

THE BARANGAY (COMMUNITY) DRUG CLEARING PROGRAMME: A HOLISTIC AND WHOLE-OF-NATION APPROACH IN CURBING THE DRUG MENACE IN THE PHILIPPINES

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I. OVERVIEW

The Philippines, as a member of the United Nations and together with other countries, is an active advocate in curbing the drug menace in the South-East Asian region. The Philippines is also committed to carry out a balanced approach in addressing the world drug problem as embodied in the UNODC Strategy 2021-2025. This is the international anchor of the anti-illegal drug strategies of the Philippine Drug Enforcement Agency (PDEA).

The *Philippine Drug Enforcement Agency (PDEA)*, through Republic Act of 9165 otherwise known as the “Comprehensive Dangerous Drugs Act of 2002”, *was created and is mandated* to lead the enforcement of the law on anti-narcotics. Along *with Local Government Units, other government duty-bearers/stakeholders and Non-Government Organizations, PDEA enjoins collaborative and multi-stakeholder approaches* towards a drug-cleared and/or drug-free status of communities through the institutionalization of Barangay Drug Clearing Program (BDCP).

The BDCP is a sturdy support to the campaign of the government against criminality and in combating illegal drugs. The BDCP is the main anti-drug drug framework as¹ embodied in Executive Order No. 15, series of 2017 or the “Creation of Inter-Agency Committee on Anti-Illegal Drugs (ICAD) to Suppress the Drug Problem in the Country.” The Inter-Agency Committee on Anti-Illegal Drugs (ICAD) enlists the assistance of the public and private agencies including the local government units in a balanced, holistic, unified, synchronized and integrated approach of supply and demand reduction strategies in addressing the drug menace at the barangay level. The programme is putting primacy to the welfare of the “*least-cared surrenderers*”. The person who uses drug (PWUDs) by preventing them to commit crimes. It also concerns about pushers/drug offenders by preventing them from reoffending. Both PWUDs and pushers/drug offenders are humanely treated as victims of illegal drugs and are given a chance to renew and rebuild themselves through interventions, rehabilitation, and treatment and reintegration programmes in their respective barangay. This is acquiescent with the policy declaration of RA 9165 which provides that the State shall safeguard the well-being of its citizenry from the harmful effects of dangerous drugs on their physical and mental well-being and shall provide effective mechanisms or measures to reintegrate into society individuals who have fallen victim to drug abuse or dangerous drug dependence through sustainable programmes of treatment and rehabilitation.

Furthermore, BDCP is a programme close to the Filipino heart because it is anchored on the Filipino culture of “Bayanihan.” It is a unique Philippine government



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¹ Executive Order No. 15, Series of 2017 Creation of Inter-Agency Committee on Anti-Illegal Drugs (ICAD) to Suppress the Drug Problem in the Country.

initiative considered to be the most effective way in combating the drug menace confronting the Filipino populace. The BDCP started as a study of Undersecretary (USEC) Wilkins² Malinawan Villanueva, Director General of PDEA, the brainchild of the programme, in his master's degree back in 2003. It took more than a decade before its institutionalization in the country. With the leadership of USEC Villanueva this institutionalization is sealed with the issuance of Board Regulation No. 4 Series of 2021 otherwise known as "Sustaining the Implementation of Barangay Drug Clearing Programme (BDCP) and Repealing for Such Purpose Board Regulation No. 3, Series of 2017".

As a result of the aforementioned circumstances, clear-cut procedures are defined under the BDCP implementation intended to ensure that there will be *No Relapsed case for stigma-free rehabilitated PWUDs and there will be No repeat offenders for Drug Reformists in the 42,045 barangays in the country*. As of this writing, the Barangay Drug Clearing Programme has facilitated the reformation of 260,831 PWUDS and 5,743 offenders. These people are being monitored by the local government units.

A. The Barangay (Community) Drug Clearing Programme

The programme is anchored on the culture of cooperation, respect for human dignity, holistic strategies, and whole-of-nation approach considered as most effective platform in addressing the drug problem aimed at reducing the drug affectation in the country by taking away drugs from the people, taking the people away from the lure of illegal drugs and minimizing the impact of the drug problem in the barangay (community).³

The BDCP provides systematized processes in determining the extent of drug affectation of every barangay in the country and in declaring the same as drug-cleared or drug-free through evaluation, deliberation and validation. In effect, cities, municipalities and provinces will also be declared as drug-cleared or drug-free.



B. The Ultimate Goals of the Barangay Drug Clearing Programme

1. Free the rehabilitated PWUDs and drug reformists from the stigma of illegal drugs and reintegrate them to the community, making them productive citizens again;
2. Empower the citizenry and enable them to resist the lure of illegal drugs; and
3. Enable the barangays, municipalities, cities and provinces to police their own respective communities, ensuring that they will deter the entry of illegal drugs into their respective communities.

C. Recipients of the Programme

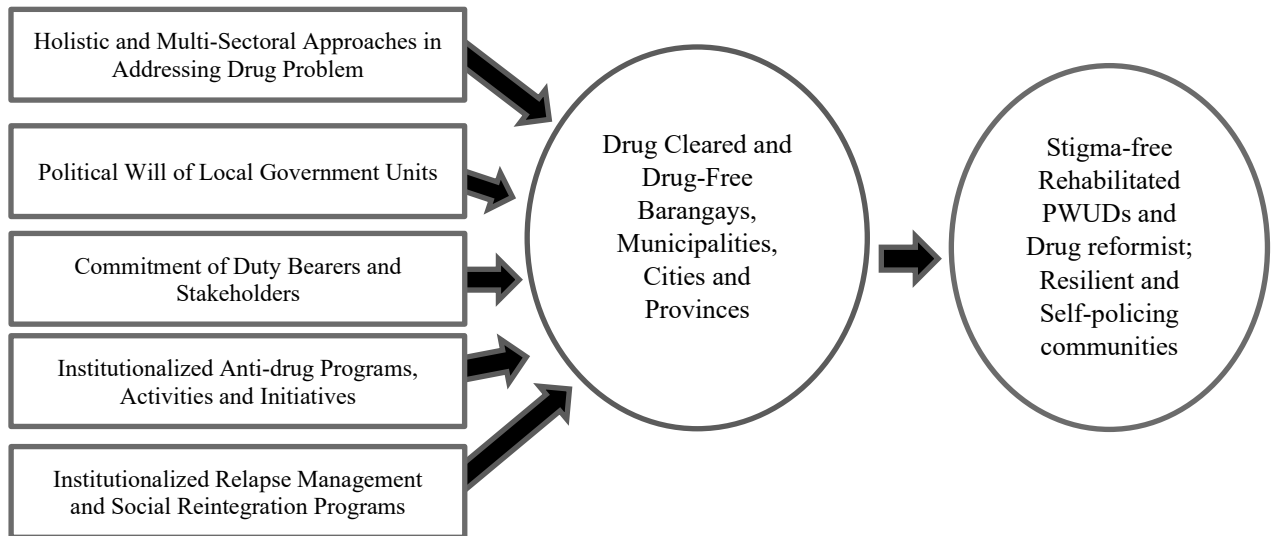
All *PWUDs and pushers* in the barangay (community) with validated involvement in illegal drugs and those *plea bargainers (drug offenders) per court order for rehabilitation* are the target recipients of BDCP. They will be provided with appropriate intervention that will help them to be reintegrated into the community.⁴

² Strengthening the Implementation of BDCP and Repealing for Such Purpose of Board Regulation No. 3, Series of 2017.

³ Dangerous Drugs Board Reg. 4, S 2021 "Sustaining the Implementation of Barangay Drug Clearing Program and Repealing for Such Purpose".

⁴ Ibid.

D. Conceptual Framework of BDCP



As shown above, the victory on the fight against illegal drug problem in the country is dependent on five (5) dynamic variables which shall be implemented conscientiously in order to achieve the outputs and outcomes of the Programme. These variables are called the “Villanueva Pentavariabls” and are defined as follows:

1. *Holistic and Multi-Sectoral Approaches in Addressing the Drug Problem* – This means that the BDCP employs the strategies in addressing the drug problem which are the supply and demand reduction. It involves the participation of the National Government Agencies (NGAs) and coordination with the Non-Government Offices (NGOs) in the Local Government Units and looks at the whole population as affected by the problem.
2. *Political Will of the Local Government Units* – This refers to the sincere, consistent and unceasing support of the local government units and local chief executives in the implementation of BDCP since prime end user of the programme are the constituents.
3. *Commitment of Duty-Bearers and Stakeholders* – All government departments, agencies and sectors concerned must commit to do their share in addressing the drug problem that is a cross-cutting strategy and not a stand-alone problem. Thus, commitment of all supporters and advocates of the BDCP to fully support the implementation of the programme is essential.
4. *Institutionalized Anti-Drug Programmes, Activities and Initiatives* – Issuance of policies, programmes, resolutions, regulations and ordinances including other anti-drug initiatives in planning and budget allocations are the effective ways to institutionalise the anti-drug efforts and strategies.⁵
5. *Institutionalized Relapse Management and Social Reintegration Programme* – This is considered the most humane component of BDCP wherein rehabilitated PWUDs and drug reformists are ensured of a better environment to become productive citizens, ensuring the prevention of reoffending in the community, giving prime concern on institutionalized relapse management for rehabilitated PWUDs and drug reformists and providing a comprehensive reintegration programme are of utmost importance.

These outputs will bring further the programme to a sustainable level and to the achievement of its ultimate goals.

E. Roles of Duty-Bearers and Stakeholders

Based on Dangerous Drug Board Regulation No. 4, Series of 2021 along with the Philippine Drug Enforcement Agency, the ADACs in LGUs shall carry out the comprehensive implementation of the

⁵ Ibid.

programme. Law Enforcement Agencies and other stakeholders have specific roles in each stage of the programme, which includes the National Government Agencies, Non-Government Organizations, Peoples Organizations, Faith-Based Organizations, Civic Society Organizations, Youth Sector, Academe, Private Sector; and Media.

F. Stages and Activities of BDCP Implementation

The successful implementation of the BDCP to its sustainable development follows a Three (3) – tier which bring the above desired outputs to Drug-cleared/Drug-free status of barangays, municipalities, cities and provinces declared by the *Regional Oversight Committee on Barangay Drug Clearing Programme (ROCBDC)*. Procedures in Declaring Drug Affected Barangays and the unremitting implementation of Appropriate Intervention⁶ Programmes along with the required sustainable activities/programme in BDCP in preventing relapse and preventing reoffending for all the surrenderers (PWUDS, qualified pushers and drug offenders/plea bargainers) and even the Newly Identified individuals in illegal drugs activities are sustained. Participation of stakeholders is crucial for sustainability of the programme.

FOUNDATION Stage - defines the readiness of the barangay to undertake the Barangay Drug Clearing Programme.

1. *Roll-out/cascading of Barangay Drug Clearing Programme (BDCP) to all the barangays in the country.* Participants are members of Anti-Drug Abuse Council (ADAC) from the barangays, municipalities/cities and provinces including its Chairman and its committees.

Committees on Peace and order Council, Advocacy, Women and Family, Youth Council, Representative of Faith-Based Organization, Law Enforcement Agencies (Philippine National Police), Municipal/City Local Operation Officer from the DILG, Municipal/City Health Officer (MHO/CHO) and the Barangay Health Workers (BHW)

•Responsible Office/Stakeholder: Philippine Drug Enforcement Agency (PDEA)

2. Strengthening the functional Anti-Drug Abuse Councils (ADACs) implementing the programme which aims to eradicate/prevent the entry of illegal drugs into the community and are evident through *Reactivated and Revitalized BADAC, BADAC Monitoring mechanisms and BADACs Allocation of Budget for Anti-drug initiatives in their Annual Investment Plan.*

•Responsible Office/Stakeholder: Department of Interior and Local Government (DILG) and Local Government Unit (LGU)

3. *Management of Watch List.*

The Lists of surrenderers/individuals with validated involvement on illegal drug activities are categorized and subjected to appropriate intervention programmes in the community.⁷

•Responsible Office/Stakeholder: PDEA, BADAC and PNP.

PIVOTAL STAGE - Exemplifies that the BDCP is being implemented and its impact starts to be felt by the community. Apart from implementation of Demand Reduction Programmes and conduct of other related activities, implementation of appropriate intervention Programmes for *Person Who Used Drugs (PWUDs)* is assessed, implemented and managed by the Department of Health according to the standard protocol of the World Health Organization following the result of the ASSIST tool whether for *Community Based Drug Rehabilitation Program (CBDRP)*, *General Intervention (GI)* and on *Treatment Rehabilitation Centres (TRCs)*. Whereas, *qualified pushers and drug offenders/plea bargainers* on drugs are for *Balay Silangan (BS) Reformatory Programme* which is managed by the LGU.

4. *Conduct of House Visits.*

House visit is conducted to surrenderers to inform them the available appropriate intervention by the government which they could readily avail of.

•Responsible Office/Stakeholder: BADAC, PNP and PDEA

⁶ Ibid.

⁷ Ibid.

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5. *Processing of Surrenderers*

The provision of One-Stop-Shop/venue for the processing of surrenderers, including the assessment of appropriate intervention modality. This includes Assessment using ASSIST tool based on the UN standard is conducted for appropriate intervention modality (pursuant to DDB Reg. No. 7, Series of 2019), Validation of residency, Profiling, Conduct of Drug Test and Administration of Affidavit of Undertaking for Surrenderers (pursuant to Sec. 54 and 61 of RA 19165).

•Responsible Office: Municipal/City Health Officer(CHO/MHO) PNP, LGU, PDEA⁸

6. *Implementation of Intervention Programmes* – is based on the *result of ASSIST tool and duration depends on the assessment/evaluation of case managers.* Each has its *Treatment Card/Book for monitoring* and shall complete the intervention programme. Surrenderer classified as both PWUD and pusher shall be subjected to two interventions – for Community Based Programme and for Balay-Silangan Reformatory Programme. Conduct of at least three (3) surveillance Drug Tests is recommended for evaluating the success of the intervention programme, upon admission, anytime within the programme compliance and prior to temporary release/primary programme completion.

•Responsible Office/Stakeholder: Municipal/City Health Officer (MHO/CHO) and LGU

7. *Categorizing of Identified Individuals/Surrenders in the Lists* – the assigning of color-codes to intervention undertaken by those PWUDs, qualified pushers and drug offenders/plea bargainers for their monitoring and accounting.

•Responsible Office/Stakeholder: BADAC assisted by PDEA

8. *Assessment for Declaration of Drug Cleared Status Barangays (community).* This is the submission of complete documentary requirements to qualify for application and issuance of Drug Cleared Status of Barangay/Municipality/City/Province.⁹

•Responsible Office/Stakeholder: PDEA (Regional Barangay Drug Clearing Team implementers in the 17 Regional Offices nationwide)

9. *Deliberation by the Regional Oversight Committee on BDCP (ROCBDC)* -Through the Chairmanship of PDEA in the Regional Offices and its members' stakeholders

•Responsible Office/Stakeholder: PDEA, DILG, DOH, PNP and the Local Chief Executive or Authorized representative.

SUSTAINABILITY STAGE – this means that the level of BDCP implementation has stabilized in the LGU evidently indicated by empowered and self-policing barangays, drug resilient citizens, and stigma-free rehabilitated PWUDs and drug reformists reintegrated in the community. After declaration made by ROCBDC the Drug-Cleared and/or Drug-Free Status barangays must sustain its status through Preventing Reoffending for Drug Reformists and Relapse Prevention Program for Rehabilitated PWUDs must include the following sustainable programs/activities in the LGU.

1. Social Reintegration programmes for Rehabilitated PWUDs and Drug Reformists.
2. Relapsed Prevention Programme for Rehabilitated PWUDs.
3. Continuous Implementation of Drug-Free Workplace Programme.
4. Active Multi-Sectoral Support to BDCP implementation.
5. Continuous Capacity Development for BDCP Implementers.
6. Establishment of Community Drug Watch.
7. Establishment of Community Support Group for Drug Problem.
8. Institutionalization of implementation of BDCP through Ordinances, Executive Orders and Policies.¹⁰
9. Periodic consultation with Duty Bearers and Stakeholders which may include holding of Annual Conference on BDCP Implementation.
10. Continuous conduct of demand reduction activities/awareness programme in the LGU and in all sectors.
11. Sustained intervention programmess for PWUDs (GI, CDBRP and Drug Treatment Rehab Centres Programme).
12. Sustained intervention programmes for pushers and other Drug offenders/plea bargainers.

⁸ Ibid.

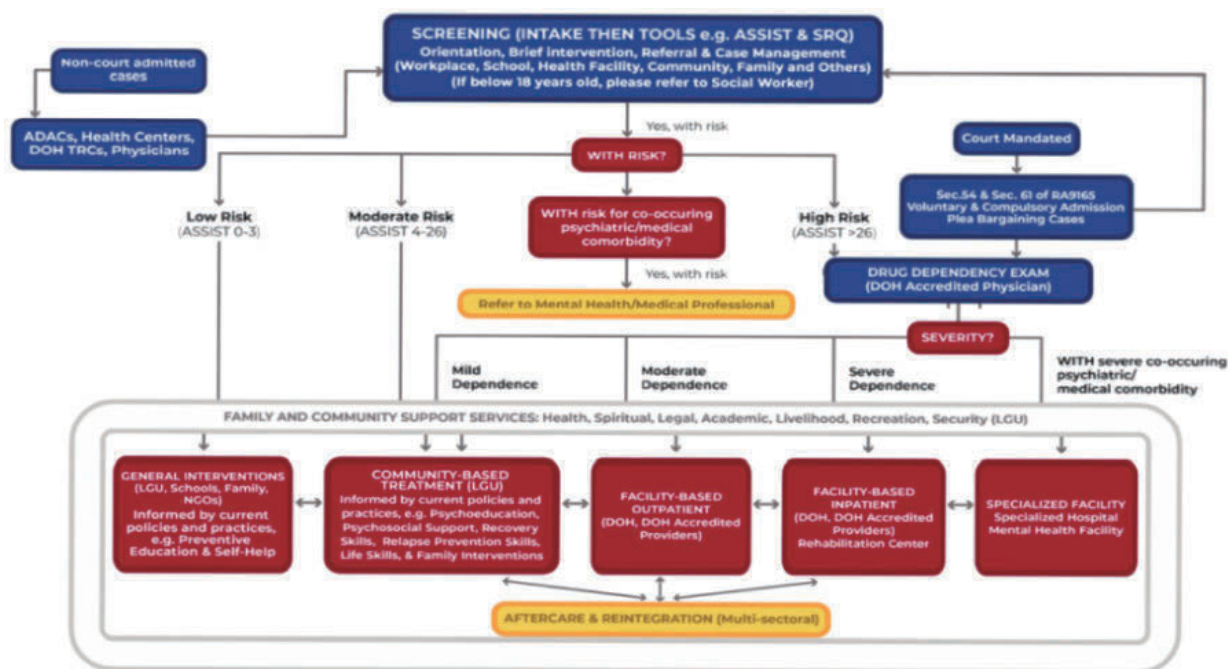
⁹ Ibid.

¹⁰ Ibid.

ROCBDC composed of PDEA together with other government agencies and LGUs conducts validation procedures to those with drug cleared and/or drug-free status to ensure its sustainability and ensure the status of RPWUDs and Drug Reformist preventing them from relapsed case/s and reoffending as well.

G. Details of Intervention Programmes

The figure below shows the New Client Flow for Wellness and Recovery from Substance Related Issues based from the Dangerous Drugs Board (DDB).¹¹



1. For PWUDs, interventions depend on the result of assessment using ASSIST tool.
 - (i) Low Risk Drug Use Dependence (0-3) – *General Intervention (GI)* is maximum of 1-month period. This includes *Brief Interventions, Individual Family programmes, Health and Psycho-Education and Psycho-Socio/Spiritual Support*.
 - (ii) *Moderate Risk of Drug Use Dependence (4-26)* - For Community Based Drug Rehabilitation Programme which include but not limited to: Case Management with Individual Treatment Plan, Psycho-Education and Advocacy, Counselling/Coaching, Education/Employment Support, Relapse Management and other activities deemed necessary.
 - (iii) *High Risk of Drug Use Dependence (27 and above)* - PWUDs shall undergo a Drug Dependency Examination (DDE), conducted by DOH-accredited physician and PWUDs may be diagnosed for In-patient /Out-patient treatment and interventions.
- (a) PWUD diagnosed as *MILD SUBSTANCE USE DISORDER/COMMUNITY-BASED* with the not limited to the following interventions: Case Management with Individual Treatment Plan, Psycho-Social Support, Recovery Skills, Life Skills, Brief Interventions and Motivational Interviews, Spiritual/Faith-based Structured Interventions, Social support Activities not limited to Technical Skills Enhancement, Livelihood Training¹² Activities, Educational Programmess, Environmental Awareness activities, Socio-Civic Activities, Attendance/Meetings of Support Groups like Narcotics Anonymous,

¹¹ <https://www.youtube.com/watch?v=mX1wQ3ZsLNw> “The New Client Flow for Wellness and Recovery from Substance Related Issues through DDBgovph, 28 Jun. 2020; Dangerous Drugs Board Reg. No 7, Series of 2019, Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services.

¹² Ibid.

Dangerous Drugs Board Reg. No 7, Series of 2019, Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services

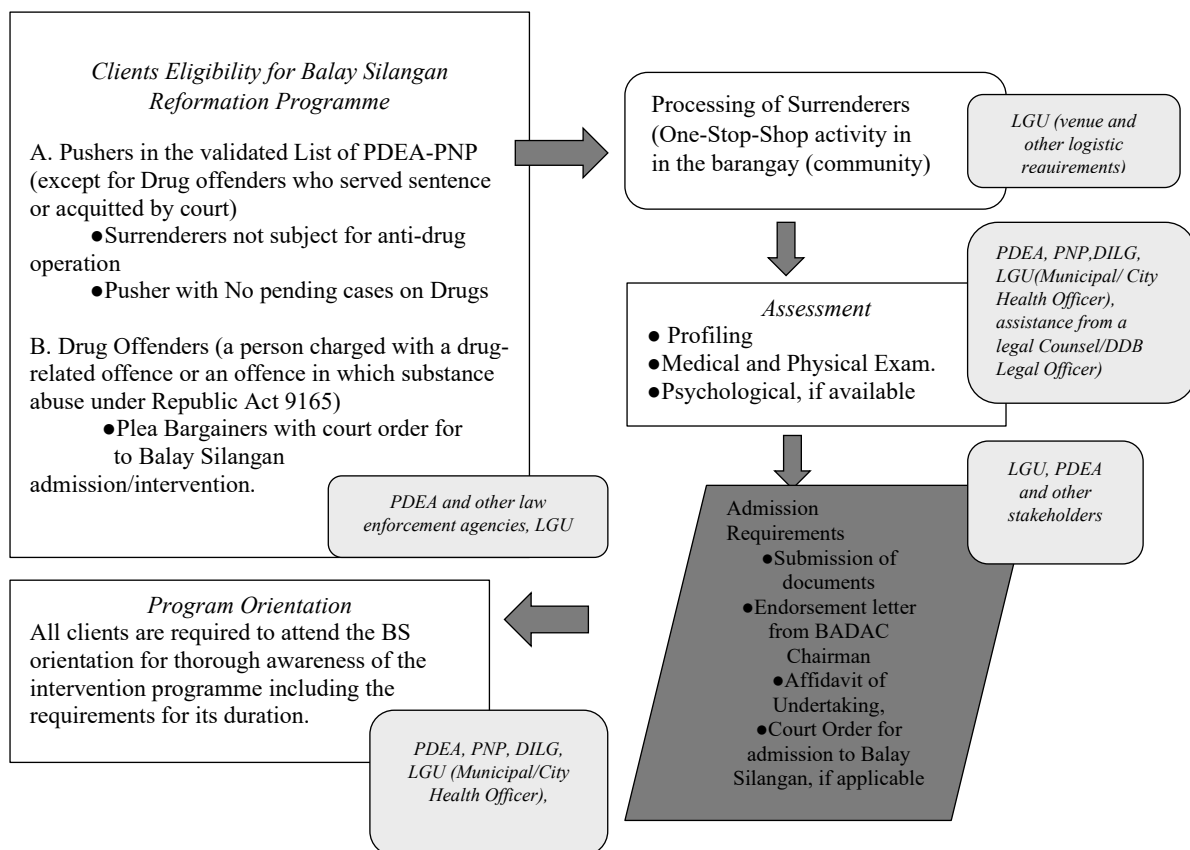
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Faith Based and NGOs.

- (b) PWUD diagnosed as *MODERATE SUBSTANCE USE DISORDER/FACILITY-BASED OUT-PATIENT*. PWUD shall undergo detoxification (when necessary) and referred for “out-patient” programme accredited by Department of Health which may include but not limited to Structured Out-Patient Modalities (Psychotherapy Interventions), Moral or Spiritual/Faith-Based Structured Intervention (Counselling, Provision of Addiction modules/Services), Individual/Group Counselling, Behaviour Modification programme, Social support Activities not limited to Technical Skills Enhancement, Livelihood Training Activities, Educational programmes, Environmental Awareness Activities, Socio-Civic Activities, Attendance/meetings of Support Groups (Narcotics Anonymous, Faith Based and NGOs).
- (c) PWUDs diagnosed with *SEVERE PWUD SUBSTANCE USE DISORDER/FACILITY-BASED IN-PATIENT* for 6-month period. PWUD shall undergo detoxification (when necessary) and referred for “in-patient” programme accredited by DOH which has bio-psychosocial spiritual approach which may include, but not limited to Therapeutic Community Model, Minnesota Model and Other Evidence-based Model programmes.
2. For Reformation intervention in Balay Silangan Programme- *For pushers in the list of surrenderers and plea bargainers (drug offenders)* with court order for admission to¹³ Balay Silangan upon release to the community from detention facilities.

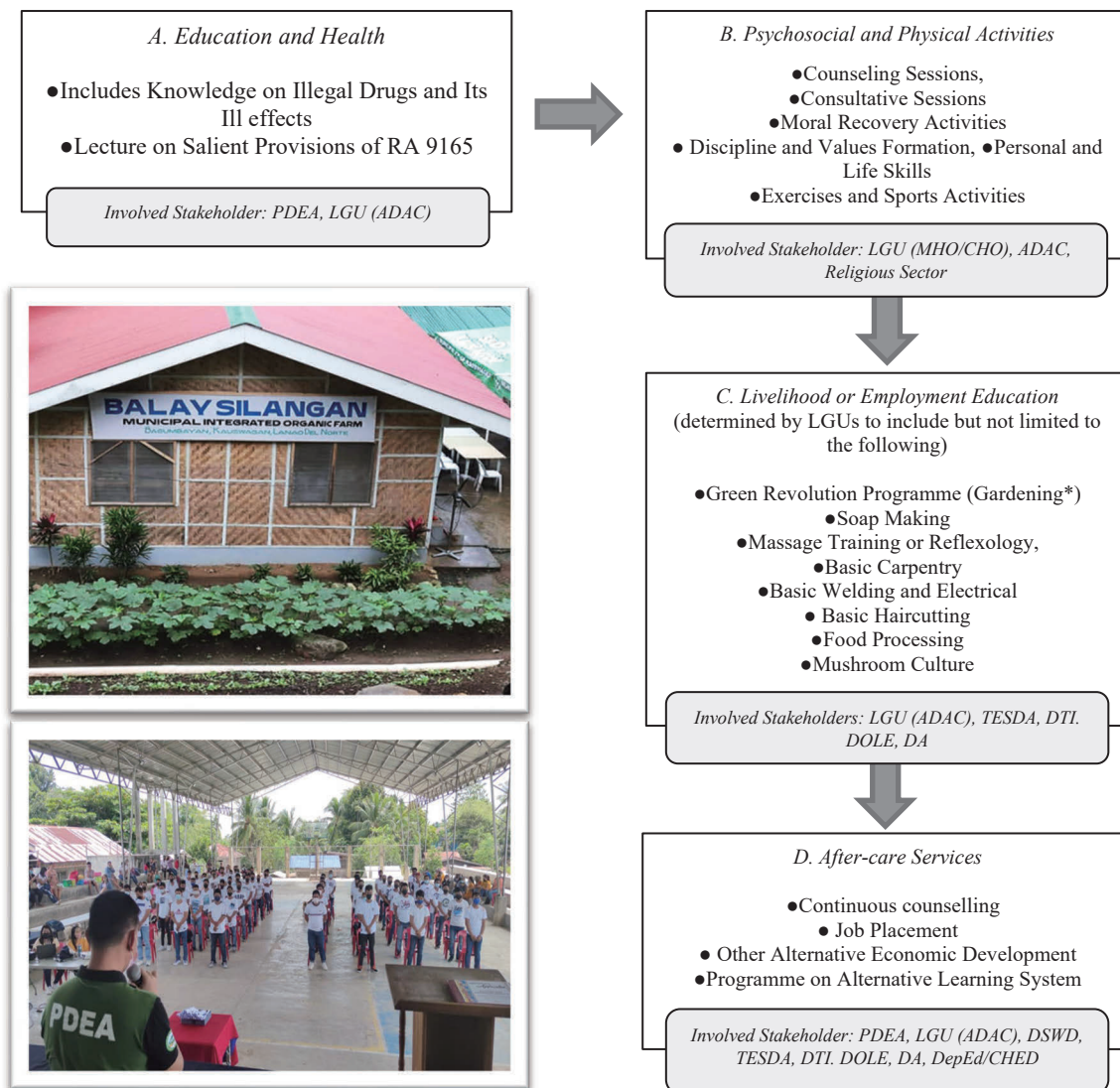
FLOW CHART ON ADMISSION IN BS REFORMATORY PROGRAM

(The figure below shows the admission of clients in Balay Silangan Reformatory Program and The Involved Stakeholders)



¹³ Ibid.

As of this writing, enhanced provisional concept is yet to be approved by the Dangerous Drugs Board which provides that client enrolled in the BS programme shall undergo a one (1)-month mandatory “in-house” for Education, Health, Psychosocial and Physical Activities as reflected below. Only clients certified by the case manager shall proceed to Livelihood or Employment Education Phase.¹⁴



From January 2017 to December 2021, PDEA recorded 319 Balay Silangan Reformatory Centers established in the country which catered eligible pushers and plea bargainers for BS intervention programme with a total of 5, 743 clients. Apart from this continuous commitment LGU must ensure the requirements below in BS establishment.¹⁵

¹⁴ Dangerous Drugs Board Reg. No 2, Series of 2018, Balay Silangan - Guidelines for Community Involvement in Reforming Drug Offenders Who Voluntarily Surrendered into Self-sufficient and Law-abiding Members of Society.

¹⁵ Ibid.

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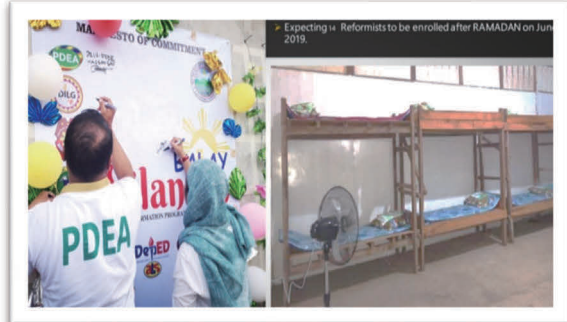
1. Establishment of the infrastructures necessary for the program which may have the following but not limited to: Lecture Room/s;

- Counselling Room;
- Sleeping Quarters;
- Comfort Rooms;
- Mess Area/Pantry;
- Clinic; and
- Sports/Recreation Area



2. Provision of appropriate number of personnel who will man the facility which include but not limited to:

- Facility Head;
- Program Coordinators;
- Case Managers;
- Medical Aide;
- Security; and
- Utility Workers



3. Financial and logistical support needed for the operationalization of the facility.

4. Signed Memorandum of Agreement (MOA)/Memorandum of Understanding (MOU) with various stakeholders.



5. Reformatory Module must be holistic and anchored on respect for human dignity.

H. Monitoring Mechanism

To ensure that the implementers are comprehensively implementing the programme in the country, PDEA also created the PDEA Barangay Drug Clearing Programme Working Group for Monitoring and Validation (PB-WMV). Currently, it is headed by the *Chief of Staff, Dir. III Charlene R Magdurulang* who oversees the PBWMV in supervising and monitoring the effectiveness and efficient implementation of the 17 Regions in the country. The PB-WMV and Regional BDCP Teams (RBDCPT) shall champion the programme implementation. Strengthening multi-stakeholder coordination,



drafting and implementation of guidelines and policies, preparation of plans and programmes, validation, assessment, data gathering and analysis, and recommendatory functions are among its mandate.

I. LGU's Commendable Practices on BDCP Implementation: As First Drug-Free City in the Philippines

The LGUs effort in the sustainable development programme in the implementation of Barangay Drug Clearing Programme shows solid support to the programme. Apparent proof for this is the *LGU of Tangub City* hailed as the *First Drug-Free City in the Philippines* on April 11, 2019. It is situated in Northern Mindanao, Philippines.¹⁶ On the basis of Board Regulation No. 3, Series of 2017, it was duly declared by the ROCBDC through PDEAs chairmanship under *USEC Wilkins M Villanueva, MPA, CESE*, the former Regional Director of PDEA Regional Office X and currently the Director General of the said agency. The city has 55 drug-cleared barangays with sustained status with a total of 3,729 rehab PWUDs and 120 Drug Reformists respectively who have undergone intervention programmes on Community-Based Drug Rehabilitation Programme (CBDRP) and Balay Silangan (BS) Reformatory Programme.



Based on the ROCBDC's thorough assessment and evaluation which then confirmed further the study conducted by the *Joint Research Project of the Dangerous Drugs Board (DDB) and Integrative Competitive Intelligence Asia, Inc. on May 2020, "Best Practices of Selected Drug-Cleared Barangays: A Basis for A Drug-Free Community Paradigm"*, The study shows distinctive efforts made by Tangub City which substantiates the sustainable programme BDCP are as follows:

1. Institutionalization of policies which include Creation of the City Anti-Drug Abuse Council (CADAC), Drug Free Work Place Ordinance for the Public Sector, Executive Order Establishing the One Stop Shop for the Processing of Applications for Voluntary Treatment and Rehabilitation of Drug Dependents wherein a Legal and City Health Offices was tasked on the step-by-step procedure of the process from client interview and assessment to admission to the treatment centres, and the Drug Free Work Place Policy.
2. LGUs continuous demand reduction activities/awareness programme evident through various



USEC Wilkins M Villanueva, current Director General, PDEA and the former Regional Director of PDEA Region Office X in Northern Mindanao, painstakingly conducts of continuous lectures on BDCP awareness to LGU, government agencies and other stakeholders.

¹⁶ PDEA// Tangub City LGU, 2020 Joint Research Study of DDB and Integrative Competitive Intelligence Asia, Inc. Best Practices of Drug-Cleared Barangays: A Basis for a Drug-Free Community Paradigm

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meetings with barangay officials and attendance to barangay gatherings, house to house campaigns and other activities were initiated by the CADAC Technical¹⁷ Working Group Core Team to encourage full participation of the community in support to anti-illegal drug campaign/programme in the city.

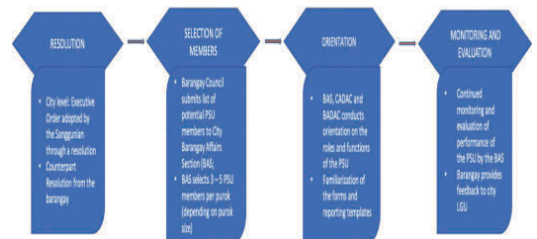
3. Institutionalized partnerships and structures on rehabilitative perspective between LGU's CADAC Core Team with PDEA, PNP, and other government agencies through MOA/MOU and other stakeholders.
4. Institutionalization of Drug-Free Workplace implementation, "house cleaning" through random Drug Tests to city hall employees and elected barangay officials during their general assembly/meeting. Those tested positive both on the screening and confirmatory tests were included on the first batch of 38 surrenderers and graduates for voluntary treatment and rehabilitation in¹⁸ Misamis Occidental Drug Treatment and Rehabilitation Centre. Drug-Free Workplace has been institutionalized all throughout the LGU through issuance of a Drug-Free Workplace policy for the public sector.
5. The establishment of Community Drug Watch as a system of monitoring and reporting on drug-related activities specifically the organization of the Purok Service Unit (PSU) including budget allowance. This has been entrenched through an Executive Order and adopted by the LGU through a Resolution. Usual PSU member ranges from 3 to 5 per purok as shown in the figure on the left.



Photo taken during conduct of random Drug Test in Tanguib City.



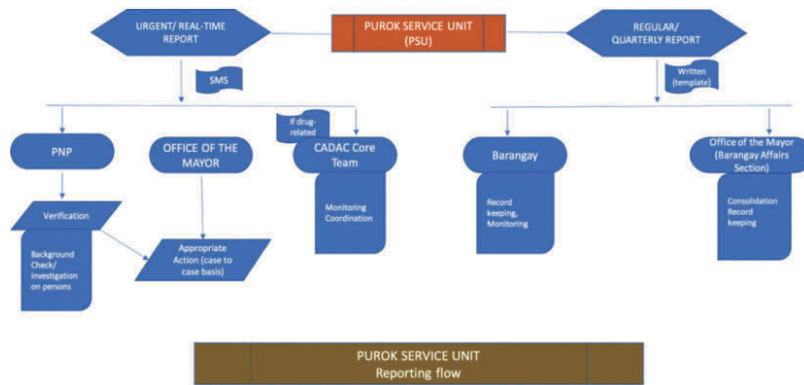
- (i) The members are nominated by the barangay LGU based on the following criteria:
 - (a) He/she should be an upstanding member of the community
 - (b) A registered voter in the barangay
 - (c) No police record
 - (d) At least high-school graduate
 - (e) Selected by the Barangay Affairs Section (BAS) under the Office of the Mayor
 - (f) Must undergo the PSU orientation regarding their roles and responsibilities, including reporting requirements conducted by BADAC and CADAC.
 - (g) Member of PSU will receive a monthly honorarium from the city with additional incentives for good performers.
- (ii) Encompassing PSU's task on the peace and order are identification and reporting drug users and pushers in the area, monitoring of peoples' movement¹⁹ coming in and out within their *puroks* (village) which include collection of basic information of newcomers in the area like name, address, purpose, length of stay in the area and other necessary info and subsequent reporting for suspicious activities of individuals to the PNP for verification or further investigation as well.
- (iii) Residents are required to report incoming visitors to the barangay and shall provide the necessary information before the date of arrival.
- (iv) The reporting process of PSU is illustrated in the figure below.



¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.



(v) The PSU has been effective in preventing the return of illegal drugs activities and maintaining peace and order in the communities through regular reporting of any suspicious illegal drug activities or individuals and on-time action. There's an easy access on reporting to PNP and the Chairman, CADAC (Mayor of the city) through their Text- hotlines. The CADAC Core Team is furnished copies of drug-related reports, which then the PNP conducts verification before taking appropriate action. Reports will be submitted to the BAS on quarterly basis for checking, consolidation and record-keeping. Performance of the PSU is then monitored by the respective barangay wherein feedback is also provided to them.²⁰

6. Sustained intervention programmes for pushers. In collaboration with PDEA and based on Dangerous Drugs Board (DDB) Regulation Number 2, Series of 2018 aimed at capacitating the whole person and ensuring their reintegration to become productive and law-abiding citizens of society, Tangub City has established and *Operational Balay Silangan Centre* with graduated of 120 Drug Reformists.



- It was operationalized in February 2019 and was funded by the LGU which also caters pushers for reformation from the neighbouring cities and LGUs.
- It has committed 13 casual or job-order employees comprises of a psychologist, two social workers, one medical technician, one IT staff, seven recovery coaches and the Program Director/ Facility Nurse who is also the CBRP Coordinator and CADAC TWG-Core Group member with a lot of experience in rehabilitation and treatment work.
- Clients activities include physical, mental, social, moral and spiritual aspects of recovery from the collective efforts of BS staff and interventionists from PDEA, PNP, religious sector and other stakeholders involved.
- Schedules includes exercises, performance of chores, individual reflection, journaling, family visitation and religious sessions by observing one's religious beliefs, aside from moral recovery and livelihood training.

7. Sustained intervention programmes for PWUDs with monitoring mechanisms includes enrolees check-in twice daily to assigned BADAC duty in the barangay. Individual weekly feedback through a journal is required to PWUDs.²¹

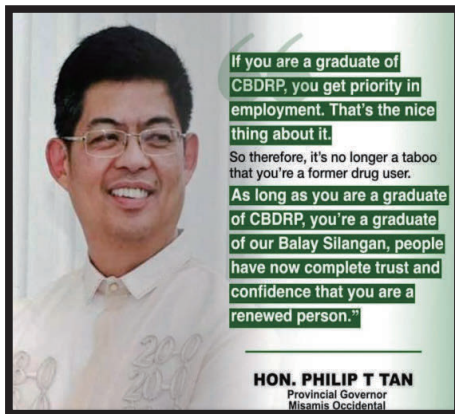
Family involvement is vital to recovering PWUDs through orientation, and recollection activities with PWUDs are necessary in relapse prevention aimed at repairing the relationship between recovering PWUDs and their family members.

²⁰ Ibid.

²¹ Ibid.



8. Tailored support to Rehab PWUDs and Drug Reformists through LGUs provision of livelihood assistance after completion of Aftercare programmes and upon reintegration into the community. This support is a priority in LGUs employment based on skills matching and referrals.



9. Recovery counsellors and support system to clients in BS intervention programme and CDBRP are committed Rehabilitated PWUDs from first batch CDBRP graduates in 2016.
10. Establishment of community reward system in strengthening the monitoring mechanism of the LGU whereby residents are actively encouraged in their participation on top of their commitment in the fight against illegal drugs and entry of all illegal drug-related activities in the city.²²
11. Institutionalized allocation of funds for sustainable development of BDCP. Funding includes training and information dissemination campaign, rehabilitation and facility treatment, financial support to families of surrenderers and members of PSU, provision of supplies and operationalization of Balay Silangan and conduct of CBRP. There is cost sharing between the city and the barangays of 10,000 per year for the CDBRP programme. Committed personnel in the Anti-Drug Abuse Team are paid through LGU's regular budget.

J. Success Stories of Rehabilitated PWUDs and Drug Reformist in Tangub City

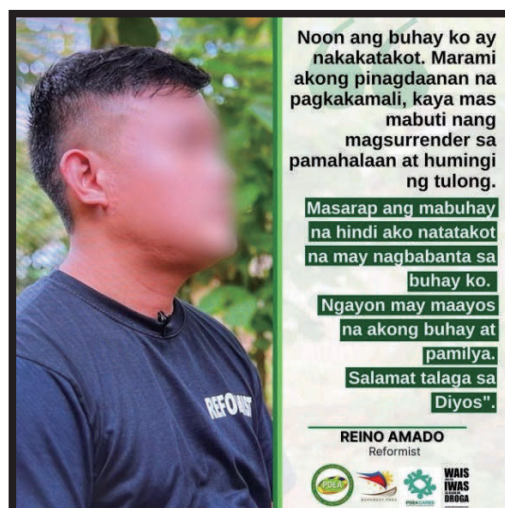
Below are journeys of eminent personal transformation of Rehab PWUDs and Drug Reformists succumbed to BDCP intervention programmes as significant achievements of Tangub City in the implementation on BDCP. Their positive transformation enhances awareness to the programme and cradle of inspirations to the community and inspires continuous efforts among BDCP stakeholders in working hand-in-hand with the government in achieving its ultimate goal.

1. Story of Reino Amado (*pseudonym*): *From A Pusher to A Grateful Drug Reformist*

Reino lived in Ozamis with his parents and siblings; later moved in Tangub City. During their childhood, Reino and his siblings were always beaten by their father Lucio especially when they were not in their

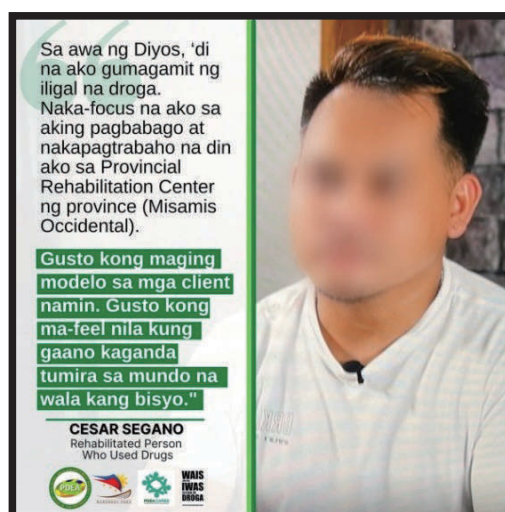
²² Ibid.

house.²³ Reino was a consistent honor student until his beloved mother died of cancer. Since then, Reino spent most of his time with friends, roaming around entering houses and stealing things. His father Lucio had been into several partners before he met Nilda, Reino's stepmother. Reino and his stepmother were not on good terms then as he couldn't accept her as his mother. Reino learned to use illegal drugs (*marijuana and shabu*) during high school together with his friends. Because of this, they kept on entering and breaking into houses and learned to steal money to support their habit. When Reino graduated from high school, he entered small time jobs for a living. His drug use escalated and his vices had gone worse. Reino became a drug "runner" as he could not depend on his pay. Reino met several partners and some of them helped sustain his drug use. Reino met Mabel who is an office staff of a private company. They fell for each other and got married. But then, their marriage was difficult for he was still involved in illegal drug activities. When the Sagip Illegal Drug Users (*Rescuing illegal drug users*) programme of the City Government of Tangub came, Mabel decided to apply for the voluntary treatment and rehabilitation for her husband Reino. The programme had helped Reino to stop using substances, handle triggers and turn away from his old behaviour. Months since his release from the Treatment Rehab Centres, Reino was informed by the City Anti-Drug Abuse office that he had to undergo a three-month reformation programme in Balay Silangan. The programmes Reino underwent helped him to reflect on and understand the consequences of the things he had done before. He has fully realized the value of developing respect, discipline and humility in oneself to become a self-sufficient member of society. Mabel, on the other hand, has been very grateful for the man her husband Reino has become now.²⁴



2. The Triumph of Cesar Segora (*pseudonym*: A Rehabilitated and Reintegrated Person Who Uses Drugs)

Cesar is currently working in the Provincial Rehab Centre in Misamis Occidental. Cesar was born in Tudela, Misamis Occidental. His family moved in Tangub City when he was a year old and lived there since then. Cesar and his siblings were raised by caring parents who taught them of good manners and proper conduct. Cesar was able to finish elementary school, high school and college with the support of his family. It was in his college days when he joined a fraternity and met friends who influenced him to use illegal drugs (*shabu*). Cesar decided to go to Manila after college. He didn't expect that his stay would give him a view of how rampant the illegal drug situation is in the city. Though he was able to find a job and finished his SOLAS training, Cesar failed to continue his application. His brother's efforts to support and help him land a job abroad got wasted. Cesar was also able to work in Cebu as a merchandiser but still his drug use went on.²⁵



In 2006, Cesar met Arcilyn. They became lovers and tied the knot in 2013. Their relationship had been the most difficult for Cesar couldn't get away with drugs. Arcilyn, thinking Cesar would be able to turn away from his drug abuse, believed that the chances she gave will someday be worthwhile. Cesar came back to Tangub with the thought of quitting but his return only worsened his drug abuse. He was rarely at home, uncomfortable when he couldn't use drugs and sold valuable things in their home. Cesar brought distress to his family and in-laws. It was in 2017 when the Community-based Drug Rehabilitation Program

²³ Credit to Herry Rose C. Balili, RSW and Tangub City Anti-Drug Abuse Office/Misamis Occidental LGU

²⁴ Ibid.

²⁵ Ibid.

was launched by the City Government of Tangub under the Sagip Illegal Drug Users Programme. Cesar felt the need to quit for the current administration would possibly sue him due to his drug abuse. In early 2018, he volunteered to undergo CDBRP in their barangay but with uncertainty. Later, Cesar came to realize the dangers brought by drug addiction. He is finally able to see the support and sacrifices his wife Arcilyn and family had taken to help him recover. He now takes his focus to important things in life including his own family. Cesar became a CDBRP Recovery Coach in July to November 2018 and became an example to the recovering PWUDs. In October 2019, Cesar was employed as Coach in the Misamis Occidental Drug Treatment and Rehabilitation Centre and since then, he continues to help with people who struggle to find the road to recovery.²⁶

K. Challenges Affecting the Implementation of BDCP

Based on the five-year experience in the implementation of the programme, PDEA and the Philippines government have faced challenges which threaten the sustainability of the programme in preventing both possible relapsed and reoffending cases involving a total 260,831 Rehabilitated PWUDs and 5,743 Drug Reformists who have undergone intervention programmes in BDCP from the 24,303 Drug Cleared barangays and 5,395 barangays with drug-free status out of 42,045 total barangays in the country.

The feat of BDCP hinges on the issues and concerns identified below.

1. The review on the current laws, policies and other issuances affecting the implementation of BDCP is very crucial. Enactment of enabling laws and policy enhancement that is explicit and particular would speed up the roles for the duty bearers and other stakeholders as implementers of the in the LGU. The role of the court is very important for plea bargainers/drug offenders to undergo proper intervention programmes, for instance Balay Silangan Reformatory Programmes. Despite diverse mandates and priorities among duty-bearers and stakeholders involved in implementation, monitoring and supervision, fortification of the programme among courts should be deliberate. Provision of funding and other mobilization requisites must be specified clearly ensuing BDCP anchored intervention programme and other related activities and programmes.
2. Likewise, proper management of funds is an immense consideration in the implementation intervention programme in which provision of quality intervention programmes is dependent. The duration of the programmes also rely on the kind of intervention programme they were succumbed to following after their assessment. Funding on the basic needs and other essentials during programme implementation and reintegration is carefully outlaid.
3. Alternative development programmes for the Rehabilitated PWUDs and Drug Reformist are supplementary measures through tailored support programmes in the reintegration into the community. Before enrolment of PWUDs to Community-Based Drug Rehabilitation Programme and pushers to Balay Silangan Reformatory programme, conduct of thorough assessment is very essential for sustainability of their personal transformation in the community. The tailored support services or programmes depend on their need which may include provision of livelihood programmes, their prioritization on employment in the LGU, providing free education on alternative learning programmes especially for Out of School Youth, an agent of hope to other surrenderers through volunteerism against drug involvement, easy access to health care services and involvement of the family and community as well. In this sense, they will be reintegrated well into the community as healthy, normal and productive individuals of no stigma on illegal drug involvement and not tagging them as “drug addicts” or pushers or any other involvement in illegal drugs activities.

II. WAY FORWARD OF THE PROGRAMME

Currently, the country has 1,218 remaining unaffected barangays. Its drug affectation drops to 26.47 per cent and comprises the 11,129 remaining drug-affected barangays with surrenderers subject for intervention programmes rather than putting them in jail.

²⁶ Ibid.

Based on LGU's noteworthy achievement in the implementation of BDCP, PDEA fervently believes a ceaseless effort and answer against drug problems in the society is by putting primacy on the welfare of the *"least-cared surrenderers"*, the Person Who Uses Drug (PWUDs) preventing them to commit crime and Pushers/Drug offenders, preventing them from reoffending in the community treating them humanely as victims of illegal drugs, through a balanced, holistic, unified, synchronized and integrated collaborative multi-stakeholder approach in the intervention, treatment, rehabilitation and reintegration programmes.

Also, the agency seeks sturdy support in the sustainable development of the programme from other government/private agencies in the locale and from the international government/Non-Government Organizations who believe and share the vision of putting primacy and treating humanely these victims of illegal drugs considered as a global problem.²⁷

²⁷ PDEA Barangay Drug Clearing Program Working group for Monitoring and Validation (PB-WMV) Data as of December 2021.