

INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY: APPLIED BUSINESS AND EDUCATION RESEARCH

2024, Vol. 5, No. 4, 1240 – 1249

<http://dx.doi.org/10.11594/ijmaber.05.04.12>

Research Article

Level of Implementation of Drug Rehabilitation Program, Treatment and Intervention for Persons Who Use Drugs (PWUD) in Basud, Camarines Norte, Philippines

Rosalie J. Avengoza-Almadrones^{1*}, John Kevin A. Babala²

¹Camarines Norte State College, Daet, Camarines Norte, 4600, Philippines

²Purok Chico, Brgy. Gubat, Daet, Camarines Norte

Article history:

Submission February 2024

Revised April 2024

Accepted April 2024

*Corresponding author:

E-mail:

rosalie_ning@yahoo.com

ABSTRACT

The study specifically assessed the level of implementation of the Drug Rehabilitation Program, treatment and intervention for Persons Who Use Drugs (PWUD) in Basud, Camarines Norte. It employed descriptive research where 300 respondents participated as respondents. As to the findings, in terms of community preparation PNP Basud initiates advocacy programs on drug education in the community. The least implemented practice was initiating activities in organizing screening for person who use drugs. Meanwhile, in terms of screening, it was found that MHO Basud initiates accomplishing intake form during the screening process. The least practice was initiating schedule check-up by MHO Basud. In terms of assessment, the results showed that MHO Basud ensures other assessment of other mental health conditions using mhGAP IG. The least practice, however, was ensuring request for laboratory/diagnostic test by the MHO Basud. In terms of implementation of intervention, it was revealed that MHO Basud implements community-based treatment for person who uses drugs. The least practice was implements inpatient treatment for person who uses drugs by MHO Basud. Finally, in terms of aftercare program, it was revealed that DILG Basud undertakes community reintegration for person who formerly uses drugs. The least practice, however, was ensuring follow-up for person who formerly uses drugs by the DILG Basud. Comprehensive community-based training programs and educational orientation on drug-related treatment, rehabilitation and interventions may be continuously provided to the implementers of interventions to raise public awareness on the essence, objectives and processes involved in community-based drug rehabilitation.

Keywords: *Drug Rehabilitation Program, Level of implementation, Persons who use drugs, Treatment and intervention*

How to cite:

Avengoza-Almadrones, R. J. & Babala, J. K. A. (2024). Level of Implementation of Drug Rehabilitation Program, Treatment and Intervention for Persons Who Use Drugs (PWUD) in Basud, Camarines Norte, Philippines. *International Journal of Multidisciplinary: Applied Business and Education Research*. 5(4), 1240 – 1249. doi: 10.11594/ijmaber.05.04.12

Introduction

In a national scenario, the PNP's implementation of Oplan Tokhang has led to the massive number of drug users surrendering, such that the number and capacity of existing Treatment and Rehabilitation Centers (TRCs) would prove lacking and insufficient. This emerging issue paved for the Inter-Agency Task Force created by the Department of Health (DOH) and World Health Organization (WHO) in July 2016 to formulate the Algorithm for Wellness and Recovery from substance-related issues. This involves providing holistic care in the form of preventive education, health promotion, screening, treatment and rehabilitation services, primary health services, basic support, education, skills training, and livelihood opportunities in communities. Beyond being cost-effective, there is evidence that community-based drug interventions have significantly decreased hospital stay, emergency room visits, and criminality (UNODC, 2014). Similarly, in the study of Jayamaha, et al. (2022), their paper intended to provide an insight to consider therapeutic community (TC) as a rehabilitation intervention for the imprisoned narcotic drug offenders with SUD. A special reference is provided to Sri Lanka, given its current requirement for an appropriate rehabilitation model for the prison community suffering from substance use disorder (SUD).

The roles of community-based rehabilitation programs have become more indispensable nowadays when their beneficiaries also expand in numbers. These programs primarily aim to provide People Who Use Drugs (PWUD) with equal opportunities to experience rehabilitation, recovery and extrication from their former adverse status as drug dependents. In a locally conducted study of Lopez (2012), it was revealed that most of the police respondents observed and perceived that problems on sustainability, consistency and follow-up were some of the major challenges associated with community-based rehabilitation program for PWUD.

This study is anchored on the provisions of Section 2 of Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2002. This Act states that it is a declared policy of the State to provide effective mechanisms or measures

to reintegrate into society individuals who have fallen victims of drug abuse or drug dependence through sustainable programs of treatment and rehabilitation. This Act serves as the basis for the implementation of various interventions for persons who use drugs with different levels of drug risks including low, mild, moderate and severe drug users. Typically, general interventions are provided for low-risk drug users, community-based treatment is intended for mild risk; health-facility-based outpatient treatment and rehabilitation are offered for moderate drug users while inpatient treatment and rehabilitation are usually offered for severe drug users.

Thus, in view of these, this current research explored the extent of implementation of community-based rehabilitation and treatment programs for persons who use drugs in Basud, Camarines Norte. The researcher, being non-uniformed personnel, personally perceived that there are some aspects of the program that need to be improved and enhanced like its consistency and aftercare program support to avoid relapsed intervention. Thus, the researcher was motivated to pursue a study on the extent of drug use among the residents of the selected locale.

In connection with this, data from PNP Basud showed that as of December 21, 2018, 623 persons who use drugs were assessed. Out of this number, 622 were identified as low-risk drug users and only one was found as mild user. Likewise, out of the 623 assessed drug users, there were 599 males and 24 females and only 300 attained and finished the required general intervention. These data motivated the researcher to determine and analyze the accessibility and effectiveness of community-based treatment and rehabilitation offered for different levels of drug users including the challenges encountered by the police and the community in implementing these rehabilitation efforts.

Methods

Descriptive method was applied to discuss and analyze the level of implementation of drug rehabilitation program for persons who use drugs. The selected locale of this study was the PNP Basud District which offers community-

based treatment and rehabilitation program for persons who use drugs. The key respondents of this study were the selected 300 PWUD from Basud, Camarines Norte. These 300 respondents were the ones who graduated or completed the community-based rehabilitation program. Out of this population, 106 PWUD started to undergo community-based drug rehabilitation in 2017 while in 2018, there were 194 who underwent similar program. Total enumeration method was employed in this study.

Description of the Respondents

The respondents were composed solely of low-risk drug users since all were able to complete the general intervention belonging to low-risk category. These 300 PWUD from Basud, Camarines Norte served as the main sources of data as to the level of implementation of the drug rehabilitation program and the challenges encountered in the implementation of community-based rehabilitation program.

Research Instruments

In order to acquire accurate, valid and reliable data needed to support the objective of the study, the study made use of a questionnaire. This instrument was vital in gathering the

pertinent data about the status of implementation of community-based rehabilitation program for persons who use drugs.

The questionnaire sought information on the specific interventions, treatment and rehabilitation programs offered for each category of drug use. The survey-questionnaire underwent a dry-run or validation to 15 PWUD at Daet, Camarines Norte in order to determine its reliability and validity.

Result and Discussion

This part presents the assessment and evaluation of the level of implementation of community-based drug rehabilitation and treatment programs for persons who use drugs.

Community Preparation. Table 1 indicates the data about the evaluation of community-based drug treatment and rehabilitation programs for persons who use drugs in terms of community preparation. The results showed that PNP Basud initiated advocacy programs on drug education in the community, with the highest obtained mean of 4.38, interpreted as fully implemented. The least implemented practice was initiating activities in organizing a screening for person who use drugs, with the lowest mean of 3.73, interpreted as fully implemented.

Table 1. Evaluation of the Respondents in terms of Community Preparation

Indicators	Weighted Mean	Adjectival Rating
1. PNP Basud initiates advocacy programs on drug education in the community	4.38	Fully Implemented
2. PNP Basud initiates education of the residents through lectures on drug awareness	4.2	Fully Implemented
3. PNP Basud initiates activities in mobilizing community towards drug rehabilitation	3.87	Fully Implemented
4. PNP Basud initiates activities towards building capacity for drug rehabilitation	3.87	Fully Implemented
5. PNP Basud initiates activities in organizing screening for person who uses drugs	3.73	Fully Implemented
<i>Average Weighted Mean</i>	<i>4.01</i>	<i>Fully Implemented</i>

Scale: 4.51-5.00 - Highly Implemented
3.51-4.50 - Fully Implemented
2.51-3.50 - Slightly Implemented
1.51-2.50 - Mildly Implemented
1.00-1.50 - Poorly Implemented

Advocacy programs are pivotal components of community-based drug interventions. Advocacy programs on drug awareness are initiated in diverse key settings such as schools, communities and workplaces. During drug advocacy-related initiatives, the resource speakers oriented the participants on the drug-related problems in the society including the information on the dire effects of drug abuse and illegal drug activities.

Advocacy programs are directed toward establishing collective societal anti-drug efforts and campaigns. The programs are driven by drug demand reduction objectives. These are also founded to foster civic awareness and response pillars to initiate anti-drug abuse tasks and information campaigns. These programs seek to discourage users and impending users from experimenting with illicit substances. Advocacy programs are one of the subjects of drug demand reduction. These are integral components of the initiatives employed to reduce consumer demand for illicit drugs.

Meanwhile, educational lectures on anti-drug initiatives provided for the residents in the community include the planned and organized provision of information, resources and skills necessary to live a life in the community and society that is free or safe from psychoactive substances. Community-based anti-drug

lectures offer residents, community leaders and members opportunities to develop their knowledge, skills and attitude and to recognize the essence of healthy living without dependence on psychoactive substances. Anti-drug lectures stem from community-based anti-drug activities directed towards prioritizing responsibility towards drug awareness and drug prevention. In a corroborative study of Milendres (2016) which focused on the extent of community-based anti-drug program in Tangub City, it was found that most of the residents and community leaders who participated in the study strongly agreed that community-based anti-drug lectures expose residents to opportunities to reflect on their own cultures and attitudes towards psychoactive substances, their use and people who use them.

Screening. Table 2 indicates the data on the level of implementation of community-based drug treatment and rehabilitation for persons who use drugs in terms of screening. It was found that MHO Basud initiated accomplishing intake form during the screening process, with the highest mean of 4.58, interpreted as highly implemented. The least practice was initiating scheduled check-up by MHO Basud, with the lowest mean of 4.28, interpreted as fully implemented.

Table 2. Evaluation of the Community-Based Drug Treatment and Rehabilitation Program in terms of Screening

Indicators	Weighted Mean	Adjectival Rating
1. MHO Basud initiates accomplishing intake form during the screening process	4.58	Highly Implemented
2. MHO Basud initiates classifying risk using ASSIST (Alcohol Smoking and Substance Involvement Screening Test)	4.37	Fully Implemented
3. MHO Basud initiates identifying the need to assess other mental health conditions with SRQ (Self Reporting Questionnaire 20)	4.29	Fully Implemented
4. MHO Basud initiates scheduled check-up	4.28	Fully Implemented
5. MHO Basud initiates release of results	4.57	Highly Implemented
<i>Average Weighted Mean</i>	<i>4.42</i>	<i>Fully Implemented</i>

Scale: 4.51-5.00 - Highly Implemented
 3.51-4.50 - Fully Implemented
 2.51-3.50 - Slightly Implemented
 1.51-2.50 - Mildly Implemented
 1.00-1.50 - Poorly Implemented

Understanding the extent and nature of an individual’s substance use disorder and its impacts with other life areas are crucial and imperative to drug-related screening program and initiatives. This understanding stems from the screening process which serves to match the persons who use drugs with the accurate intervention and treatment services. To ensure that the significant information vital to screening is obtained appropriately, providers and implementers resort to the utilization of standardized screening measures, systems and tools. Screening results provide the core basis of anti-drug initiatives.

Several drug-related screening instruments and tools currently exist. These screening instruments are accessible nowadays to help counselors identify whether further assessment is required. Screening process also helps to determine and analyze the nature and extent of client’s substance use and disorder. It also seeks to identify the various treatment-related

factors that pose impacts on the client’s response to interventions. In a related study of Castellanos (2013) which assessed the sensitivity and specificity of a brief personality screening instrument in predicting future substance use, emotional, and behavioral problems showed that the Substance Use Risk Profile Scale (SURPS) is a valuable tool for identifying adolescents at high risk for substance misuse and other emotional and behavioral problems.

Assessment. Table 3 indicates the data about the level of community-based drug treatment and rehabilitation programs in terms of assessment. The results showed that MHO Basud ensured other assessments of other mental health conditions using mhGAP IG, with the highest mean of 4.39, interpreted as fully implemented. The least practice, however, was ensuring request for laboratory/diagnostic test by the MHO Basud, with the lowest mean of 4.25, interpreted as fully implemented.

Table 3. Evaluation of the Community-Based Drug Treatment and Rehabilitation Program in Terms of Assessment

Indicators	Weighted Mean	Adjectival Rating
1. MHO Basud ensures assessment of severity using DSM 5/ICD 10	4.2	Fully Implemented
2. MHO Basud ensures other assessment of other mental health conditions using mhGAP IG	4.39	Fully Implemented
3. MHO Basud ensures accomplishment of complete history/review of systems	4.31	Fully Implemented
4. MHO Basud ensures the conduct of physical examinations	4.27	Fully Implemented
5. MHO Basud ensures request for laboratory/diagnostic test	4.25	Fully Implemented
6. MHO Basud ensures referral appropriately	4.27	Fully Implemented
<i>Average Weighted Mean</i>	<i>4.28</i>	<i>Fully Implemented</i>

Scale: 4.51-5.00 - Highly Implemented
3.51-4.50 - Fully Implemented
2.51-3.50 - Slightly Implemented
1.51-2.50 - Mildly Implemented
1.00-1.50 - Poorly Implemented

The results imply that assessment in the context of anti-drug intervention involves the process of defining and evaluating the nature of the drug-related problems. Drug assessment results serve as valid and reliable bases for the development and implementation of specific

anti-drug treatment or intervention. As defined by The Arbor Behavioral Healthcare (2019), a drug assessment is usually one of the first steps in treatment when entering drug or alcohol rehab. During an evaluation, clinicians develop a treatment plan that will include detox and

treatment based on several factors, including severity of addiction. Further, the Substance Abuse Subtle Screening Inventory (SASSI) helps clinicians assess people in rehab and help evaluate the likelihood they have substance abuse disorder. It also helps to evaluate the person’s beliefs around substance use and their readiness to change or receive help.

The need to employ comprehensive drug-related assessment is imperative to community-based drug rehabilitation. Drug-related assessment allows implementers and medical professionals to determine the extent of the addiction, to assist in the development of a treatment plan and to establish interaction and partnership with the patient or family members towards determining the most accurate level of intervention to address their addiction. Drug-related assessment enables medical professionals not only to work and interact with persons who use drugs, but also to know who they are and how drug abuse became a destructive element in their lives. The assessment process is also vital in determining and analyzing possible community-based and societal factors, circumstances and influences that could trigger an individual’s involvement in drug abuse and

addiction. In a corroborative study of Villagen (2015) which examined and analyzed the implementation of a holistic approach to community-based drug intervention for persons who use drugs in Aklan, it was found and concluded that the holistic approach in understanding the patient’s nature and extent of drug abuse is crucial and imperative to the drug-related assessment system. It was further concluded that drug assessment is necessary for employing preliminary responses toward treatment recovery and rehabilitation upon drug involvement.

Implementation of Intervention. Table 4 presents the data on the level of implementation of community-based drug treatment and rehabilitation programs for persons who use drugs in terms of implementation of intervention. It was revealed that MHO Basud implemented community-based treatment for persons who use drugs, with the highest mean of 4.45, interpreted as fully implemented. The least practice was implementing inpatient treatment for persons who use drugs by MHO Basud, with the lowest mean of 4.08, interpreted as fully implemented.

Table 4. Evaluation of Community-Based Drug Treatment and Rehabilitation Program in terms of Implementation of Intervention

Indicators	Weighted Mean	Adjectival Rating
1. MHO Basud implements general intervention for person who uses drugs	4.21	Fully Implemented
2. MHO Basud implements community-based treatment for drugs	4.45	Fully Implemented
3. MHO Basud implements rehab for person who uses drugs	4.43	Fully Implemented
4. MHO Basud implements health facility-based outpatient treatment for person who uses drugs	4.38	Fully Implemented
5. MHO Basud implements inpatient treatment for person who uses drugs	4.08	Fully Implemented
<i>Average Weighted Mean</i>	<i>4.31</i>	<i>Fully Implemented</i>

Scale: 4.51-5.00 - Highly Implemented
 3.51-4.50 - Fully Implemented
 2.51-3.50 - Slightly Implemented
 1.51-2.50 - Mildly Implemented
 1.00-1.50 - Poorly Implemented

Community-based drug rehabilitation and treatment depends on a specific integrated model of treatment for individuals affected by drug abuse and dependence in the community which offers a continuum of care from outreach and low threshold services. Drug rehabilitation highlights the processes of detoxification and stabilization to aftercare and integration. It encompasses the coordination of a number of health, social and non-specialist services required to meet the needs of patients. A strong support system is also provided to the patient's family and the community members to address and resolve drug-related problems in their complexity and ensure long-term results with their efficiency.

As described by Gripenberg Abdon, et al. (2011) in their study which evaluated long-term effects of a multi-component community-based club drug prevention programme, the intervention programme, 'Clubs against Drugs', included community mobilization, drug-training for doormen and other staff, policy work, increased enforcement, environmental changes and media advocacy and public relations work. The 'Clubs against Drugs' community-based intervention programme, a systems approach to prevention, appeared to increase the frequency and effectiveness of club doormen's interventions regarding obviously drug-intoxicated guests. Also, Tobler, et al. (1986), emphasized in their findings that Peer Programs showed a definite superiority for the magnitude of the effect size obtained on all outcome measures. Further, on the ultimate criteria of drug use, Peer Programs were significantly different than the combined results of all the remaining programs ($p < .0005$) and Peer Programs maintained high effect size for alcohol, soft drugs and hard drugs, as well as for cigarette use.

Moreover, community-based drug interventions and treatment offer comprehensive care for individuals who are affected by drug

dependence and abuse. These interventions include services within the community, primary health services, expert medical and psychiatric diagnosis and services in hospitals of specialized clinics. A related study by Jimenez (2016) focused on the assessment of service delivery model for community-based treatment for drug dependents in Bool City, Biliran, showed in its findings that most of the respondents rated the drug treatment service delivery model as highly implemented. It was concluded that community-based drug treatment, rehabilitation and interventions are designed to ensure community participation and linkages to ongoing drug use prevention and low-threshold services in the community. Similarly, Rapp, et al. (2014) demonstrated in their research paper that case management is effective across a wide range of treatment task outcomes, but more limited in its effectiveness with personal functioning outcomes. Specifically, the findings showed that case management was efficacious across all targeted outcomes when compared with standard of care although the overall effect was weak. Furthermore, there was a significant difference between case management's effect on treatment task outcomes such as linking with and staying in treatment and improving individuals' functioning of persons with substance abuse problems in areas such as substance use and HIV risk behavior.

Aftercare Program. Table 5 shows the data on the level of implementation of the program for persons who use drugs in terms of the aftercare program. It was revealed that DILG/DSWD Basud undertook community reintegration for former persons who use drugs, with the highest mean of 3.18, interpreted as slightly implemented. The least practice, however, was ensuring follow-up for former persons who use drugs by the DILG/DSWD Basud, with the lowest mean of 2.34, interpreted as mildly implemented.

Table 5. Evaluation in terms of Aftercare Program

Indicators	Weighted Mean	Adjectival Rating
1. DILG/DSWD Basud implements relapse prevention for former person who uses drugs	2.70	Slightly Implemented

Indicators	Weighted Mean	Adjectival Rating
2. DILG/DSWD Basud undertakes community re-integration for former person who uses drugs	3.18	Slightly Implemented
3. DILG/DSWD Basud promotes education support for former person who uses drugs	2.27	Mildly Implemented
4. DILG/DSWD Basud ensures employment support for former person who uses drugs	2.39	Mildly Implemented
5. DILG/DSWD Basud ensures follow-up for former person who uses drugs	2.34	Mildly Implemented
<i>Average Weighted Mean</i>	<i>2.57</i>	<i>Slightly Implemented</i>
<i>Scale: 4.51-5.00 - Highly Implemented</i>		
<i>3.51-4.50 - Fully Implemented</i>		
<i>2.51-3.50 - Slightly Implemented</i>		
<i>1.51-2.50 - Mildly Implemented</i>		
<i>1.00-1.50 - Poorly Implemented</i>		

Recovery from drug dependence and abuse is a continuous process even after the completion of the treatment period. The aftercare program is considered as the core of community-based drug treatment since it caters to prevent relapse. The Relapse of drug addiction always poses a threat completing the rehabilitation process which makes it challenging to assess the effectiveness of an aftercare program. There is a tremendous diversity among drug aftercare programs, but effective treatments share a common philosophy that the best treatment accounts for the entire person and all their needs. The best community-based aftercare program takes a comprehensive approach to treatment that is tailored to individual needs.

In the study of Bahr, et al. (2012) on what works in Substance Abuse Treatment Programs for offenders which focused on the effectiveness of drug treatment programs, particularly those for prisoners, parolees, and probationers found out that drug use and crime were lower among individuals whose treatment was followed by an aftercare program. Further, effective treatment programs tend to (a) focus on high-risk offenders, (b) provide strong inducements to receive treatment, (c) include several different types of interventions simultaneously, (d) provide intensive treatment, and (e) include an aftercare component (Bahr, et al., 2012).

On the other hand, the cumulative summary results of the study conducted by Farhoudian,

et al. (2022) revealed that there are barriers and facilitators to substance use disorder (SUD) treatment in the integrated paradigm and these may be classified into 3 levels: individual, social and structural. Further review of the papers revealed that 37 structural barriers, 21 individual barriers and 19 social barriers were uncovered, along with 15 structural facilitators, 9 social facilitators and 3 individual facilitators.

Conclusion

In terms of advocacy program, the results showed that PNP Basud initiated advocacy programs on drug education in the community. Meanwhile, in terms of screening, it was found that MHO Basud initiated accomplishing intake form during the screening process. In terms of assessment, the results showed that MHO Basud ensured other assessment of other mental health conditions using mhGAP IG. In terms of implementation of intervention, it was revealed that MHO Basud implemented community-based treatment for persons who use drugs. Finally, in terms of aftercare program, it was revealed that DILG/DSWD Basud undertook community reintegration for former persons who use drugs.

Recommendation

Comprehensive community-based training programs and educational orientation on drug-related treatment, rehabilitation and interventions may be continuously provided to the

implementers of interventions and also to the community members as beneficiaries of these interventions to raise public awareness on the essence, objectives and processes involved in community-based drug rehabilitation.

Further, program implementers may be dynamic and may consider further studies or undergo relevant training about the concepts of total transformation of individuals who are previously addicted to illegal drugs. This will assist in the evaluation of the effectiveness of community-based drug treatment and rehabilitation program and the determination of the diverse factors affecting its implementation.

Acknowledgments

Deep appreciation of indispensable persons' contributions to this research undertaking is an eternal indebtedness of the researchers.

The Persons who Use Drugs (PWUD) in Basud, Camarines Norte who provided the needed data for the study and whose cooperation given to the researchers allowed them to finish the study; and

The Philippine National Police's Community-based Treatment and Rehabilitation Programs which provided an avenue on the evaluation of their implementation, thus contributed to the enhancement of said programs.

References

- Bahr, S. J., Masters, A. L., & Taylor, B. M. (2012). What Works in Substance Abuse Treatment Programs for Offenders? *The Prison Journal*, 92(2), 155-174. <https://doi.org/10.1177/0032885512438836>
- Basud Municipal Police Station, Daet, Camarines Norte, Philippines. 2018.
- Castellanos-Ryan, N., O'Leary-Barrett, M., Sully, L. and Conrod, P. (2013), Sensitivity and Specificity of a Brief Personality Screening Instrument in Predicting Future Substance Use, Emotional, and Behavioral Problems: 18-Month Predictive Validity of the Substance Use Risk Profile Scale. *Alcohol Clin Exp Res*, 37: E281-E290. <https://doi.org/10.1111/j.1530-0277.2012.01931.x>
- Farhoudian, A., Razaghi, E., Hooshyari, Z., et al. Barriers and Facilitators to Substance Use Disorder Treatment: An Overview of Systematic Reviews. *Substance Abuse: Research and Treatment*. 2022;16. doi:10.1177/11782218221118462
- Gripenberg Abdon, J., Wallin, E. and Andréasson, S. (2011), Long-term effects of a community-based intervention: 5-year follow-up of 'Clubs against Drugs'. *Addiction*, 106: 1997-2004. <https://doi.org/10.1111/j.1360-0443.2011.03573.x>
- Jayamaha, A. R., Herath, H. M. N. D. M., Dharmarathna, H. N. N. D., Ranadeva, N. D. K., Amarabandu, P. N., Senanayake, B., ... Fernando, S. S. N. (2022). Implementing therapeutic community as a rehabilitation intervention for the imprisoned narcotic drug offenders with substance use disorder: special reference to Sri Lanka. *Journal of Offender Rehabilitation*, 61(4), 188-206. <https://doi.org/10.1080/10509674.2022.2062519>
- Jimenez, L. C. (2016). *Assessment of the service delivery model for community-based drug treatment for drug dependents* (Thesis). Bool City Central University, Bool City, Biliran.
- Lopez, Katelyn N. (2012). *The effectiveness of community-based anti-drug interventions in Batan as perceived by the PNP-Batan Personnel* (Thesis). Batan Community College. Batan, Aklan.
- Milendres, A. B. (2016). *Extent of community-based anti-drug program in Tangub City* (Thesis). Alfonso D. Tan College, Tangub City.
- Rapp, R. C., Van Den Noortgate, W., Broekaert, E., & Vanderplasschen, W. (2014). The efficacy of case management with persons who have substance abuse problems: A three-level meta-analysis of outcomes. *Journal of Consulting and Clinical Psychology*, 82(4), 605-618. <https://doi.org/10.1037/a0036750>
- Republic Act No. 9165 (2002). *Comprehensive Dangerous Drugs Act Of 2002*. https://lawphil.net/statutes/re-pacts/ra2002/ra_9165_2002.html

- The Arbor Behavioral Healthcare. (2019). *What to expect from a drug assessment*. <https://thearbor.com/blog/what-to-expect-from-a-drug-assessment/#:~:text=A%20drug%20assessment%20is%20usually,factors%2C%20including%20severity%20of%20addiction>
- Tobler, N. S. (1986). Meta-Analysis of 143 Adolescent Drug Prevention Programs: Quantitative Outcome Results of Program Participants Compared to a Control or Comparison Group. *Journal of Drug Issues*, 16(4), 537-567. <https://doi.org/10.1177/002204268601600405>
- United Nations Office on Drugs and Crime. (2014). *Community based treatment and care for drug use and dependence*. https://www.unodc.org/roseap/uploads/archive/documents/cbtx/cbtx_brief_EN.pdf
- Villagen, M. K. F. (2015). *Holistic approach to community-based drug interventions for persons who use drugs in Aklan* (Thesis). Balete Community College, Aklan.