

War on Drugs in the Philippines: Evaluating Fear Appeals as Antidote to Continued Drug Use

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ABSTRACT

Objectives. This study aimed to assess the effectiveness of fear-based strategies on the decisions of Filipino drug users to surrender to authorities under the Philippine government's anti-drug policy. It also examined the influence of these scare tactics on the discontinuance of drug use among drug surrenderers. The fear appeals included community shaming and threats of imprisonment, torture or death under *Oplan Tokhang* launched by the Philippine government in 2016.

Methods. A combination of survey questionnaires and in-depth interviews was conducted with 56 surrenderers from selected communities in Marikina City, Metropolitan Manila. These individuals participated in a series of community-based activities, including dance therapy (referred to as 'Zumba'), Bible study and other religious activities, seminars on the dangers of drugs, and livelihood training programs. Readiness to change and levels of self-efficacy were measured after several months of participating. The effectiveness of fear appeals was further evaluated through actual drug testing.

Results. The results indicated that 82.1% of the 56 drug users voluntarily surrendered to authorities while the rest claimed to have been pressured by family, friends, police, religious persons, or local officials. The primary motivations for surrender included fears of being killed or jailed, and a desire for rehabilitation. Readiness to change was generally high, but levels of self-efficacy were mixed. Out of the 56 drug surrenderers, only 37 underwent drug testing, where 40.5% tested positive even after months of participating in the community rehabilitation program.

Conclusion and Recommendation. The findings showed that scare tactics were effective in encouraging or forcing drug users to surrender to local authorities. However, their effectiveness in preventing continued drug use was inconclusive. Structural weaknesses in community rehabilitation policies and programs were identified. Over time, the initial fear-inducing impact of the scare tactics diminished as surrenderers became desensitized. Recommendations for enhancing the efficacy of the government's anti-drug campaign were provided.

Keywords: drug use, drug surrenderers, scare tactics, fear appeals, self-efficacy, readiness to change, Philippines



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INTRODUCTION

In 2016, then President Rodrigo Duterte claimed that there were about 4 million drug users in the Philippines, in contrast to the 1.7 million prevalence data of the Philippine Dangerous Drugs Board (DDB) survey in 2015.¹ Many of these drug users belong to the young population, with the most common drugs used being methamphetamine hydrochloride (shabu), marijuana, and inhalants.² Among drug users, more males were noted, with half being single and unemployed, and about a third having reached secondary school. Although the percentage of illegal drug use in the Philippines is lower than the global average, in 2012, the country reportedly has the highest rate of shabu use in East Asia.^{3,4} There were also fears that the country could become a "narco-state."⁵ Out of 42,036 barangays (communities) in the country, almost half (49.6%) are considered drug-affected.

One of President Duterte's promises during his election campaign in 2016 was to eradicate the drug problem in the country. The threat of "slaughtering millions of Filipino drug users" became infamous worldwide as part of his anti-drugs campaign. Known as *Oplan Tokhang* (literally meaning "knock and surrender"), police officers go from house to house persuading suspected drug pushers and drug users to surrender or face the threat of incarceration or worse, get killed. Police officers and barangay officials maintain a 'drug watch list' of drug pushers and users in the community, whom they regularly monitor.

In a 2022 report by the Philippine Drug Enforcement Agency (PDEA), it was shown that a total of 229,868 police operations were already conducted, 331,694 drug personalities were arrested, 6,235 were killed, and hundreds of thousands surrendered to authorities.⁶ Some drug-related deaths were allegedly carried out by unidentified assailants or "vigilantes," suspected to be commanded by drug lords and protectors to kill individuals who might report them to authorities. The number of deaths due to *Oplan Tokhang* is still debated,⁷ with human rights advocates suspecting that more people were tortured or killed than reported⁸.

In a Joint Memorandum Circular No. 2018-01 of the Philippines' Department of Interior and Local Government (DILG) and DBB on the Implementing Guidelines on the Functionality and Effectiveness of Local Anti-Drug Abuse Councils, it defined drug surrenderers as "persons who voluntarily submitted themselves to authorities for proper intervention and are assessed as drug users or dependents."⁹ They are required to undergo a community-based rehabilitation program, which typically includes community dancing (Zumba), bible study and other spiritual transformation programs (simba), seminars on drug use and its effects, and livelihood training in some communities. The seminars are often conducted during week-ends, and the dance therapy sessions (Zumba) conducted once or twice a week which aims to "make them sweat as much as possible" to remove "all the toxins left by the drugs in their

body."¹⁰ Given the religious nature of Filipinos, the spiritual-based therapy (simba) is deemed important and culturally-appropriate. Due to inadequate institutional rehabilitation facilities, surrenderers are sent home after the activities.

Historically, the war on drugs in the Philippines started in the early '70s, with the then late President Ferdinand Marcos vowing to address the issue by imposing severe punishments on drug lords and drug traffickers. Four months after declaring martial law in September 1972, Marcos ordered the execution of a notorious drug lord and Chinese businessman, Lim Seng, who was executed by a firing squad at Fort Santiago in Manila.¹¹ This was intended to set an example to control the growing drug menace. However, after Lim Seng, no other executions took place, and the drug problem persisted. It worsened when President Corazon Aquino suspended capital punishment,¹² which was then alternately restored and suspended by subsequent presidents.

The drug problem has escalated to the point where politicians, who are supposed to ensure the health and safety of their constituents, became involved in the drug trade as drug lords, traffickers or distributors and/or protectors—a term known as "narcopolitics."¹³ Many policemen and military personnel were also caught and suspended for their roles as drug protectors.

Drug Use as a Criminal Offense

The Philippines' Comprehensive Dangerous Drugs Act states that "a drug dependent voluntarily submits or any person who violates Section 15 of this Act may, by himself/herself or through his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, apply to the Board or its duly recognized representative, for treatment and rehabilitation of the drug dependent."¹⁴ The DDB reviews and approves the treatment of the offender who is then ordered to undergo treatment in a Department of Health (DOH)-accredited treatment and rehabilitation center for no less than six months but not more than one year. Upon initial release, the drug dependent (under the voluntary program) may be exempted from any criminal liability provided that they comply with the rules of the Board (e.g., has not escaped from the rehabilitation center, and is not a threat to his/her family and community). The drug dependent must still undergo aftercare and follow-up treatment for 18 months. If, during that period, they are certified to have been rehabilitated, they can be discharged by the court.¹⁴ Failure to receive this certification will result in another period of confinement in the rehabilitation center until they can be certified as fully rehabilitated.

In the Philippines, drug use and drug trafficking are considered criminal offenses. Behaviors related to illicit drugs carry a negative connotation and perpetuate the belief that drug users and pushers are a menace to society and beyond redemption. This justifies the Duterte administration's anti-drug war campaign, wherein police officers and vigilantes allegedly engage in spates of killings of many suspected,

"resistant" drug users and pushers, although efforts toward rehabilitation or harm-reduction programs are still in place in many local communities. Drug manufacturers and protectors are also viewed with much abhorrence, but very few get jailed or killed. Almost all of those killed belong to poor families, making the Duterte drug war seemingly biased against the underprivileged.

While some foreign governments like China, Japan, and Russia hail the country's anti-drug war campaign, others have voiced out their criticisms and concerns, especially human rights advocates around the world, including United Nations officials. They claim that the anti-drug war campaign defies the rule of law by denying victims their right to due process and violating basic human rights.¹⁵ In response to critics, then President Duterte transferred authority over the "bloody" drug campaign from the Philippine National Police (PNP) to the Philippine Drug Enforcement Agency (PDEA) after it became obvious that there were rogue cops in the PNP necessitating a revamp within the police organization.¹⁶ However, two months after giving sole responsibility of the drug war to PDEA, the President decided to return the management of the drug war to the PNP, fearing that the drug problem in the country might worsen.

In 2019, then President Duterte appointed Vice-President Leni Robredo as co-Chair of the Inter-Agency Committee on Anti-Illegal Drugs (ICAD). However, just 19 days later, she was removed from this position due to "her insistence to access intelligence reports on the anti-drug campaign" which could "imperil the welfare of the Filipino people and the security of the state."¹⁷ Robredo's tenure in the ICAD was marked by significant efforts to reform the anti-drug campaign, including advocating for more transparent and humane approaches, such as requiring police to wear body cameras during operations and focusing on community-based rehabilitation. She also sought to engage with international partners like the United Nations and the U.S. Embassy to enhance counter-narcotics cooperation.¹⁸

Use of Fear Appeals or Scare Tactics

With *Oplan Tokhang*, scare tactics were used to instill fear and address the drug problem in the country. These tactics included displaying photos of dead victims sprawled in dark alleys or street corners, wrapped in packing tape, their bodies ridden with bullets, stab wounds, and other signs of torture. Public shaming was also common, with drug users and pushers, even if only suspected, paraded in the streets wearing shirts labeled "*Adik ako. Hurwag mo akong tularan.*" ("I am a drug addict, do not imitate me.").¹⁹⁻²¹

A fear appeal is defined as a persuasive message that attempts to arouse fear to divert behavior through the threat of impending danger or harm.²² Fear appeals use aversive stimuli, such as anxiety or fear-provoking messages, to decrease the frequency of an undesired behavior. Initiated in the 1930's, it is one of the earliest strategies employed to reduce substance use among youth and gained its popularity

as a response to the drug culture of the 1960's.²³ The scare tactics included features of horror stories, gruesome images, and graphic messaging intended to elicit fear. An example is the film "Reefer Madness," produced in the 1930s which depicted a series of tragic events happening to high school students who tried marijuana.²⁴ In 1987, the Partnership for a Drug-free America (PDFA) launched the "This Is Your Brain on Drugs" as an anti-narcotics fear campaign aired on television with a related poster crusade.²⁵

Fear appeals have also been applied in prevention strategies for certain diseases like cancer, cardiovascular disease, diabetes, aiming to prevent risk behaviors such as smoking, illicit drug use, unhealthy diets, and sedentary lifestyles that lead to poor health.²⁶ Fear appeals may work effectively or counter-intuitively for various reasons, thus may make a drug user feel committed to avoiding illicit drugs, while others may laugh at the prevention messages or deny dangers of drug abuse.²⁷

A meta-analysis by research scientists shows that fear appeals can be effective when combined with efficacy messages depicting high amounts of fear.²⁸ This approach differs from scare tactics alone, as it empowers individuals by pairing high-fear messages with supportive guidance for managing the depicted risks such as actionable coping strategies and skills building.²⁹ Fear appeals can also change behaviors if susceptibility and severity of consequences are included. However, fear appeals were not found to be effective when used for repeated prevention behaviors such as regular exercising or eating a healthy diet, as well as for behaviors that help to avoid a health problem (e.g., using safety belts, practicing safe sex).

On the contrary, evidence shows that in terms of drug use prevention, scare tactics may even increase a person's likelihood of engaging in undesirable activities. This was demonstrated in a study where adolescents were asked to shop in a store displaying graphic anti-smoking posters.³⁰ The posters featured photos of diseased mouths with yellow teeth and the phrase "Cigarettes cause cancer." When asked about the likelihood of smoking in the future, teens with past smoking experiences or intentions to smoke claimed that they would continue to smoke despite seeing the upsetting graphic images.

Similarly, a local study showed that graphic health warnings (GHWs) related to smoking evoked negative emotions and reinforced beliefs about acquiring diseases from smoking.³¹ However, these beliefs and feelings did not translate into behavioral intentions to quit smoking. One respondent noted, (translated from Filipino), "It made me think. To some extent, it instilled fear in me, but not to the point that I developed the urge to quit smoking." These studies indicate that while fear appeals may change attitudes and intentions, they do not necessarily change behavior. People may manage their fear by internally arguing against the fear message rather than paying attention to it and avoiding the behavior. Often, people feel there is nothing they can do about a threat, so they do not change their behavior.

Some psychological studies indicate that the use of aversive stimuli such as fear or threats, can be effective in the short-term.³² However, continuous threats may lead to habituation, where the fear response diminishes over time.

OBJECTIVES

With the literature indicating mixed consequences in the use of fear appeals, it is important to determine whether the continued use of scare tactics in the anti-drug campaign of the Philippine government is justified, or if alternative strategies should be employed to reduce drug use among Filipinos. This study seeks to answer several questions: How effective are fear appeals or scare tactics in preventing continued drug use among Filipino surrenderers? What factors make these fear appeals effective or ineffective? How can the intended effects of these scare tactics be maximized to achieve its goal of eradicating drug use?

This study aimed to determine the effects of fear appeals on the decision of community drug users to surrender to the government and continue treatment. Additionally, it assessed their readiness to change, level of self-efficacy, and actual behavior change.

METHODS

Research Design

This study employed a concurrent mixed design, integrating quantitative and qualitative methods. A population survey of drug surrenderers was combined with a phenomenological design to provide an in-depth analysis of their drug-taking and rehabilitation experiences.

Study Population

A total of 56 drug users from the city of Marikina in Metro Manila participated in this study. All participants were drug surrenderers who underwent rehabilitation through a community-based program under *Oplan Tokhang*. The respondents were purposively selected from four barangays (communities) based on their availability and consent to be interviewed.

Instrumentation

An interview guide and a survey questionnaire were developed and pretested for this study. The survey questionnaire included measures of readiness to change and self-efficacy. The Readiness to Change Scale is a 10-item test that measures one's intention and preparedness to quit drug use. The scale was developed specifically for this study and comprises three domains: motivation to cease drug use (Items 1,2,9); commitment to seeking treatment (Items 3,4,6,7), and; social/environmental adjustment (Items 5,8,10). Meanwhile, the Self-Efficacy Scale consists of 15 items that indicate the ability to control or overcome personal, environmental, and social factors that may trigger continued drug use or

relapse. The scale was also developed for this study, and it comprises three dimensions, namely: social influence (Items 1,2,3,11,13,15); emotional coping and stress management (Items 4,5,8,9,10,12); and family dynamics and influence (Items 6,7,14).

Content validation with experts and with a sample of 30 drug surrenderers from TRC-Bicutan was conducted to establish the two scales' validity. The same sample of drug surrenderers also participated in the pre-testing of the questionnaire to establish reliability. Reliability analysis using Cronbach's alpha was 0.78 for the Readiness to Change Scale and 0.86 for the Self Efficacy Scale, exemplifying their usefulness in measuring the construct and its domains. Both scales were content-validated by a sample of drug users admitted in a rehabilitation center.

Data Collection and Ethical Considerations

The survey questionnaire was either self-administered or interviewer-assisted for those who were unable to answer the questions independently. Given the sensitive nature of drug use, culturally-appropriate methods such as *pakikiramdam* (getting a feel), *pakikiisa* (showing empathy), and *patanong-tanong* (interviewing) were used during the qualitative interviews.

Prior to data-collection, field interviewers were trained on the study protocol and data-collection methods. This training included obtaining informed consent, maintaining privacy and confidentiality, handling difficult interviews, sensitivity towards participants, safeguarding techniques for research implementation, and understanding RA 9165 (Comprehensive Dangerous Drugs Act of 2002) and its implementation guidelines. The study received ethical clearance from the University of the Philippines Manila Review Ethics Board (UPMREB) with clearance permit number 2013-154-01.

Data Analysis

Respondent characteristics, history of drug use as well as reasons for surrendering, and perceived effects were analyzed using descriptive statistics. Mean scale scores were calculated for self-efficacy and readiness to change. For the qualitative data, interviews were transcribed verbatim and translated into English. A thematic analysis was then conducted to explore and describe the experiences of drug surrenderers during their community rehabilitation. Key themes were identified, and exemplary quotes were highlighted to illustrate these themes.

RESULTS

Socio-demographic Profile of Respondents

Table 1 shows the sociodemographic profile of the respondents. Among the 56 surrenderers, over 90 percent were males. The average age was 30.1 years, with the youngest being 19 years and the oldest 40 years old. The majority were single and middle children. More than half of the participants

Table 1. Socio-demographic Profile of Drug Surrenderers, Marikina City, 2018 (N=56)

Variables	Frequency	Percentage
Gender		
Male	51	91.1
Female	4	7.1
LGBTQI+	1	1.8
Age		
19-24	10	17.9
25-29	16	28.6
30-34	17	30.4
35-40	13	23.2
Civil Status		
Single	23	41.1
Married	14	25.0
Cohabiting	17	30.4
Separated/Widowed	2	3.6
Educational Attainment		
No formal education	1	1.8
Vocational education	2	3.6
Elementary level/graduate	12	21.4
High school level/graduate	35	62.5
College level/graduate	6	10.7
Work Status		
Employed	14	25.0
Self-employed	14	25.0
Not employed, student	28	50.0
Birth Order		
Youngest	17	30.4
Middle child	29	51.8
Eldest	10	17.9

had reached secondary education and were unemployed at the time of the survey.

Drug Use Behavior

Table 2 shows that more than half of the 56 drug surrenderers began using drugs at 18 years or older. A quarter started using drugs as minors (ages 13-17), with the youngest age of onset of drug use being 11 years. The majority of the participants reported using drugs for one to two years, averaging once or twice a week, although about a fifth had been using illicit drugs for 10 years or more. The most commonly used drugs were methamphetamine hydrochloride (shabu) and cannabis (marijuana). More than half obtained their drugs from friends, while a significant number got their supply from drug pushers.

Approximately 41 percent reported peer influence as the primary reason for their initial use, while others citing curiosity, family problems and boredom. Similarly, the continuation of drug use was mainly due to peer group pressures (21.3%). Other reasons cited were boredom and problematic life situations (Table 3).

Almost all participants (96.4%) admitted past attempts to quit drug use. About 77% claimed they tried to stop drug

Table 2. History of Drug Use of Surrenderers, Marikina City, 2018 (N=56)

Variables	Frequency	Percentage
Age of Onset of Drug Use		
≥25 years	17	30.4
18-24 years	16	28.6
13-17 years	14	25.0
≤12 years	3	5.3
Not ascertain	6	10.7
Duration of Drug Use		
Less than 6-11 months	8	14.3
1-2 years	18	32.1
3-10 years	17	30.4
>10 years	11	19.6
Not ascertain	2	3.6
Frequency of Use		
Daily	11	19.6
Every 2-3 days	10	7.9
Once or twice a week	24	42.9
Once a month	4	3.6
Occasional	7	14.3
Source of Drugs*		
Friends	32	52.5
Drug pusher	23	37.7
Family	3	3.3
Others (pharmacy, hardware)	4	6.5
Illicit Drugs Used*		
Methamphetamine	48	58.5
Cannabis	30	36.6
Inhalants	2	2.4
Ecstasy	1	1.2
Others	1	1.2

*multiple response

Table 3. Reasons for Initial and Continued Drug Use

Reasons*	Initial Use (%)	Continued Use (%)
Peer influence	41.2	21.3
Curiosity	27.1	-
Family problem	5.9	6.7
Boredom	7.1	7.1
Treatment for body pain	4.7	8.0
Relationship problem	5.9	10.7
Community influence	3.5	-
Occupational problem	2.4	4.0
Financial problem	1.2	6.7
To boost self-esteem	-	4.0
Could not say no to family	-	1.3

*multiple response

use around 10 times or more. Of the 56 participants, only two reported applying for admission to a rehabilitation center.

Reasons for Surrendering to Authorities

The majority of participants (78%) were simply users of prohibited drugs, while the rest were user-pushers. More than three-fourths (82.1%) voluntarily surrendered to authorities. The primary reasons for surrendering were categorized into three main themes: fear, desire for rehabilitation, and external pressures (Table 4).

Table 4. Reasons for Voluntary Surrender

Reasons*	Frequency	Percent
I want to stop using drugs and be rehabilitated	21	17.8
I am afraid of being killed	17	14.4
I have a self-realization about the ill-effects of drugs	14	11.9
I am afraid of being jailed	13	11.0
I am afraid of the possible consequences to my family	13	11.0
My family encouraged me to voluntarily surrender because of fear	11	9.3
Most of my friends have surrendered	3	
I want to follow God's will	9	2.5
I want to help the government in its campaign against drugs	4	7.6
		3.4

*multiple response

Fear emerged as the most recurring reason for voluntary surrender. Participants expressed various fears, including the fear of being jailed or killed, and concerns for their own safety and that of their families. One participant highlighted the pervasive violence, stating,

"People are getting killed left and right. They are drug users like me. But I do not want to die yet. I have a family. I pity my children, they are still very young. I am surrendering because I am so afraid of what the authorities might do to me." (Male, 35 years old).

Another shared,

"My mother is extremely fearful, I might end-up like our two married neighbors who were killed. This is why I surrendered." (Male, 22 years old). A third participant added, "All I wanted to do is to clear my name in the list because I am afraid of being killed and being jailed along with the repercussions it will be causing my family. I voluntarily surrendered as a drug user in the barangay in order to seek protection against vigilante-style killings." (Male, 23 years old).

Fear of law enforcement and drug lords also motivated surrenders. One participant explained,

"I sell drugs for a living. I cannot avoid it because I have no job. Besides, it is easy money. But now, I am running for my life, not only from the authorities but also from the drug lords from whom I get my supply. Perhaps, the drug lords are afraid that I might identify them to authorities. So, I decided to surrender to the police. At least, here, I feel safer. But sometimes I don't feel safe because some of these law enforcers are drug protectors. The drug lord might ask them to kill me. I do not know. I hope God will protect me despite my sins." (Male, 37 years old).

About 18% of the participants surrendered because they wanted to stop using drugs and be rehabilitated. Media

coverage on the ill-effects of drug use also influenced their decision to surrender. As one participant noted,

"I just know the happy side of taking drugs. No one told me that my addiction can have side effects, not only physically but psychologically as well. Now, that I know, I wanted to stop but how? I hope this government campaign can help me." (Male, 21 years old).

Some participants were forced to surrender due to pressure from law enforcers, local officials, religious figures, and their own families. For example, one participant recounted,

"A group of police came to the house and told me to surrender. Otherwise, they said they will be compelled to arrest and imprison me. Before that, I knew of someone in our community who got killed because he resisted. He fought the law enforcers and ran away but the police got him." (Male, 24 years old).

Another respondent shared, "

This law enforcer knew that I am a drug user. He came to the house to arrest me and told me that if I resist, I might be killed. So, I just surrendered so I won't get hurt. My parents also beg me to surrender. They were all crying." (Male, 27 years old).

Pressure from religious figures was also significant, as illustrated by one participant's story:

"I used to be a member of the choir in our church. But I went with the wrong friends. At first, I did not know they were taking prohibited drugs but since they were fun to be with and I wanted to forget all my problems, I often go with them during their drug sessions. Until one day, I realized I was already hooked by drugs. I regretted what happened to me. One Sunday, I went to church and confessed my drug use to our priest. He advised me to stop; if I can't, he said I need to surrender myself to the local officials. It took me some weeks to decide on that, not until the priest came to the house together with the barangay (village) officials." (Female, 28 years old).

Additionally, some participants wanted to clear their names. One participant explained,

"I surrendered because I also wish to be cleared of possible criminal offense. I wish to have my name removed from the drug-watch list. That is why I became active in every drug-related program in the barangay just to clear my name in the process. Clearing my name would mean a lot, especially because I am starting to have a family." (Male, 21 years old).

Readiness to Change

Based on the results of the Readiness to Change Scale, study participants demonstrated a "very high" motivation to quit drug use and a strong intent to facilitate social or environmental adjustment, with a mean score of 6.18 and

Table 5. Mean Scores for Readiness to Change (N=56)

Domains	Items	Mean*	Mean Domain Score*
Motivation to Cease Drug Use (Items 1, 2, 9)	I need to stop using drugs.	6.35	6.18
	I need to lead a new life without drugs.	6.28	
	I need to avoid situations where I may be triggered to use drugs again.	5.91	
Commitment to Seeking Treatment (Items 3, 4, 6, 7)	I want to undergo treatment and rehabilitation so I can recover from being addicted to drugs.	3.22	4.06
	I want to undergo drug testing so I can recover from being addicted to drugs.	5.65	
	I need to consult specialists to remove my addiction to drugs.	4.00	
	I need to undergo therapy to get well from my drug addiction.	3.38	
Social/ Environmental Adjustment (Items 5, 8, 10)	I want to stay away from my friends who got addicted with drugs.	6.38	6.15
	I intend to show to my family and friends that I can overcome my drug addiction.	5.71	
	I need to go back to school (or work) to forget or avoid taking illicit drugs.	6.37	

*1-2.1 (Very low); 2.2-3.3 (somewhat low); 3.4-4.5 (ambivalent); 4.6-5.7 (somewhat high); 5.8-7 (very high)

6.15 on a scale of 1-7, respectively (Table 5). Participants strongly recognized the need to stop using illicit drugs and lead a new life, and they also demonstrated an intention to move away from people or situations that could influence them to relapse. However, they are still ambivalent towards committing to seek treatment, as expressed in the mean score of 4.06 under this domain.

The lowest scores were on items related to consulting specialists for therapy and treatment. As one respondent explained, "

Sometimes, talking to a psychologist or social worker can be threatening or anxiety-provoking. They ask you a lot of questions about your drug use. I do not want to go back to those memories again. They embarrass me. Besides, counseling is too time-consuming." (Male, 34 years old).

Self-efficacy

In terms of self-efficacy (Table 6), the study participants expressed ambivalence towards emotional coping and stress management (M=1.87), and family dynamics and influence (M=1.73). Meanwhile, participants scored average on social influence (M=2.40). Many participants were unsure if they could overcome their addiction, as drugs made them feel better and improve their work performance. One respondent rationalized that he needed drugs for better work performance and income, saying,

"Sometimes, it is better that I am high on shabu... I could not help it, I ply my trade as a pedicab driver the whole day, and whenever I am high on shabu I don't feel tired that much... I end up earning more income." (Male, 33 years old).

Another respondent shared,

"It is indeed very difficult for me to quit this habit. My life is so meshed up that only drugs can provide me the needed relief. With drugs, everything seems beautiful

and peaceful, so I go back to it again and again." (Male, 24 years old).

In addition, the participants' environment where the influence of friends, boredom and stressful life circumstances were strong, made relapse more likely. Prohibited drugs were also reported to be easily accessible in the community. A respondent who had undergone treatment in a rehabilitation center revealed,

"When I was released from the Center, I thought I was already well and would never be back to my addiction. But when I returned to our community, I saw my old friends again. We had fun but then, after several attempts of inviting me to their drug sessions, I finally gave in. Now, I am back to my old drugged self." (Male, 32 years old).

Another participant described his difficult family situation, saying,

"I took drugs because I have a difficult family situation. My parents always quarrel to the point of physically hurting each other. Then, eventually, my father and mother separated. I have seven siblings and I am the eldest. We stay with my mother who is jobless. Someone offered me to be a drug runner to earn money, until I was hooked myself. I do not know if I can still get away from this. I just want to get lost." (Male, 29 years old).

Results of Drug Testing

Three months after undergoing the community program for surrenderers, the participants were required to undergo drug testing. The drug test results show that out of the 37 surrenderers who took the drug test after months of community rehabilitation, 15 (40.5%) tested positive for drug use.

Table 6. Mean Scores for Level of Self-efficacy towards Drug Use (N=56)

Domains	Suppose...	Mean*	Mean Domain Score*
Social Influence (Items 1, 2, 3, 11, 13, 15)	Your close friends invite you to a pot session, what is the probability that you will reject their invitation?	3.50	2.40
	Your close relative offers you illicit drugs for free, what is the probability that you will reject his/her offer?	3.46	
	A loved one (e.g., lover/spouse) asks you to take drugs with her/him, what is the probability that you will accept his/her offer?	2.00	
	Your parent gave you a lot of money, what is the probability that you will use this money to buy illicit drugs?	2.07	
	People in your community look down on you, what is the probability that you will use illicit drugs because these people in your community do not give you a chance to become a better person?	1.60	
	No employer wants to accept you for a job or no school wants you as their student, what is the probability that you will use illicit drugs because you lost hope that you can no longer have a bright future?	1.75	
Emotional Coping and Stress Management (Items 4, 5, 8, 9, 10, 12, 15)	You experience extreme sadness because you lost an important belonging, what is the probability that you will use illicit drugs to relieve you of your sadness?	1.93	1.87
	You are sexually abused by your parent, what is the probability that you will use illicit drugs to help you forget about the sexual abuse done to you?	1.93	
	You are so tired, what is the probability that you will use illicit drugs to relieve you of your fatigue?	1.92	
	You are experiencing so much physical pain, what is the probability that you will use illicit drugs to relieve your pain?	1.75	
	You feel that you are alone and isolated, what is the probability that you will use illicit drugs to relieve you of your feelings of loneliness?	2.18	
	Your close friend or pet that you took care of for so many years died, what is the probability that you will use illicit drugs to relieve you of your feelings of loneliness?	1.60	
	No employer wants to accept you for a job or no school wants you as their student, what is the probability that you will use illicit drugs because you lost hope that you can no longer have a bright future?	1.75	
Family Dynamics and Influence (Items 6, 7, 14)	You have heard or have seen your parents fighting and harming each other, what is the probability that you will use illicit drugs to help you forget that you come from a family where there is domestic violence?	1.94	1.73
	Your family is so poor that it looks like there is no more hope to improve your economic status, what is the probability that you will use illicit drugs to help you forget about economic situation in life?	1.68	
	You learned that your parent or sibling take illicit drugs, what is the probability that you will also use illicit drugs?	1.57	

* 1-2.33 (low); 2.34-3.67 (average); 3.68-5.00 (high)

DISCUSSION

As of March 2019 and after almost three years of intensive campaign against illegal drugs, a total of 1,283,409 drug-related cases surrendered to authorities.³³ This study reveals that the foremost reason for surrendering was fear, indicating that fear appeals were effective in persuading drug users to surrender to authorities and participate in the community-based rehabilitation program.

Context of Fear

Fear can be described in two primary ways: fear of being killed and fear of being jailed. Drug users surrendered to law enforcers due to fear of becoming part of the statistics

of extrajudicial killings (EJK) allegedly conducted by the police or vigilante groups as a result of the staunch war on drugs campaign of the Duterte government. Many drug users, through their own will and strong persuasion from others, particularly their families, surrendered to protect themselves from being unceremoniously killed.

Conversely, the fear of being jailed is anchored on the drug law (RA 9165). Section 15 stipulates that drug users, as first-time offenders, are given the mandatory minimum of six months of treatment and rehabilitation in a government facility. If caught a second time or more, they face jail time of six to twelve years with a corresponding fine ranging from PhP50,000 to PhP200,000 (or about \$1,000 to \$4,000).¹⁴ In both contexts, drug surrenderers are required to undergo

treatment and rehabilitation to rid themselves of both the harmful effects of drugs and the criminal offense.

Effectiveness of Fear Appeals

The impact of fear appeals on the complete discontinuance of illicit drug use, however, could not be definitively established. Despite cases of EJK, then President Duterte reported that there are now seven to eight million drug users in the Philippines, an increase from the four million claimed in 2017.³⁴ The Philippine National Police noted that drug use persists and there are still drug suppliers even at the barangay level. Recently, illicit drugs with a market value of about 5.1 billion pesos, were seized indicating that the Philippines had become a transshipment point for illegal drugs.³⁵

Similarly, this study has also shown that fear appeals seemed to be ineffective in ensuring the discontinuance of drug use, or were only effective for a short period. Of the 37 drug surrenderers who volunteered to undergo drug testing, about 40 percent still tested positive after months of participating in the community-based rehabilitation program. Shortcomings in the campaign's early implementation raised questions about its potential for changing behavior. Local governments lacked programmatic and systematic community-based rehabilitation activities, unlike the usual facility-based or residential program which provide a more controlled environment and a regimented program on a 24/7 basis.

Challenges in Community-based Rehabilitation

Drug surrenderers are not institutionalized, they are allowed to return home after attending a series of community-based activities. Back in the community, drug surrenderers are re-exposed to the same stressful environment such as boredom, peer influence, family problems, social stigma, and economic difficulties, making them vulnerable to relapse. While results of this study found that drug surrenderers acknowledge and intend to move away from these influences, being exposed to the same personal, social, and environmental factors are compelling triggers to initial and continual drug use. Additionally, the study also concluded that drug surrenderers expressed ambivalence to seeking treatment related to their drug use behaviors. This result is not surprising given that drug use rehabilitation and psychotherapeutic interventions are stigmatized within the Filipino context.³⁶ As a result, only few surrenderers are open to seeking treatment out of concern that they may be perceived even more negatively within their community. Failure to directly address and resolve these issues exacerbated the drug problem in the community. The lack of holistic and socially-responsive intervention programs contributed to the difficulty of many drug surrenderers in recovering from drug use.³⁷ Therefore, despite high readiness for change, participants showed ambivalence regarding their capacity to overcome addiction.

The community-based activities focused on reinforcing problem awareness but did not address skills development

for behavior change that could improve their motivation and self-efficacy to overcome drug use. This resulted in the failure to provide the essence of the community-based treatment program, where community resources are mustered, and risk factors inherent in the community are addressed towards better health outcomes for drug rehabilitation clients.³⁸

This study also revealed that peddling illicit drugs provides "easy money" as a source of family income, and drug intake helps in managing better economic performance. The community-based program attempted to address economic problems by providing livelihood training activities. However, it failed to provide follow-through undertakings such as actual employment opportunities, or seed capital to support livelihood activities. The lack of employment and productive opportunities in the community contributed to further involvement in drugs, with drug pushing still being seen as a viable way to earn money.

Hope and Opportunities for Self-change

Drug surrenderers' motives for surrendering evoke anticipation of hope and opportunities for self-change. Many surrendered to have their names deleted from the drug-watch list of law enforcers. Being de-listed meant freedom from fear of being killed and jailed. However, after finding out from local authorities and law enforcers that de-listing might not be possible, some quit attending the community-based rehabilitation program. The lack of a de-listing policy led some to feel hopeless and helpless, feeling denied by the state to change for the better. Thus, the absence of a national de-listing policy, combined with personal and environmental factors, contributes to relapse by compounding the stresses experienced by drug rehabilitation clients. Relapse into drug use can be a dysfunctional form of coping with stress, using self-medicating to feel better.³⁹

Effectiveness of Fear Appeals Over Time

Fear appeals may have been effective initially, but they eventually reached a plateau. Over time, scare tactics became routine, and their effectiveness diminished as drug surrenderers became desensitized.

This was a common observation in the literature. For instance, Goldberg and colleagues mentioned that repeated exposure to a fear appeal can eventually lead people to ignore or discount a message.⁴⁰ Schoenbachler and Whittler suggested that fear appeals employing a physical threat are effective in the short term, but their influence diminishes with repetition.⁴¹ Initially shocking messages may become predictable, boring or even laughable after prolonged exposure and discussion with peers.^{42,43} Interestingly, Hastings and colleagues showed that fear appeals work best with people who have high self-efficacy.⁴⁴ For more vulnerable people with low self-efficacy or few resources, however, fear appeals can serve as a setback to health improvement as they cause more distress.

Recommendations for Improving the Campaign

To improve the drug war campaign, barriers must be resolved. The system of treatment and rehabilitation with 24/7 services should be expanded and sustained to include effective community-based socio-culturally appropriate interventions. Drug use, as a biological entity, is an addiction that cannot be easily eradicated. No matter how much the drug user wants to quit, it takes more time and psychological resources to overcome the habit. Once treated, rehabilitated drug users should not be released directly to the community where the psychosocial and economic triggers are elevated, leading to relapse.

This study recommends the institution of halfway houses as an expansion of the current community-based program. Studies have shown that halfway houses, which serve as an intermediate stage between the residential therapeutic program and fully independent living in the community, improve treatment outcomes.^{45,46} Residency in a halfway house provides rehabilitation clients with a safe alternative respite that targets full recovery from drug use.⁴⁷ During this period, a more intensive program to improve self-efficacy can be established through counseling, self-confidence building, individual and group processing, seminars, spiritual and moral boosters, and other similar activities. Economic preparation can be facilitated by enrolling clients in educational institutions offering satellite degree programs or work skills training. Once skilled, government and non-government organizations can link them with private companies and other business institutions for employment.⁴⁸ Tax incentives and public recognition can be given to these companies in return. With higher self-esteem and economic productivity, rehabilitated drug users can possess greater resilience to overcome the challenges posed by their actual return to their own families and communities. This way, they become well-equipped to control any possible relapse or reintake of illicit drugs, avoiding feelings of boredom and self-worthlessness that can make them susceptible to influence by their drug-taking peers. Being economically capable, they can help support their families and lead a normal family life. Eventually, the social stigma that they feel can be lessened or completely erased, making them more socially acceptable as members of society. With their full recovery, they can serve as positive role models to their peers, family, and others in the community.

Halfway houses can also involve the drug rehabilitation of the client's family, friends, and other significant loved ones in the therapeutic program. This can include provisions for family counseling and community visits. This approach aligns with international treatment standards and human rights statutes.⁴⁹

De-listing Policy

The lack of a de-listing policy contributes to continued drug use by promoting a sense of hopelessness and helplessness among drug surrenderers. Instituting a clear and well-structured de-listing policy and algorithm will be

beneficial in mitigating further drug use. This can be achieved through consultations with different government and non-government agencies concerned with the implementation of the drug war campaign, current and rehabilitated clients of the program, and other stakeholders.⁵⁰ Steps and conditions for de-listing should be clearly measurable and understandable from the perspectives of the clients and implementers. Beside biological measures such as urine drug tests, psychosocial indicators such as self-efficacy and community resource utilization can be included.⁵¹ The policy's implementation and impact must be routinely monitored and evaluated, with corrective measures for any breaches.⁵² De-listing should be both rehabilitative and liberative.

Positive Reinforcement

Fear appeals become effective because they engender strong negative emotions. However, once the strength of these emotions wane, their influence on attitudes and behavior also weaken. Psychologists and behavior experts recommend positive reinforcement and the appeals to the "inherent goodness" of humans to ensure diminished spontaneous recovery of the possibility of relapse among drug surrenderers.⁵³ Using positive emotions such as love, hope, empathy, and humor, can be effective reinforcers as they become associated with positive or healthy behaviors. For example, appeals based on sharing, "goodness of heart," and hope for disaster victims are commonly done in the Philippines to encourage public involvement through donations or services. Similarly, hope, love of self, family, and country, and obedience to God may be used to encourage drug users to quit.⁵⁴

In a study by Silverman et al.,⁵⁵ voucher-based abstinence reinforcement has been shown to be an effective intervention for promoting sustained drug abstinence, particularly among individuals in treatment for cocaine and opiate use. This is done by providing tangible rewards, such as monetary vouchers, to incentivize drug abstinence. Although efficacious, voucher-based reinforcement has been underutilized in the treatment of drug addictions.⁵⁶ In the context of the Philippines' community-based anti-drug program, rewarding individuals who stay drug-free with practical incentives like grocery vouchers, scholarships, or job training opportunities can be a viable alternative. Local governments can partner with businesses and non-government organizations to help sustain the program and ensure that such incentives can help drug users rebuild their lives and contribute to their long-term recovery.

Drug Education Refusal Skills

Street billboards in the Philippines often feature messages like "be high on God, not drugs", considering the cultural religiosity of Filipinos. Additionally, encouragement posts incorporate model behavioral responses (e.g., "Say No to drugs"), and feature sports and movie celebrities with clean, positive images as role models. However, systematic evaluations of the effectiveness of these messages have yet

to be conducted. In other countries, drug education refusal skills training is integrated with health service delivery, such as group therapy and assertiveness training.⁵⁷ Since the Philippine educational system includes curricula on health, wellness, and personal development, drug education refusal skills training may be integrated as specialized training modules for adolescents taking up these classes. Drug refusal skills that can be integrated in the curriculum can include focusing on studies or sports, offering alternative activities such as engaging in physical activity, teaching teenagers how to use humor or change the subject when they are offered drugs to steer the conversation away, or simply walking away from risky situations to avoid peer pressure. Integrating drug refusal skills in drug prevention programs has been proven effective in reducing substance use.⁵⁸

CONCLUSION AND RECOMMENDATION

The findings showed that fear appeals or scare tactics were effective in encouraging or forcing drug users to surrender to local authorities. However, their effectiveness as a long-term solution cannot be definitively established. Structural factors and community rehabilitation policies and programs were found to be weak. Over time, scare tactics became routine and lost their initial impact, as the negative emotions they initially aroused were no longer sustained.

Thus, much still needs to be done in the “war on drugs” campaign of the Philippine government. There is a need to change strategy, as fear appeals or scare tactics were found to be ineffective, or at best, effective only for a short duration. Programs that are culturally-appropriate and scientifically-effective should be instituted. This study recommends a follow-up research on the design, implementation, and evaluation of community-based rehabilitation programs that consider the culture and socio-psychological conditions of Filipino drug users.

Certain limitations of the study should be mentioned. Data are limited to 56 drug users aged 19 to 40 years old from four selected barangays (communities). The selection of participants was purposive since it was part of a study aimed at designing and pilot-testing an evidence-based community-based treatment intervention, which limited participation to 14 participants per community. Consequently, the results may not be fully generalizable to all drug users in the Philippines. Despite this limitation, the discussion on the effectiveness of fear appeals was strengthened by information derived from secondary sources (e.g., PDEA updates) and other news items that show the current status of the war on drugs in the Philippines. This highlights the need for further research with larger and more diverse samples to validate and expand upon these findings.

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