Advocating the optimal involvement of the Government Agencies towards war on illegal Drugs

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Abstract. Illicit drug trafficking is the most common and ubiquitous illegal drug activity in the Philippines. As the drug problem affects the economy and security of a country, community must actively participate in drug prevention and control activities. These measures must be based on the rule of law, human rights, and the promotion of public health and safety. This research assessed the extent of programs implemented by the government. The data obtained were analyzed using weighted mean, and paired t-test, utilizing 0.05 level of significance. Results of the study showed that the results of the data analysis indicated that there is a need to enforce rigorous law enforcement, implement preventative programs, early identification and appropriate interventions and treatment and rehabilitation. Strengthen the resources and capacities of the local government units in executing successful interventions on the ground. although the results have shown positive implication on the programs implemented, data still suggest that there is still a need to strengthen the participation between community and our government.

Keywords: Optimal involvement, War on drugs, Government agencies participation

Introduction

Drug addiction is a well-known chronic illness defined by obsessive, or uncontrolled, drug seeking and use despite negative effects and long-term brain alterations. These brain alterations can result in the detrimental behaviors seen in drug users (Spanagel & Heilig, 2005; Volkow, 2010). Shahrokh (2019) finding shows that drug addiction is also a relapsing disease. Relapse is the return to drug use after an attempt to stop (NIDA, 2019). Similarly, the United States Department of Health and Human Services (2016) and the National Institute on Drug Abuse (2020) have stressed that all addictive substances work in the brain to generate their euphoric effects. Some, on the other hand, can cause harm to the brain through seizures, strokes, and direct toxic effects on brain cells (Treadwell & Robinson, 2007; Jain, 2021). Murphy et al. (2012) have stated that drug use can also lead to addiction, a brain condition caused by alterations in the function of several brain circuits that govern pleasure/reward, stress, decision-making, impulse control, learning and memory, and other processes. These changes make it more difficult for people who have an addiction to feel pleasure in response to natural rewards like food, sex, or pleasant social interactions, or to manage their stress, regulate their impulses, and make the healthy decision to cease drug seeking and usage (Woicik et al., 2010).

According to recent HCBTS (2019) findings, substance addiction may appear to simply impact the individual who is consuming. However, because addiction is a harmful condition that may harm the community, family, and person, it is extremely uncommon that other individuals be unaffected. Neglecting obligations as a result of drugs can have a detrimental impact on a person's job, children's schooling, or family's financial stability (Peele et al, 1992; Wood, 2008; West & Brown, 2013). Their influence might even extend beyond the immediate family. Friends or neighbors who rely on their presence or company may suffer as a result of their absence. According to a previous study done by the Australian government (2019), each medication generates various bodily responses based on the kind of substance. Some will make you feel more alert, aware, and active. Others will make you feel peaceful and comfortable. Some can induce hallucinations and change your senses. Others may cause you to become numb. Long-term usage and higher dosages have undesirable side effects that can gravely affect your health and even cause death, including illness risks from sharing needles and irreversible brain and other organ damage.

According to the newest World Drug Report, issued today by the United Nations Office on Drugs and Crime, about 269 million individuals used drugs worldwide in 2018, which is 30% higher than in 2009, while over 35 million people suffer from drug use disorders (UNODC). The Report also examines the impact of COVID-19 on the drug markets. While the entire extent of the pandemic's impacts is unknown, border and other limitations connected to the pandemic have already resulted in medicine shortages on the street, leading to higher costs and lower quality. Rising unemployment and diminished prospects as a result of the pandemic are also expected to disproportionately affect the poorest, rendering them more prone to drug use, as well as drug trafficking and cultivation for monetary gain.

Furthermore, the drug problem in the Philippines has been largely seen as a matter of law enforcement and criminality, with the government focusing on enforcing a policy of criminalization and punishment. This is proven by the fact that, from the beginning of the "war on drugs," the Duterte administration has used punitive measures and deployed the Philippine National Police (PNP) and local government units around the country. Law enforcement personnel have conducted massive door -to-door operations on orders from the President. In August 2017, one such operation in Manila intended to "shock and awe" narcotics traffickers and resulted in the deaths of 32 individuals by police in one night (Holmes, 2017). According to a recent survey, the considerable reduction in the country's crime rate demonstrates the Duterte administration's triumph in its increased fight against all types of criminality, notably illicit narcotics; this is strong proof that President Duterte's drug war is winning. And we have been on the right track in our anti-drug campaign since a steady reduction in crime equals a continuous improvement in peace and order." Chief of the PNP Directorial Staff, Lt. Gen. Guillermo Eleazar. PNP statistics revealed a 21.5 percent decrease in the country's crime rate from July 2016 to June 2018, as compared to crime data from July 2014 to June 2016. (Caliwan, 2020). Following a statement from United Nations High Commissioner for Human Rights Michelle Bachelet calling on the Duterte administration to "revoke the policies" that have resulted in the rising number of deaths in the country, the Philippine National Police reiterated that human rights "has never gotten in the way" of its campaign against illegal drugs. Cascolan (2020) stated, "For the record, human rights have never gotten in the way of the PNP campaign against illegal drugs, and vice versa, precisely because police anti - illegal drugs operations are consistent with Police Operational Procedures or rules of engagement that are founded on the fundamental principle of respecting, protecting, and fulfilling human rights; and to uphold the rule of law" (Gonzales, 2020).

Therefore, we recorded some issues and concerns relating to agencies participation to get complete information on the extent of programs implemented by the identified government agencies on the war on drugs. These includes the following agencies: Commission on human rights, Philippine national police, national bureau of investigation, Philippine drug enforcement agency, department of interior and local government and commission on higher education and the community representative.

It is envisioned that the Philippines would have drug-free communities with institutionalized anti-drug laws, methods, and processes. This national aim embodies the current administration's unwavering commitment to combating the drug problem. More than a year after President Rodrigo Roa Duterte issued Executive Order Number 66, Series of 2018, which solidifies the foundation of the current Administration's drug abuse prevention and control agenda, the Dangerous Drugs Board commits to sustain the implementation of the identified demand and supply reduction priorities. With the issuance of the PADS Executive Order by the President, all government agencies, including Government Owned and Controlled Corporations (GOCCs) and State Universities and Colleges (SUCs), were directed to carry out the Philippine Anti-Illegal Drugs Strategy in accordance with their respective mandates. Furthermore, Duterte instructed all government departments, agencies, and instrumentalities, including government-owned or controlled corporations (GOCCs) and state universities and colleges (SUCs), to play an active role in the anti-illegal narcotics campaign in

Memorandum Circular No. 53. (Parrocha, 2018). The Philippine Anti-Illicit Drugs Strategy, or PADS, is a strategy that outlines how the government and other sectors should collaborate to reduce the supply and demand for illegal drugs. The Dangerous Drugs Board, tasked with ensuring the framework's application, has begun to carry out actions to operationalize its implementation. As of November 2019, 54 government agencies have filed action plans and committed to implementing drug prevention and control initiatives within the scope of their mandates and for the benefit of their stakeholders. 2019 marked the beginning of the push for all task -agencies to contribute their fair part under their institutional mandates.

For example, the Department of Labor and Employment has committed to conducting Drug - Free Workplace Policy compliance inspections of businesses. The Department also incorporated drug prevention in the Occupational Safety and Health training and orientation courses in their action plan (Hernandez and Gatmaitan, 2019). Funding for these initiatives was also included in the agency's proposed 2020 budget. Another agency that has agreed to play its part under the PADS is the Bureau of Internal Revenue. Their action plan called for the formation of a Task Force inside the agency to focus on conducting audit investigations of accused drug personalities, among other things. Agencies have been working on completing their pledges and implementing their action plans since January of this year. The Philippine Statistics Authority's pledge to evaluate the design and methodology of the Nationwide Household Survey to Determine the Nature and Extent of the Country's Drug Abuse Problem is one of those that is already being fulfilled. Furthermore, the Department of Social Welfare and Development is presently collaborating with DDB on the data collection procedure for the aforementioned survey. Another significant element of the Executive Order is the establishment of a Drug-Free Workplace Program and Authorized Drug Testing. The Dangerous Drugs Board urged all government entities to take the lead in carrying out this responsibility. A number of government departments replied to the request, with 20 submitting Drug-Free Workplace Policies and 45 submitting Drug-Free Workplace Programs.

Local chief executives were trained on the PADS to guarantee that suitable drug abuse prevention and control programs are implemented in their areas. A PADS module was included into the Orientation Course for newly elected local government officials in collaboration with the Department of the Interior and Local Government (DILG) and the Local Government Academy (LGA). A total of 1,423 local chief executives were trained on their responsibilities in tackling the illicit drug problem (DILG, 2020). Through these activities, the DDB was able to provide the groundwork for the execution of the PADS's whole-of-nation strategy to combating illicit substances. Increasing access to community-based drug addiction therapies that are suitable and responsive. Community-based drug addiction interventions were established to guarantee that treatment, rehabilitation, and reintegration programs are available to individuals who may require them. Local government units are tasked under the PADS with ensuring that People Who Use Drugs (PWUDs) receive appropriate interventions (PNP, 2018). Those with minor drug use problems would receive community-based rehabilitation programs, while those with moderate to severe substance use disorders will be directed to outpatient or residential institutions, accordingly. As of September 30, 2019, 992 local governments (LGUs) out of the country's 1,634 cities and municipalities were able to execute community-based rehabilitation programs that benefited 178,353 people. Medication-assisted treatment, detoxification, counseling, home-based care and therapy, health services, wellness promotion initiatives, and other psychosocial therapies are among the methods used to rehabilitate PWUDs. Reintegration programs, on the other hand, include relapse prevention, life skills development, literacy and educational programs, vocational skills training, livelihood, employment, and other income generation assistance, spirituality and moral recovery programs, family support, housing and shelter assistance, and participation in community service work.There are currently 54 certified residential institutions in the country to serve people with severe drug use disorder. Nineteen (19) are government-owned, while the remaining 35 are handled by

private institutions or non-governmental groups. Increasing the ability of preventive practitioners and raising knowledge about the negative consequences of medicines. The Dangerous Drugs Board spearheads capacity-building seminars for individuals at the forefront of drug misuse prevention and control initiatives in support of the PADS. Local Government Units are given orientation and training on how to build anti-drug abuse councils, execute drug-clearing programs, and set up community-based treatment and rehabilitation services for PWUDs. As a consequence, from July 1, 2016, to May 31, 2020, a total of 18,582 barangays were certified drug-free. Following the issue of a certification by members of the Oversight Committee on Barangay Drug-Clearing Program, these barangays have achieved drug-cleared status. The Oversight Committee, led by PDEA, is made up of provincial members from the Department of Interior and Local Government (DILG), the Philippine National Police (PNP), the Department of Health (DOH), and local government units (LGUs) (PDEA, 2020).

To cover all bases, the DDB (2020) undertakes a variety of preventative education programs and capacity-building trainings for all sectors of society. As of September 2019, the DDB had implemented 28 anti-drug abuse advocacy initiatives and trained 5,015 people. From January through September 2019, a total of 21,010 items were delivered. The scope of alternative development has been broadened with the establishment of the "Tahanang Pangkabuhayan" initiative to help not only former marijuana producers but also recovering drug addicts in metropolitan areas. The DDB provided $4 million to the Technical Education Skills Development Authority (TESDA) in November for livelihood support and skill training for recovering drug users participating in community-based treatment and rehabilitation programs. According to the TESDA report, as of September 2019, 11,291 surrenderers have enrolled in TESDA programs, with over 9,000 having already graduated (TESDA, 2O19). Resolving problems with the prosecution of a drug case. The DDB also convenes judges, prosecutors, and law enforcement officers for three-day seminar workshops to coordinate and integrate the criminal justice system's entire efforts, particularly in the prosecution and investigation of drug crimes. Representatives from the executive, legislative, and judicial branches met in October for a National Summit on the Dangerous Drugs Law, which was co-hosted by the Supreme Court and the Philippine Judicial Academy. Several recommendations were made, and they are already being implemented. One of these is the study and revision of Board Regulation No. 2, Series of 2002, also known as the Controlled Delivery Operations. In November, key authorities met to complete the modifications, which seek to better react to law enforcement operational demands. The DDB thinks that the ideal of drug-free communities will be achieved soon thanks to the Philippine Anti-Illegal Drugs Strategy (DDB, 2020).

Furthermore, Executive Order (EO) 66, which directs all government departments, department bureaus, agencies, and offices, including government-owned or controlled companies (GOCCs) and state universities and colleges (SUCs), to implement the Pads in line with their respective responsibilities. President Rodrigo Duterte has formalized the Philippine Anti-Illicit Narcotics Strategy in the midst of the government's unrelenting campaign against illegal drugs (Pads). Duterte issued Executive Order (EO) 66 on October 29th, directing all government offices, departments, bureaus, agencies, and offices, including government-owned or controlled corporations (GOCCs) and state universities and colleges (SUCs), to implement the Pads in accordance with their respective mandates . Executive Order 66 also urged non-governmental groups, civil society organizations, and corporate institutions to actively support the Pads' projects and activities. The spread of illegal substances and their precursors is a significant national problem that affects social, economic, psychological, and economic interests, necessitating the active and coordinated participation of various government and non-government entities (Clavin, 2013).

Methods

Participants were identified government officials through purposive sampling, where respondents were taken by purpose through the environmental condition. Community respondents were

also taken as parts of the major respondents. The participants were informed and have their consent before answering the questionnaire. Three different sets of research instruments were utilized in this study in order to determine the extent of programs by identified government agencies. Major instruments were adopted from Philippine Anti-Illegal Drugs Plan 2017-2020. This study utilized the descriptive methods of research design. In this study, descriptive research will use quantitative methods to assess the data from the respondents and for the statistical treatment we perform the paired sample t-test to determine if the mean difference between the two groups.

Results and Discussions

Table 1. Drug Supply Reduction

Programs	Identified Officials		Community	
	Mean	SD	Mean	SD
Intensify interdictions and national and barangay anti-drug clearing operations.	4.12	0.68	3.53	0.72
Strengthen policies and capabilities against drug smuggling.	4.26	0.82	3.41	0.74
Strengthen the criminal justice system (enforcement, prosecution, judiciary, and correction).	4.01	0.54	3.48	0.60
Sustain cooperation with regional and international counterparts in fighting illegal drug.	4.22	0.50	3.26	0.82
Provide adequate and sustainable financial and technical support and strengthen the LGUs and community partners in the implementation of alternative development programs	4.06	0.53	3.19	0.68
Mean	4.13	0.61	3.37	0.71

The findings of the study, as presented in table 1, show that the respondents overall showed a high level of perception on the identified programs. Drug supply reduction recorded a mean score of 4.13 (SD=0.61) on the identified officials and 3.37 (SD=0.71) on the community respondents. Moreover, the findings show that strengthen policies and capabilities against drug smuggling got the highest mean score pf 4.26 (SD=0.82), while strengthen the criminal justice system (enforcement, prosecution, judiciary, and correction) got the lowest mean score of 4.01 (SD=0.54) for the identified officials. Community respondents on the other hand, intensify interdictions and national and barangay anti-drug clearing operations got the highest mean score with 3.52 (SD=0.72), while providing adequate and sustainable financial and technical support and strengthen the LGUs and community partners in the implementation of alternative development programs got the lowest mean score of 3.19 (SD=0.68). Overall finding shows that, respondents agree that there's a program initiated relating to drug supply reduction.

Table 2. Drug Related Reduction

Programs	Identified Officials		Community	
	Mean	SD	Mean	SD
Establish government-subsidized regional/provincial DATRCs and expand access to Community-Based Drug abuse interventions.	4.25	0.79	4.05	0.92
Assessment to social reintegration and expand access to holistic treatment modalities.	4.10	0.98	3.65	0.86
Provide skills training and sustainable alternative development programs for drug user.	4.27	0.83	3.83	0.94
Adopt available evidence-based interventions in drug use prevention and treatment, and provide a comprehensive	4.19	0.82	3.52	0.69

	continuum of care.					
	Strengthen implementation of drugfree policies and programs in various settings	4.28	0.94		3.62	0.83
	Mean	4.21	0.87		3.73	0.85

The findings of the study, as presented in table 2, show that the respondents overall showed a high level of perception on the identified programs. Drug related reduction recorded a mean score of 4.21 (SD=0.87) on the identified officials and 3.73 (SD=0.85) on the community respondents. Moreover, the findings show that Strengthen implementation of drugfree policies programs in various settings got the highest mean score of 4.28 (SD=0.94), while assessment to social reintegration and expand access to holistic treatment modalities, got the lowest mean score of 4.10 (SD=0.98) for the identified officials. Community respondents on the other hand, establish government-subsidized regional/provincial DATRCs and expand access to Community-Based Drug abuse interventions, got the highest mean score with 4.05 (SD=0.92), while adopt available evidence-based interventions in drug use prevention and treatment, and provide a comprehensive continuum of care got the lowest mean score of 3.52 (SD=0.69). Overall finding shows that, respondents perceive the agencies participation on drug related reduction.

Table 3. Systems and Program Development

Programs	Identified Officials			Community	
	Mean	SD		Mean	SD
Institutionalization of Community-Based Drug Abuse Interventions.	4.22	0.70		4.08	0.72
Provision of government subsidy for admission to rehabilitation programs.	4.28	0.68		3.84	0.81
Institutionalization of a Drug-Free Workplace.	4.51	0.74		3.48	0.62
Implementation of the "Anti-Drunk and Drugged Driving Act of 2013" or Republic Act No. 10586	4.21	0.80		3.89	0.84
Institutionalization of Random Drug Testing for Students.	4.25	0.77		3.81	0.74
Mean	4.30	0.74		3.82	0.63

In terms of system and program development, data show that the respondents overall showed a high level of perception on the identified programs. System and program development recorded a mean score of 4.30 (SD=0.74) on the identified officials and 3.82 (SD=0.63) on the community respondents. Moreover, the findings show that institutionalization of a drug-free workplace got the highest mean score of 4.51(SD=0.74), while implementation of the "Anti-Drunk and Drugged Driving Act of 2013" or Republic Act no. 10586 got the lowest mean score of 4.21 (SD=0.80) for the identified officials. Community respondents on the other hand, institutionalization of Community-Based Drug abused interventions got the highest mean score with 4.08 (SD=0.72), while institutionalization of a Drug-Free Workplace got the lowest mean score of 3.48 (SD=0.62). Overall finding shows that, there are immediate actions and programs development on drug related problems.

Table 4. Treatment and Rehabilitation

Programs	Identified Officials			Community	
	Mean	SD		Mean	SD
Capacitate and accredit more physicians on diagnosis and management of drug dependents.	4.16	0.78		4.11	0.82
Set-up mechanisms to facilitate entry/admissions to drug rehabilitation centers.	4.61	0.64		3.41	0.85
Implement a one-stop-shop treatment facility to encourage drug dependents to undergo treatment and rehabilitation.	4.29	0.75		3.88	0.76
Enhance the capacities of human resources involved in	4.42	0.77		3.91	0.80

treatment and rehabilitation.

Participate/coordinate with PDEA in the prevention/control of the diversion/misuse of medicine	4.15 0.91	4.17 0.73
Mean	4.32 0.77	3.83 0.79

The findings of the study, as presented in table 4, show that the respondents overall showed a high level of perception in terms of treatment and rehabilitation. Treatment and Rehabilitation recorded a mean score of 4.32 (SD=0.77) on the identified officials and 3.89 (SD=0.79) on the community respondents. Moreover, the findings show that enhancing the capacities of human resources involved in treatment and rehabilitation got the highest mean score of 4.42 (SD=0.77), while participating/coordinating with PDEA in the prevention/control of the diversion/misuse of medicine was rated with the lowest mean score of 4.15 (SD=0.91) for the identified officials. Community respondents on the other hand, participating/coordinating with PDEA in the prevention/control of the diversion/misuse of medicine got the highest mean score with 4.17 (SD=0.73), while set-up mechanisms to facilitate entry/admissions to drug rehabilitation centers got the lowest mean score of 3.41 (SD=0.85). Overall finding shows that, there were appropriate treatment and support given to those involved in drugs.

Table 5. Community Based Education

	Identified Officials		Community	
Programs	Mean SD		Mean SD	
Public education	4.82	0.78	4.25	0.81
Health promotion	4.72	0.81	4.27	0.90
Assist drug users in receiving help in the community	4.82	0.86	4.62	0.94
Discussion with drug users and families of options for treatment.	4.80	0.80	4.29	0.98
Collaboration with other stakeholders and organizations in the community	4.86	0.74	4.31	0.87
Mean	4.80	0.79	4.35	0.90

The findings of the study, as presented in table 4, show that the respondents overall showed a high level of perception in terms of community-based education. It was recorded a mean score of 4.80 (SD=0.79) on the identified officials and 4.35 (SD=0.90) on the community respondents. Moreover, the findings show that collaborating with other stakeholders and organizations in the community got the highest mean score of 4.86 (SD=0.82), while health promotion was rated with the lowest mean score of 4.72 (SD=0.81) for the identified officials. Community respondents on the other hand, assisting drug users in receiving help in the community got the highest mean score with 4.62 (SD=0.94), while public education got the lowest mean score of 4.25 (SD=0.81). Overall finding shows that, government agencies provide community-based education to fight and elevate drug awareness.

Table 6. Difference of Response

Programs	Identified Officials		Community	
	Mean SD		Mean SD	
Drug Supply Reduction	4.13	0.61	3.37	0.71
Drug Related Reduction	4.21	0.87	3.73	0.85
Systems and Program Development	4.30	0.74	3.82	0.63
Treatment and Rehabilitation	4.32	0.77	3.89	0.79
Community Based Education	4.80	0.79	4.35	0.90

The findings of the study, as presented in table 6, show that the respondents overall response showed a high level of satisfaction on the programs in addressing drugs related issues. Community based education was recorded the highest mean 4.80 (SD=0.79) and 4.35 (SD-0.90) both by the

respondent groups, while drug related reduction 4.21 (SD=0.87) as the lowest for the identified officials and drug supply reduction 3.37 (0.71) for community.

In hypothesis testing we perform the paired sample t-test to determine if the mean difference between the two groups is significant.

The hypothesis tested is:

H_O: The mean difference is not significant

H_a: The mean difference is statistically significant

We used R version 4.0.4 to perform the test and the results are as below:

Table 7. Test of Difference

```
> t.test (Identified. Officials, Community,
paired=TRUE) Paired t-test
data: Identified. Officials and Community
t = 7.304, df = 29, p-value = 4.806e-08
alternative hypothesis: true difference in means is not equal to 0
95 percent confidence interval:
 0.307433 0.546567
sample estimates:
mean of the differences
        0.427
```

The t-statistic = 7.304, and the p-value = 4.806e-08 = 0.0016. This is less than the hypothesized value at the 0.05 significance level. We therefore reject the null hypothesis. This implies that there is a significant difference on the respondent groups perception on the participation of the identified government.

Discussion

From the results of the analysis, it was found out that different agencies in the government address drug related issues from identified programs listed above. Finding showed that community participation really matters on the implementation of the programs. Johnson et al. (2007) finding showed that community readiness and engage communities in prevention activities and actions to reduce use of harmful legal products among youth. Moreover, community mobilization, and school-based prevention education intervention has a potential of preventing youth use of alcohol and other legal products (Johnson et al. 2007; Nwagu et al., 2020). Therefore, the community participation plays an important role in drug prevention and awareness especially on the next generation individual. However, Bhuyan (2004) these areas are still in infancy in the developing countries. Hence, there is a need to elevated community intervention and participation in the context of drug prevention and awareness, develop a comprehensive and balanced anti-drugs strategy based on drug supply and drug demand reduction and incorporate available principles and tools provided by prevention science and latest evidence-based treatment modalities.

Conclusion

As the drug problem affects the economy and security of a country, community must actively participate in drug prevention and control activities. These measures must be based on the rule of law, human rights, and the promotion of public health and safety. The finding of the study has strong implication for management, local government units, individual as part of a community and students. Moreover, although the results have shown positive implication on the programs implemented, data still suggest that there is still a need to strengthen the participation of the identified government agencies in addressing the drug related issues especially the police force of the Philippine National

Police. There is a need to enforce rigorous law enforcement, implement preventative programs, early identification and appropriate interventions and treatment and rehabilitation. Strengthen the resources and capacities of the local government units in executing successful interventions on the ground.

References

Bhuyan, K.K. Health promotion through self-care and community participation: Elements of a proposed programme in the developing countries. BMC Public Health **4,** 11 (2004). https://doi.org/10.1186/1471-2458-4-11

Caliwan, C. (2020). PNP official says crime dip proves gains of war on drugs.
Retrieved from: https://www.pna.gov.ph/articles/1090308

Clavin, P. (2013). Securing the world economy: the reinvention of the League of Nations, 1920-1946. Oxford University Press.

Gonzales, C. (2020). PNP: Human rights 'never got in the way' of drug war. Retrieved
from:https://newsinfo.inquirer.net/1337856/pnp-human-rights-never-got-in-the-way-of-drug-war Hernandez, S. Gatmaita. (2019). Q&A: Labour & Employment Law in Philippines.
Retrieved from:https://www.lexology.com/library/detail.aspx?g=cd04c62c-1e09-46d7-bdbb-02e6491aff87

Holmes O. Human rights group slams Philippine's president Duterte's threat to kill
them. The Guardian; 17 August, 2017. Accessed January 18, 2018.

Johnson, K., Holder, H., Ogilvie, K., Collins, D., Ogilvie, D., Saylor, B., Courser, M., Miller, B.,
Moore, R., & Saltz, B. (2007). A community prevention intervention to reduce youth from
inhaling and ingesting harmful legal products. Journal of drug education, 37(3), 227–247.
https://doi.org/10.2190/DE.37.3.b

Jain, K. K. (2021). Neurologic Effects of Drug Abuse. In Drug-induced Neurological Disorders (pp. 285-294). Springer, Cham.

Murphy, A., Taylor, E., & Elliott, R. (2012). The detrimental effects of emotional process dysregulation on decision-making in substance dependence. Frontiers in integrative neuroscience, 6, 101.

NIDA. 2019, January 17. Treatment Approaches for Drug Addiction DrugFacts.
Retrieved from https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction on 2020, October 29.

Nwagu, E. N., Dibia, S. I., & Odo, A. N. (2020). Community Readiness for Drug Abuse Prevention in
Two Rural Communities in Enugu State, Nigeria. SAGE Open Nursing, 6, 2377960820963758.

Parocha, A. (2018). PRRD directs gov't agencies to take active role in drug war. Retrieved
from: https://www.pna.gov.ph/articles/1054229

Peele, S., Brodsky, A., & Arnold, M. (1992). Truth about addiction and recovery. Simon
and Schuster.

Spanagel, R., & Heilig, M. (2005). Addiction and its brain science. Addiction, 100(12), 1813-1822.

Shahrokh, B. E. K. (2019). The Experience of Relapse After Long-term Sobriety and Subsequent Return to Sobriety (Doctoral dissertation, Antioch University).

United States. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol,
Drugs, and Health [Internet]. Retrieved from:
https://www.ncbi.nlm.nih.gov/books/NBK424849/.

Treadwell, S. D., & Robinson, T. G. (2007). Cocaine use and stroke. Postgraduate
medical journal, 83(980), 389-394.

Volkow, N. D. (2010). Drugs, brains, and behavior: The science of addiction. Retrieved on March, 23, 2011.

Viswanathan, M., Ammerman, A., Eng, E., Garlehner, G., Lohr, K. N., Griffith, D., ... & Whitener, L. (2004). Community-based participatory research: Assessing the evidence: Summary. AHRQ evidence report summaries.

Woicik, P. A., Alia-Klein, N., Volkow, N. D., & Goldstein, R. Z. (2010). Neuroimaging Human Drug Addiction.
In Imaging in CNS Drug Discovery and Development (pp. 263-289). Springer, New York, NY.

West, R., & Brown, J. (2013). Theory of addiction.

Wood, C. W. (2008). Hurt people hurt people. Xulon Press.