

# Profiling “Voluntary Surrenderers” of Oplan Tokhang in Marikina City, Philippines: An Emic View

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## RESEARCH ARTICLE

### Abstract

**Background:** This study was undertaken in response to the lack of contextualized and grounded description of surrendered drug offenders (e.g voluntary surrenderers) provided to the media and to the public by the law enforcement agencies on the Oplan Tokhang campaign of the Duterte administration.

**Objective:** This paper sought to provide a profile of “voluntary surrenderers” of Oplan Tokhang in four selected *barangays* in Marikina City. Specifically, it aimed to describe their socio-demographic characteristics, drug use behaviors, underlying reasons for initial and continued drug use, severity of use, and the nature and reasons behind their participation in the Oplan Tokhang campaign, respectively.

**Methodology:** A total of 56 participants was surveyed and descriptive statistics was used in the presentation and analysis of data. These were triangulated by direct observation, local studies and international studies, data from national agencies, and news reports.

**Results:** Most of the voluntary surrenderers in the study were drug users rather than user-pushers and were predominantly single, male, high school educated, and were observed to be in their most productive years, yet, unemployed. They abused methamphetamine (shabu) and marijuana and started to take drug in their mid-adolescent years. Although users for one to two years, more than the majority of them were mild users, taking drugs on a weekly basis that were sourced from their friends and from drug pushers. Exposed to drug-using friends and relatives, most were initiated to drugs because of peer influence, personal and family problems. They continued to use drugs because they were not able to resolve these personal and social relations issues. Being jobless, most sustained their drug-taking behavior by committing petty crimes, such as selling household goods, drug-pushing, and theft. Afraid to be killed and wanting to be rehabilitated, they participated in the Tokhang campaign for safety and for self-change.

**Conclusion:** Voluntary surrenderers in the study were not as violent and dangerous as generally reported by media and law enforcers. As mild users, they were not those types that were considered as “beyond redemption” but were rather capable of self-change. These primary data were reflective of national reports that 90 percent of surrenderers were mild users. Policy-wise, the study suggests that government should, through the Oplan Tokhang campaign, shift more focus in providing community-based treatment and rehabilitation program that is responsive, sustainable, protective, and rights-respecting of voluntary surrenderers.

**Keywords:** war on drugs, Oplan Tokhang, voluntary surrenderers, drug users, user-pushers, responsive and right-respecting community-based treatment and rehabilitation program

## Introduction

When President Duterte assumed power on July 1, 2016, he declared that one of his flagship programs is the “war on drugs” campaign. He vowed to rid the country of illegal drugs and stated in his first State of the Nation Address (SONA) that he would not stop until the last drug lord and the last pusher have surrendered or are put either behind bars or below the ground [1].

To realize this, he appointed Ronald “Bato” De la Rosa as the chief of the Philippine National Police (PNP) who, in turn, immediately issued a memorandum circular that became the now famous Oplan Double Barrel campaign [2]. As a campaign plan, Oplan Double Barrel had a two-pronged strategy; one is the “Project HVT” aimed at the so-called high value targets (HVT) such as drug syndicates and traffickers, movie celebrities, drug users from elite families, including

government officials and police officers involved in the illegal drugs trade. The other barrel, dubbed as “Oplan Tokhang,” targeted the street-level pushers and low-level drug users. “Oplan Tokhang” is a contraction of “toktok” and “hangyo” (Visayan words for “knock” and “request” respectively) and refers to the strategy of the police nationwide to go house-to-house in their jurisdictions and convince known drug pushers and users to surrender and change their ways [3].

Since the start of Oplan Tokhang operations on July 1, 2016 to January 30, 2017, news media had reported, based on PNP data, the following figures: 2,551 drug offenders killed while trying to fight it out with lawmen; 2,928 others killed by suspected vigilante groups and classified by PNP as “deaths under investigation” or DUI; 1,178,224 individuals surrendered, including 79,341 pushers and 1,098,883 users, as the PNP visited a total of 7,031,394 houses [4].

Notably, these reports reflected only the number of drug offenders killed, arrested and those that surrendered, in general, but with few or missing statistics and narratives, for example, on the socio-demographic characteristics, drug use behaviors, and, reasons for voluntarily surrender by those that went under the Oplan Tokhang campaign.

This gap in the report by both the PNP and the media is partly addressed by this paper through an intervention study done by a team of researchers from UP Manila that undertook an Emerging Interdisciplinary Research (EIDR Code No.: C2-R-07-612-98) project funded by the Office of the Vice President for Academic Affairs (OVPA) that focused on drug use and behavioral health among young peoples in Metro-Manila.

As part of the EIDR study, the general objective of this paper was to provide a profile of “voluntary surrenderers” of Oplan Tokhang through a survey conducted in four selected *barangays* in Marikina City. Specifically, the paper aimed to describe the socio-demographic characteristics, drug use behaviors, underlying reasons for initial and continued drug use, severity of use, and the nature and reasons for the participation of the drug surrenderers to the Oplan Tokhang campaign, respectively.

This paper attempted to provide an emic view of the Oplan Tokhang campaign and presented evidence-based data that could be used in designing a responsive, sustainable, protective, and rights-respecting community-based intervention for the treatment and rehabilitation of “voluntary surrenderers”.

“Emic view” in this article refers to a theoretical approach that made use of the survey data gathered from voluntary surrenderers and analyzed and interpreted by the researcher using the drug user's view. On the other hand, “voluntary surrenderers” in this paper referred to the cohort of drug users, user-pushers, and or pushers that volunteered to surrender to the Oplan Tokhang campaign.

## Methodology

This paper was part of an intervention study that made use of concurrent triangulation mixed method design, that simultaneously gathered data through a combination of survey and phenomenology of identified drug-using participants from four urban *barangays* in Marikina City that agreed to serve as research partners.

This paper reflected mainly the survey part of the study that made use of survey questions in data collection. The survey was undertaken using a formula that required a sample of 56 respondents (14 participants each from the four *barangays*). The sampling population reported in this study were those of the pilot-testing or pre-experimental group.

The computation of sample size followed the formula for two or more groups with an outcome expressed in discrete form (i.e. number of quitters after the intervention).

Applying the formula,  $n = \frac{[Z_{1-\alpha/2}^2 (2pq) + Z\beta^2 (p_1q_1 + p_2q_2)]}{e^2}$ , we were able to compute for a sample size of 56 participants with an equal allocation of sample size of 14 participants per *barangay*. The equal allocation of sample size was with the intent of increasing the precision of comparability of data between and across *barangays* [5].

The study included male or female or LGBT, aged 18 to 40 years old, a bonafide resident of the *barangay* for at least five years, a drug user or user-pusher who surrendered under the Oplan Tokhang campaign and consented to take part as participant in the study. The attempt to include LGBT is to check whether gender orientation is implicated in drug use behavior.

The inclusion criteria of aged 18 to 40 years old considered the observation that this age range is where most people fall into drug use and it is also the age range where most people are considered to be economically and socially productive and active, respectively. In this regard, it would be good to find out how drug use impacts on people's economic and social lives in their most productive and active years.

On the other hand, the study excluded those who were below 18 and above 40 years old, eligible but refused to participate in the study, not registered residents of the *barangay* (e.g. transients or renters), and those with mental or physical problems that prevented them to participate.

Through a research partnership agreement (RPA) with *barangay* officials, permission to conduct the study was granted. A master-list of voluntary surrenderers was provided and this is where the eligible participants were drawn. Those who fell under the eligibility age criteria were taken from the list and were assigned random numbers. After which, a random sampling of 14 participants was undertaken. From those randomly picked, an initial individual interview to orient them and to get their informed consent was undertaken. Those who refused to participate were given the right to withdraw from the study.

A follow-through individual session for data gathering was set after the eligible participants agreed to be included in the study and was undertaken through a self-administered completion of a survey questionnaire. In cases where the participants needed to clarify questions, the field researcher was ready to provide assistance. In one case, where the eligible participant had no formal schooling, a researcher-guided and administered a one-on-one interview.

The 56 sets of survey questionnaires were completed and reviewed by the research manager before they were cleared for data encoding. The answers were encoded and summarized into analyzable data using Microsoft Excel and

SPSS statistical software packages. The summarized data were given to the primary researcher for data analysis using descriptive statistics.

The study went through the ethics review and approval of the UP Manila Research Ethics Board (UPMREB Code 2013-154-01). In the administration of the whole research process, the ethics of research were invoked and were strictly followed at all times particularly the confidentiality of information, anonymity of the research participants, and observance of the right of the respondent to not respond to all the questions asked, among others.

## Results

### Sociodemographic Characteristics

Data from Figures 1 to 3 and Table 1 show that majority of the 56 drug users come from the most productive age groups, age 20 to 34, respectively. The youngest was 19 years-old while the oldest was 40 years-old. The average age of drug users was 29 years old. In terms of age, more than the majority of the drug users were male. Around half of them were single, while the rest were living with their partners, married, and separated. More than half of the participants reached high school education. Many of them were not employed. Those employed were either self-employed, privately-employed, or government-employed, respectively. Almost half of them earned a monthly family income of below Php 10,000 a month while the rest earned more than Php10,000 a month.

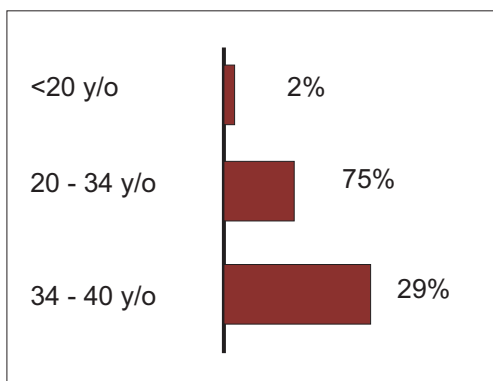
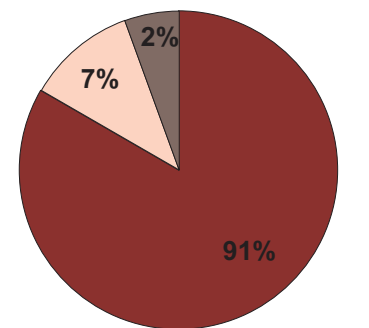


Figure 1. Age



■ Males ■ Females ■ LGBT

Figure 2. Gender

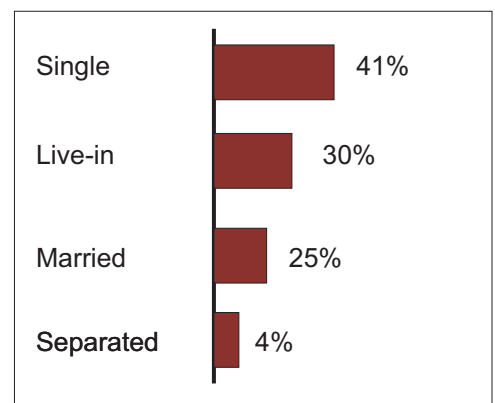


Figure 3. Civil status

**Table 1. Socio-demographic characteristics**

Socio-demographic Characteristics	Frequency (n=56)	Percent
<b>Educational Attainment</b>		
College level/graduate	6	11
High School level/graduate	39	63
Elementary level/graduate	12	21
Vocational	2	4
No formal schooling	1	2
<b>Occupational status</b>		
Privately employed	11	20
Government employed	3	5
Self-employed	14	25
Unemployed	27	48
Student	1	2
<b>Average Family Income</b>		
PhP 10,000 +++	19	34
Below PhP10,000	26	46
No response	11	20

*Drug Use Behaviors*

Figures 4 to 6 and Table 2 reflect the drug use behaviors of the voluntary surrenders, from the type of drugs that they used, onset of use, length of time and frequency of drug use. They also include data on where they sourced the drugs, how much they spent monthly and their established network of drug use and whether they have tried using intravenous drugs in their lifetime.

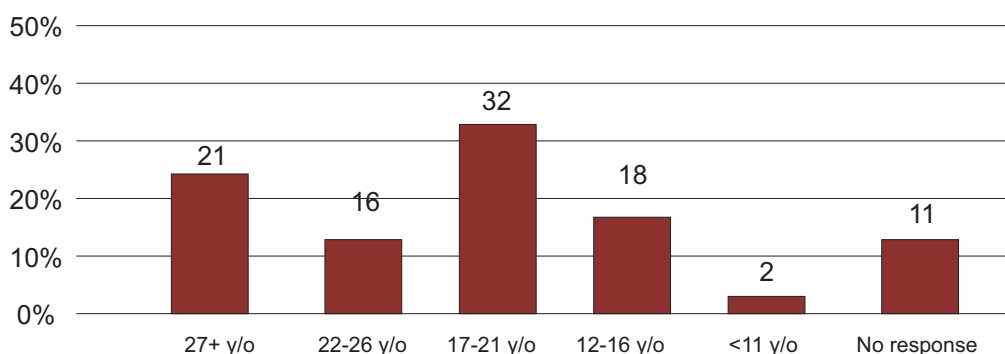
*Onset, Length, and Frequency of Drug Use*

Although far from being the majority, a number of drug users reported onset of drug use during their adolescent years, at age

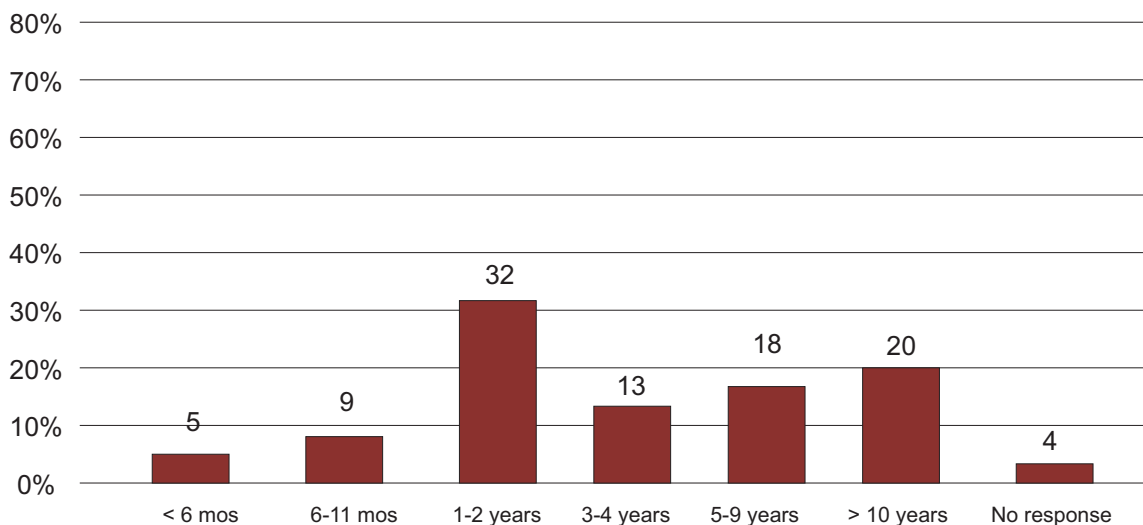
12-16. The youngest age of onset was 11 years-old. A noticeable number of participants reported their age of onset as between 17-21 years old while the rest have had a late onset at 22 years and above. Most participants reported to have used drugs for more than five years followed by those that have used for only a year to two years. Some had taken drugs only in less than a year. Others have been using drugs for three to four years. The most reported frequency of drug use was once a week, followed by daily, and every 2-3 days, respectively.

*Types of Drugs Used*

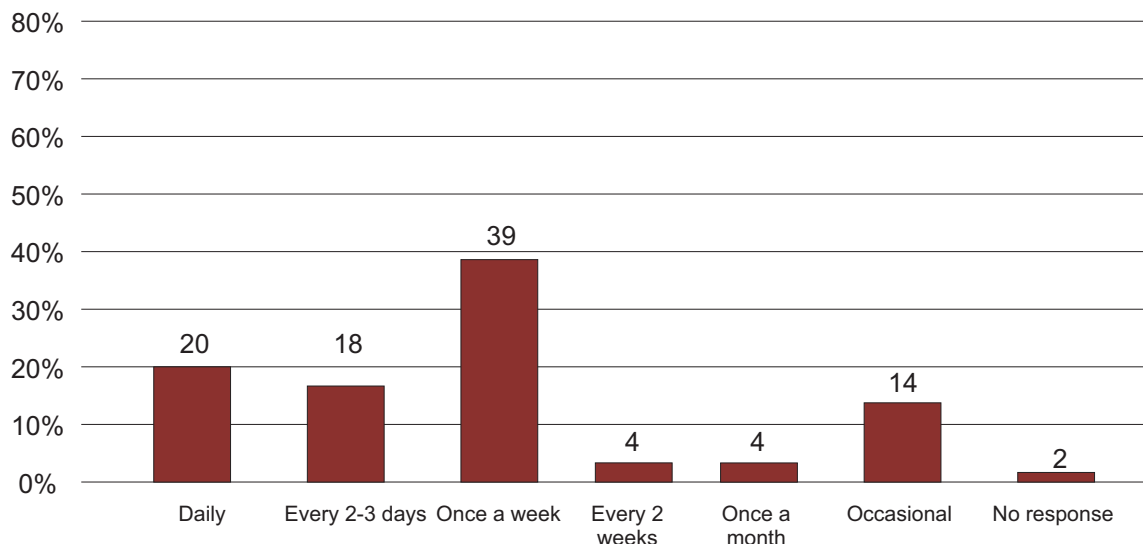
More than the majority of the 56 voluntary surrenderers used methamphetamine hydrochloride or shabu followed



**Figure 4. Onset of drug use (n=56)**



**Figure 5. Length of drug use (n=56)**



**Figure 6. Frequency of drug use (n=56)**

by cannabis or marijuana, respectively. The rest had sparingly used inhalants, MDMA or ecstasy, and other drugs.

*Source of Drugs*

A little over half of them procured their drugs from friends, but some also sourced their drugs from pushers, family members, drug stores, and other unnamed sources. Almost half of the participants spent as low as PhP 50 a month to as high as PhP 1,000 a month on drugs. The rest of them spent more than PhP 1,000 to PhP 5,000 or more monthly on drugs. A large percentage of drug users (89%) reported that their friends also used drugs. Moreover, a

little more than half (53%) claimed that their relatives and their partners (20%) were also into drugs. Finally, based on Table 2, all of the voluntary surrenderers who responded claimed that they have never used needles in their drug-taking activities.

*Underlying Reasons for Drug Use*

From Table 3, data shows various reasons for the initial and continued use of drugs among the voluntary surrenderers. More than majority claimed that peer influence has been one of the main factors that initiated them into drug use. Almost half got curious and some were

**Table 2. Drug use behaviors**

Drug Use Behaviors	Frequency (n=56)	Percent
<b>Types of Drug Used</b>		
Methamphetamines Hydrochloride (Shabu)	48	86
Cannabis (Marijuana)	30	54
Inhalants (Rugby, Solvent)	2	4
3,4-methylenedioxy-methamphetamine (MDMA)	1	2
Others (Cough syrup)	1	2
<b>Source of Drugs</b>		
Friends	32	57
Drug Pusher	23	41
Drug Store	1	2
Family member	2	4
Others	3	5
<b>Amount Spent on Drugs Per Month</b>		
PhP 5001 ++	1	2
PhP1001 to 5000	15	27
PhP51 to 1000	25	45
PhP50 and below	2	4
No response	13	23
<b>Drug Use Connections</b>		
Drug-using relative	30	54
Drug-using friend	50	89
Drug-using partner	11	20
<b>Use of Needles</b>		
No	53	96
No answer/Don't know	3	5

relatively bored and these influenced them to use drugs. Notably, a number of them identified treatment of body pain, family problems, romantic problems, community influence, occupational problem, and problem with friends as other reasons that influenced their initial drug use. Interestingly, most of them identified 'peer influence' and 'boredom' as main reasons for continued use, whereas body pain treatment, romantic problems, family problems, financial problems, occupational problem, and family member's influence were secondary factors to continuously use drugs.

*Severity of Drug Use*

Based on Figure 7, more than the majority of the voluntary surrenderers were mild users, followed by few moderate users and very few severe users. Accordingly, the Dangerous Drugs Board (DDB) refers to mild users as experimental and occasional users, moderate users as regular and habitual users, and severe cases as drug abuser and substance dependent individuals [6].

*Drug Related Crimes*

Almost half (48%) of the voluntary surrenderers have not committed any drug-related crimes as shown in Figure 8. For those who committed crimes, most have engaged in selling household items and drug-pushing. The rest engaged in theft and extortion. Very few of them admitted doing harsh crimes, such as harming others, hold-up, prostitution, joining drug syndicates, or attempting to kill someone, respectively.

*Participation to Oplan Tokhang*

As shown in Table 6 of the 56 respondents who surrendered to the Oplan Tokhang war on drugs campaign, 48 claimed to be users, 4 as user-pushers, 1 as a pusher, while 3 refused to answer. 46 surrendered voluntarily and 6 were forced to surrender. Those who surrendered voluntarily did so because they want to be rehabilitated and were afraid of being killed. Others did so because they have realized the ill-

**Table 3.** *Underlying reasons for use*

Underlying Reasons for Use	Frequency (n=56)	Percent
<b>Reasons for initial use (n=56)</b>		
Peer influence	35	63
Curiosity	23	41
Boredom	6	11
Family problems	5	9
Treatment of body pain	4	7
Romantic problem	4	7
Community influence	3	5
Occupational problem	2	4
Financial problem	1	2
Problem with friends	1	2
<b>Reasons for continued use (n=56)</b>		
Peer influence	16	28
Boredom	11	20
Romantic problems	6	11
Treat body pains	6	11
Family problems	5	9
Financial problem	5	9
Occupational problem	3	5
Cannot say no to family	1	2

effects of drugs and were afraid of being jailed, among others. On the other hand, those who were forced to surrender did so for almost similar reasons, such as being afraid of getting killed, of possible consequences to their family, of being jailed, or because of the advice of their clergy, *barangay* officials, or their family, respectively.

#### *Support Received*

Upon their surrender, the voluntary surrenderers were provided emotional, material/financial, and spiritual support by their families, friends, and the community, respectively. Most of the emotional and material support came from their families while spiritual support came mostly from the community. Their friends equally provided emotional, material/financial, and spiritual support, respectively.

## Discussion

Voluntary surrenderers in the study were mostly drug users, only a few were user-pushers, and one pusher. The drug users and user-pushers were found to be mostly male, single, had an average age of 29, high school educated, unemployed, and from low-income groups. Most were shabu and marijuana users, and started using drugs in their mid-adolescent to young adult years.

Except for educational attainment and duration of drug use, these findings correspond closely to the 2016 profile of drug users from treatment and rehabilitation centers reported by DDB and other related local studies in terms of demographic variables on age, gender, civil status, employment and family income, and the types of drugs used [7,8,9].

Comparably, almost half of the participants who surrendered have used drugs for less than a year to 2 years while the rest were into drugs for 3 years or more. Less than half of them claimed to use drugs once a week with only a quarter of them engaged in daily use. Most of the drug users were mild and moderate rather than severe users. These data validate the reports from the national agencies that 90% of the voluntary surrenderers belonged to the mild user groups [10].

As observed, most of the drugs taken by the drug users in the study were sourced from friends and then from drug pushers. Interestingly, a few claim to have sourced the drug from their own family members. Noticeably, there was no mention of drug sourcing of recycled drugs from police scalawags which were cited in previous studies [11,12] and in grey literature [13,14].

Drug users in the study were not big spenders. Only around a quarter spent a thousand or more pesos in their drug use activities while over half of them spent less than a thousand to

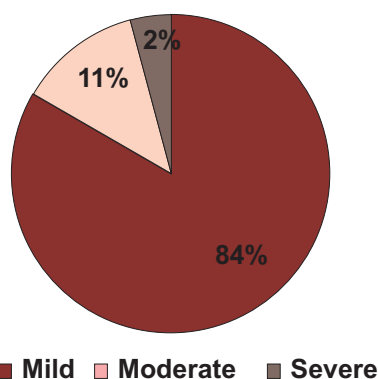


Figure 7. Severity of drug use

as low as fifty pesos, respectively. Their low family income, unemployment status, and the presence of drug-using friends, relatives, and partners may have contributed to them spending less on drugs from out of their pockets but not from using them regularly. It has been established that drug use is a collective act in the Philippines [15] and it is this very act that made shabu packed in sachet a marketing success – people can pool their money together for a hit of an affordable shabu (worth around 250 pesos per sachet) that could provide euphoria to a group of users for the next four hours or so [16].

Based on the data, drug surrenderers took drugs to solve everyday problems that they encountered, such as physiological (to treat bodily pains), social acceptability (peer influence), social relations (family problems, occupational problem, problem with friends), psychological (boredom), emotional (romantic problems) and environmental (community influence). Thus, drugs are considered both physical, recreational, and psycho-social medicine at the level of first use. These reasons reinforced earlier local studies that argued that drugs are used as problem-solvers, social and

emotional healers, medicine, recreational drug, etc. [15]. It can be argued that at first use, drug users take drugs more likely to solve physical and psycho-social problems rather than to get addicted. Unresolved personal and social relations issues, such as peer influence, boredom, romantic problems, family, and financial problems, including continuing treatment of body pains more likely lead them to continued use [8,9]. In this regard, the study further validated the argument that illegal drug use is not just a problem of the drug itself but a problem of social relations as well [11,15].

Thus, drug-taking, in its legal, cultural, and epidemiological context could lead to a “social disease” where a cohort of drug-taking population take drugs because of improper socialization and unresolved personal and family issues. Furthermore, what is significant in the Philippine data when compared with foreign data is that illegal drugs were continuously being used by a number of drug users for medical purposes as shown in this study and other local studies [11,15]. This validates the linguistic reference to illegal drugs in grey literature as “bawal na gamot” (prohibited medicine) and as an object that possesses contradictory properties – as a cultural object, it is prohibited or illegal but as a chemical object, it is medicinal.

Although it was not reflected in this study, other local studies showed that drug users continuously took drugs because they started to like the drugs or they already became chemically dependent or addicted [8,9,11,15]. Thus, drug addiction only occurs when users take the drugs continuously and habitually or excessively.

As reported by UNODC [17] only around 0.6% of drug users worldwide becomes problematic users (i.e drug

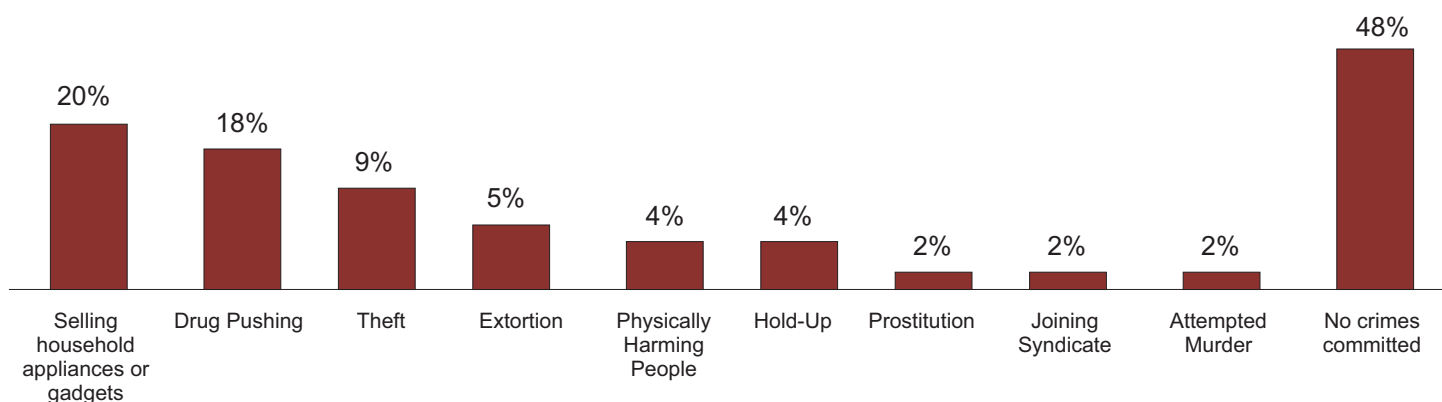


Figure 8. Drug-related crimes committed



**Table 4.** *Participation to Oplan Tokhang*

Participation to Oplan Tokhang	Frequency (n=56)	Percent
<b>Type of Voluntary Surrenderer</b>		
Drug user	48	86
User-pusher	4	7
Pusher	1	2
No response	3	5
<b>Nature of surrender</b>		
Voluntary	46	82
Forced	6	11
No response	4	7
<b>Reasons for voluntary surrender (n=46)</b>		
I want to be rehabilitated	21	34
I am afraid of being killed	17	30
I have a self-realization on the ill-effects of drugs	14	25
I am afraid of being jailed	13	23
I am afraid of the possible consequences to my family	13	23
My family encouraged me to voluntarily surrender	11	20
I want to follow God's will	9	16
I want to help the government in its campaign against drugs	4	7
Most of my friends have surrendered	3	5
<b>Reasons for forced surrender (n=6)</b>		
I am afraid of being killed	7	13
I am afraid of the possible consequences to my family	6	11
I am afraid of being jailed	4	7
I was advised by a clergy	3	5
I was advised by barangay officials	3	5
My family forced me to surrender	2	4

addicts), the rest, around 99.4% remain non-problematic users. This is aligned with the earlier studies that classified drug users in the Philippines as “wise users” and “unwise users” [11,15]. The “wise users” are those who took drugs for functional and or “instrumental purposes” [18,15] such as construction workers who need drugs to prolong their stamina (e.g. *tamang-gawa*), taxi drivers to keep themselves alert and awake (*tamang-gising*) for a day and night long driving, sex workers to keep themselves awake and active in entertaining their clients [19], and students to keep their

brains well-functioning (*tamang-talino*) during exams [9,14]. On the other hand, the “unwise users” are those who took drugs habitually and excessively to keep themselves “high” or euphoric and to sustain this, they engage in various deviant acts, drugs use, such as selling household items, becoming user-pushers, engaging in sex-for-drug activities, engaging in theft, and or harming others [8,9,11,15]. Most of the unwise users were unemployed and excessive users of drugs but they only comprised a small percentage such as the severe users referred to in this study.

**Table 5.** *Support Received*

Support Received	Family	Friends	Community
Emotional (%)	41	32	27
Material/Financial (%)	34	14	17
Spiritual (%)	18	11	20
No help received (%)	4	40	27

Compared with those who volunteered to submit themselves to treatment in treatment and rehabilitation centers, many of those who surrendered voluntarily and by "force" at the behest of their families to the Tokhang campaign, did so because of the "culture of fear" – afraid of being killed, of being jailed, and of possible consequences to their families. Their motivation was more of seeking safety rather than of seeking treatment. The climate of fear that bode among those who surrendered was more likely informed by the reported extra-judicial killings (EJK) and deaths under investigation (DUI) cases that had already led to around 7,000 suspected drug users and pushers killed by police or unidentified vigilantes since July 2016 [20].

Others who voluntarily surrendered sought to be rehabilitated. Unfortunately, the local government units seemed to be unprepared in providing treatment interventions that parallel those provided by treatment and rehabilitation centers [21]. Further, health authorities have admitted in news reports that it will take some time for community-based programs to be integrated in the health department's drug rehabilitation program in health facilities managed by local government units [22]. In the communities where the surrenderers in the study reside, programmatic and sustained community treatment interventions were observed to be lacking. Interventions that were observed to be provided during the study were the usual, zumba (dance and exercise therapy), *simba* (spiritual/religious therapy), jogging and basketball (exercise and sports therapy) programs that were done once a week. Whether these interventions were working or not remains to be studied. Optimistically, the study showed that despite the lack of a programmatic community-based program, strong social support was provided to the surrenderers by their families, friends and the community, in the form of emotional, material/financial and spiritual support.

### *Limitations of the study*

This paper focused only on 56 participants in four selected *barangays* in Marikina City and may not reflect a generalized description of all drug surrenderers in the country. Nevertheless, the study was able to provide a glimpse of the demographic profile, drug use behaviors and their underlying reasons, and the everyday life and struggles of drug surrenderers that the general public more likely may not know.

## **Summary and Conclusions**

The study showed that most of those who surrendered were drug users and were predominantly single, male, high school educated, in their most productive years but were unemployed.

Most abused shabu and marijuana and started to take drugs in their mid-adolescent years. They took drugs once a week that were sourced from friends and drug pushers in the past two years and were exposed to drugs using friends and relatives. They were initiated to drugs because of peer influence and personal and family problems. They continued to do so because they were not able to resolve these personal and social relations issues. Being unemployed, most of them sustained their drug use by committing petty crimes, such as selling household goods, drug-pushing, and theft.

As observed, most surrendered because they wished to be treated through the Tokhang campaign as there was no treatment program being provided prior to it. Likewise, the rest of them surrendered because they feared for their lives and that of their families and of being taken to jail. And so, while more than half of them desired to be treated and rehabilitated, the rest of the other half were conscious of their personal safety.

From these data and information, we can infer that the voluntary surrenderers in the study were not as violent and dangerous as reported in the media and by law enforcers. With majority of them as mild users and with no difficulty in avoiding drugs, they were not of those types that were considered as beyond redemption. Most of them were, in fact, desirous of self-change. That being so, they can be easily rehabilitated with strong social support from families, friends, and well-meaning community members.

Policy-wise, the government should, through the Oplan Tokhang campaign, shift more focus in providing treatment and rehabilitation program that is responsive, sustainable, protective, and rights-respecting of voluntary surrenderers.

## **Acknowledgment**

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