conflict with the schedules in delivering the program, and instead of going to work that sustains their daily needs, they need to report and attend the program. This challenge can lead to missed opportunities for crucial interventions and support services, hindering progress toward recovery.

The second most common problem encountered in CDBRP is that the program relies on volunteers to implement it, which can sometimes result in challenges related to consistency and reliability. Volunteer availability and commitment levels may fluctuate, impacting the program's capacity to deliver services effectively.

The third most common problem encountered in CDBRP is stigma and discrimination in communities, which persist as pervasive barriers within communities, often marginalizing and isolating vulnerable populations. Such prejudices hinder access to essential services, perpetuate social inequalities, and undermine efforts for inclusive community development.

**Table 3**  
*Problems encountered in the Implementation of the Program*

Problems	Mean	DR	Rank
Conflicting schedules for delivering CDBRP programs to PWUDs.	4.71	Always	1
The program relies on volunteers to implement the program.	4.47	Always	2
Stigma and discrimination in communities.	4.42	Always	3
The program does not have permanent Community-Based Drug Rehabilitation Staff.	4.42	Always	4
Difficulties in obtaining the participation and cooperation of client's families.	4.31	Always	5
Community officials lack cooperation.	3.33	Sometimes	6
Limited Facilities and Equipment.	2.54	Seldom	7
Lack of Budget or funding management.	2.34	Seldom	8
Inadequate Resources.	2.31	Seldom	9

**Legend**

Scale	Item Description
4.21-5.00	Always (A)
3.41-4.20	Often (O)
2.61-3.40	Sometimes (S)
1.81-2.60	Seldom (S)

The fourth most common problem encountered in CDBRP is that the program does not have permanent Community-Based Drug staff, which poses a significant challenge to the program's continuity and effectiveness. Without consistent staff members, there may be gaps in service provision and a lack of continuity in care for individuals seeking support.

The fifth most common problem encountered in CDBRP is the difficulty in obtaining the participation and cooperation of client families. Lack of family involvement can impede the holistic support needed for successful outcomes, leading to barriers to treatment adherence and rehabilitation progress.

The sixth problem that is sometimes encountered is the lack of cooperation among community officials, which undermines the collective efforts to address pressing community issues and deliver essential services effectively. This lack of collaboration can lead to disjointed approaches and inefficiencies in resource allocation, ultimately hindering progress toward community development goals.

The seventh problem seldom encountered is limited facilities and equipment, which hinders the delivery of comprehensive services and hinders the program's effectiveness in addressing the diverse needs of individuals seeking support and recovery.

The eighth problem seldom encountered is a lack of budget or funding management. Effective budgeting and financial management are crucial for sustaining program operations, ensuring resource availability, and maintaining service quality, all of which are essential for supporting individuals in their journey toward recovery and rehabilitation.

Finally, the ninth problem seldom encountered is inadequate resources, which restricts the program's ability to offer essential services like counseling, medical care, vocational training, and community support. This undermines its effectiveness in meeting the diverse needs of individuals seeking recovery, compromising overall success.

This implies that targeted interventions are needed to address challenges within the Community Based Drug Rehabilitation Program (CBDRP) to ensure effective service delivery and support for Persons Who Use Drugs (PWUDs). Implementing flexible scheduling options and remote program access can accommodate diverse needs and prevent missed opportunities for vital interventions. Addressing the shortage of accredited doctors for drug testing is crucial for timely and accurate assessment of substance use, requiring innovative strategies such as expanding training opportunities or establishing partnerships with medical institutions. Diversified recruitment, comprehensive training, and clear communication channels are necessary to ensure consistency and reliability in service delivery amidst reliance on volunteers. Maintaining consistent service provision demands recruitment, training, and supervision protocols to address the absence of permanent staff. Community-wide efforts, including awareness campaigns and advocacy initiatives, are essential to combating stigma and discrimination. Tailored outreach efforts and family counseling services are crucial to fostering stronger engagement in the rehabilitation process. Fostering open dialogue and promoting a shared vision for community advancement is necessary to overcome disjointed approaches and inefficiencies in service delivery among community officials. Addressing these challenges comprehensively is vital for enhancing the effectiveness and inclusivity of the CBDRP and advancing community development goals.

## **CONCLUSIONS**

This study evaluated the Community-Based Treatment and Care Services (CBTCS) program for Persons Who Used Drugs (PWUDs) in Magsingal, Ilocos Sur. Most respondents were male, aged 41–50, married, unemployed, and primarily used shabu for less than a year

before treatment. The programs were effectively implemented, with relapse management and psycho-social support receiving the highest ratings. Satisfaction levels were also high, with brief interventions and aftercare services being the most appreciated. Significant relationships were found between respondent profiles and their satisfaction, as well as between program implementation and satisfaction. However, challenges such as conflicting schedules, reliance on volunteers, stigma, and a lack of permanent staff were identified as key issues. The CBTRC program has effectively supported PWUDs in their recovery. Still, improvements in delivery, resources, and collaboration with stakeholders are needed to address these challenges and ensure long-term success.

### **RECOMMENDATIONS**

Based on the findings and conclusions, it is recommended that the CBDRP implementers collaborate with various organizations such as DSWD, universities, DepEd, DOLE, NGOs, PDEA, and PNP to organize regular multi-sectoral meetings that aim to recognize marital dynamics, enhance treatment effectiveness, and empower individuals with skills and support networks to prevent relapse and facilitate early recovery. In addition, the CBDRP implementers may conduct gender-specific training to understand the unique challenges male and female PWUDs face and address biases in service delivery. Integrate Substance Abuse Education in Schools to include substance abuse prevention modules in the curriculum; Skills Training Workshops in partnership with nearby technical schools to offer vocational training tailored to local labor market demands; and Job Placement Partnerships in collaboration with local businesses and employers to create job opportunities for PWUDs who have completed the program. The Municipality of Magsingal, Ilocos Sur, may continue to implement the Community-Based Treatment and Care Services Program for the PWUDs at a very high level. The Local Government Units/ CBDRP Implementers and PDEA may adopt the proposed action plan.

### **ETHICAL STATEMENT**

The ethical principles observed in the study include privacy and confidentiality, conflict of interest, informed consent, vulnerability, recruitment, benefits, compensation, risk, and community considerations. The principle of privacy and confidentiality was ensured. There was no conflict of interest for the researchers in the study, voluntary participation was ensured, and informed consent was provided to each respondent. The study's respondents were recruited using informed consent, and the purpose, benefits, and role in the study were explained to them. Respondents were asked to answer the questions freely about their experiences. They also have a right to know the findings of the study. No direct compensation was given to the respondents. The study did not inflict direct or indirect physical or psychological effects on respondents because they were given ample time to answer the

questions and to ask for clarifications freely. The researchers make sure that the respondents feel comfortable during the study. The result of the study is beneficial for the local implementers and community for it can determine the program's efficacy to people and community, therefore enhancing or sustaining the services to the community.

### ACKNOWLEDGMENT

The researchers would like to express their profound appreciation to the Municipal Health Office of Magsingal Ilocos Sur, the PNP Police Community Relation of Magsingal Municipal Police Station, and the PDEA Ilocos Sur Provincial Office.

### REFERENCES

- Andersson, H. W., Wenaas, M., & Nordfjærn, T. (2019). Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. *Addictive Behaviors, 90*, 222–228. <https://doi.org/10.1016/j.addbeh.2018.11.008>
- Bersamina, D. R., & Tolio, W. R. (2022). Work environment of probationers in Ilocos Sur. *The Asian Journal of Education and Human Development, 3*(1). <https://doi.org/10.69566/ajehd.v3i1.39>
- Chambers, J. E., Brooks, A. C., Medvin, R., Metzger, D. S., Lauby, J., Carpenedo, C. M., Favor, K. E., & Kirby, K. C. (2016). Examining multi-session brief intervention for substance use in primary care: Research methods of a randomized controlled trial. *Addiction Science & Clinical Practice, 11*, Article 8. <https://doi.org/10.1186/s13722-016-0057-6>
- Cole, M. J. (2022). Capacity-building in community-based drug treatment and care services. *Health and Human Rights Journal, 24*(1), 189–202.
- Dangerous Drugs Board. (2019). Board Regulation No. 7 Series of 2019: Consolidated revised rules governing access to treatment and rehabilitation programs and services. *Office of the Court Administrator, Republic of the Philippines, Supreme Court*.
- Mpanza, D. M., Govender, P., & Voce, A. (2020). Aftercare services to people with substance use disorders: analysis of South African policy. *Drugs: Education, Prevention and Policy, 28*(2), 138–155. <https://doi.org/10.1080/09687637.2020.1742661>
- Navarro, R. T., Javier, C. A., Cadorna, E. A., Garcia, G. A., & Gorospe, S. B. M. (2023). Domestic violence against women: A global perspective. *Journal of Namibian Studies: History Politics Culture, 33*, 3872–3889. <https://doi.org/10.59670/jns.v33i.2518>
- Pelegrino, J. T. (2022). Drug rehabilitation program from the lens of surrenderees. *International Journal of Sciences: Basic and Applied Research, 62*(1), 235–249.
- Philippine Drug Enforcement Agency. (2021). Annual report 2021. *Commission on Audit*. [https://www.coa.gov.ph/wpfd\\_file/philippine-drug-enforcement-agency-annual-audit-report-2021/](https://www.coa.gov.ph/wpfd_file/philippine-drug-enforcement-agency-annual-audit-report-2021/)

- Philippine Drug Enforcement Agency. (2023). Statistical data for Barangay Drug-Clearing Program for Drug Treatment and Rehabilitation Program as of October 2023. *Dangerous Drug Board*. <https://ddb.gov.ph/2023-statistical-analysis/>
- Purisima, E. M. R., Abella, J. A., Dela Peña, R. C., & Javier, E. R. (2023). Assessment of the community well-being in Ilocos Sur, Philippines: A basis for health extension plan. *Journal of Namibian Studies: History Politics Culture*, 33, 3836–3854. <https://doi.org/10.59670/jns.v33i.2516>
- Shahrabadi, S., Jalali, A., Jalali, R., & Gholami, A. (2020). Psychological, social, and motivational factors in persons who use drugs. *Substance Abuse Treatment, Prevention, and Policy*, 15, Article 64. <https://doi.org/10.1186/s13011-020-00273-7>
- University Research Co. (2022). Freedom from drug use after incarceration: A second chance. *URC*. <https://www.urc-chs.com/news/freedom-from-drug-use-after-incarceration-a-second-chance/>
- United Nations Office on Drugs and Crime. (2023). UNODC World Drug Report 2023 warns of converging crises as illicit drug markets continue to expand. *United Nations Office on Drugs and Crime*. <https://www.unodc.org/unodc/press/releases/2023/June/unodc-world-drug-report-2023-warns-of-converging-crises-as-illicit-drug-markets-continue-to-expand.html>
- United Nations Office on Drugs and Crime. (n.d.). Community-based treatment and care for drug use and dependence. *United Nations Office on Drugs and Crime*. [https://www.unodc.org/roseap/uploads/archive/documents/cbtx/cbtx\\_brief\\_EN.pdf](https://www.unodc.org/roseap/uploads/archive/documents/cbtx/cbtx_brief_EN.pdf)
- Walag, A. M. P., Melliza-Descallar, R. B. B., Patana, J. T., & Hechanova, M. R. (2024). Community-based drug rehabilitation clients' motivation, satisfaction and the factors affecting their completion of the rehabilitation and aftercare program: A convergent mixed methods study. *Canadian Journal of Family and Youth*, 16(3), 151–171. <https://doi.org/10.29173/cjfy30042>
- Woodward, V. H., Misis, M. L., & Griffin, O. H., III. (2014). Examining the effects of social bonds and shame on drug recovery within an online support community. *Deviant Behavior*, 35(7), 589–604. <https://doi.org/10.1080/01639625.2014.901054>