

# A Community-Based Rehabilitation Program (CBRP) for Reformists at the Bahay Pagbabagos

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## ABSTRACT

*This study assessed the effects of the Community-based Rehabilitation Program. (CBRP) on the lives of the reformists enrolled in the community-based facility, "Bahay Pagbabago," in a locality in Pampanga, Philippines. The CBRP comprises interventions using several approaches like cognitive behavior therapy, motivational interviewing, community reinforcement, and the 12-step program. In addition to the available pertinent documents and resources that were analyzed, the study adapted a content validated researcher-made survey questionnaire based on WHO Assist Tool, Drug Dependency Examination to gather data. Prospectively, the study utilized only one group in which participants were mandated to complete the 30-day program. The participants who scored between 0 and 26 on the ASSIST (Low-moderate risk) for Cannabis and Methamphetamine Hydrochloride were enrolled in the CBRP. Of the 78 participants, only 65 Reformists continued the program, 32 low risks, and 33 moderate risks. As revealed, the 65 reformists were all clear from the use of illegal drugs at the end of the 30-day program. However, only 48 out of the 65 reformists participated in the survey. Results revealed that drug users in the locality were mostly males aged 31-40 years old, married, employed, and with low education. Notably, methamphetamine Hydrochloride is the reformists' most abused drug of choice. Meanwhile, the reformists encountered job-related and financial dilemmas while enrolled in the CBRP. Findings suggest that the CBRP is an effective intervention for the rehabilitation of drug users, at least on a short-term modality. From the perspective of the reformists, the CBRP had paved the way for them to (a) free themselves from the miseries and stigma of being a pernicious member of the society; (b) they were able to avoid the use of illegal drugs while enrolled at the Bahay Pagbabago because of the new information and learnings on the ill effects of illegal drugs; (c) the good rapport between the facilitators and the drug users*

*had been an activator of their motivation to change for oneself and their families, and (d) the faith and relationship with God was renewed during their stay at the facility.*

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**Key words:** Drug treatment and rehabilitation, methamphetamine hydrochloride, cannabis, drug dependency, screening.

## **INTRODUCTION**

The illicit use of drugs (Hsieh, Tsai, Tsai, Hsu, & Hsu, 2017) and drug use disorders (Kuehn & Voelker, 2015) are global problems, including addiction. It is a rising global trend in lifestyle that is pervasive in developing and developed countries. The United Nations Office of Drugs and Crime (UNODC) reported that about 275 million people around the globe, which is roughly 5.6% of the global population aged 15-64 years, used drugs at least once in 2016. From 31 million people in 2018 to 35 million people in 2019 were estimated to suffer from drug use disorders and required treatment services (UNODC, 2019). In 2017, 30.5 million people aged 12 or older used illicit drugs, which is about one (1) in nine (9) Americans and approximately one (1) in four (4) young adults aged 18 to 25 were present illegal drug users (Park-lee & Tice, 2017). On the other hand, European Union had reported that 87.6 million are lifetime users of cannabis, 17 million are lifetime users of cocaine, 13.5 million are MDMA lifetime users and 11.9 million are users of Amphetamines (European Drug Report, 2018).

The number of drug users involving injecting drug use in the Asia-Pacific Region had escalated momentarily over the years, with six (6) million injecting drug users found in South-East Asia and Western Pacific Regions (Reid, Devaney, & Baldwin, 2008). In the study conducted in 2012, Asia was viewed as a favorite hub of prevalent drug users globally, with 4.5 million injecting drug users and many million more non-injecting drug users (Sharma & Chatterjee, 2012). In 2018, 15,786 drug users were admitted to

treatment centers in Cambodia and 26,821 drug users in Malaysia (Stimulants & Substances, 2019).

On the "war on drugs" of President Nixon in 1971, he asserted that "the use of illegal drugs is public enemy number one" (Nicholson, Duncan, White, & Watkins, 2012). The dilemma with substance use, dependence, or addiction is a problem with detrimental consequences affecting individuals and societies at all levels (Sinadinovic, Wennberg, & Berman, 2012). Such consequences could be the austere medical, legal implication, social and economic (Yang, Mamy, Gao, & Xiao, 2015). It may distress the user, his family, and the neighborhood directly or indirectly with damaging effects that may persevere for a long time (Hsieh et al., 2017). These threats to the health and safety of innocent citizens and the development of our society towards a sheltered and drug-free community demand urgent government intervention.

There are operative and successful interventions to reduce substance use/abuse being provided by professionals. However, the mainstream population who needs it do not know or cannot afford such intervention (Kuehn & Voelker, 2015; Sinadinovic et al., 2012). Screening, brief intervention, and referral to treatment (SBIRT) is a public health approach substantiated by studies and research to effectively address injurious alcohol and drug use (Zorland et al., 2018).

The Substance Abuse and Mental Health Services foster SBIRT devised to identify and provide early intervention for high-risk substance users/abusers (Munoz, Miller, Fritz, Miller, & Khojasteh, 2019). There are various studies using Screening and Brief intervention on alcohol (Paltzer et al., 2017), tobacco (Sanjuan et al., 2014; Suffin et al., 2012), and substance use (Cowell, Dowd, Landwehr, Barbosa, & Bray, 2017; Mitchell et al., 2012). While it

may be true that screening and brief intervention is one of the successful methods to reduce substance use, nevertheless there are still some questions on the efficacy of brief interventions on the use of illicit drugs (Cowell et al., 2017; Humeniuk et al.; Sinadinovic et al., 2012). The numerous studies on SBIRT focus on the procedure and intervention given to the drug users. It tackles the efficacy of the intervention per se from the perspective of the health workers providing the intervention. There are only a few studies on the implication of the intervention from the perspective of drug users. This area is somehow neglected, and it will be the focus of this study. In most of the studies conducted, two groups were observed control group and intervention group; however, the current research involves one group with a short intervention program. They are out-patients in a Community-Based Rehabilitation Center referred to as reformists. Further, most of the studies conducted are in developed and western countries; however, this study is set on Asian developing countries like the Philippines and designed and contextualized for Filipino drug users.

The current study presents an overview of the process and evaluation of the efficacy of the CBRP and its effects on the lives of the reformists at the Bahay Pagbabago. This study sought to investigate the impact of the Community-based Rehabilitation Program on the lives of the reformists; specifically, it seeks to (1) describe

the screening process conducted with the reformists; (2) describe the treatments and interventions under the Community-Based Rehabilitation Program; (3) determine the results of the drug test of the reformists during the 30-day reformation program; (4) describe the After-Care Program of the reformists; (5) describe the socio-demographic profile of reformists attending the CBRP; (6) describe the drug abuse trends of the reformists; (7) determine problems encountered by the reformists while enrolled in the CBRP, and the reasons for the reformists to change.

Meanwhile, the Philippine Drug Enforcement Agency stated that in 2015, there were 1.8 million drug users (Dombrowski, Dorabjee, & Strathdee, 2017). A total of 4,045 admissions were registered, 3,256 of which are new cases, 633 relapses or readmitted, and 156 sought treatment in an out-patient facility (Anti-Illegal Drugs Strategy, 2019.) Central Luzon had recorded 111,144 drug users in the region, 26,310 out of which are from Pampanga (PDEA UNIFIED LIST RECAP, 2019).

In response to the call of President Rodrigo Roa Duterte's "war on drugs" in 2016 (EO\_No.15series, 2017), there was an influx of drug-surrenderers - persons who use drugs (PWUDs). They voluntarily surrendered to the law enforcement authorities to be rehabilitated. In the absence of an operationalized facility to accommodate all of them, the government, through the Dangerous Drugs Board, had strengthened the Barangay Drug Clearing Program (BDCP). Under the BDCP, all PWUDs in every barangay must undergo treatment, rehabilitation, or reformation before any drug-affected barangay will be declared drug cleared (BR3, 2017.) The reformists are those drug surrenders who underwent CBRP.

The primary aim of the Barangay Drug Clearing Program is to clear all the drug-affected barangays in the country. A barangay is considered drug-affected when there is a reported presence of drug user, pusher, manufacturer, marijuana cultivator, other drug personality, drug den, marijuana plantation, clandestine drug laboratory, and facilities related to the production of illegal drugs (BR3, 2017).

Addressing the problem of the use and abuse of illicit drugs at the barangay level is a demand reduction effort under BDCP, better known as the Community Based Reformation/Rehabilitation Program (CBRP). Drug demand reduction is a term used to describe policies or programs to reduce the consumer demand for

illicit drugs. Among which are educational, treatment, and rehabilitation, which differ from supply reduction. Supply Reduction is focused on the arrest of drug peddlers and manufacturers of illegal drugs (UNODC, 2019). Demand Reduction is implemented through its four components: (1) policy formulation, (2) preventive education, (3) treatment and rehabilitation, and (4) research (Anti-Illegal Drugs Strategy, 2018).

The CBRP falls on the third component, which is treatment and rehabilitation. The local government implements it through the collaborative effort of the City Health Office (CHO) under the Local Government Unit (LGU), City Social Welfare and Development Office (CSDWO), Philippine National Police (PNP), Philippine Drug Enforcement Agency (PDEA) and other stakeholders.

In this study, the CBRP comprises the consolidated interventions conducted by health practitioners, spiritual leaders, and other stakeholders for out-patient PWUDs, who wanted to become part of the change being generously offered by the government. PWUDs who entered the CBRP is now called reformists.

The CBRP bears the government's flag in its campaign against illegal drugs and aims to rehabilitate the drug users at the barangay level. Hence, the efficacy of the program must be assessed. The result of this study may be the big leap for the modification of existing processes and procedures in the implementation of the CBRP. As part of the government institutions that implement the Anti-Drug Law, all concerned citizens must ensure that the thrust of the Philippine Government for the metamorphosis of drug users into productive members of the community is being fulfilled (EO\_No.15series, 2017). Does CBRP as a government program changed the lives of reformists? Had they been freed from the world of addiction, abuse, or dependence on

illegal drugs and fully reintegrated back into our society? The study's findings may have a strong impact on policymaking, health and wellness programs on drug rehabilitation, and further improving the implementation of CBRP.

## **METHOD**

The study adopted a mixed design consisting of qualitative document analysis and descriptive, evaluative design. It is designed to collect and analyze data by mixing both quantitative and qualitative inputs in a single study to understand an evaluation problem (Cresswell, 1999). Primary and secondary documents and a content-validated survey questionnaire were used in collecting data.

### **Study Participants and Site**

In August 2019, the PDEA and PNP had a unified validation of the reported drug users in the locality. Upon verification, the local PNP, together with members of the Barangay Anti-Drug Abuse Council (BADAC), had a dialogue with the Drug Surrenderers - PWUDs for their rehabilitation and reformation.

The Bahay Pagbabago is one of the reformation facilities in Pampanga that implemented the CBRP. There were seventy-eight (78) PWUDs from the priority barangays in the locality who participated in the screening process. After giving their consent, the participants were subjected to a screening process and brief intervention to determine substance/drug use risk. The Local Government Unit offered one (1) sack of rice and grocery bags to help augment the daily living expenses of the PWUDs while enrolled in the CBRP.

The primary inclusion/exclusion criteria for recruitment included: age must be 18 and above; able to participate in the 30-day program; resident of the priority barangays; and lastly, not enrolled in any other reformation and rehabilitation program. All the participants assessed as Low-Risk, and Moderate Risk was recommended to undergo the Community-Based Rehabilitation Program. Notably, those who scored between 0 and 26 on the ASSIST (Low-moderate risk) for Cannabis and Methamphetamine Hydrochloride were enrolled. All the 78 participants qualified to undergo the CBRP; as the weeks passed, 13 participants failed to complete the sessions due to family concerns and personal reasons. There were only 65 reformists who continued the program, 32 low risks and 33 moderate risks.

### **Instrument**

The survey questionnaire is researcher-made based on WHO Assist Tool, Drug Dependency Examination to gather data. It is the primary instrument in the quantitative part with a combination of open-ended questions and a seven (7) point Likert scale. It comprises 16 questions on personal circumstances, including questions on the use of illegal drugs and reasons thereof, eight (8) questions on the facility Bahay Pagbabago, five (5) questions on the screening process or examination conducted 22 questions on the Community -Based Rehabilitation Program.

The survey questionnaire was content validated by the Public Information Officer of PDEA RO III, the focal person of Barangay Drug Clearing Program (BDCP), the Provincial BDGP Officer of Pampanga, and the Police Community Relations Officer of Mabalacat City. Pilot testing was conducted on more or less 20 of the Reformists to determine if the survey question was comprehensible. After the final revision of the survey questionnaire, a schedule was requested from the CHO for the floating of the



questionnaire. The BDCP Officer of Pampanga and one (1) member were requested to facilitate the data gathering. The said instrument's psychometric properties were not revealed since the study only involves descriptive statistics. The reliability of the instrument is assured since most of the items were adapted from the World Health Organization Assist Tool.

Relevant documents via secondary sources of all the procedures were content analyzed to supplement the description of the CBRP content and procedures.

### **Data Gathering**

Before conducting the study, permission from the Local Government and PDEA was secured. A request letter was submitted to the Local Government through the mayor's Office and the City Health Office. The request letter was for the utilization of the Bahay Pagbabago as part of the research subject. It included data on the CBRP, After-Care Program, Results of the series of drug tests, and the number of reformists enrolled in the Bahay Pagbabago. The Freedom of Information Bill (FOI) requirement was also complied with. The resolution of the FOI Committee denied the request for the result of the drug test while the CBRP is presently ongoing; however, after the graduation, the researchers were provided by the City Health Office with a copy of the drug test result.

Further, permission from the Philippine Drug Enforcement Agency was obtained to utilize the number of drug users in the province and data of the Barangay Drug Clearing Operations in the province. Moreover, a Non-Disclosure and Confidentiality Agreement was executed between the City Health Office and PDEA as the disclosing parties and the proponents as discloses.

At least 65 out of the 78 reformists enrolled in the CBRP since August 2019 were included in the study because more or less 15 out of the original 78 Reformists no longer attended the sessions. A researcher-made survey question was floated to the reformists after their written consent. Subjects who denied their consent or withdrew were excluded from the study.

### **Ethical Consideration**

The informed consent comprises of 12 parts: 1) aim of the study; 2) role of the participant; 3) voluntary Participation; 4) role of the researcher; 5) confidentiality of the information; 6) significance of the study; 7) procedure/method; 8) risk involved; 9) duration of the activity; 10) other requirements; 11) clarifications by the participants and 12) conformity of the participant. It was thoroughly explained to the respondents. Twelve reformists refused to participate; five were not around, thus, excluded from the study. A total of 48 reformists participated in the survey.

The data gathered was processed and analyzed by the researchers using data analysis software. After that, all the data gathering tools, including the Survey Questionnaire, the PDEA-PNP Drug Watchlists, Informed Consent, and the number of drug users in Region 3 and the Province of Pampanga, were properly disposed of. The documents were shredded, personally burnt by the researchers, and watered ashes.

### **Statistical Analyses**

In addition to the content analysis of pertinent documents and other secondary sources, simple descriptive statistics (frequency distribution and percentage) via SPSS v. 25 were employed to describe the program's implementation and provide salient data showing the program's effects. The study provided a

snapshot of the effectiveness of the CBRP at Bahay Pagbabago, particularly the results of the intervention on the participants.

## RESULTS

### The Screening Process

Based on the documents and data obtained from the survey, the Dangerous Drugs Board had prescribed a process flow for wellness and recovery of persons with substance use disorder, which incorporates different stages from the time the PWUD is listed in the Barangay Watchlist up to the time he will complete the After-Care Program (BD.REG4,2016).

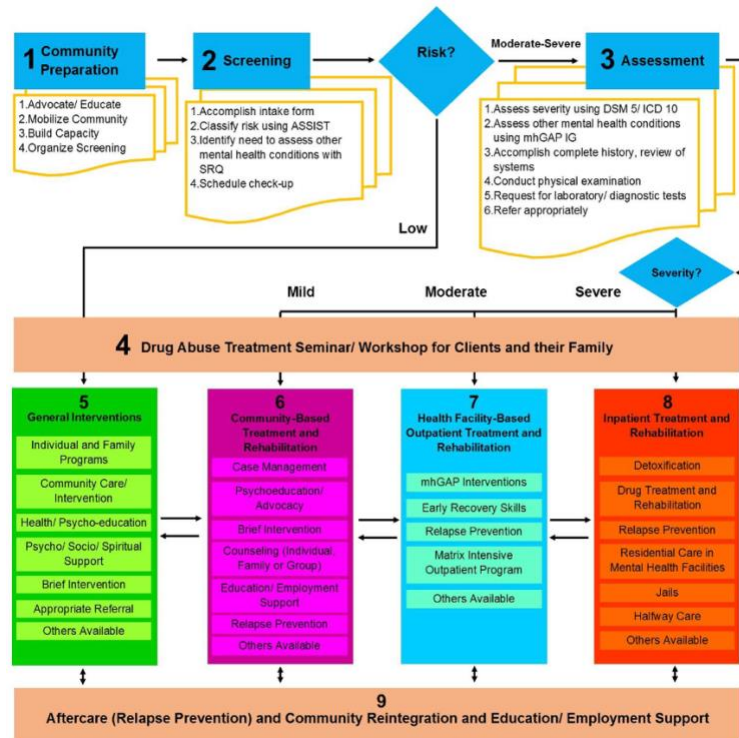


Figure 1. Process Flow for Wellness and Recovery for People with Substance Use Disorder

Drug Dependency Examination. Screening is a clinical interview that determines the patient's harmful drug use or risk for drug dependency, as well as associated high-risk behaviors using the standard screening tool, ASSIST (Secretary, 2019)

The screening was conducted by trained healthcare workers of the Health and Wellness Center (HWC), which refers to people engaged in the protection and improvement of health within the community, which include but not limited to physicians, nurses, midwives, and Barangay Health Workers (BHWs) and are duly trained by DOH (Secretary, 2019). Though, "The Comprehensive Dangerous Drugs Act of 2002" or otherwise known as Republic Act Number 9165, mandated that Drug Dependency Examination (DDE), will be conducted by a physician preferably accredited by the Department of Health (Manila, Congress, Session, & Title, 2002) or Dangerous Drugs Board (Treatment & Agency, 2003).

An interview was conducted by the Health and Wellness Center (HWC) on all the participants, and as a result, they were recommended for Drug Dependency Examination (DDE). It is a procedure to evaluate the extent of drug abuse of a person and to determine whether they are drug-dependents or not. The DDE includes history taking, intake interview, determination of the criteria for drug dependency, mental and physical status, and detecting dangerous drugs in body specimens through laboratory procedures. In this study, the DDE was conducted by the City Health Officer of the locality (DDB, 2007).

The reformists were provided with an Affidavit of Undertaking and Waiver, which was signed after a full understanding of its content before the conduct of the DDE. The Drug Dependency Examination comprises of three (3) tests; (1) Drug Abuse Screening Report; (2) WHO-Assist Tool; (3) Mental Health Screening Form-III.

The Drug Screening Report contains the personal circumstances of the patient and questions on drug abuse, chief complaint, history of present illness, history of drug use, family history, past medical history, physical and neurological examination, and mental status examination.

The WHO-ASSIST tool, a standardized assessment tool to determine the risk level of drug use/dependency, comprises seven questions for each drug category such as tobacco products, alcoholic beverages, cannabis, cocaine, amphetamine type stimulants, inhalants, sedatives or sleeping pills, hallucinogens, opioids, and other drugs. The screening may result in Low-Risk for Drug Abuse and Dependence (scores ranging from 0-3), Moderate Risk ( scores ranging from 4-26), and High Risk ( scores 27+).

And lastly, the Mental Health Screening Form-III, which comprises 17 questions that deal with emotional problems, was also administered.

### **The Treatments under the Community-Based Rehabilitation Program**

The CBRP has been identified to be appropriate only for those who are suffering from drug use (low) and drug abuse (mild)(BD.REG4, 2016). One of the studies conducted mentioned several approaches like cognitive behavior therapy, motivational interviewing, community reinforcement approach, and 12 step program that can be used as community-based strategies (Hechanova et al., 2018).

As can be gleaned in the Program of Instruction of the CBRP, the implementors/facilitators used mixed strategies such as group therapy sessions, livelihood training skills, daily exercise,

sports and recreation, and the like to address the needs of the Reformists. The participants were asked to do General Cleaning and Gardening in the first two (2) hours every Monday, Wednesday, and Friday. They were asked to clean the whole vicinity and facility of the Bahay Pagbabago to develop their camaraderie and social skills. It is also to teach the Reformists urban gardening. A vacant lot was allotted for their gardening at the front and back portion of the Bahay Pagbabago. They were given vegetable seeds for them to plant and nurture.

The participants also attended the group therapy sessions, which follow the concept of "community as a method" under the Therapeutic Community Program (TCP). The group and individual activities focus on reciprocated help and social learnings. It encourages group dynamics and task-based activities to drive individual rehabilitation and achieve individual therapeutic goals. The facilitators expected that the reformists would have a shared responsibility for the recovery of their fellow reformists.

Further, they attended the Recovery Meeting, Moral Recovery Program, and Life Coaching, including spiritual services. The program focuses on values formation, spiritual formation, and guidance (Gabay).

A Psycho-Social Program was also incorporated to help the participants manage emotional ups and downs. The individual activity is intended for counseling and therapy in addressing the individual concern. It is intended to equip them with knowledge and skills to cope with stress arising from the treatment or intervention and external factors. It also aims to enhance their self-confidence, develop a positive attitude towards the disorder, and enhance their social support network. The group activity followed a "Modified Katatagan Kontra Droga sa Komunidad Module" for the Community Based Rehabilitation.

Sustainable programs were also included, like Livelihood Training and Skills Development Program. The reformists were taught new skills that they could apply after graduation. CBRP had partnered with the TESDA and local providers to help equip the reformist with new skills and capabilities.

The most important component of the intervention is promoting a healthy lifestyle of the participants through the Nutrition and Wellness Session and Physical Exercises. The Wellness session addresses physical health by exercising and imbibing a positive attitude and energy. The participants were taught how to live a simple but healthy lifestyle free from vices, especially illegal drugs.

Facilitators also give health Education importance. Various lectures on Substance Abuse and Ill Effects, Mental Health, Non-Communicable Disease, Sexually Transmitted Illnesses/ HIV, Tuberculosis, Dengue, Malaria, and Family Planning.

Participants were mandated to attend the program scheduled on weekdays from eight o'clock in the morning to five o'clock in the afternoon for 30 days.

Drug Testing. The Health and Wellness Center (HWC) used a urine sample to determine the presence of Methamphetamine Hydrochloride or Cannabis in the specimen. While the participants were enrolled in the CBRP, random drug testing was conducted for 30 days. Before they entered the Bahay Pagbabago, mandatory drug testing was administered on all the participants and weekly drug testing after the intervention had been implemented.

Completion of the Program. Through the City Health Office and CSWDO, the Local Government will implement the After-Care Program after graduation. After the 30-day program, the drug test

result of the participants must yield negative results, and they must have completed all the activities scheduled for them to graduate.

### Evaluation of the Facility (BAHAY PAGBABAGO)

The reformists were very satisfied with the facility of the Bahay Pagbabago with an 85.42% to 95.83% level of acceptance.

**Table 1.** Summary of the Evaluation of the Bahay Pagbabago

VARIABLES	LEVEL OF ACCEPTABILITY									PERCENTAGE		
	UNACCEPTABLE (UNAC)			NEUTRAL (NTL)	ACCEPTABLE (AC)			NR <sup>1</sup>	UNAC	NTL	AC	
	1	2	3	4	5	6	7	0				
Size of the classrooms	1	0	0	2	0	2	41	2	2.08%	4.17%	93.75%	
Ventilation of the rooms	1	0	0	1	1	10	35	0	2.08%	2.08%	95.83%	
Satisfaction on the facility of Bahay Pagbabago	1	0	0	2	2	7	36	0	2.08%	4.17%	93.75%	
Cleanliness of the rest room	1	1	1	0	0	8	37	0	6.258%	0%	93.75%	
Cleanliness of the mess hall	1	0	0	1	0	7	39	0	2.08%	2.08%	95.83%	
Cleanliness of the surroundings	1	0	0	1	0	7	37	2	2.08%	2.08%	91.67%	
Provision of sufficient and nutritious food	1	0	0	1	0	7	38	1	2.08%	2.08%	93.75%	
Accessibility of the Bahay Pagbabago	1	0	1	3	2	3	36	2	4.17%	6.25%	85.42%	

*Legend: 1-Totally Unacceptable; 2- Unacceptable; 3-Slightly unacceptable; 4- Neutral; 5-Slightly acceptable; 6-Acceptable; 7- Perfectly Acceptable; 0-no response*

NO RESPONSE – The respondent failed to answer the item.



## Screening Procedure

The majority of the reformists voluntarily submitted for the screening procedure and comprehended the system when explained to them by the facilitators. Further, the majority of the reformists were satisfied with the facilitators' services.

**Table 2.** Summary of the Assessment on the Screening Procedure

VARIABLES	LEVEL OF ACCEPTABILITY										PERCENTAGE		
	UNACCEPTABLE (UNAC)			NEUTRAL	ACCEPTABLE(AC)			NR	INVALID	UNAC	NTL	AC	
	1	2	3	4	5	6	7	0					
Well explained Screening process	3	0	0	2	0	3	39	1		6.25%	4.17%	87.5%	
Voluntary submission of the screening process	3	0	0	0	0	2	38	4	1	6.25%	0%	91.67%	
Attitude of the facilitator towards the Reformists	3	0	0	2	0	2	39	2	0	6.25%	4.17%	85.42%	

## Results of the Drug test of the Reformists after the 30-day Reformation Program

The majority (81.25%) of the reformists were satisfied with the scheduled time for their activities in the CBRP; however, 10.42% were not satisfied. Four (4) out of the five (5) who were not satisfied reasoned out that the schedule greatly affected their livelihood. The respondents enjoyed the CBRP, most especially topics related to God (33.33%) and topics they could easily comprehend. 18 (37.5%% of the reformists stated their belief that CBRP is a helpful tool for their recovery. Eight (8) or 16.67% of the reformists believed that they were able to change their lives and their family because of CBRP, seven (7) or 14.58% because they

were able to avoid illegal drugs, and three (3) or 6.25% because they learned a lot of things.

The facilitators were also perceived as helpful to their recovery because they were treated and guided well while enrolled in the CBRP. Eight in every ten of the reformists (81.25%) believed that the CBRP is an effective program for immediate drug rehabilitation. Seventeen out of the 48 reformists stated several reasons: 4.17% thought it could change their lives, 23% helped them avoid illegal drugs, and others claimed the program removed their names from the Drug Watchlists. The majority of the reformists were satisfied with the 30-day program, although few were not satisfied because it affected their livelihood.

**Table 3. Summary of the Evaluation of the Reformists on the CBRP**

VARIABLES	LEVEL OF ACCEPTABILITY									PERCENTAGE		
	UNACCEPTABLE (UNAC)			NEUTRAL	ACCEPTABLE(AC)			NR	INVALID	UNAC	NEUTRAL	AC
	1	2	3	4	5	6	7	0				
Satisfaction of the time of CBRP activities	5	0	0	0	0	1	38	2	2	10.42%	0%	81.25%
Likeability of the activities	3	0	0	1	0	2	39	1	2	6.25%	2.08%	87.5%
Significance of the CBRP in the recovery of the Reformists	4	0	0	1	0	2	38	0	2	8.33%	2.08%	83.33%
Significance of the facilitators in the recovery of the Reformists	3	0	0	1	0	2	39	1	2	6.25%	2.08%	85.42%
Efficacy of the CBRP as counter-measure against illegal drugs	3	2	1	0	0	1	38	0	3	12.5%	0%	81.25%
Satisfaction of the duration of CBRP	3	0	0	1	0	0	40	2	2	6.25%	2.08%	83.33%

Notably, most of the drug dependents confessed that it was for the family that they were determined to change. Two in every ten participants consider reformation for the family and the self. Only one

disclosed a poor motivation to change- removing the name from the watchlist.

**Table 4.** *Reasons of the Reformists to Change*

REASONS	FREQUENCY	PERCENTAGE
For the family	28	59.6
For himself	7	14.8
Both	11	23.4
Removal of the name in the Wathchlist	1	2.1

**Table 5.** *Result of the Drug Test of the Reformists*

Drug Test	Positive	Negative
First	6	59
Second	0	65
Third	0	65

### **After-Care Program of the Reformists**

The After-Care Program was implemented after the reformists had graduated from CBRP. It comprises: 1) random drug testing conducted by the City Health Office (Secretary, 2019); 2) educational assistance which is not only intended for the reformists but also for their children; 3) livelihood assistance like Negocart and; 4) financial assistance were also provided depending on the need of the reformists. Negocart is a mobile business selling street food and the like.

**Socio Demographic Profile of Reformists**

A total of 48 reformists participated in the survey conducted at the Bahay Pagbabago. The mean age of reformists was 33.6250. The majority of the reformists (45.83) were in the age group of 31 to 40 years old. All the participants are males (100%). Among the literate group of substance abusers, 50% were elementary level, and 43.75 % were high school level, 2.08% vocational and college level. 77.08% of the reformists were employed and 6.25 % unemployed. The majority (54.17%) were married, and the rest (45.83%) were single (unmarried, with a common-law spouse, separated, widow/widower). Most of the reformists belong to the Catholic sector (77.08%), and the rest, 22.92%, were believers of the non -catholic sector. Lastly, 50 % of the reformists spoke the native language of the province of Pampanga, followed by a mix of Pampango and Tagalog (18.75%).

**Table 6.** *Socio-demographic Profile of Study Participants*

	<b>VARIABLES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE %</b>
AGE	20-30	6	12.5
	31-40	22	45.83
	41-50	11	22.92
	51-60	3	6.25
	No Response	6	12.5
GENDER	Male	48	100%
	Female	0	0
	No Response	0	0
OCCUPATION	Unemployed	3	6.25
	Employed	37	77.08
EDUCATION	No Response	8	16.67
	ELEMENTARY	24	50
	JUNIOR HIGH SCHOOL	12	25
	SENIOR HIGH SCHOOL	9	18.75
	VOCATIONAL	1	2.08
	COLLEGE	1	2.08
	POST-GRADUATE	0	0
	No Response	1	2.08

CIVIL STATUS	SINGLE	8	16.67
	MARRIED	26	54.17
	SEPARATED	5	10.42
	WITH COMMON-LAW SPOUSE	8	16.67
RELIGION	WIDOW/WIDOWER	1	2.08
	Catholic	37	77.08
	Baptist	1	2.08
	INC	1	2.08
	Born Again	4	6.42
	Islam	0	0
	Methodist	0	0
	Others	3	6.25
No Response	2	4.17	
LANGUAGE	Pampango	24	50
	Tagalog	6	12.5
	Ilocano	1	2.08
	English	0	0
	Pampango and Tagalog	9	18.75
	Tagalog and Ilocano	1	2.08
	Pampango, Tagalog and English	6	12.5
	Pampango, Tagalog, Ilocano and English	1	2.08

### Drug Abuse Trends

In the study population, respondents used Methamphetamine Hydrochloride or Shabu and Cannabis or Marijuana. Methamphetamine Hydrochloride or Shabu is identified as the most abused drug (66.67%), followed by combined use of Methamphetamine Hydrochloride or Shabu and Cannabis or Marijuana (18.75%). The reformists used illegal drugs on an occasional basis (41.67%), weekly (16.67%), and every day (10.42%). Most of them used drugs because of peer pressure (66.67%) and family problems (14.58%).

**Table 7.** *Types of Drug Abuse, Frequency of Use of the Reformists and Reasons for Drug Use/Abuse*

TYPES OF ILLEGAL DRUG USED	FREQUENCY	PERCENTAGE %
Shabu	32	66.67
Marijuana	4	8.33
Shabu and Marijuana	9	18.75
Ecstasy	0	0
Cocaine	0	0
Others – no response	2	4.17
- In denial	1	2.08
<b>FREQUENCY OF USE</b>		
Everyday	5	10.42
Every Week	12	25
Monthly	8	16.67
Once in a while (occasional)	20	41.67
Others – no response	0	0
In denial	1	2.08
<b>REASONS FOR DRUG USE/ABUSE</b>		
Family Problem	7	14.58
Financial Problem	2	4.17
Poverty Problem	2	4.17
Peer Pressure	32	66.67
Others- no response	1	2.08
Povety Problem and Peer Pressure	1	2.08
All	2	4.17
No reason at all	1	2.08

**Problems Encountered by the Reformists while Enrolled in the CBRP.**

A quarter of the reformists (n=12, 25%), while enrolled in the CBRP, had identified problems mostly of financial issues and work and livelihood problem-related.

**Table 8.** *Problems Encountered by the Reformists*

PROBLEMS	FREQUENCY	PERCENTAGE
Financial Problem	5	41.67

Livelihood/Work Problem	6	50
Both	1	8.33

## DISCUSSION

Around the globe, there is a rising trend in the number of people who resort to substance abuse at a young age (Khandhedhia, Raval, & Thakor, 2015; Rather, Bashir, Ahmad Sheikh, Aamin, & Arafat Zahgeer, 2013). It can be gleaned in the study that most of the reformists belong to the age group of 31-40 years old, which is almost the same as a result in several studies (Bala, 2014; Khandhedhia et al., 2015; Prajapati, Dedun, Jalfava, & Shukla, 2018). Accordingly, this age group is very susceptible to substance use or abuse because of problems in their married life, rearing their children, and career (Prajapati et al., 2018). In the present study, drug users are all males (100%), which is inclined with the findings from the studies conducted in India (Ahmad et al., 2017; Bala, 2014; Khandhedhia et al., 2015). However, this does not mean that females do not get involved in illegal drugs (Rather et al., 2013). It may be due to the low pervasiveness of female drug users or higher social stigma (Ahmad et al., 2017; Gupta, Nebhinani, Basu, & Mattoo, 2014), poor health-seeking behavior of females, which means they do not want embarrassment and to face shame in front of their families and society (Khandhedhia et al., 2015; M.Selemogwe, S.Mphele, 2014). In the same study conducted in India (Bala, 2014), it was stated that maybe drug abuse in females is insignificant in number or it is unreported. Lastly, the study conducted in Botswana (M.Selemogwe, S.Mphele, 2014) justified that it could also be due to the cultural tolerance of male drug users in the community.

Notably, the majority of the participants are married (54.17%), which is also the same as a result in the study conducted

in Ahmedabad (Prajapati et al., 2018), wherein it was mentioned that as people age, they are more vulnerable to dilemmas like marriage, security of career and stabilities. These could be the reason which lead to the consumption of such kinds of substances. In this study, participants with lower educational levels have higher involvement in illegal drug use, similar to the study conducted by (Khandhedha et al., 2015). This finding may be due to the lack of awareness of the lower socio-economic group on the ill effects and legal implications of illegal drugs. They are more gullible than the educated higher class of the society. The low rate in more educated participants maybe because they are more aware of illicit drugs' harmful effects and inhibitions (Prajapati et al., 2018).

The same findings in the study conducted (Khandhedha et al., 2015), majority of the participants are employed (94%) ranging from unskilled labor to mid-skilled labor. Moreover, the majority of the participants are Catholic and speak the native language, which can be attributed to the geographical location and history of the locality.

Methamphetamine Hydrochloride is the most abused drug in the present study. Although in most studies, cannabis and other substance like nicotine (Ahmad et al., 2017; Bashir, Sheikh, Bilques, & Firdosi, 2015) are the most abused drugs by users and did not find much amphetamine-like Methamphetamine Hydrochloride or Shabu (Maruf, Khan, & Jahan, 2016). However, found in the study conducted by Gideon Lasco in the Philippines, there is an emerging use and manufacture of amphetamine, particularly methamphetamine, which is the drug of choice in many countries, including the Philippines (Lasco, 2014). Poly use of illicit drugs, particularly methamphetamine hydrochloride and marijuana, was also identified among the reformists (Herbeck et al., 2013).

In this study, the participants identified two main reasons for their involvement in illegal drugs: family problems or social problems and peer pressure. However, most of the reformists were influenced by



their peers in starting to use drugs (Bashir et al., 2015; Ozerkmen, 2005; Rather et al., 2013).

With the survey result, there was an interesting finding which was also found in other studies. The camaraderie between the rehabilitation officers/facilitators and drug users greatly affects the reformists' rehabilitation or recovery. The facilitators' motivation, encouragement, and the amiable relationship between the facilitator and Reformists are essential factors in the rehabilitation process (Dunlap, Zarkin, Lennox, & Bray, 2007). The study also identified that an amiable relationship is a vital element in the rehabilitation process of the drug user, where it is claimed as "healing from the inside." A good interpersonal relationship and uplifted self-esteem were essential in the recovery (Adejoh, Temilola, & Adejuwon, 2018). When a facilitator or health professional treats the drug users negatively, it may become a barrier to the treatment or rehabilitation of the drug user (Fischer & Neale, 2008).

Interestingly in another study, the caseworkers or the facilitators have a significant role in the reformation or rehabilitation process. They can help elevate motivation for change by being humble, patient, and emphatic to the drug users from the time of detection and referral to specialized treatment (Brunelle et al., 2015). This fact only shows that the facilitators contribute greatly to the facilitation of change of drug users.

The faith-based approach appreciatively contributed to the rehabilitation of the reformists, which was also acknowledged in the study conducted in the United States in the program implemented called Lazarus Project. It was also a notable finding that the participants had reinvigorated their relationship with God. It was emphasized that religious mentors have a suggestive role in recovering from substance abuse. They led the residents on how to live as Christians and helped them feel the holy presence of God in

their daily life. The spiritual transformation of the residents satiates the spiritual hunger that illicit drugs failed to fill. It was also stated that experimenters with drugs need guidance from others who are knowledgeable on the effects of drugs and capable of facilitating spiritual transformation (Williamson & Hood, 2013).

There are a lot of studies on the treatment or recovery of drug users; however, a deeper understanding of the process of the recovery or rehabilitation from the drug user's perspective is somehow disregarded (McIntosh & McKeganey, 2001). The primordial drive that stimulates the reformists to dissuade themselves from using illegal drugs is due to one's sense of self and the love for their family. The reformists wanted to restore themselves (Fotopoulou, 2014). They longed to change and end their drug-using identity, which is not accepted as a norm in society (McIntosh & McKeganey, 2001).

The transformation desired by the reformists comes with a price; there were also struggles encountered by them while enrolled in the CBRP, such as financial and livelihood-work related problems. The same result was found in the study on psychosocial rehabilitation, which aims to integrate patients back into the community. Similarly, the participants in this study are also from lower socio-economic strata and mostly are daily wage earners. One of the challenges faced by the patients was a financial-related problem, which even the high-income families had experienced and not solely limited to the low-income members of the community (Sheth, 2005).

Establishing the efficacy of an intervention like the CBRP will depend on the outcome of the intervention after the 30-day program. There is no definite measure of the success of an intervention or treatment. Still, in one study conducted, the decrease in the use of substances or drugs is considered a positive

outcome (Dunlap et al., 2007). At the end of the 30-day program, all the participants yielded negative results in the drug testing conducted. This finding clearly shows that the intervention effectively rehabilitates low-risk and moderate-risk drug users.

### **Limitations of the Study**

Using a survey as a method to gather data has some limitations, such as the willingness of the participants to divulge personal information despite the assurance of the confidentiality of information (Benjet et al., 2007). Further, the result of this study may not reflect the true picture of the locality since the sample population is limited only to particular members of the locality who were presently enrolled in the Bahay Pagbabago, and there was also no control group (Oni, Erinfolami, Olagunju, & Ogunnubi, 2017). Another identified limitation is that there were missing data that limits the true reflection of the patterns on drug abuse and the demographic profile of the participants (Selemogwe & Mphele, 2014).

### **Conclusion**

Several studies in brief intervention may provide different results due to the differences in the characteristics of the participants, drug of choice, service providers, and the intervention implemented but most studies found that brief intervention is effective but not conclusive (Gelberg et al., 2015).

Based on the foregoing results of the study, it is concluded that: (1) drug users in the locality are mostly males, belonging to the age group of 31-40 years old, married, employed, and with low education; (2) methamphetamine Hydrochloride is the most abused drug of choice by the reformists; (3) Job/Work related problems and financial problems have been the major dilemma of the Reformists while enrolled in the CBRP; (4) The reformists were satisfactorily

satisfied with the Bahay Pagbabago and the screening procedure conducted by the facilitators; (5) the reformists were satisfied with the CBRP because based from the perspective of the reformists, the CBRP had paved the way for them to (a) free themselves from the miseries and stigma of being pernicious member of the society;(b) they were able to avoid the use of illegal drugs while enrolled in the Bahay Pagbabago because of the new information and learnings on the ill effects of illegal drugs; (c) the good rapport between the facilitators and the drug users had been an activator of their motivation to change for oneself and for their families; and (d) the faith and relationship with God had been renewed which bring them closer to God; (6) The CBRP is an effective intervention for low and moderate risk drug users as can be gleaned on the negative result of the drug test after the 30-day program. Based on the preceding, the data collected for this study would suggest that the CBRP is an effective intervention in the rehabilitation of drug users. Still, it may not be an accurate portrayal of the rehabilitation of all drug users in the locality.

### **Recommendations**

Based on the findings, it is highly recommended that the following be considered in the revision of policy by the Regional Oversight Committee of the BCDP, primarily of PDEA.

First, the age group of the reformists is very susceptible to struggles and various dilemmas in marriage, career, and family life. These stresses are deduced as the reasons for their involvement in illegal drugs. Since every workplace is encouraged by the government to have its own Drug Free Workplace Policy, intensified information dissemination on the ill effects of illicit drugs must be done in the workplace. The HR Department is also encouraged to conduct counseling and therapy among their employees.

Second, methamphetamine hydrochloride is still the drug of choice of drug users. The PDEA, in coordination with other law enforcement units, must intensify its anti-drug operations to ensure that illegal drugs will not proliferate in the streets of the province.

Third, the reformists enrolled in the CBRP have struggled financially because their jobs were affected. As part of the government's support to our reformists, it is greatly encouraged that the local government provides financial assistance to the families of the reformists to augment their daily expenses. As a long-term solution, the Technical Education and Skills Development Authority (TESDA) may be invited as a regular partner of the Bahay Pagbabago for the skill development of the reformists as they acquire diplomas and certificates for the new skills. The local government may extend help to the reformists to find a job after graduation. This initiative ensures that they will not go back to illegal drugs when faced with a financial crisis.

Fourth, the reformists were satisfied with the Bahay Pagbabago; however, the researchers highly recommend that the lecture room be air-conditioned due to the hot temperature of the region. It may help the reformists focus more on the lecture than on the uncomfortable feeling.

Fifth, the program of instruction, service delivery, and the facilitators have a significant role in the process of recovery by drug users. The major motivation of the reformists to change is a sense of self-worth. This area must be satisfied to ensure a full recovery. Though the present program of instruction had incorporated counseling and psychosocial therapy, it is suggested that the facilitator add more activities that would uplift the self-esteem and confidence of the reformists, like the Personality Development Course. The reformists must realize that they are valued and worthy members of society. At present, the psychologist and social workers

are very capable. However, they can also train the administrative staff, who can attend to the needs of the reformists in their absence. The relationship with God by the reformists was also a factor in the recovery process. This aspect must also be more enriched by ensuring the availability of spiritual leaders for the reformists.

Sixth, the DDE is conducted prior to the entry to the Bahay Pagbabago; it would be great if the facilitator came up with a post-test to ensure the reformists had fully recovered aside from the drug test. The Regional Oversight Committee can develop a standardized assessment tool to measure the efficacy of the CBRP except for the drug test to ensure the holistic recovery and reintegration of the reformists into the society. Further, there must be a standardized Program of Instruction implemented region-wide, if not countrywide. Moreover, the facilitators must ensure that the After-Care Program will be enforced strictly and conduct mandatory monitoring of the graduates of Bahay Pagbabago. Regular random drug testing must be administered with the graduates to determine a possible relapse.

Lastly, a similar study may be conducted in the future, addressing the current study's limits. A social experiment may be spearheaded to compare the effects of different interventions across groups of drug users.

Overall, the CBRP had an impact on the lives of the reformists. There were struggles like losing jobs and financial problems, but they gained a new moral support system through their facilitators and found new friends. New learnings and skills were acquired and developed, which will be a handful in their reintegration into society. CBRP had been an effective tool to help change the lives of the reformists, and above all, their names will

be cleared from the Drug Watchlists and will now be embraced as transformed citizens of the society.

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