

**ASSESSMENT**  
**DRUG ABUSE**  
**EDUCATION/REHABILITATION**  
**for**  
**REPUBLIC OF PHILIPPINES**

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OFFICE OF PUBLIC SAFETY  
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## I. INTRODUCTION

### A. Terms of Reference

On March 22, 1972 the U. S. Mission/Philippines submitted a Narcotics and Dangerous Drugs Control Project Proposal (PROP) to AID/Washington containing sub-projects in Enforcement and Education/Rehabilitation. Additional supporting data was requested by AID/Washington on April 18, 1972 (State 066678) and the Mission responded on May 10, 1972 (TOAID A-176). On May 26, 1972, after review of the PROP and related material, AID/Washington approved one full time narcotics enforcement advisor and proposed TDY assistance to the mission to assist in developing details of the prevention/education aspects of the project (State 09144). On July 11, 1972 AID/Washington proposed Earl N. Goodwin for 60 days TDY for the stated purpose (State 119648) and the Mission concurred on the same date (Manila 06331). Mr. Goodwin arrived in Manila on September 16, 1972.

### B. Conduct of Assessment

Information for this report was obtained primarily through personal interviews with appropriate personnel in all known public and private organizations in the Manila metropolitan area actively engaged in drug abuse enforcement, education, and rehabilitation efforts. In addition, field trips to the U. S. Naval Base at Subic Bay (Olongapo City), Clark Air Force Base (Angeles City) and to five other outlying cities in the north, central and south of the Republic were conducted. It should be mentioned that time limitation precluded visitation to 85 other cities of the same general character and population range as those visited. A list of persons interviewed and a list of all cities with populations over 50,000 are attached (Ref Annex A and B).

Mr. Robert D. Long, Public Safety Narcotic Enforcement Advisor assigned to USAID Philippines, accompanied Mr. Goodwin during all contacts made regarding this assessment. This served a twofold purpose of promoting mutual appreciation and understanding of the interrelationship of enforcement and education/rehabilitation efforts and identifying mutual areas of concern requiring close future coordination.

### C. Terminology

For the purpose of this report the abbreviated term education/rehabilitation refers to the total combined fields of prevention and education and treatment and rehabilitation in the broadest sense. Drugs refers to all narcotics and dangerous drugs.

Drug dependence or dependent refers to physical addiction and/or psychological habituation to one or more drugs. Addict or addiction refers specifically to physical addiction. Community refers equally to school, city or nation unless otherwise specified.

D. Basis for Judgments

Conclusions and recommendations are based upon the author's 1) activities in the drug enforcement field in the Los Angeles area from 1959 through 1964, 2) continuing interest, study and participation in U. S. and international narcotic enforcement efforts during 8 years employment with the Office of Public Safety, AID, 3) studious review of ongoing public and private education/rehabilitation program material from throughout the United States and several foreign countries, and 4) personal inspection at management level of the current statewide coordinated narcotics control program of the State of California.

Conclusions and recommendations are additionally based upon concepts and philosophy inherent in modern and progressive drug abuse control programs in the United States, including the following:

Concept of the Problem. Drug abuse is viewed as a two sided problem of Supply and Demand. The major tools available to combat the problem are law enforcement, education and rehabilitation. Enforcement is applied to the supply side of the problem, and education/rehabilitation to the demand side. In theory, if the attack on either side of the problem is totally effective the other side will weaken and ultimately collapse and the problem as a whole will be solved.

Limitations of Law Enforcement. The historical development of the drug abuse problem in the United States strongly suggests that enforcement cannot hope to destroy the supply side of the problem within an acceptable time frame regardless of the magnitude of human and material resources invested as long as the demand side exists. The argument is given that the most optimum enforcement measures known exist in the nation's prisons, yet illicit drugs still penetrate the prisons in alarming quantities. Taking heroin abuse alone as an example, over the years substantially increased enforcement in the U. S. has at best resulted in temporary disruption of supply in a few scattered locations for short periods of time. Heroin consumption in the U. S. is now estimated at 6 to 10 tons each year, yet enforcement seizures totaled only 1,500 pounds during 1971. This suggests that a formidable supply problem still remains. International enforcement efforts appear to be

following the same general historical pattern as that experienced by the United States, with production, smuggling routes and covert techniques constantly changing and shifting in response to enforcement pressure. The illicit world production of opium is currently estimated at 990 to 1,210 metric tons, yet total world seizures in 1971 amounted to 21.6 tons. It is projected that international enforcement efforts in the future will enjoy a measure of success similar to that experienced by the United States. In the unlikely event that the production of illicit opium is suppressed within an acceptable time frame to the extent of creating a continuing shortage, it is anticipated that alternate drugs, perhaps synthetics such as methadone, will be produced by criminal syndicates to keep pace with the demand. This recognition of the limitations of law enforcement is painful but in no way does it diminish the vital importance of the enforcement role in the overall effort.

Roles of Enforcement and Education/Rehabilitation.

It is concluded that law enforcement is largely limited to suppressing the supply side of the problem to the maximum of its ability, while education/rehabilitation works toward reduction and elimination of the demand side to bring about the ultimate resolution of the problem as a whole.

A secondary role for law enforcement is to provide information and statistical data which will assist in defining the nature and scope of the problem in a given locality and facilitate the planning and design of an appropriate drug abuse control program.

A Total Community Problem Requiring Total Community Response. It is recognized that a Drug Abuse Control Program can achieve maximum effectiveness only if all of the efforts in the interrelated fields of law enforcement, prevention/education and treatment/rehabilitation are coordinated by a separate body specifically designed for that purpose. The coordinating body must ensure that each field provides proper and sufficient services within its particular realm of expertise, and that each field functions in balance and in concert with the other fields in overlapping areas of operational concern.

It is further recognized that prevention/education and treatment/rehabilitation efforts in both the public and private sectors of the community are necessary and desirable. All fragmented, uncoordinated and duplicative efforts in the community that are having and can have any impact on the problem, e.g., police, courts, detention, parole and probation, health, education, welfare, rehabilitation, counseling, "halfway" houses, "rap" houses,

"hotlines," mass media, civic groups, etc. must be molded into a comprehensive and integrated program. It must be geared to inform and educate, as appropriate, everyone at all age levels in the community and to offer a variety of services to suit the individual needs of drug dependent persons regardless of whether they are arrested or seek help voluntarily.

Information Versus Education. Many drug abuse "educational" programs fail to make a distinction between information and education, and all too often information is passed off as education. Information can overcome ignorance on a given subject such as types of drugs and their effects, but information alone does not necessarily build desirable attitudes, skills in decision making, values or a basic sense of self-worth and responsibility--education can and does. The dissemination of information telling youngsters the "facts" is the solution to drug abuse only to the extent that ignorance is the source of the problem.

Ignorance is not the prime source of the problem since most urban teenagers generally know more about drug identification and effects than parents and teachers. Youngsters need to know less about the clinical aspects of drug abuse and more about what motivates people to abuse drugs in the first place. There is evidence to suggest that providing drug information to youngsters without corresponding education has actually stimulated curiosity and in some instances served to worsen the problem. The most critical time for education to be effective in the fullest sense is before drug experimentation has begun and before value systems are already structured. It needs to be an ongoing process starting as early as kindergarten.

Peer Group Pressure. It has been discovered through polls and surveys that an overwhelming majority (some 90%) of drug users were first introduced to drug experimentation by close friends in the same age group. This "peer group pressure" is believed to be the surface cause of the epidemic growth of the drug problem, especially among youngsters. Years of trial and error were required to discover, develop and apply widely the concept of "counter-peer group pressure" to help combat the problem. This concept is used to reach the physically addicted, the drug experimenters who embrace drug abuse as a philosophy, and others who have not had the opportunity to be exposed to the relatively new drug abuse educational programs incorporated in school curricula from kindergarten through high school. It is used in schools to meet head-on the peer group pressure exerted by drug oriented groups of students within the school. Adults working in the background encourage and support the formation and training of

student groups actively opposed to drug abuse. These students enter into individual and group confrontational dialogue in private and public meetings and seminars with hard core users and drug experimenters. Drug advocates are often drawn into such discussions out of curiosity and a desire to openly espouse their particular views and philosophy. If counter-peer groups are properly informed and trained, and because drug abuse for recreational and social purposes is logically proven to be irrational behavior, the counter-peer groups gain ground and converts during these encounters. As a welcome side effect, the fence sitters and the up-to-now uncommitted are generally inclined to side positively with the anti-drug abuse groups. Properly planned and guided programs of this sort can sometimes result in groups of drug advocates being reduced in size to a small number of very hard core abusers afflicted with personality disorders requiring professional psychiatric treatment.

The counter-peer group concept is also used in the full range of many public and private treatment/rehabilitation programs in the United States. The graduated stages of acceptance of the individual by the group is employed mainly in a variety of well known group counseling and group confrontation techniques.

A basic premise inherent in both school and treatment/rehabilitation counter-peer group activities is that the drug oriented person must be offered easy access to socially acceptable anti-drug peer groups as an alternative to his frequent exposure to drug oriented groups in neighborhood or school.

Surface Manifestations Versus Root Causes. Most communities go through a prolonged phase of addressing surface manifestations of a drug abuse problem before recognizing and ultimately addressing root causes of epidemic drug abuse; e. g. ignorance; poverty, lack of communications between younger and older generations (commonly called the "generation gap"); failure to provide stimulating challenge to young people at school and at home; idleness and indolence among young people promoted by parental neglect or misguided over-protectiveness and permissiveness; the constant barrage of commercial drug advertising promoting the general concept that one must take drugs to deal with normal frustrations of daily living, etc.

The Iceberg Phenomenon. Historical evidence suggests that the drug abuse problem in a community resembles an iceberg with only the tip visible. When the size of the tip has reached alarming proportions, and the loss of human and material resources through deaths, indolence and crime becomes unacceptable to the

community, a drug abuse control program is launched. Program planners almost invariably address the visible tip and underestimate the real scope of the problem by some 50 to 90%. For example, the Narcotics Treatment Administration in Washington, D. C. planned facilities and services for an estimated 5,000 heroin addicts. Long after the program was underway, program activities revealed that facilities and services for 20,000 addicts would have been a more realistic initial estimate.

## II. SUMMARY OF OBSERVATIONS AND CONCLUSIONS

A. The problem of drug abuse in the Republic of the Philippines is generally serious, growing rapidly, and is currently limited primarily to population centers. The problem is epidemic in the Metropolitan Manila area, Olongapo City (Subic Bay Naval Base), and in Angeles City (Clark Air Force Base).

It is mildly to moderately serious in a sampling of six other outlying cities with a population range of 49,000 to 386,000 from which information was subsequently obtained. There are an additional 84 cities of the same general character and population range from which no firm information has been obtained owing to time limitation. From the sampling, and from statements of local drug abuse education/rehabilitation personnel who have worked in some of them, it is concluded that these cities have problems similar in nature to those in the sampling.

B. All drug abuse control efforts to date in all fields of enforcement, prevention/education and treatment/rehabilitation are nebulous, fragmented, uncoordinated and inadequate.

C. No adequate national public information and education program exists to date. Many localized efforts in Metropolitan Manila and outlying areas have been undertaken and the energy and dedication of the various governmental, professional, civic and religious groups in conducting seminars and disseminating information is indeed commendable. For the most part, the organizers of these programs lack guidance and are untrained and unskilled in the field of drug abuse control.

Almost all of these programs are based upon emotional and religious appeals and utilize scare tactics resembling early efforts in the United States. Most are disseminating information to youngsters without corresponding education. A vast majority are floundering or have collapsed because of a lack of expertise to clearly define the problem and then proceed with developing a comprehensive coordinated course of action.

D. The Department of Education has not yet developed a comprehensive teacher training program for the nation's 66,000 school teachers or a drug education program for insertion in school curricula. Other public agencies such as Health, Welfare, and Prisons have not yet developed comprehensive programs and training for personnel who deal with drug dependent persons and their families. Most efforts lack technical expertise and consist

mainly of conferences and seminars discussing the problem and the dissemination of rudimentary information. Some tentative planning is underway to develop pilot education and training programs.

E. In the field of drug abuse treatment/rehabilitation, there are at present one public and two private organizations operating five rehabilitation facilities. All are in the Manila area and all are pathetically small. The public organization has a detention facility with 200 drug dependent persons presently assigned. One of the private organizations has a facility housing 28 volunteer patients. The other private organization has three facilities housing a total of 166 volunteer and court assigned cases. Only one of the private organizations is employing modern and progressive drug abuse rehabilitation concepts and techniques including counter-peer group activities, while the others employ primarily individual counseling and job training.

F. The enforcement field lacks trained narcotics enforcement managers, administrators and investigators, in-service training for regular policemen to implement a "total force" concept of narcotics enforcement, radio equipment suitable for surveillance and undercover operations, transportation, informant funds, portable narcotic field testing kits, and regionalized laboratory testing capability. A modest USAID narcotics enforcement assistance program is just beginning with the first small contingent of instructors still undergoing training in the United States. Related commodities have not yet been received.

### III. SUMMARY OF RECOMMENDATIONS

#### A. Host Country

1. The National Dangerous Drugs Board should be activated without delay as provided for in Article VIII of the Dangerous Drugs Act of 1972 (Annex C).
2. In addition to the powers and duties described in the Dangerous Drugs Act, the Board should have clearly defined authority and responsibility to act as the main coordinating body for all Drug Abuse Control efforts in the fields of a) enforcement, b) prevention/education, and c) treatment/rehabilitation.
3. One of the first official acts of the Board should be to direct all agencies and organizations in all fields to compile and submit on a continuing basis standardized comprehensive data that will assist in clearly defining the true nature and scope of the drug abuse problem in the Republic of the Philippines.
4. The Board should design a Model Community Action Plan providing suitable guidelines for the development of Drug Abuse Control programs at the local level, and further develop and distribute samples of suitable public information and educational material which may be duplicated locally.
5. The Board should, as soon as possible, direct and assist in the establishment of a National Drug Abuse Control Training Institute suitable for a) basic training of instructor personnel from all public and private agencies concerned with prevention/education and treatment/rehabilitation, and b) training of persons designated as coordinators of all elements in Drug Abuse Control programs in localized communities.
6. The Board should officially and actively encourage, promote and provide material resources and training for the development of private efforts in the fields of prevention/education and treatment/rehabilitation.
7. The Board should direct and assist the Department of Education toward speedy development of a teacher training program and drug abuse education in the curriculum of all public and private institutions from kindergarten through high school.

8. The Board should direct and assist the Department of Education in planning a standardized method and technique of conducting school surveys to determine the nature and scope of drug abuse among high school, college and university students throughout the Republic.

9. The National Dangerous Drugs Board should establish an Advisory Committee comprised of approximately 16 members from appropriate law enforcement, education and rehabilitation organizations, and including at least two former drug abusers who have completed a rehabilitation program and who are skilled in drug treatment services. The Advisory Committee should serve without compensation except for those actual expenses incurred in the performance of duty.

The Advisory Committee should have the power and authority necessary to carry out the duties imposed on it by the Board, including but not limited to the following: a) advise the Board on the development of drug abuse enforcement, education and rehabilitation programs and the system of priorities to be employed in the development of said programs; b) review drug abuse education and rehabilitation programs and program materials in the Republic and prepare such reports as may be necessary for the Board; c) suggest rules, regulations and standards for the administration of the Dangerous Drugs Act of 1972; d) utilize such qualified staff of prominent universities as are available, and such staff of all other public or private agencies which have an interest in drug abuse control programs and which are able and willing to provide services.

The Dangerous Drugs Board should consult with, and seek the advice of, the Advisory Committee prior to adopting rules or regulations pursuant to the activities of the Board.

10. The nine members of the Dangerous Drugs Board should be generally familiar with modern and progressive concepts and methods employed in the fields of drug enforcement, education and rehabilitation, and with the interrelationships between the fields requiring coordination. In addition, the members should have representatives or staff assistants who have received formal training in these subjects.

11. The Department of Justice, National Bureau of Investigation (NBI) Addict Rehabilitation Center in Tagaytay should be removed from the jurisdiction of the Department of Justice and placed under control of the Bureau of Prisons. This should take place upon completion of Bureau of Prisons personnel training in drug abuse treatment/rehabilitation procedures and techniques.

## B. United States

1. The United States should assist the Republic of the Philippines by providing a balanced drug abuse control assistance program which includes enforcement, education and rehabilitation elements.

2. The resources provided for in the education and rehabilitation portion of the program should, in concept and upon proper justification, equal or exceed the resources provided for in the previously activated and ongoing enforcement portion of the program (NOTE: Expenditures of the United States Government during 1969 were 20.1 million dollars for narcotic enforcement and 30.0 for education/rehabilitation. The projected figure for 1972 is 138.6 for enforcement and 267.1 for education/rehabilitation - ref: Report to the Congress by the Comptroller General of the United States, August 4, 1972, B-164031(2), page 67).

3. One full time position should be authorized, with the incumbent to function as: a) the Mission sub-project manager for drug abuse education/rehabilitation, and b) advisor to the National Dangerous Drugs Board in matters of education/rehabilitation and in matters concerning overall coordination of all drug abuse control efforts in all fields.

4. TDY technical assistance of a drug abuse educational development specialist should be provided to conduct an in-depth survey in the Department of Education. The survey should address: a) the conceptual and technical aspects of developing modern and progressive drug abuse education in existing curricula from kindergarten through high school; and b) the development of a related teacher training program in all public and private schools. The study should set forth comprehensive recommendations to the Department of Education to enable rapid development in these areas.

5. Further TDY technical assistance of a drug abuse rehabilitation specialist should be provided to conduct an in-depth survey in all existing public and private drug abuse rehabilitation organizations. The study should set forth recommendations to the organizations concerning the development of modern concepts and techniques in the management, administration and operation of the respective rehabilitation programs.

6. Participant training in the United States should be provided for participants from public and private organizations having responsibility and interest in drug abuse education and/or rehabilitation.

7. Drug abuse instructional, educational and reference material, such as books, instructor courses, pamphlets, charts, movies, slides, etc.; and training aids, such as movie and slide projectors and screens, should be provided.

8. Contract and cost sharing funds should be provided to encourage and strengthen private sector inputs, promote multi-organization training programs and assist the development and exchange of vital research data.

Summary: (\$000)

	<u>FY</u> <u>1973</u>	<u>FY</u> <u>1974</u>	<u>FY</u> <u>1975</u>	<u>FY</u> <u>1976</u>	<u>TOTAL</u>
Direct Hire (1)	20	35	40	40	135
PASA TDY (2)	14		14		28
Participants (48)	30	30	30	30	120
Commodities	30	5	5	5	45
Other (Contract Services)	10	10	10	10	40
Other (Cost Sharing)	30	30	30	30	120
	<hr/>				
TOTAL	134	110	129	114	488

#### IV. NATURE AND SCOPE OF THE PROBLEM

The overall nature of drug abuse in the Philippines at present is strikingly similar to that in the United States about 10 years ago, with a few up-to-date overtones. The most widely abused drug is marijuana followed by an assortment of "uppers" (amphetamines) and "downers" (barbiturates), and with heroin lowest of the three groupings on the scale. Incidence of hashish, mescaline, cocaine and LSD use is less common but geographically widespread. School surveys available to date indicate that peer group pressure is the predominant general cause of the epidemic spread of drug abuse among students.

Drug abuse ranges the entire social spectrum from the poorest in urban slums to the most affluent elements of society. One difference is the absence of a relatively large affluent middle class as exists in the population of the United States. Nevertheless, the poor in the urban areas in the Philippines abuse drugs for the same stated reasons the poor in the U. S. urban areas rationalize the abuse of drugs, e.g. lack of economic, social and political opportunity, slum living conditions, etc.

The youth of the affluent class, who are generally well educated world travellers, rationalize the abuse of drugs for esthetic and recreational purposes for all the same stated reasons the middle and upper classes in the U. S. rationalize abuse of drugs. When confronted, they are prone to berate the older generation for smoking cigarettes and drinking liquor and bemoan the general state of local and world affairs much as they do in the United States. Any remaining differences between the Philippine and U. S. drug abuse problems are limited mainly to brand names of over-the-counter drugs and a few variations in methods of consumption.

As previously stated, drug abuse control efforts in the Republic in all fields are fragmented and uncoordinated. Therefore information is not standardized nor is it readily available. In seeking reasonably firm statistical data to identify the nature and scope of the problem, it was necessary to contact various agencies and organizations individually and personally to obtain such information as might be at hand. It should be mentioned that the narcotics arrests and seizures reported herein were made largely by enforcement officers without, or with minimal, narcotics investigation training and/or experience. Information obtained is compiled by area or locality as follows:

A. National (Pop. 38,898,000)

National Bureau of Investigation (NBI) authorities estimate there are 8,000 to 10,000 narcotics addicts and 200,000 to 250,000 users of narcotics and dangerous drugs in the Republic, and that marijuana is known to be cultivated in at least 31 of the total 67 provinces. The basis of these estimates was not determined. In two separate and overlapping summaries the NBI reports arrests and seizures as follows:

1) March 1965 to June 1972

<u>Arrests:</u>	142
<u>Seizures:</u>	
Heroin	3.03 Kilos
Morphine	4.54 Kilos
Opium	4.27 Kilos
Marijuana plants	8,548
Manicured marijuana	317 Kilos

2) September 1, 1970 - February 28, 1972

<u>Arrests:</u>	60
<u>Seizures:</u>	
Heroin	757.9 Grams 249 Bindles*
Morphine	1.67 Kilos 127 Bindles*
Marijuana plants	4,560
Manicured marijuana	321 Kilos

In two separate and overlapping summaries the Philippine Constabulary (PC) reports: a) between June 30, 1968 and June 30, 1972 - arrests totaling 596 persons and seizures of drugs with a local street value of 5.5 million pesos (\$820,000), and that thirty two percent of these seizures occurred between February 16 and June 30, 1972; and b) arrests and seizures as follows:

February 1972 - October 17, 1972

<u>Arrests:</u>	179
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Street slang for packaged quantities

\* Approximately 0.10 grams each

February 1972 - October 17, 1972 (cont'd)

Seizures:

Heroin	22.7 Kilos
Morphine	0.19 Kilos
Opium	4.75 Kilos
Hashish	5 Bricks* 13.6 Kilos
Marijuana plants	2,336
Manicured marijuana	3.4 Kilos
Mescaline	0.68 Kilos
Assorted dangerous drug pills and capsules	327,508

The National Anti Smuggling Action Center (NASAC) of the Department of Finance reports the payment of rewards for seizures of opium, marijuana and hashish from 1966 to September 1972 as follows:

Crude Opium	63.90 Kilos
Opium	1,014 tins (cans)** 4 Tubes**
Opium tablets	86
Morphine "999" brand	11.7 Kilos
Morphine powder	210 Bottles
Heroin	5.5 Kilos 260 Capsules 38 Papelitos***
Hashish	34.4 Kilos
Marijuana plants (large)	58,000
Marijuana seedlings	37,719
Marijuana seeds	0.60 Kilos
Marijuana dried leaves	838.9 Kilos
Manicured marijuana	318.60 Kilos
Marijuana cigarettes	1,855

B. Manila Metropolitan Area (Pop. 3,500,000)

Manila metropolitan police report 162 narcotic cases in 1967, 341 in 1968 and 412 in 1969. Information for 1970, 71, and 72 has been requested. Preliminary reports indicate a corresponding annual increase is to be expected.

Street slang for packaged quantities

- \* Approximately 115 grams each
- \*\* Weight/volume unknown at this time
- \*\*\* Approximately 0.10 grams each

There are at present an estimated 1,914 narcotic addicts known to be in detention and rehabilitation centers in the Manila area; 200 at the NBI center at Tagaytay, 28 at the Narcotics Foundation of the Philippines center, 66 at two Drug Abuse Research Foundation (DARE) centers, 120 in the Manila City jail, and 1,500 at the Muntinlupa National Prison (total population 10,000) in the outskirts of Manila. There are an additional 100 drug dependent persons between 15 and 21 years of age in a new "first offender" program being conducted by DARE in the basement of a government employee's hospital. Criminal proceedings were suspended and the subjects turned over to DARE by Judge Onofre Villaluz of the Second Circuit Court in Manila who advised DARE authorities he could provide over 500 more such subjects from his court alone if rehabilitation facilities were available.

Between September 28 and October 5, 1972, two heroin production laboratories and 69 pounds of heroin and 5 pounds of morphine base were seized in Caloocan, a Manila suburb.

A student survey conducted by the administrators of a high school in Manila indicates 50.41% of the student body abuses drugs (Annex D).

A student survey conducted by the Narcotics Foundation of the Philippines in a college in Manila indicates 29.91% of the student body abuses drugs (Annex E).

A student survey conducted by the Drug Abuse Research Foundation indicates 15.81% of the student body in another high school in Manila abuses drugs (Annex F).

### C. Outlying Cities

#### Olongapo City (Pop. 160,000)

City police report 323 arrests for narcotics offenses between January and September 1972, of which 113 were U. S. servicemen from adjoining Subic Bay Naval Base. Evidence seized included the following:

Heroin Cigarettes	20
Heroin "Decks"*	260
Heroin Bulk	0.5 Kilos
Opium	38 Grams

Street slang for packaged quantities

\* Approximately 0.10 grams each

Morphine	1 Gram
Injection "Outfits"	5
Marijuana "Lids"*	170
Marijuana Cigarettes	173
Hashish "Bars"**	34
Hashish and Marijuana Pipes	13
LSD Pills	5
Cocaine	4 Grams
Assorted Dangerous Drugs pills and capsules	919

#### Subic Bay Naval Base

Base authorities report there are 6,000 regularly assigned base personnel and that visiting ships discharge up to 1,500 seamen on shore leave at a given time.

A Navy undercover operator was ordered into the city in September 1972 to assess the availability of illicit drugs. He frequented a two block area adjacent to the main base gate during the course of an evening and returned to report he was approached on 85 separate occasions to purchase a wide variety of narcotics and dangerous drugs.

From March 1 to August 31, 1972 an average of one in 30 persons entering and leaving the base were searched and 100 cases of drug possession were discovered, all in the act of entering the base.

Subic Bay Naval authorities further reported that investigations of drug related offenses involved 960 servicemen in 1971 and 1,631 servicemen in the first 10 months of 1972.

Drug overdose deaths among servicemen at Subic Bay have been averaging one a month since January 1972.

#### Angeles City (Pop. 145,000)

No information was obtained from Angeles police due to an organizational upheaval. The police chief was relieved of duty and the Philippine Constabulary assumed temporary control of the police department. At least two city detectives were jailed for soliciting bribes and offering to suppress evidence in narcotics cases.

Street slang for packaged quantities

\*Approximately 10 grams each

\*\*Approximately 115 grams each

United States Air Force Office of Special Investigation (OSI) authorities at adjoining Clark Air Base report positive identification of over 50 bars in Angeles City where narcotics and dangerous drugs may be readily purchased. OSI investigators have refused to work with Angeles police in the past citing possible corrupt and untrustworthy practices. Instead they have been supporting and working with a small Philippine Constabulary narcotics enforcement unit. From January to September 1972 four successful cases were concluded by OSI in Angeles City. A total of 5 arrests were made and combined seizures amounted to 13 grams and 470 desks\* of heroin and 1 kilo, 40 grams of marijuana.

#### Clark Air Base

Official information regarding arrests and seizures on the base by Air Force authorities was requested and the author was referred to Air Force Headquarters in Washington, D. C. The information was subsequently received, but not in time to obtain the required permission for inclusion in this report. Unofficial information indicates that Air Force investigations of drug related offenses involved 104 servicemen from January to September 1972. During the same period one positive case and one suspected case of fatal drug overdose occurred. Almost all of the servicemen under investigation for use and possession of drugs indicated that the drugs were obtained in Angeles City.

#### Baguio City (Pop. 89,000/350,000)

Since the city is an education and recreational center, the population increases to approximately 235,000 during spring and fall school terms and increases further to a total 350,000 during the summer tourist season. The city mayor stated the policy of the city administration is to view drug users as victims and since no official rehabilitation facility is available, arrests of users is discouraged. Police authorities reported there were no arrests in 1970, 11 in 1971, and 38 between January and October 1972. All of the arrests were for possession of marijuana and dangerous drugs.

A private drug abuse education/rehabilitation center called Shalom House was opened in Baguio City at the end of May 1972. Services provided by the center are currently limited primarily to individual and group counseling for young experimenters and distribution of printed matter. Officials at the center reported that 340 people, both drug users and non-users, visited Shalom House during June, July and August 1972 and that counselors developed working sessions with 89 drug abusers during the period.

Street slang for packaged quantities  
\* Approximately 0.10 grams each

A student survey conducted by the Drug Abuse Research Foundation in a high school in Baguio City indicates 26.22% of the student body abuses drugs (Annex F).

Bacolod City (Pop. 199,000)

Local police report no drug related arrests in 1970, seven in 1971, and 32 between January and September 1972. Police intelligence reports to date identify nine suspected marijuana pushers, one heroin pusher, one LSD pusher and further identify 229 suspected users of marijuana and dangerous drugs and 12 heroin users. Local Philippine Constabulary authorities report seizing a 100 kilo bag of marijuana in one case and destroying two acres of marijuana plants in another during 1971.

A local psychiatrist, renown in Bacolod City for her expertise in handling drug dependent cases, reported five cases in 1970, 21 in 1971 and 36 from January to October 1972 (Annex G).

A high school teacher in Bacolod City reports that eight out of a class of 40 students (20%) admitted drug abuse during a class seminar on the subject.

Davao City (Pop. 368,000)

City police report an estimated 20 to 30 marijuana and dangerous drug pushers operating in the city and that lack of expertise and manpower has hampered taking appropriate action. The basis for the estimate was not determined.

The Chief Psychiatrist of the Regional Mental Hospital reports that 20 drug dependent persons are presently under his care at the hospital. Based upon counselling sessions with drug abusers and general knowledge of the community, he estimated 50% of local high school, college and university students use marijuana regularly and that a percentage of these also use dangerous drugs. He is not aware of any heroin cases.

Officials of a local chapter of the Kiwanis Club report they conducted a public information program called "Operation Drug Alert" between March and August 1972. As a result of the publicity generated by the drive, an estimated 300 persons telephoned various members of the committee, identified themselves as drug dependents, and requested assistance. Since no drug abuse rehabilitation center as such exists in the area, they were referred to the local mental hospital.

Cabanatuan City (Pop. 107,000)

A student survey conducted by the Drug Abuse Research Foundation in a college in Cabanatuan indicates 23.13% of the student body abuses drugs (Annex F).

Cebu City (Pop. 386,000)

A student survey conducted by the Drug Abuse Research Foundation in a university in Cebu indicates 20.15% of the student body abuses drugs (Annex F).

Dipolog City (Pop. 49,000)

A student survey conducted by the Drug Abuse Research Foundation in a college in Dipolog indicates 20.45% of the student body abuses drugs (Annex F).

V. BACKGROUND OF PROJECT ACTIVITY

A. Local Attitudes

Philippine interest and concern regarding drug abuse in the Republic is continuing at a high level and extends from the national government to outlying communities. The national government has implemented basic and comprehensive legislation affecting all fields concerned with drug abuse control (Annex C). Many localized efforts in education and rehabilitation are being undertaken with varying degrees of success. The general social and moral climate in the Republic is such that a balanced, progressive, comprehensive and coordinated program of drug abuse control would likely be received promptly, widely and with appreciation.

B. Status of Public Safety Narcotic Enforcement Program

Funds Authorized to Date (\$000):

1 Full time advisor	30
49 Participants	130
Commodities	170
Contract (research)	<u>25</u>

TOTAL 355

Accomplishments to Date:

1. Advisor in place since August 1972.
2. Six participants complete U. S. training  
17 November 1972.
3. Two participants selected to enter U. S.  
training o/a January 1973.
4. In-country training for approximately 400  
narcotics enforcement investigators (increments of 60) organized  
and to be operational o/a June 1973.
5. All enforcement agencies have agreed on a  
standardized arrest and seizure reporting form and use of the form  
is being implemented.
6. Bids for a research contract to develop base  
line data on public awareness and attitudes regarding drug abuse  
has been received. Approval and implementation is anticipated  
o/a December 1972.

C. Interim Mission Assistance in Education/Rehabilitation

In response to a continuing local demand, and in the interim pending approval of the education/rehabilitation portion of the project proposal, the Mission has in the past year provided the following through existing human and material resources:

1. A partially completed research library on drug abuse education/rehabilitation subjects presently located in the USAID Public Safety Division Office and open to any and all interested persons. The mission generated over 1,000 pieces of correspondence to various organizations in the United States and created the library from the responses received.
2. Reprinting and distribution of 10 sample educational documents totaling 150,000 copies to various public and private organizations.
3. \$10,000 toward total expenses incurred in the training of 20 provincial level education/rehabilitation specialists in Manila.
4. Purchased a total of 14 drug abuse educational films which have been loaned to various local organizations.
5. Donated one surplus vehicle, three air conditioners, refrigerator and cooking stove and other miscellaneous furniture to non-profit rehabilitation organizations in the Manila area.

D. Assistance from Other Donors

UN Auspices

One Philippine participant from a presently unknown agency attended a travelling drug abuse training course to Poland, the Netherlands and the United Kingdom in 1971.

Two scholarships are tentatively planned for Philippine officials for one year training in Programs and Services for Drug Addiction in the United Kingdom and a similar scholarship will be offered in Japan during FY 1973.

Colombo Plan

Three Philippine participants from presently unknown agencies received training in Prevention of Narcotics Offenses offered by Japan between 1970 and 1972.

Future planning is not known at this time. Available information indicates that each member country in the Colombo Plan decides independently the type and amount of specialized training it will offer, usually without prior consultations with other members.

## VI. EDUCATION/REHABILITATION ORGANIZATIONS

### A. Public Organizations

#### Department of Education

Article V of the Dangerous Drugs Act of 1972 (Annex C) outlines the responsibility of the Department of Education in preventing and reporting violations of the Dangerous Drugs Act on school campuses and further directs integration of drug abuse education into existing curricula of all public and private schools.

As early as 1961 the Department of Education began issuing directives and instruction to school administrators regarding detection, prevention and control of drug abuse on school campuses. The present activity of the Department includes the creation of a Drug Education Coordinating Council in May 1972 to provide direction in the formulation and implementation of drug abuse educational measures and to coordinate related plans, programs, projects and activities. The Council is to develop curriculum guides and instructional material and conduct in-service training for teachers and administrators.

A Drug Education Coordinating Council Implementing Committee is planned and will include members from three bureaus: Public Schools, Private Schools, and Vocational Education; and additional members from the Health Education Center of the College of Education, University of the Philippines. The Implementing Committee is to write detailed curriculum guides and conduct teacher training for a trial program in ten pilot schools in the Greater Manila area.

The Department of Education, Division of Adult and Community Education has scheduled informational radio broadcasts for the first half of FY 1973 titled "Combatting Drug Addiction." In a general letter to division superintendents, the Director of the Division of Public Schools urged meetings by PTA's, civic organizations, neighborhood councils and youth groups during broadcast hours and questions for discussion have been prepared for listeners' use.

#### Department of Health

The Secretary of Health in 1961 issued an order creating a Committee on Addiction and Alcoholism to study and make recommendations on the socio-medical problems of drug

addiction and alcoholism. Seminars and conferences have been conducted on: a) general facts of drug dependence; b) identification and management of drug abuse; c) community resources for drug dependence; and d) information on the Dangerous Drugs Act of 1972.

#### Department of Social Welfare

Appropriate personnel of the Department's Bureau of Vocational Rehabilitation, Bureau of Youth and Child Welfare, Bureau of Family and Community Welfare, Bureau of Field Services, and Bureau of Training, Research and Special Projects have received internally conducted preliminary drug abuse orientation. They have conducted and participated in a number of informational seminars and participated in a series of dialogues with parents, teachers and students in several cities.

The Bureau of Child and Youth Welfare and the Bureau of Vocational Rehabilitation are providing rehabilitation services such as medical care, shelter, counseling, and job training for a limited number of adult and minor drug dependent persons.

#### Department of Justice

The National Bureau of Investigation established the first drug abuse rehabilitation center in the Republic in 1965 in the city of Tagaytay. The facility is a 200 person capacity detention center for narcotic addicts who have been sentenced for various law violations. A total of 1,095 such prisoners have been assigned to the center between March 1965 and May 1972. Medical services and psychiatric counseling are provided by doctors who visit the center sporadically on a consultative basis.

#### B. Private Organizations

##### Narcotics Foundation of the Philippines, Inc.

The NFP is a private non-profit corporation founded and registered in November 1968. It presently has ten full time employees and is engaged in prevention/education, treatment/rehabilitation and research activities.

NFP maintains on a continuing basis a speakers bureau pool of professional persons and has conducted about 65 seminars, symposia and workshops for school, religious, business, social and civic groups. Approximately 14,000 packets of informational/educational material have been printed and distributed.

The Foundation operates a 20 person capacity rehabilitation center presently housing 12 patients and provides related services such as case evaluation, detoxification, medical, psychiatric, counseling, vocational training, job placement, recreational, spiritual and social services. Patients are voluntary admissions selected from the community at large and are required to undergo treatment for 3 to 12 months at NFP discretion.

NFP has sponsored a three phase research project involving the University of the Philippines to determine a local drug abuser profile, social factors related to drug abuse, and the extent of drug abuse in all levels of the society and among students. The first phase has been completed (Ref Annex E).

Future planning of NFP includes: a) providing a laboratory capability in Sison Hospital, Rizal, Manila for body fluid testing of rehabilitation program patients, b) a pilot education project for school students in Tondo, a Manila slum area, and c) a mass media campaign of spot announcements on radio and TV and in movie theaters and newspapers.

#### Drug Abuse Research Foundation Inc.

DARE is a private non-profit corporation founded in July 1971 and registered in December 1971. It presently has 55 full time employees and is engaged in prevention/education, treatment/rehabilitation and research activities.

DARE maintains on a continuing basis: a) a drug abuse research library and reading room, b) a 24 hour telephone "hot line" service and a related emergency rescue service, c) a "Drug Scene" monthly publication (30,000 copies), d) a daily radio and TV program and two other weekly radio programs, e) a "Dare Generation" organizational/educational program for young people (3,006 members in 162 schools), f) a full time speakers bureau trained by DARE, and g) three rehabilitation centers.

The 15-man DARE trained speakers bureau, most of whom are under 20 years of age, has thus far addressed 198 audiences in schools, business, religious and civic organizations totaling some 102,000 attendees. In the course of speaking engagements in schools, speakers address individual classes and conduct anonymous student questionnaire surveys to determine the scope and nature of drug abuse in the school. In addition to the "Drug Scene" publication, DARE has printed and distributed 183,700 brochures, posters and charts and has conducted 17 comprehensive

training courses for DARE employees, social workers, teachers, counselors, student leaders and others totaling some 566 students.

The Treatment/Rehabilitation Department operates: a) a 60 patient center for male heroin addicts at Bahay Pagasay in Cavite, Manila, b) Silihas center for female heroin addicts at Fort Bonifacio, Manila which presently houses six addicts, and c) an "outreach" program for juvenile first offenders in the basement of the GSIS Hospital in Quezon City, Metropolitan Manila area, with 100 patients. DARE accepts voluntary patients both from the community at large and from the 2nd Circuit Court in Manila where an arrangement has been made for suspension of criminal proceedings contingent upon successful completion of the "outreach" program.

DARE has one extension office in Baguio City which provides primarily speaking engagement and telephone hot line services. Planning includes: a) expansion of services provided by the Baguio office and the establishment of five additional extension offices in other cities, b) providing a rehabilitation program inside the Muntinlupa National Prison, c) establishment of a body fluid testing laboratory for rehabilitation patients in a local hospital, and d) the establishment of one "half-way" house immediately and others as resources permit.

#### Shalom House Incorporated, Baguio City

Shalom House is a private non-profit corporation founded and registered in April 1972. It has five full time employees and is engaged in prevention/education and treatment/rehabilitation activities.

Shalom House is located in a private residence in the outskirts of the city and the thrust of the program is to provide counseling for youthful drug experimenters, "baby addicts" as they are called locally. Professional and lay counseling services are provided daily by psychologists and young ex-addicts. Professional medical and psychiatric services are available on demand on a consultant basis. Shalom House has conducted two seminars for local school and Department of Social Welfare personnel and printed and distributed an unknown quantity of informational material.

## VII. EFFECTS OF MARTIAL LAW ON DRUG ABUSE CONTROL

It is generally recognized among concerned Mission elements that conditions created by the imposition of martial law hastened the seizure of the two heroin manufacturing laboratories mentioned earlier in this report. Additionally, the national government announced the arrest of a few prominent smugglers suspected of illegally importing narcotics along with other types of merchandise.

The street price of drugs rose sharply shortly after martial law was imposed. For example, the price of heroin tripled in Olongapo City (Subic Bay) and increased 10 to 15 times in four separate sections in the Metropolitan Manila area. Heroin is more difficult to obtain and the percentage of purity has been reduced at the level of street sales. Much of this information was obtained during an informal survey of an assemblage of 55 heroin addicts on November 2, 1972. It was the general concensus of those interviewed that the street prices of heroin would eventually decrease. Almost all had experienced sporadic increases as much as ten times the normal price in the past.

The imposition of martial law is viewed as having two favorable side effects on the drug abuse control problem in the Republic; temporary disruption of the trade, and perhaps some long range benefit in creating a more favorable social and moral climate for drug abuse control programs. However, a lucrative market still exists in the Republic, and smaller dispersed illicit drug operations and improved covert techniques are anticipated in the future. Over the long run, prices will probably decline and eventually emerge somewhat higher than the pre martial law period to compensate criminal syndicates for the added risk factor and for the cost of dispersement and compartmentalization of illicit drug operations.

LIST OF PERSONS INTERVIEWED

Department of Education

Dr. Narcisso Albarracin, Under Secretary  
Mr. Mindanao Ragon, Staff Assistant  
Mrs. Christina Emuri, Staff Assistant

Department of Justice (Rehabilitation Center)

Attorney Pio Abarro, National Bureau of Investigation  
Dr. Pedro Solis, NBI Chief Medical Officer

Drug Abuse Research Foundation Inc.

Rev. Fr. Bob Garon M.S., President  
Mrs. Lourdes L. Vega, Information Director  
Dr. Alberto M. Laigo, Rehabilitation Director

Narcotics Foundation of the Philippines Inc.

Mrs. Concepcion C. Martelino, Treasurer  
Attorney Pio Abarro (NBI), Trustee

Philippine Medical Association

Dr. Jose Tamayo, President  
Dr. Pacifico E. Marcos, Chairman Philippine Medical  
Care Commission

World Health Organization (WHO)

Dr. Hartmut H. Dix, Regional Advisor on Health  
Education

National Economic Council (NEC)

Mrs. Hilaria Martinez, Assistant Executive Officer  
Special Committee on Scholarship  
Attorney Guillermo Salazar, Executive Officer  
Special Committee on Scholarship

Department of Justice, National Bureau of Investigation (NBI)

Jolly Bugarin, Director NBI  
Attorney Pio A. Abarro, Chief Special Action Branch

Office of the President - Police Commission (POLCOM)

Colonel Camilo Agbayani, Commissioner  
Attorney Arsenio E. Concepcion, Assistant Commissioner,  
Training

Olongapo City

Dr. Geronimo B. Lipumano, Mayor  
Jose P. Roxas, Chief of Police  
Attorney Enrico Nepumeceno, NBI Section Chief  
Santiago Cabrerra, NBI Agent

United States Naval Base, Subic Bay

Commander Joe D. Edwards, Flag Secretary and Assistant Chief  
of Staff for Administration  
Lt. Commander Roy D. Ackerson, Human Relations Officer and  
Area Drug Abuse Program Officer  
Lt. Arnold Duke, Senior Armed Forces Police Officer  
Chief Petty Officer Luke Cottrill, Area Drug Abuse  
Education Specialist  
Commander Paul A. Murray, Commanding Officer, USN Investigative  
Service, Philippines  
Special Agent Paul W. Kelley, USN Investigative Service,  
Philippines

Angeles City

Jose Ma. Mercado, Deputy Chief of Police

United States Air Force Base, Clark Field

Colonel Albert T. Bruton, Commander District 42, Office of  
Special Investigation, Philippines  
Lt. Col. Cooks, Chief Criminal Investigation Division, USAF  
OSI, Philippines  
Captain Alfredo Domingo, Commander Detachment 4201, Office  
of Special Investigation, Manila  
Colonel Henry C. Gordon, Commander 405 Combat Support Wing

Baguio City

Luis L. Lardizabal, Mayor  
Colonel Victorino S. Calano, Chief of Police  
Corporal Dominador D. Obra, Officer in Charge, Anti-  
Narcotics and Dangerous Drugs Squad

Shalom House

Rev. David L. Block, Director  
Dr. Carlos Santiago, Jr., Chairman of the Board  
Attorney Bernardino Catbagan, Vice Chairman of the Board  
Mrs. Nelly Alabanza, Secretary  
Mrs. Feldres San Pedro, Treasurer  
Dr. Nieves Tau-Lachica, Psychiatric Consultant  
Mrs. Lou Gesner, Chairman Finance Committee

Dagupan City

Attorney F. B. Calimlim, Chief of Police

Iloilo City

Governor Conrado J. Novado, Iloilo Province  
Jose O. Palma, Chief of Police, Iloilo City  
Lt. Prudencio B. Deguilla, Jr., Chief Detective Division  
Corporal Santiago Acelar, OIC Narcotics Investigation  
Captain Anacleto Argue, Provincial Constabulary Investigation  
Service  
Florencio M. Viray, Officer in Charge, National Bureau of  
Investigation, Western Visayas Region  
Ana A. Bellonillo, Regional Director, Department of  
Social Welfare  
Mrs. Herminigilda Duarte, Department of Social Welfare  
Domingo J. Bernardo, Department of Social Welfare  
Dr. Cleto Cordero, Regional Health Officer  
Sampaguita M. Domibado, Provincial Health Officer  
Rosa V. Ledesena, Provincial Health Officer  
Dr. T. L. Zapanta, City Health Officer  
Nelly D. Deguilla, City Health Officer

Bacolod City

Arcadio S. Lozada, Chief of Police  
Sgt. Quirico A. Grandeza, Chief Juvenile Control Division  
Corporal Lope B. Paglomutau, OIC Anti-Narcotic Section  
Patrolman Romeo Garealicano, Anti-Narcotic Section  
Dr. Eduardo S. Suravilla, Forensic Chemist  
Dr. Benjamin V. Morte, Psychiatric Consultant  
Dr. Teodoro S. Lavada, Medico/Legal Officer  
Dr. Romeo S. Gellade, Assistant Medico/Legal Officer  
Major Guillermo P. Enriquez, Provincial Constabulary

Davao City

Attorney Luis Santos, Mayor  
Pablo Lorenzo, III, Technical Assistant to the Mayor  
Federico A. Melecoton, Chief of Police  
Major Petronilo A. Carriaga, Chief Administrator Bureau  
Lt. Manuel V. Garcia, Commander Precinct 1  
Lt. Gregorio G. Lazonaga, Asst. Commander Precinct 1  
Dr. Romeo A. Custodio, Chief Psychiatrist, Regional  
Mental Hospital  
Carlos A. Millete, President, Kiwanis Club  
Fortunato P. Cutatal, Kiwanis Club

International School, Manila

Mr. Reginald Mahoney, Counselor

La Salle, Green Hills High School, Manila

Mrs. Norma Regidor, Counselor

U.S. Embassy

Minister William C. Hamilton, Deputy Chief of Mission  
John D. Forbes, Political Officer  
Michael Picini, Regional Director, Bureau of Narcotics  
and Dangerous Drugs  
Billy B. Ashcraft, Deputy Regional Director, Bureau of  
Narcotics and Dangerous Drugs

USAID

Thomas C. Niblock, Director  
Wesley F. Milligan, Assistant Program Officer  
Sibley H. Kawi, Chief, Training Division

POPULATION OF CITIES (CHARTERED)  
OVER 50,000  
1970 CENSUS\*

1. Manila (Metropolitan Area)	3,329,200
2. Angeles	136,534
3. Bacolod	187,685
4. Bago	71,336
5. Baguio	83,952
6. Basilan	144,951
7. Batangas	109,479
8. Butuan	140,288
9. Cabanatuan	100,892
10. Cadiz	124,958
11. Cagayan De Oro	132,858
12. Calbayog	94,386
13. Cavite	75,894
14. Cebu	364,926
15. Cotabato	62,726
16. Dagupan	84,102
17. Davao	347,595
18. Dumaguete	52,307
19. General Santos	86,794
20. Gingoog	65,305
21. Iligan	94,194
22. Iloilo	209,410
23. Iriga	100,256
24. Laoag	61,530
25. Lapu-Lapu	68,613
26. Legaspi	84,700
27. Lipa	101,335
28. Lucena	77,367
29. Mandaue	57,977
30. Marawi	55,708
31. Naga	79,498
32. Olongapo	104,033
33. Ormoc	84,760
34. Ozamiz	69,347
35. Pagadian	57,290
36. Roxas	67,535
37. San Carlos (Neg Occ)	100,680
38. San Carlos (Pang)	84,243
39. San Jose (N.E.)	71,111
40. San Pablo	105,867
41. Silay	69,598
42. Surigao	51,876
43. Tacloban	76,369
44. Tagaytay	100,965
45. Tarlac	134,902
46. Toledo	67,858
47. Zamboanga	203,323

\* There is an average population increase of 3% per year in the Philippines.

COMMUNITY POPULATION (MUNICIPALITIES)  
OVER 50,000  
1970 CENSUS\*

1. Baliuag	52,133
2. Bayambang	56,412
3. Baybay	63,657
4. Binan	58,277
5. Binangonan	52,294
6. Calamba	82,507
7. Calatrava	53,150.
8. Caraga	58,266
9. Cavayan	52,503
10. Concepcion	62,217
11. Dait	50,539
12. Escalante	52,052
13. Guagua	58,238
14. Guihulngan	72,916
15. Guimba	50,250
16. Hagonay	59,889
17. Ilagan	61,918
18. Kabankalan	70,110
19. Kibawe	56,239
20. Koronadal	54,280
21. Libmanan	62,762
22. Ligao	56,720
23. Lingayen	55,974
24. Lubao	61,594
25. Mabalacat	55,897
26. Malasigui	61,423
27. Malalos	73,803
28. Massin	50,597
29. Mati	53,084
30. Meycauayan	50,976
31. Muntinglupa	55,496
32. Nandaue City	58,579
33. Pikit	55,329
34. Sagay	79,685
35. San Fernando (La Union)	52,379
36. San Fernando (Pampanga)	83,914
37. San Miguel	58,679
38. Sariaya	58,721
39. Siasi	51,414
40. Tabaco	60,504
41. Tagiug	55,252
42. Tanauan	61,910
43. Tanjay	51,458
44. Tuguegarao	56,733
45. Urcaneta	58,648
46. Valenzuela	98,447

\* There is an average population increase of 3% per year in the Philippines.

THE DANGEROUS DRUGS ACT OF 1972 -  
EXCERPTS REGARDING EDUCATION/REHABILITATION  
AND DANGEROUS DRUGS BOARD

ARTICLE V  
Educational Measures

SEC. 28. Heads, Supervisors and Teachers of Schools. - For the purpose of enforcing the provisions of Articles II and III of this Act, all school heads, supervisors and teachers shall be deemed to be persons in authority and, as such, are hereby vested with the power to apprehend, arrest, or cause the apprehension or arrest of any person who shall violate any of the said provisions. They shall be considered as persons in authority if they are in the school or within its immediate vicinity, or beyond such immediate vicinity if they are in attendance at any school or class function in their official capacity as school heads, supervisors or teachers.

Any teacher or school employee who discovers or finds that any person in the school or within its immediate vicinity is violating any provision of Articles II and III of this Act shall have the duty to report the violation to the school head or supervisor who shall, in turn, report the matter to the proper authorities. Failure to report in either case shall, after due hearing, constitute sufficient cause for disciplinary action.

SEC. 29. Dangerous Drugs as Part of School Curricula. - Instruction on the adverse effects of dangerous drugs, including their legal, social and economic implications, shall be integrated into the existing curricula of all public and private schools, whether general, technical, vocational or agro-industrial.

The Secretary of Education shall promulgate such rules and regulations as may be necessary to carry out the provisions hereof and, with the assistance of the Board, shall cause the publication and distribution of materials on dangerous drugs to students and the general public.

ARTICLE VI  
Rehabilitative Confinement and Suspension of Sentence

SEC. 30. Voluntary Submission of a Drug Dependent to Confinement, Treatment and Rehabilitation by the Dependent Himself or Through His Parents, Guardian or Relative. - If a drug dependent voluntarily submits himself for confinement, treatment and rehabilitation in a center and complies with such conditions therefore as the Board may, by rules and regulations, prescribe, he shall not be criminally liable for any violation of Section 8, Article II and Section 16, Article III of this Act.

The above exemption shall be extended to a minor who may be committed for treatment and rehabilitation in a government center upon sworn petition of his parents, guardian or relative within the fourth civil degree of consanguinity or affinity, in that order. Such petition may be filed with the Court of First Instance of the province or city where the minor resides and shall set forth therein his name and address and the facts relating to his dependency. The court shall set the petition for hearing and give the drug dependent concerned an opportunity to be heard. If, after such hearing, the facts so warrant in its judgment, the court shall order the drug dependent to be examined by two physicians accredited by the Board. If both physicians conclude, after examination, that the minor is not a drug dependent, the court shall enter an order discharging him. If either physician finds him to be a dependent, the court shall conduct a hearing and consider all relevant evidence which may be offered. If the court makes a finding of drug dependency, it shall issue an order for his commitment to a center designated by the court for treatment and rehabilitation under the supervision of the Board.

When, in the opinion of the person committed or of his parent, guardian or relative, or of the Board, such person is rehabilitated, any of the above parties may file a sworn petition for his release with the Court of First Instance which ordered the commitment. If, after due hearing, the court finds the petition to be well-founded, it shall forthwith order the release of the person so committed.

Should the drug dependent, having voluntarily submitted himself to confinement, treatment and rehabilitation in, or having been committed to a center upon petition of the proper party, escape therefrom, he may resubmit himself for confinement within one week from the date of his escape, or his parent, guardian or relative may, within the same period, surrender him for recommitment. If, however, the drug dependent does not resubmit himself for confinement or he is not surrendered for recommitment, as the case may be, the Board may file a sworn petition for his recommitment. Upon proof of previous commitment or of his voluntary submission to confinement, treatment and rehabilitation, the court shall issue an order for recommitment. If subsequent to such recommitment, he should escape again, he shall no longer be exempt from criminal liability for use or possession of any dangerous drug.

The judicial and medical records pertaining to any drug dependent's confinement or commitment under this Section shall be confidential and shall not be used against him for any purpose except to determine how many times he shall have voluntarily submitted himself to confinement, treatment and rehabilitation or been committed or recommitted to a center.

SEC. 31. Compulsory Submission of a Drug Dependent to Treatment and Rehabilitation After Arrest. - If a person charged with an offense is found by the fiscal or by the court, at any stage of the

proceedings, to be a drug dependent, the fiscal or the court, as the case may be, shall suspend all further proceedings and transmit copies of the record of the case to the Board.

In the event the Board determines, after medical examination, that public interest requires that such drug dependent be committed to a government center for treatment and rehabilitation, it shall file a petition for his commitment with the Court of First Instance of the province or city where he resides. The court shall take judicial notice of the prior proceedings in the case and shall proceed to hear the petition. If the court finds him to be a drug dependent, it shall order his commitment to a government center for treatment and rehabilitation. The head of said center shall submit to the court every four months, or as often as the court may require, a written report on the progress of the treatment. If the dependent is rehabilitated, as certified by the center and the Board, he shall be returned to the court which committed him, for his discharge therefrom.

Thereafter, his prosecution for any offense punishable by law shall be instituted or shall continue, as the case may be. In case of conviction, the full period of his prior detention and of his confinement for treatment and rehabilitation shall be deducted from the period of the penalty imposed on him and he shall serve sentence only for the remainder thereof.

SEC. 32. Suspension of Sentence for First Offense of a Minor. - If an accused less than twenty-one years of age who is found guilty of violating Section 8, Article II and Section 16, Article III of this Act has not been previously convicted of violating any provision of this Act or of the Revised Penal Code or placed on probation as herein provided, the court may defer sentence and place him on probation under the supervision of the Board or its agents and under such conditions as the court may impose for a period ranging from six months to one year. If the accused violates any of the conditions of his probation, the court shall pronounce judgment of conviction and he shall serve sentence as in any other criminal case. If, however, he does not violate any condition of his probation, then upon the expiration of the designated period, the court shall discharge him and dismiss the proceedings.

If the court finds that such accused is a drug dependent, it shall commit him to a center for treatment and rehabilitation under the supervision of the Board. Upon certification of his rehabilitation by the Board, the court shall enter an order discharging him.

A confidential record of the proceedings shall be kept by the Department of Justice and shall not be used for any other purpose except as a record to be used in determining whether or not a person accused under the provisions of this Act is a first offender.

Upon dismissal of the proceedings against him, the court shall enter an order to expunge all official records (other than the confidential record to be retained by the Department of Justice) relating to his case. Such an order, which shall be kept confidential, shall restore the accused to his status prior to the case. He shall not be held thereafter, under any provision of law, to be guilty of perjury or of concealment or misrepresentation by reason of his failure to acknowledge the case or recite any fact related thereto in response to any inquiry made of him for any purpose.

In the case of minors under sixteen years of age at the time of the commission of any offense penalized under this Act, the provisions of Article 80 of the Revised Penal Code shall apply, without prejudice to the application of the provisions of this Section.

SEC. 33. Violation of Confidential Nature of Records. -

The penalty of imprisonment ranging from six months and one day to six years and a fine ranging from six hundred to six thousand pesos shall be imposed upon any person who, having official custody of or access to the confidential records referred to in Sections 30 and 32 of this Act, or anyone who, having gained possession of such records, whether lawfully or not, reveals their contents to any person other than those charged with the prosecution of offenses under this Act or with its implementation.

ARTICLE VII

Treatment and Rehabilitation of Drug Dependents

SEC. 34. Treatment and Rehabilitation Center for Drug Dependents. - The existing Treatment and Rehabilitation Center for Drug Dependents at Tagaytay City shall continue to be operated and maintained by the National Bureau of Investigation under the supervision and funding of the Board. In addition thereto, the Board shall encourage and assist in the establishment, operation and maintenance of private centers. The Tagaytay center shall constitute the nucleus of such centers as may be created, authorized and/or accredited under this Act.

ARTICLE VIII

Dangerous Drugs Board

SEC. 35. Creation and Composition of the Board. - There is hereby created a Dangerous Drugs Board which shall be composed of nine members. Three members who shall possess adequate training and experience in the field of dangerous drugs or in law, medicine, criminology, psychology or social work, shall be appointed by the President of the Philippines with the consent of the Commission on Appointments. The President shall designate a chairman from among

the three appointive members who shall serve for six years. Of the two other members, one shall serve for four years and the other for two years. Thereafter, the persons appointed to succeed such members shall hold office for a term of six years and until their successors shall have been duly appointed and qualified. The remaining six shall be ex-officio members, as follows:

- (a) the Secretary of Justice or his representative;
- (b) the Secretary of National Defense or his representative;
- (c) the Secretary of Health or his representative;
- (d) the Secretary of Education or his representative;
- (e) the Secretary of Finance or his representative; and
- (f) the Secretary of the Department of Social Welfare or his representative.

The Director of the National Bureau of Investigation shall be the permanent consultant of the Board.

The chairman shall receive a compensation of twenty-four thousand pesos per annum. The two other members who are appointed by the President of the Philippines shall each receive a compensation of eighteen thousand pesos per annum.

The Board shall meet at the call of the chairman or of the two other members appointed by the President of the Philippines. The presence of five members shall constitute a quorum.

The Board may constitute an executive committee, to be composed of the chairman and two other members, which shall have the duty of carrying into effect the policies and decisions of the Board and shall meet as often as necessary, at the discretion of the chairman.

When public interest so requires, the executive committee may act for and in behalf of the Board, and its decisions shall be valid unless revoked by the Board at its next regular or special meeting.

The Chief of the Narcotics Section of the National Bureau of Investigation shall be the ex-officio executive director of the Board. He shall be the administrative officer of the Board and shall perform such other duties as may be assigned to him by it.

SEC. 36. Powers and Duties of the Board. - The Board shall:

- (a) Promulgate such rules and regulations as may be necessary to carry out the purpose of this Act, including the manner of safekeeping, disposition, burning or condemnation of dangerous drugs under its charge and custody, and prescribe administrative remedies or sanctions for the violation of such rules and regulations;

(b) Take charge and custody of all dangerous drugs seized, confiscated by or surrendered to any national, provincial or local law enforcement agency, if no longer needed for purposes of evidence in court;

(c) Develop educational programs based on factual information and disseminate the same to the general public, for which purposes the Board shall endeavor to make the general public aware of the hazards of dangerous drugs by providing, among others, literature, films, displays or advertisements, and by coordinating with all institutions of learning as well as with all national and local law enforcement agencies in planning and conducting its educational campaign programs;

(d) Provide law enforcement officers, school authorities and personnel of centers with special training in dangerous drugs control;

(e) Conduct scientific, clinical, social, psychologica, physical and biological researches on dangerous drugs;

(f) Draw up, in consultation and in coordination with the various agencies involved in drugs control, treatment and rehabilitation, both public and private, a national treatment and rehabilitation program for drug dependents; and call upon any department, office, bureau, institution or agency of the Government to render such assistance as it may require, or coordinate with it or with other such entities, to carry out such program as well as such other activities as it may undertake pursuant to the provisions of this Act;

(g) Receive all donations for the purpose of carrying out the objectives of this Act;

(h) Subject to the civil service law and the rules and regulations issued thereunder, appoint such technical, administrative and other personnel as may be necessary for the effective implementation of this Act;

(i) Receive, gather, collate and evaluate all information on the importation, exportation, production, manufacture, sale, stocks, seizures of and the estimated need for dangerous drugs, for which purpose the Board may require from any official, instrumentality or agency of the Government or any private persons or enterprises dealing in, or engaged in activities having to do with, dangerous drugs such data or information as it may need to implement this Act;

(j) Relay information regarding any violation of this Act to law enforcement agencies to effect the apprehension of offenders and the confiscation of dangerous drugs and transmit evidence to the proper court;

(k) Conduct eradication programs to destroy wild or illicit growth of plants from which dangerous drugs may be extracted;

(l) Authorize, pursuant to the provisions of this Act, the importation, distribution, prescription, dispensing and sale of, and other lawful acts in connection with, dangerous drugs or such kind and quantity as it may deem necessary according to the medical and research needs of the country, which authorization shall be required by the Commissioner of Internal Revenue as a basis for the issuance of licenses and permits for such purposes in accordance with Republic Act No. 953;

(m) Encourage, assist and accredit private centers, promulgating rules and regulations setting minimum standards for their accreditation to assure their competence, integrity and stability;

(n) Prescribe and promulgate rules and regulations governing the establishment of such centers as it may deem necessary, after conducting a feasibility study thereof;

(o) Provide appropriate rewards to informers who are instrumental in the discovery and seizure of dangerous drugs and in the apprehension of violators of this Act;

(p) Gather and prepare detailed statistics on the importation, exportation, manufacture, stocks, seizures of and estimated for dangerous drugs and such other statistical data on said drugs as may be periodically required by the United Nations Narcotics Drug Commission, the World Health Organization and other international organizations in consonance with international commitments.

Report Title: SURVEY ON NARCOTICS (LA SALLE GREENHILLS)

Agency: LA SALLE GREENHILLS HIGH SCHOOL

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FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 10 STUDENTS STAYING WITH PARENTS, RELATIVES, FRIENDS OR OWNSELF

	FREQUENCY	PERCENT OF TOTAL
BOTH PARENTS	1152	87.73
ONE PARENT	72	5.48
GRANDPARENTS	23	1.75
OTHER RELATIVES	30	2.28
F R I E N D S	3	0.22
O N E S E L F	6	0.45
NO RESPONSE	27	2.05
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 11 MOTHERS WORKING

	FREQUENCY	PERCENT OF TOTAL
MOTHER WORKING	522	39.75
MOTHER NOT WORKING	712	54.22
NO RESPONSE	79	6.01
T O T A L	1313	100.00

WORKING PART TIME OR FULL TIME

PART TIME	243	46.55
FULL TIME	244	46.74
NO RESPONSE	35	6.70
T O T A L	522	100.00

AVERAGE WORKING HOURS

	FREQUENCY	AVERAGE
PART TIME	166	5.77
FULL TIME	220	8.16
T O T A L	386	7.13

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 12 PARENT-CHILD RELATIONSHIP

	FREQUENCY	PERCENT OF TOTAL
FULLY CONFIDE TO BOTH	674	51.33
FULLY CONFIDE TO AT LEAST ONE	253	19.26
SELDOM CONFIDE	270	20.56
NEVER CONFIDE	46	3.50
NO RESPONSE	70	5.33
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 14 CAR/MOTORCYCLE OWNER

	FREQUENCY	PERCENT OF TOTAL
CAR/MOTORCYCLE OWNER	167	12.71
NON-OWNER	1105	84.15
NO RESPONSE	41	3.12
TOTAL	1313	100.00

ITEM 15 STUDENTS DRIVING FAMILY CAR

NEVER	363	27.64
RARELY	253	19.26
OCCASIONALLY	271	20.63
FREQUENTLY	166	12.64
NOT APPLICABLE	260	19.80
TOTAL	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 16 STUDENTS PERMITTED TO BORROW FAMILY CAR

	FREQUENCY	PERCENT OF TOTAL
NEVER	347	26.42
RARELY	181	13.78
OCCASIONALLY	280	21.32
FREQUENTLY	205	15.61
NOT APPLICABLE	300	22.84
TOTAL	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 17 STUDENTS PLAYING MUSICAL INSTRUMENTS

	FREQUENCY	PERCENT OF TOTAL
PLAYS	684	52.09
DO NOT PLAY	591	45.01
NO RESPONSE	38	2.89
T O T A L	1313	100.00

ITEM 19 MEMBERSHIP IN MUSICAL GROUP

MEMBER	96	7.31
NOT MEMBER	1149	87.50
NO RESPONSE	68	5.17
T O T A L	1313	100.00

ITEM 21 STUDENTS WITH HOBBIES

WITH HOBBY	966	73.57
WITHOUT HOBBY	108	8.22
NO RESPONSE	239	18.20
WITHOUT HOBBY	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 23 CIGARETTE SMOKING STUDENTS

	FREQUENCY	PERCENT OF TOTAL
SMOKERS	729	55.52
NON-SMOKERS	564	42.95
NO RESPONSE	20	1.52
T O T A L	1313	100.00

ITEM 24 RELATIONSHIP BETWEEN CIGARETTE SMOKING AND LUNG CANCER

Y E S	1133	86.29
N O	95	7.23
NO RESPONSE	85	6.47
T O T A L	1313	100.00

ITEM 25 STUDENTS SMOKING IN PRESENCE OF PARENTS

SMOKE	150	11.42
DO NOT SMOKE	669	50.95
NO RESPONSE	494	37.62
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 26 SMOKING CAUSE BAD EFFECT ON HEALTH

	FREQUENCY	PERCENT OF TOTAL
AGREE	584	44.47
DISAGREE	205	15.61
NO RESPONSE	524	39.90
T O T A L	1313	100.00

AVERAGE AGE (SMOKERS) = 12.85

AVERAGE CONSUMPTION = 7.15

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 33 FEELING @HAPPY@ THROUGH DRINKING IS OFTEN GOOD FOR A PERSON

	FREQUENCY	PERCENT OF TOTAL
AGREE COMPLETELY	110	8.37
AGREE SLIGHTLY	500	38.08
DISAGREE COMPLETELY	225	17.13
DISAGREE SLIGHTLY	266	20.25
NO RESPONSE	212	16.14
TOTAL	1313	100.00

ITEM 34 STUDENT GROUPS EXPECT EVERYONE TO BE HAPPY IN A PARTY

ALWAYS	492	37.47
USUALLY	450	34.27
OCCASIONALLY	149	11.34
NEVER	60	4.56
NO RESPONSE	162	12.33
TOTAL	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 35 NOTHING WRONG WITH GETTING DRUNK ONCE IN A WHILE

	FREQUENCY	PERCENT OF TOTAL
AGREE COMPLETELY	491	37.39
AGREE SLIGHTLY	366	27.87
DISAGREE COMPLETELY	160	12.18
DISAGREE SLIGHTLY	123	9.36
NO RESPONSE	173	13.17
T O T A L	1313	100.00

ITEM 36 STUDENTS DRINKING WITH INTENSION OF FEELING HAPPY

ALWAYS	173	13.17
USUALLY	287	21.85
RARELY	223	16.98
NEVER	231	17.59
NO RESPONSE	399	30.38
T O T A L	1313	100.00

## FREQUENCY AND PERCENTAGE DISTRIBUTION

### ITEM 38 STUDENTS DRINKING ALCOHOLIC BEVERAGES IN PRESENCE OF PARENTS

	FREQUENCY	PERCENT OF TOTAL
Y E S	455	34.65
N O	321	24.44
NOT APPLICABLE	537	40.89
T O T A L	1313	100.00

### ITEM 39 STUDENTS CONCERNED ABOUT THE WAY THEY DRINK

FREQUENTLY	50	3.80
OCCASIONALLY	91	6.93
R A R E L Y	188	14.31
N E V E R	443	33.73
NOT APPLICABLE	541	41.20
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 40 EMBARRASSED DUE TO UNWILLINGNESS TO DRINK

	FREQUENCY	PERCENT OF TOTAL
FREQUENTLY	17	1.29
OCCASIONALLY	49	3.73
RARELY	91	6.93
NEVER	452	34.42
NOT APPLICABLE	704	53.61
TOTAL	1313	100.00

ITEM 37 EXPENSES IN ORGANIZING A PARTY FOR 20 PERSONS

AVERAGE AMOUNT FOR PARTY = 397.92

AVERAGE AMOUNT FOR ALCOHOL = 141.05

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 41 FATHERS ATTITUDE TO ALCOHOL

	FREQUENCY	PERCENT OF TOTAL
ABSTAINER (OPPOSED)	109	8.30
ABSTAINER (NOT OPPOSED)	280	21.32
MODERATE	775	59.02
HEAVY	58	4.41
NO RESPONSE	91	6.93
T O T A L	1313	100.00

ITEM 42 MOTHERS ATTITUDE TO ALCOHOL

ABSTAINER (OPPOSED)	303	23.07
ABSTAINER (NOT OPPOSED)	571	43.48
MODERATE	254	19.34
HEAVY	9	0.68
NO RESPONSE	176	13.40
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 43 STUDENT SMOKING MARIJUANA

	FREQUENCY	PERCENT OF TOTAL
SMOKED MARIJUANA	662	50.41
NOT SMOKED	626	47.67
NO RESPONSE	25	1.90
T O T A L	1313	100.00

ITEM 44 STUDENTS TAKING SECONAL

TAKEN	169	12.87
NOT TAKEN	1086	82.71
NO RESPONSE	56	4.41
T O T A L	1313	100.00

ITEM 45 STUDENTS TAKING MANDRAX

TAKEN	295	22.46
NOT TAKEN	970	73.87
NO RESPONSE	48	3.65
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 46 STUDENTS TAKING TRANQUILIZER

	FREQUENCY	PERCENT OF TOTAL
TAKEN	272	20.71
NOT TAKEN	995	75.78
NO RESPONSE	46	3.50
T O T A L	1313	100.00

ITEM 47 STUDENTS TAKING ETHYL CHLORIDE

TAKEN	240	18.27
NOT TAKEN	1024	77.98
NO RESPONSE	49	3.73
T O T A L	1313	100.00

ITEM 48 STUDENTS TAKING PILLS

TAKEN	120	9.13
NOT TAKEN	1139	86.74
NO RESPONSE	54	4.11
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 49 STUDENTS TAKING LSD

	FREQUENCY	PERCENT OF TOTAL
TAKEN	116	8.83
NOT TAKEN	1143	87.05
NO RESPONSE	54	4.11
T O T A L	1313	100.00

ITEM 50 STUDENTS TAKING HEROIN

TAKEN	149	11.34
NOT TAKEN	1101	83.85
NO RESPONSE	63	4.79
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION.

ITEM 52 STUDENTS INTENDING TO CONTINUE TAKING DRUGS

	FREQUENCY	PERCENT OF TOTAL
Y E S	64	4.87
N O	226	17.21
UNCERTAIN	266	20.25
NOT APPLICABLE	757	57.65
T O T A L	1313	100.00

ITEM 53 DRUG ACQUISITION

EASY	389	29.62
NOT EASY	140	10.66
NOT APPLICABLE	784	59.71
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 54 DRUG RATING

	FREQUENCY	PERCENT OF TOTAL
EXTREMELY PLEASANT	77	5.86
VERY PLEASANT	104	7.92
PLEASANT	349	26.58
EXTREMELY UNPLEASANT	20	1.52
VERY UNPLEASANT	20	1.52
UNPLEASANT	53	4.03
NOT APPLICABLE	690	52.55
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 66 STUDENTS WHO WILL SMOKE MARIJUANA WHEN OFFERED

	FREQUENCY	PERCENT OF TOTAL
Y E S	366	27.87
N O	517	39.37
UNCERTAIN	374	28.48
NO RESPONSE	56	4.26
T O T A L	1313	100.00

ITEM 67 STUDENTS WHO WILL TAKE LSD WHEN OFFERED

Y . E . S	95	7.23
N O	982	74.79
UNCERTAIN	199	15.15
NO RESPONSE	37	2.81
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 68 SOLVING PROBLEMS BY GETTING HIGH ON MARIJUANA

	FREQUENCY	PERCENT OF TOTAL
COMPLETELY DISAGREE	650	49.50
SLIGHTLY DISAGREE	228	17.36
COMPLETELY AGREE	77	5.86
SLIGHTLY AGREE	260	19.80
NO RESPONSE	98	7.46
T O T A L	1313	100.00

ITEM 69 ACHIEVING SELF-IDENTITY AND SELF UNDERSTANDING THROUGH LSD

COMPLETELY DISAGREE	613	46.68
SLIGHTLY DISAGREE	179	13.63
COMPLETELY AGREE	116	8.83
SLIGHTLY AGREE	175	13.32
NO RESPONSE	230	17.51
T O T A L	1313	100.00

FREQUENCY AND PERCENTAGE DISTRIBUTION

ITEM 70 MARIJUANA CAN PROVIDE ALL KINDS OF RELIEF

	FREQUENCY	PERCENT OF TOTAL
COMPLETELY DISAGREE	339	25.81
SLIGHTLY DISAGREE	286	21.78
COMPLETELY AGREE	231	17.59
SLIGHTLY AGREE	269	20.48
NO RESPONSE	188	14.31
T O T A L	1313	100.00

ITEM 71 GETTING HIGH ON DRUGS IS A HARMLESS SOURCE OF PLEASURE.

COMPLETELY DISAGREE	483	36.78
SLIGHTLY DISAGREE	298	22.69
COMPLETELY AGREE	187	14.24
SLIGHTLY AGREE	207	15.76
NO RESPONSE	138	10.51
T O T A L	1313	100.00

CROSS TABULATION OF WORKING STUDENTS AND TOBACCO, ALCOHOL AND DRUG USERS

	WORKING	NOT WORKING	NO RESPONSE	T O T A L
SMOKER	113	566	50	729
NON-SMOKER	71	473	20	564
NO RESPONSE	3	6	11	20
DRINKER	132	574	46	752
NON-DRINKER	49	454	27	530
NO RESPONSE	6	17	8	31
DRUG USER	111	590	50	751
NON-USER	74	452	24	550
NO RESPONSE	2	3	7	12
T O T A L	187	1045	81	1313

CROSS TABULATION BETWEEN KNOWLEDGE ON NARCOTICS AND DRUG USERS

SCORES	DRUG USER	NON-USER	NO RESPONSE	T O T A L
ABOVE 5	206	35		241
5 CORRECTS	129	26		155
BELOW 5	416	489	12	917
T O T A L	751	550	12	1313

CROSS TABULATION OF DRUG USERS AND POSSIBLE INDICATORS OF ADDICTION

	DRUG USER	NON-USER	NO RESPONSE	T O T A L
LIVE W/PARENTS	687	528	8	1223
DOES NOT LIVE	47	16		63
NO RESPONSE	17	6	4	27
HAVE PART-TIME JOB	111	74	2	187
DOES NOT HAVE JOB	590	452	3	1045
NO RESPONSE	50	24	7	81
OWN CAR/MOTORCYCLE	117	48	2	167
DOES NOT OWN CAR	608	493	4	1105
NO RESPONSE	26	9	6	41
MEMBER OF MUSICAL GRP.	70	26		96
NOT A MEMBER	642	502	5	1149
NO RESPONSE	39	22	7	68
SMOKES	574	153	2	729
DOES NOT SMOKE	172	390	2	564
NO RESPONSE	5	7	8	20
DRINKS	515	233	4	752
DOES NOT DRINK	226	303	1	530
NO RESPONSE	10	14	7	31
KNOWS DRUGS	335	61		396
DOES NOT KNOW	416	489	12	917

CROSS TABULATION OF MEDICINAL DRUGS AND EXTENT OF TAKE-IN

TYPE OF DRUG	E X T E N T O F T A K E - I N			
	PER DAY	PER WEEK	PER MONTH	PER YEAR
ASPIRIN	41	114	302	162
VITAMINS	713	64	59	32
COUGH SYRUP	70	87	217	144
ALKA SELTZER	15	21	87	100
PAREGORIC	7	16	53	65
SULFA DRUGS	9	12	16	46
O T H E R S	15	4	9	9
T O T A L	1004			

NARCOTICS FOUNDATION OF THE PHILIPPINES, INC.

COMMISSIONED RESEARCH

FIRST PHASE

A STUDY OF DRUG USE AMONG COLLEGE STUDENTS

by

Ricardo M. Zarco and Associates\*

\*Students in the Sociology research courses: Sociology  
199, 199.1, first and second semester of the school year  
1971-72.

## A STUDY OF DRUG USE AMONG COLLEGE STUDENTS

### Introduction

The objectives of this study are:

1. To determine the extent of illicit drug use of a given college student population;
2. Identify what drug types are most commonly utilized by students;
3. Statistically determine some social factors which may be related to drug consumption.

### The Setting

The University of the Philippines, College of Arts and Sciences at Diliman, Quezon City was chosen as the research site. This college is the largest unit of the co-educational University complex. Most of its students are on full-time basis, with ages ranging from 15 to 28 years. It is in this college where the highest incidence of drug use is assumed to exist, relative to other professional units in the University.

### Methodology

Data on drug use and other personal information were taken with the survey questionnaire. Student respondents were not asked to identify themselves so as to keep response errors to the minimum. The sample method used was a 2-stage design: (a) the samples were taken from four year levels - freshman, sophomore, junior, and senior types and (b) a quota of 8.4% was taken from each level. The total sample size came to 473. The student population of this college is 5,631 as of December, 1971.

Findings:

I. Marijuana is the most commonly used drug by college students.

For this reason, it is treated separately from the other drugs.

Incidence of Marijuana Use Among the UP Arts and Sciences School  
Population

N = 473, December 1971

- (a) 23.2% of the U.P. Arts and Sciences students have at this stage used marijuana only once or twice (experimentation stage).
- (b) 3.01% . . . . . use marijuana regularly, once a week.
- (c) 2.8% . . . . . use marijuana regularly, twice a week or oftener.

Total = 29.91%

Combining the three categories of students with marijuana experience, 30% of the student population had used marijuana. This is the incidence of marijuana use among students in this college.

II. Findings on the Proportions of Students of UP-AS Who Have Used Marijuana Once or Twice as of December, 1971.

Year Level	No. of Students In The Sample Who Have Used Marijuana Once Or Twice	Proportion	No. of Students in the Sample
Freshman	29	19.7% of	147
Sophomore	55	24.8% of	222
Junior	20	39.2% of	51
Senior	6	11.3% of	53
		TOTAL N =	473

III. Findings on the Proportions of Students of the U.P. College of Arts and Sciences Who Use Marijuana Regularly: A. Once A Week; and B. Twice A Week and more.

A. Once a Week:

Year Level	No. of Students In The Sample Who Use Marijuana Regularly Twice A Week and More	Proportion	No. of Students in the Sample
Freshman	5	3.4% of	147
Sophomore	8	3.6% of	222
Junior	0	0% of	51
Senior	0	0% of	53

Total N = 473

Experimental use (once or twice use) of marijuana is highest among juniors in college. However, regular use of marijuana (once a week or oftener) is found only among freshmen and sophomores and absent among juniors and seniors. This finding suggests that regular users do not continue schooling into the later years in the university.

IV. Incidence of other drugs used by students, marijuana excluded, UP College of Arts and Sciences, December, 1971

N = 473

Drug Type	Rank	Frequency	Percentage of Students admitting drug use
Benzedrine	1	42	8.88
Mandrax	2	21	4.44
LSD	3	19	4.02
Mescaline	4	11	2.32
Seconal	5	10	2.11
Dexedrine	6	7	1.48
Dexamyl	7.5	6	1.27
Opium	7.5	6	1.27
Phenobarbital	9.5	5	1.06
Heroin	9.5	5	1.06
Demerol	11	3	.63
STP	13	2	.42
Morphine	13	2	.42
Methadone	13	2	.42

The Percentage in the table were computed in relation to the total population but refer to the incidence of use because the same individual may be taking two or more drugs.

From the table, it is clear that an amphetamine, benzedrine is the most used by students next to marijuana. Amphetamines give one a feeling of energy and alertness. The percentage means that eight out of every hundred A & S student takes benzedrine or approximately one out of a dozen students takes benzedrine. This is not surprising because it is a common observation that benzedrine is taken even by non-drug users such as students who want to stay awake reviewing for an exam.

The second favorite is Mandrax. The percentage indicates that approximately three out of every 50 students take Mandrax.

A lysergic acid derivative, or more commonly known as LSD, is the third choice of drug users. Taking a dose of the drug is commonly known among users of LSD as "taking a trip." Our table tells us that 1 out of every 25 of our A & S Students, "Takes a trip" occasionally.

The total incidence of the use of these drugs is about 30%. This would mean that 30 times out of a 100 incidences of drug use among A & S students, the drugs taken would be those listed in the table, in proportion to percentage of use of each individual drug.

#### V. Marijuana use and Progression into the use of other drugs,

One of controversial issues taken up in this study is to demonstrate whether or not increasing use of marijuana goes hand in hand

with the use of other dangerous drugs like hallucinogens, barbiturates, amphetamines and the opiates. The cross tabulation below categorizes four types of students: (a) those with no marijuana experience, (b) those who have experienced marijuana smoking once or twice, (c) those who use marijuana regularly once a week, and (d) those who use Marijuana regularly twice a week or oftener. These categories are then cross tabulated against other drugs which the same students admitted having used.

The pattern is clear enough without employing any statistical test association, which is: increasing use of marijuana and the use of other drugs are closely associated.

In general, non-marijuana users stay away from other drugs. The six (6) cases of benzedrine users which represents 1.8% of the non-marijuana using category are most probably using benzedrine to stay awake during exam periods to enable themselves to study their lessons.

The progression of marijuana use into other dangerous drugs is not a property of the marijuana drug. There is an intervening variable present, and this is the existence of a drug-using subculture. This drug using subculture is often a peer group which the individual joins. This leads the individual to use marijuana more frequently which in turn leads him onto the use of more dangerous drugs.

The frequent use of marijuana is correlated to the use of other dangerous drugs but out the association is not causal.

VI. Marijuana Use and Progression into the Use of Other Drugs.

University of the Philippines, December, 1971

N = 469

Use of Other Drug	MARIJUANA USE							
	Never Used N=337		Once or Twice N=104		Once a Week N=14		Two Times a Week or more N=14	
	f	%	f	%	f	%	f	%
Benzedrine	8	2.4	17	16.3	7	50.0	10	71.4
Mandrax	1	.3	9	8.6	5	35.7	6	42.8
LSD	0		5	4.8	4	28.6	10	71.4
Mescaline	1	.3	2	1.9	2	14.3	7	50.0
Seconal	0		3	2.9	1	7.1	8	57.1
Dexedrine	0		1	1.0	2	14.3	4	28.6
Dexamyl	0		2	1.9	2	14.3	3	21.4
Opium	0		0		1	7.1	5	35.7
Phenobarbital	0		0		1	7.1	4	28.6
Heroin	0		1	1.0	0		3	21.4
Demerol	0		0		0		2	14.3
STP	0		2	1.9	0		0	
Morphine	0		0		0		1	7.1
Methadone	0		1	1.0	0		1	7.1

The cross-tabulation indicating several categories of marijuana experience as against use of other drugs clearly denotes that an increase in the regularity of marijuana consumption leads to the use of other dangerous drugs. Non-marijuana users have a paucity of drug experience. Increasing involvement with marijuana such as experimenting with it once or twice, as well as using it with regularity is very clearly related to the use of amphetamines, barbiturates, hallucinogens and opiates.

Marijuana users are more likely to get involved in this drug-using sub-culture because marijuana is a social drug. Marijuana is seldom

taken by the individual when he is alone. He usually takes it in the company of friends or during parties, discos and "sessions."

#### SOME SOCIAL AND PERSONALITY VARIABLES RELATED TO DRUG USE

##### I. Sex Membership and Marijuana Use

Men have a higher participation in marijuana use compared to women. In the analysis of female criminality, it was found that women did not as frequently belong to gangs and were more isolated from criminal norms. It was also found that women more often develop a conception of themselves in terms of future parental responsibilities making their participation in serious crimes less likely. Findings show that male sex membership is more involved in marijuana use compared to women.

##### II. Sexual Deviation and Marijuana Use

There are two types of sexual deviation practices involved in this study: the first is premarital sexual experience among single students, and the second is a test of association between homosexuality and drug use.

Students (men and women combined) with premarital sexual experience have a higher incidence of marijuana use compared to those without premarital experience. Married students were excluded in this test such that the remaining sample size was reduced to 467 cases.

A separate test of association was performed for the male population with an N of 203. The same finding was substantiated which is premarital sexual experience is associated with marijuana use.

Another identical test was again performed just on women students (N = 264), sustaining the first and second findings.

This time the direction of the association became more pronounced see 2 x 2 table below:

		Premarital Experience		Total
		Without	With	
Marijuana Experience	without	215	1	216
	with	35	13	48
Total		250	14	N = 264

From this 2 x 2 table, one can infer that some women students use marijuana without having premarital sexual experience (35 cases out of 250); however, nearly all women with premarital sexual experience use marijuana (13 cases out of 14). The direction of association is: Among women premarital sexual experience leads to marijuana use, the reverse is less true.

Another statistical test was performed to check the independence of homosexuality and marijuana use. A homosexual is a person who desires to have sexual relations with another of the same sex. The proportion of homosexuals in the population is: 10% for males and 5.6% for females. Students admitting this to be true of themselves are typed as homosexuals. The chi square test revealed that ~~homosexuality and marijuana use are dependent or related.~~

### III. Scholastic Performance (grades) and Marijuana Use

The correlation between marijuana use and scholastic performance is significant showing that a decline in scholastic performance is correlated to the frequent use of marijuana. The correlation is low because there are many variables that are contributory to getting poor grades. However, marijuana use is definitely one of them.

### IV. Parent Child Relations

As a rule children who fully confide to their parents may be said to have good relations in contrast to those who seldom or never do. A scale was created to measure parent-child relations utilizing the degree to which children confide to their parents as the empirical indicator. The respondents' parent-child relations scale were then correlated against the frequency of marijuana use.

The correlation strongly suggests that good parent-child relations have a negative association with marijuana use, i.e., an increase in positive relations indicates a reduction of marijuana use.

### V. Marijuana Use in Campus Organization

The pressures exerted on students to use drugs may be associated in one form or another with membership in campus organizations. At this writing, there are three general types of student campus organizations, they are:

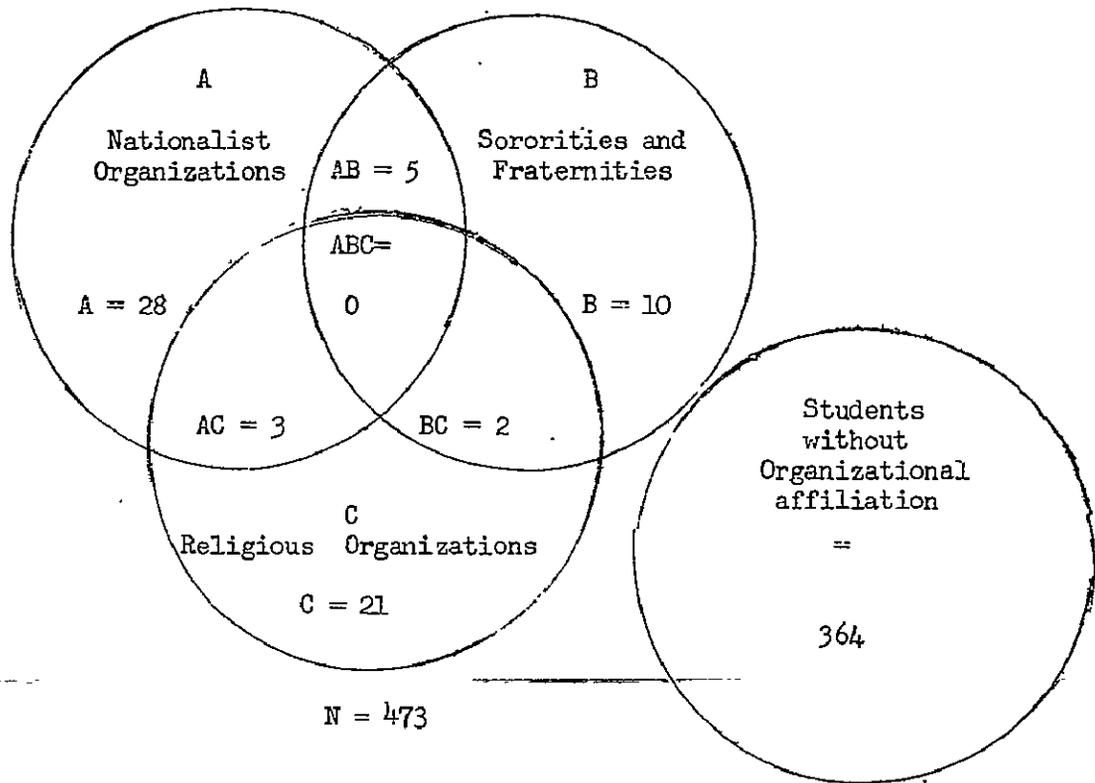
- a) Nationalist organizations like the KM, SDK, MDP, MAKIBAKA MPKP.

- b) Greek Letter Societies (sororities and fraternities), i.e., Sigma Delta, Upsilon, Beta Sigma, Sigma Rho, .....
- c) Church or Religious Sponsored organizations, i.e., UPGYM, UPSCA, CCC, NAVIGATORS.

The figure below illustrates the actual number of students (absolute frequencies) admitting active participation in any one or more of the three student campus organizations earlier described.

Figure I

Students Admitting Active Participation in Campus Organizations



In the above figure, the overlapping areas of the three circles denote overlapping membership. It can be inferred that active membership in one organization tends to preclude activity in others. The overlapping cases like areas AB (5 cases); BC (2 cases) and AC (3 cases) were not included in the analysis, since it makes it difficult for us to link organizational influences to drug use later on.

The table below compares the proportions of marijuana use among students active in campus organizations as against non members.

Proportion of Marijuana Use Among Students Active in Campus  
Organizations and Students with no Organizational  
Affiliations, University of the Philippines  
December, 1971

(N = 423\*)

Marijuana Experience	Not Affiliated Students S = 364	Sorority and Fraternity S = 10	Nationalist Organizations S = 28	Church Organizations S = 21
Not Used Marijuana:	70%	30%	78.5%	90%
Used Marijuana once or twice	23	60	17.8	10
Regular Marijuana use once a week	3	10	0	0
Regular Marijuana use 2 x a week or oftener	3	0	3.5	0
TOTAL	99%	100%	99.8%	100%

\*Only 423 out of 473 students had sufficient data on organization affiliations, the rest could not be included in the study.

Judging from the proportions of marijuana use alone, it is obvious that drug use is highest in campus Greek letter sororities and fraternities as compared to other campus organizations. The lowest incidence of drug use is in church sponsored student organizations on campus.

#### VII.. Frequency of Church Attendance and Marijuana Use

A test of association between marijuana use and frequency of church attendance among students was performed. There is a moderate inverse association between marijuana use and church attendance.

#### VIII. Age and Drug Use

Correlations and Z tests were conducted to find whether age is in some or any way related to drug use (marijuana and other drugs). It was discovered that users and non-users have mean ages between 18.17 to 18.50 years. Standard deviations range from 1.25 to 1.55 years. Differentials are not significant; correlation coefficients are likewise insignificant supporting the null hypothesis of no difference and no correlation.

## SUMMARY AND CONCLUSION

1. One out of three students are using or have used marijuana. One of every four had smoked marijuana once or twice or are in the experimentation stage. Around six percent (6%) of the students use marijuana regularly (once a week or oftener).
2. Regular users of marijuana are found in the freshmen and sophomore levels. This may be interpreted to mean that regular users do not reach junior and senior year levels - or that they remain in the University as irregular sophomores. This college has an unusually large proportion of sophomores in its student population. Forty seven percent (47%) of its student population are sophomores - a level where we find the highest incidence of regular drug use.
3. Students also use other drugs besides marijuana. The first five most popular drugs are: Benzedrine, Mandrax, LSD, Mescaline and Seconal. The more dangerous opiates are relatively infrequent in use.
4. Among students, increasing use of marijuana leads toward the exploration and use of other drugs. The evidence in support of this assertion is very strong. One can almost be certain that regular marijuana users do not use that drug alone. With this increasing regularity a progression into the use of a variety of amphetamines, depressants, opiates is certain.
5. Male students have higher rates of participation in marijuana use than women.

6. Premarital sexual experience and marijuana use are closely associated. For women, it was discovered that those who had early premarital sexual experiences inevitably use drugs. The reverse is less true.
7. Homosexuality and marijuana use are closely associated (the homosexuality rate for men is 10%; for women - 5.6%).
8. Scholastic performance (grades) and marijuana use are inversely associated. Increasing use of marijuana and other drugs, and low grades go together. Good grades and drug use do not mix.
9. Wholesome parent-child relationships and drug use are inversely related. The student drug user has poor communication with parents.
10. There is a slightly higher incidence of marijuana use among students who live with their parents compared to those students who live in dormitories, lodging houses and other families not their own.
11. On marijuana use in student campus organizations, Greek letter sororities and fraternities have the highest incidence of marijuana use, students without organizational affiliations come second, Nationalist organizations come third, Church sponsored religious organizations have the lowest incidence.
12. A moderate inverse association was found to exist between church attendance and marijuana use, that is, frequent church goers are less likely to use marijuana.
13. Age and drug use. The average age of drug users and non-users are about the same - between 18.17 to 18.50. There are no discovered trends regarding age and drug use.

The advantage of this study in comparison to different techniques where the focal point is solely on drug users is that a large proportion of non-drug users were included, for clearer and sharper contrasts - that is, delinquency, or abnormality can be better be understood, only if non-delinquents and normal persons are included in the study as a reference for comparisons.

Case studies of individuals using drugs would not enable the investigator to accurately estimate the incidence of drug use. This is the reason for the survey. The accuracy, however, of the survey data depends largely on the sampling technique. A precision sampling technique was employed in this study as a pedagogical demonstration. In spite of this careful set of steps taken, there is still reason for the investigator to believe that the incidence of drug use is under-estimated. The data for this study was collected during the latter part of the school year, therefore, many of the under achieving drop-outs were not included. Poor grades and drug use together, as earlier pointed out, is therefore a logical assumption that the incidence of drug use is higher in the first semester of school and lower during the later part of the school year.

## Methodological Notes

1. The Questionnaire - in a study where a large sample from a population is taken, time and cost factors make it necessary for us to see a questionnaire. The development of this instrument required pretesting to provide us sufficient coded categories from which our student respondent would choose their alternatives in answering a question. Open ended questions were not used in the final battery of questions. In the pretest stage, open ended questions were used. The questionnaire-coding sheet was combined allowing us to transfer the data directly into processing cards. In this questionnaire the respondent's name was not asked. A brief statement of the organization conducting the study was mentioned. General personal data like age, year level, residence, of a non-delicate nature were located in the first page. Very personal information regarding sexual behavior of the respondent was strategically located at the near bottom of an inside page such that upon answering the question (by checking a box) the page could be flipped over thus preventing anyone from a close distance to view the answer. The number of questions in each page were few - this technique prevents the respondent to get a total configuration of the entire battery of questions in the event the respondent would decide to deceive the investigators by making deceptive answers consistent. "Harmless" questions were included at some portions of the questionnaire like opinions on capital punishment and abortion to draw the attention of the respondent away from the main issue of

drug abuse. These are some of the techniques employed to reduce "response errors" - a term used by investigators to denote false or poor information in their data gathering technique.

In using this technique, it must be made clear that data on drug use (abuse) are only admissions given by the respondent to an investigator. Is this technique reliable? There are ways to check reliability even for a study like this where the information is a very delicate one. The techniques vary. The one used here was a comparison between the pretest results and the main test. The proportions of the two tests coincided and that was good enough. The best, of course, is to retest but such a method is too expensive.

2. Scaling - One of the most trying and time consuming problem we undertook was scaling or to put in a continuum some constructs like: Parent-child relations. How can we measure this relationship using a quantified approach instead of a subjective unquantified descriptive technique? I am indebted to Fr. Jaime Bulatao S. J., of Ateneo University who was once discussing some variables related to juvenile delinquency. Prof. Bulatao mentioned that juvenile delinquents are those children who do not communicate with their parents - "there is a 'wall' dividing parents from children, this 'wall' is one of complete isolation." Prof. Bulatao capitalized on the lack of a dialogue between parent and child - as a variable associated to delinquency. Simple as it is, it took us time to operationalize

the construct. Finally we came about to scale the construct into giving the following values for parent child relationships in this manner.

Scale Value	Condition
0	I never confide to my parents
1	I seldom confide to parents
2	I can fully confide to at least one parent.
3	I can fully confide to both my parents.

In the pretest of scales the reliability coefficient of this scale was tested using a test-retest technique. The reliability was high enough ( $r = .89$ ). Validation was not performed (except construct validation) in a direct manner.

Scaling academic performance was easier. Categories like: University Scholar, College Scholar, passed all courses last Semester, failed a few courses last semester but still in good standing, warning and probation status, disqualified or dismissed but readmitted into the second semester. This is a scale and numerical values were assigned to each to allow computations needed for tests of associations in statistical analysis.

### 3. Sampling - our sample for the study

The College of Arts and Sciences has a student population of 5,631 as of the second semester of the academic year 1971-72 with the following class levels:

COLLEGE OF ARTS AND SCIENCES STUDENT POPULATION (Dec. 8, 1971)\*

Strata	Frequency	Percentage	Rounded
Freshmen	1,744	30.97	31
Sophomores	2,641	46.90	47
Juniors	612	10.86	11
Seniors	634	11.25	11
TOTAL	5,631	99.99%	100

\*Source: Office of the Dean, College of Arts and Sciences, U.P.

Our original plan was to draw a representative sample of 10% from this population, using this technique: Questionnaires were distributed to students attending their 9-10 A.M. MWF classes. The class included in the sample were picked by systematic interval. The collected questionnaires were sorted to take out non-Arts and Sciences students retaining only bonafide Arts and Sciences students. At this point, the questionnaires were then categorized into class levels of: freshmen, sophomores, juniors, and seniors; percentage and frequency of each class level. (stratum) prepared for a Chi square "goodness of fit" test against the school population.

The first "goodness of fit" test was poor (the Chi square was significant). This was because there were surpluses of students from some strata and shortages in others, therefore it was necessary to reduce the sample size until a good fit was achieved. The surplus was removed by a random method. The final sample size producing a

perfect fit is 473 which is exactly 8.4% of the College population of 5.631 students.

FINAL SAMPLE (473 Students)

Strata	Frequency	Percentage
Freshmen	147	31
Sophomores	222	47
Juniors	51	11
Seniors	53	11
TOTAL	473	100%

Comparing the final sample proportions against the population one would note identical strata proportions. If a Chi square test were made, once more the value of Chi square would be zero indicating a perfect fit. This sampling technique, however, is a departure from the ideal method which first requires that a quota from each stratum (in this case year levels like freshmen, sophomores, juniors, seniors) be set before data collection. This ideal technique could not be followed because enrollment data from the Office of the College takes two months to prepare after the start of the semester. Since this type of information was not ready for us to set up our quota for each stratum, rather than wait for two months, we collected our data and performed "fitting" tests later. Had we waited, so as to follow the ideal sampling method, the "drop outs" in the student population would be missed by the time data collection took place. This sampling strategy is our answer to field exigencies investigators usually

encounter when following ideal methods which field conditions rarely allow.

The rationale for all this trouble is the reward of being able to rest assured that generalizations are more accurate when the sample taken is representative of the population.

### Implications of the Study

The Liberal Arts College unlike many professional colleges like law, medicine, engineering, nursing, dentistry and others, is observed to have the highest number of students who have not yet decided what to make of themselves in long range terms - in terms of life careers. Course switching is common. It is a college where an unusual number of sophomores exist due to non-acceptance in other professional schools. The regular and irregular sophomores almost comprise one half of the entire college population. By this inference, it is assumed that we would also find here the highest rates of personal problem loaded students. It is the largest college compared to all other university units. Size, its heterogenous nature, and complexity makes us assume that drug abuse would also be highest incidence-wise, here. To study, say, the college of medicine, or law or dentistry is not appropriate since the bulk of students in a university do not take professional careers. The findings in the Liberal Arts (Arts and Sciences) college in U.P. may provide us an idea as to the incidence and nature of drug abuse in similar other colleges in Manila and suburbs - until these universities conduct their own assessment of the problem.

This study is the first of its kind to be ventilated to draw criticisms and suggestions which are welcome.

From the practical side of things one asks: If drug abuse among college students at the Arts and Sciences level is a problem, then what proportion of the student population would require medical attention? This is a difficult question to answer. In the first place, whose view-point should we take? Very recently my colleagues from the University of the Philippines had a "rap" session with student drug abusers in an undisclosed place. In this connection, we<sup>1</sup> got the impression that these students as a whole felt that they know what drugs are, effects and consequences - they impressed on us that their drug use is under control, hence medical help is not needed. Parents may exhibit a different attitude - that of over reaction. Doctors of medicine can probably best answer the question. The students we met, in this secret convention, already comprised 3% of the college population, however there were a few more who did not come, I was told that they were "tripping" on acid. The girls in the group were exhibiting the effects of "downers" - they were "smashed", half of the boys were "pill popping" a few were straight. Every one admits using marijuana at least twice a week or oftener. Roughly or approximately 3 $\frac{1}{2}$ % may already exhibit drug physical dependence to barbiturates<sup>2</sup>. Marijuana is not addicting,

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<sup>1</sup>The U.P. faculty team was composed of Dr. Horacio Estrada, Dra. Caridad Cruz, Mrs. Charlotte Flore, Dr. Alfredo Lagmay, Mrs. Leticia Lagmay, Mrs. Estrella Zarco and the writer.

<sup>2</sup>This is the writer's approximation. More competent persons like Dr. Horacio Estrada, pharmacologist and Dr. Caridad Cruz, psychiatrist, may have a different estimate of the proportion of the group's dependence on drugs.

per se, but its regular use twice a week or oftener is associated with the use of other dangerous drugs. The relational nature of marijuana with other dangerous drugs is not casual but incidental. Regular Marijuana use is more of a consequence of belonging to a drug using subculture, it is at this writing, a good indicator of a drug abuser whose variety or drug repertoire is wide. This indicator may change in the future - just when, no one knows.

**DRUG**



**ABUSE RESEARCH  
FOUNDATION, INC.**

2282 ESPAÑA, SAMPALOG, MANILA • TELS.: 62-17-36 • 62-20-42 • 62-32-40

**SURVEY  
\*\*\*\*\***

**on the DRUG ABUSE SITUATION.  
\*\*\*\*\***

conducted at

1. ST. LOUIS LABORATORY HIGH SCHOOL, Baguio City  
(representing Northern Luzon)
2. COLLEGE OF THE IMMACULATE CONCEPTION, Cabanatuan  
(representing Central Luzon)
3. V. MAPA HIGH SCHOOL, Manila  
(representing the Greater Manila Area)
4. UNIVERSITY OF THE VISAYAS, Cebu City  
(representing Visayas)
5. ST. VINCENT'S COLLEGE, Dipolog City  
(representing Mindanao)

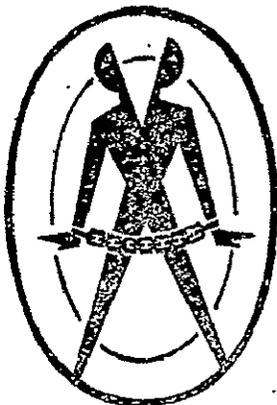
**TOTAL NUMBER OF RESPONDENTS: 1,978**

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SUMMARY AVERAGE OF THE FIVE  
ATTACHED STUDENT SURVEYS

**DRUG**



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GENERAL SUMMARY (Average of five schools):

**I. IS THERE A PROBLEM OF DRUG ABUSE IN YOUR SCHOOL?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	963	48.69%
N O	91	4.60%
M A Y B E	924	46.71%
No response	0	-
<b>TOTAL NO. OF RESPONDENTS:</b>	<b>1,978</b>	<b>100.00%</b>

**II. HOW SERIOUS IS THE PROBLEM?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
STILL SMALL	762	38.52%
GROWING FAST	648	32.76%
SERIOUS	258	13.05%
No response	310	15.67%
<b>TOTAL NO. OF RESPONDENTS:</b>	<b>1,978</b>	<b>100.00%</b>

GENERAL SUMMARY:

III. HAVE YOUR PARENTS ADVISED YOU ABOUT THE DANGERS OF DRUG ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	1,164	58.85%
N O	796	40.24%
No response	<u>18</u>	<u>0.91%</u>
TOTAL NO. OF RESPONDENTS:	<u>1,978</u>	<u>100.00%</u>

IV. IN YOUR TOWN OR CITY, IS IT EASY TO SECURE DRUGS OF ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	918	46.41%
N O	1,048	52.98%
No response	<u>12</u>	<u>0.61%</u>
TOTAL NO. OF RESPONDENTS:	<u>1,978</u>	<u>100.00%</u>

V. DO YOU HAVE RELATIVES OR FRIENDS PRESENTLY ABUSING DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	637	32.20%
N O	1,338	67.65%
No response	<u>3</u>	<u>0.15%</u>
TOTAL NO. OF RESPONDENTS:	<u>1,978</u>	<u>100.00%</u>

VI. HAVE YOU PERSONALLY ABUSED DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	410	20.73%
N O	<u>1,568</u>	<u>79.27%</u>
TOTAL NO. OF RESPONDENTS:	<u>1,978</u>	<u>100.00%</u>

GENERAL SUMMARY:

VII. WHICH DRUGS HAVE YOU ABUSED?

<u>Drugs Abused</u>	<u>No. of Abusers</u>	<u>Percentage to Total Respondents</u>
MARIJUANA	302	15.27%
LSD	53	2.68%
MANDRAX	195	9.86%
HEROIN	11	0.56%
MORPHINE	3	0.15%
BENZEDRINE/DEXEDRINE	21	1.06%
SPEED	16	0.81%
SEBAX	17	0.86%
OPIUM	14	0.71%
SECNAL	37	1.87%
OTHERS	3	0.15%

Note: Some respondents used more than one drug.

VII. REASONS FOR ABUSING DRUGS:

<u>Reasons</u>	<u>Respondents</u>	<u>Percentage to Total</u>
* "PAKIKISAMA" with "BARKADA"	208	10.52%
CURIOSITY	175	8.85%
TO FORGET PROBLEMS	88	4.45%
ON A DARE BY COMPANIONS	25	1.26%
ESCAPE FROM UNHAPPY HOME	45	2.28%
PROTEST AGAINST ESTABLISHMENT	13	0.66%
FOR SEX	18	0.91%
VICTIMIZED BY PUSHERS	30	1.52%
BOREDOM	25	1.26%
OTHER REASONS	7	0.35%

Note: Some respondents stated more than one reason.

\* Local term for friendship with a group or peer group pressure.

GENERAL SUMMARY:

**IX. WHO INTRODUCED DRUGS OF ABUSE TO YOU?**

<u>Introducers</u>	<u>Number of Respondents</u>	<u>Percentage To Abusers</u>
CLASSMATE/FRIENDS	305	74.39%
RELATIVE	39	9.51%
PUSHER/STRANGER	55	13.42%
DOCTOR	7	1.71%
POLICE/LAW ENFORCERS	3	0.73%
OTHERS	1	0.24%
<b>TOTAL NO. OF RESPONDENTS/ ABUSERS</b>	<b>410</b>	<b>100.00%</b>

**X. WHERE DO YOU USUALLY TAKE IN DRUGS OF ABUSE?**

<u>Locations</u>	<u>Number of Respondents</u>	<u>Percentage to Abusers</u>
AT HOME	181	44.15%
AT A FRIEND'S HOUSE	385	93.90%
ON SCHOOL CAMPUS	37	9.02%
DOEMITORY/BOARDING HOUSE	16	3.90%
"PAD" FOR DRUG ABUSERS	13	3.17%
PUBLIC PLACES (PARKS etc.)	34	8.29%

**Note:** Some respondents indicated more than one location.

**CERTIFIED TRUE & CORRECT:**

*Rhodora B. Hortinela*  
**RHODORA B. HORTINELA**  
DARE Statistics Dept.

**DRUG**



**ABUSE RESEARCH  
FOUNDATION, INC.**

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**SURVEY ON DRUG ABUSE SITUATION**

conducted at the **ST. LOUIS LABORATORY HIGH SCHOOL, BAGUIO CITY**

on September 20, 1972

**I. IS THERE A PROBLEM OF DRUG ABUSE IN YOUR SCHOOL?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
YES	141	52.81 %
NO	16	5.99 %
MAYBE	110	41.20 %
No Response	0	—
<b>TOTAL No. of RESPONDENTS: 267</b>		<b>100.00 %</b>

**II. HOW SERIOUS IS THE PROBLEM?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
STILL SMALL	127	47.56 %
GROWING FAST	94	35.21 %
SERIOUS	26	9.74 %
RESPONSE	20	7.49 %
<b>TOTAL No. of RESPONDENTS: 267</b>		<b>100.00 %</b>

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the ST. LOUIS LABORATORY HIGH SCHOOL, Baguio City  
 on September 20, 1972

III. HAVE YOUR PARENTS ADVISED YOU ABOUT THE DANGERS OF DRUG ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	245	91.76 %
N O	22	8.24 %
TOTAL No. of RESPONDENTS: 267		100.00 %

IV. IN YOUR TOWN OR CITY, IS IT EASY TO SECURE DRUGS OF ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	113	42.32 %
N O	154	57.68 %
TOTAL NO. of RESPONDENTS: 267		100.00 %

V. DO YOU HAVE RELATIVES OR FRIENDS PRESENTLY ABUSING DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	114	42.70 %
N O	153	57.30 %
TOTAL No. of RESPONDENTS: 267		100.00 %

VI. HAVE YOU PERSONALLY ABUSED DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	70	26.22 %
N O	197	73.78 %
TOTAL NO. of RESPONDENTS: 267		100.00 %

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the ST. LOUIS LABORATORY HIGH SCHOOL, Baguio City  
 on September 20, 1972

VII. WHICH DRUGS HAVE YOU ABUSED?

<u>Drugs Abused</u>	<u>No. of Abusers</u>	<u>Percentage to Total Respondents</u>
MARIJUANA	63	23.60 %
LSD	9	3.37 %
MANDRAX	14	5.24 %
SECNAL	7	2.62 %
HEROIN	3	1.12 %
MORPHINE	1	0.37 %
BENZEDRINE/DEXEDRINE	3	1.12 %
SPEED	11	4.12 %
SERAX	3	1.12 %
OPIUM	2	0.75 %

Note: Some respondents abused one drug after another or simultaneously.

VIII. REASONS FOR ABUSING DRUGS:

<u>Reasons</u>	<u>Respondents</u>	<u>Percentage to Total</u>
* "PAKIKISAMA" WITH "BARKADA"	25	9.36 %
CURIOSITY	34	12.73 %
TO FORGET PROBLEMS	16	5.99 %
TO PROVE I AM NOT 'BAKLA' OR 'DUWAG'	10	3.75 %
TO ESCAPE AN UNHAPPY HOME SITUATION	18	6.74 %
PROTEST AGAINST THE ESTABLISHMENT	8	2.99 %
"Victimized" BY PUSHERS	5	1.87 %
BOREDOM	8	2.99 %

Note: Some respondents stated more than one reason.

\*. Local term for friendship with a group or peer group pressure.

**SURVEY ON THE DRUG ABUSE SITUATION**

conducted at the **ST. LOUIS LABORATORY HIGH SCHOOL** Baguio City  
on September 20, 1972.

**IX. WHO INTRODUCED DRUGS OF ABUSE TO YOU?**

<u>Introducers</u>	<u>Number of Respondents</u>	<u>Percentage to Abusers</u>
GLASSMATE/FRIEND	57	81.43 %
RELATIVE	6	8.57 %
PUSHER/STRANGER	5	7.14 %
DOCTOR	1	1.43 %
POLICE/LAW ENFORCEMENT AGENTS	1	1.43 %
<b>TOTAL No. of RESPONDENTS:</b>	<b>70</b>	<b>100.00 %</b>

**X. WHERE DO YOU USUALLY TAKE IN DRUGS OF ABUSE?**

<u>Locations</u>	<u>Number of Respondents</u>	<u>Percentage to abusers</u>
AT HOME	14	20.00%
AT A FRIEND'S HOUSE	24	34.29%
ON SCHOOL CAMPUS	9	12.86%
DORMITORY/BOARDING HOUSE	6	8.57%
"PAD" FOR DRUG USERS	5	7.14%
PUBLIC PLACES (PARKS)	17	24.29%

**Note:** Some respondents indicated more than one location.

**CERTIFIED TRUE AND CORRECT:**

*Rhodora B. Hortinela*  
**RHODORA B. HORTINELA**  
DARE Statistics Dept.



# DRUG ABUSE RESEARCH (DARE) FOUNDATION, INC.

3rd. Floor, Avena Building  
2284 España St., Sampaloc  
Manila, Philippines

TELS. 62-15-41, 61-01-09, 62-32-40  
62-17-36, 62-20-42

## SURVEY ON THE DRUG ABUSE SITUATION

conducted at the COLLEGE OF THE IMMACULATE CONCEPTION,  
Cabanatuan City on September 11, 1972

### I. IS THERE A PROBLEM OF DRUG ABUSE IN YOUR SCHOOL?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	48	35.82%
N O	6	4.48%
M A Y B E	80	59.70%
No response	<u>0</u>	<u>-</u>
TOTAL NO. OF RESPONDENTS:	<u>134</u>	<u>100.00</u>

### II. HOW SERIOUS IS THE PROBLEM?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
STILL SMALL	95	70.90%
GROWING FAST	25	18.66%
SERIOUS	8	5.97%
No response	<u>6</u>	<u>4.47%</u>
TOTAL NO. OF RESPONDENTS:	<u>134</u>	<u>100.00%</u>

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the COLLEGE OF THE IMMACULATE CONCEPTION,  
 Cabanatuan City on September 11, 1972

III. HAVE YOUR PARENTS ADVISED YOU ABOUT THE DANGERS OF  
 DRUG ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	93	69.40%
N O	41	30.60%
TOTAL NO. OF RESPONDENTS:	134	100.00%

IV. IN YOUR TOWN OR CITY, IS IT EASY TO SECURE DRUGS OF ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	33	24.63%
N O	101	75.37%
TOTAL NO. OF RESPONDENTS:	134	100.00%

V. DO YOU HAVE A RELATIVE OR A FRIEND PRESENTLY ABUSING DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	51	38.06%
N O N E	83	61.94%
TOTAL NO. OF RESPONDENTS:	134	100.00%

VI. HAVE YOU PERSONALLY ABUSED DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	31	23.13%
N O N E	103	76.87%
TOTAL NO. OF RESPONDENTS:	134	100.00%

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the COLLEGE OF THE IMMACULATE CONCEPTION,  
 Cabanatuan City on September 11, 1972

VII. WHICH DRUGS HAVE YOU ABUSED?

<u>Drugs Abused</u>	<u>No. of Abusers</u>	<u>Percentage to Total Respondents</u>
Marijuana	21	15.67%
LSD	0	-
MANDRAX	12	8.96%
SECONAL	2	1.49%
HEROIN	1	0.75%
MORPHINE	0	-
BENZEDRINE/DEXEDRINE	1	0.75%
SPEED	0	-
SERAX	1	0.75%
OPIUM	0	-
OTHERS	1	0.75%

VIII. REASONS FOR ABUSING DRUGS:

<u>Reasons:</u>	<u>No. of Respondents</u>	<u>Percentage</u>
* "PAKIKI SAMA" with the "BARKADA"	16	11.94%
CURIOSITY	3	2.24%
TO FORGET PROBLEMS	12	8.96%
TO ESCAPE AN UNHAPPY HOME SITUATION	5	3.73%
"VICTIMIZED" BY PUSHERS	3	2.24%
OTHER REASONS	2	1.49%

\* Same as preceding notes.

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the COLLEGE OF THE IMMACULATE CONCEPTION,  
 Cabanatuan City on September 11, 1972

IX. WHO INTRODUCED DRUGS OF ABUSE TO YOU?

<u>Introducers</u>	<u>Number of Respondents</u>	<u>Percentage to Abusers</u>
CLASSMATE/FRIEND	26	83.87%
RELATIVE	3	9.68%
PUSHER/STRANGER	2	6.45%
TOTAL NO. OF RESPONDENTS:	31	100.00%

X. WHERE DO YOU USUALLY TAKE IN DRUGS OF ABUSE?

<u>Locations</u>	<u>Number of Respondents</u>	<u>Percentage</u>
AT HOME	11	35.48%
AT A FRIEND'S HOUSE	24	77.42%
ON SCHOOL CAMPUS	2	6.45%
DORMITORY/BOARDING HOUSE	1	3.23%
"PAD" FOR DRUG USERS	0	-
PUBLIC PLACES (PARKS)	0	-

Note: Some respondents indicated more than one location.

CERTIFIED TRUE & CORRECT:

*Rhodora B. Hortinela*  
 RHODORA B. HORTINELA  
 DARE Statistics Dept.



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62-17-36, 62-20-42

## SURVEY ON THE DRUG ABUSE SITUATION

conducted at the V. MAPA HIGH SCHOOL, Manila

on September 8, 1972

### I. IS THERE A PROBLEM OF DRUG ABUSE IN YOUR SCHOOL?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
YES	142	66.05 %
NO	10	4.65 %
MAYBE	63	29.30 %
No response	0	—
<hr/>		<hr/>
TOTAL No. OF RESPONDENTS:	215	100.00 %
<hr/>		<hr/>

### II. HOW SERIOUS IS THE PROBLEM?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
STILL SMALL	141	65.58 %
GROWING FAST	50	23.26 %
SERIOUS	14	6.51 %
No response	10	4.65 %
<hr/>		<hr/>
TOTAL No. of RESPONDENTS:	215	100.00 %
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**SURVEY ON THE DRUG ABUSE SITUATION**  
 conducted at the V. MAPA HIGH SCHOOL, Manila  
 on September 8, 1972

**III. HAVE YOUR PARENTS ADVISED YOU ABOUT THE DANGERS OF DRUG ABUSE?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	124	57.58 %
N O	22	10.23 %
No Response	9	4.19 %
<b>TOTAL No. of RESPONDENTS: 215</b>		<b>100.00 %</b>

**IV. IN YOUR TOWN OR CITY, IS IT EASY TO SECURE DRUGS OF ABUSE?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	84	39.07 %
N O	131	60.93 %
<b>TOTAL No. of RESPONDENTS: 215</b>		<b>100.00 %</b>

**V. DO YOU HAVE RELATIVES OR FRIENDS PRESENTLY ABUSING DRUGS?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	37	17.21 %
N O	178	82.79 %
<b>TOTAL No. of RESPONDENTS: 215</b>		<b>100.00 %</b>

**VI. HAVE YOU PERSONALLY ABUSED DRUGS?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	34	15.81 %
N O	181	84.19 %
<b>TOTAL No. of RESPONDENTS: 215</b>		<b>100.00 %</b>

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the V. MAPA HIGH SCHOOL, Manila  
 on September 8, 1972

VII. WHICH DRUGS HAVE YOU ABUSED?

<u>Drugs Abused</u>	<u>No. of Abusers</u>	<u>Percentage to Total Respondents</u>
MARIJUANA	22	10.23 %
LSA	3	1.40 %
MANDRAX	18	8.37 %
SECNAL	6	2.79 %
HEROIN	2	0.93 %

VIII. REASONS FOR ABUSING DRUGS:

<u>Reasons:</u>	<u>Respondents</u>	<u>Percentage to Total</u>
* "PAKIKISAMA" WITH "BARKADA"	22	10.23 %
CURIOSITY	8	3.72 %
TO FORGET PROBLEMS	5	2.33 %
ON A DARE BY COMPANIONS	3	1.40 %
BOREDOM	2	0.93 %

Note: Some respondents stated more than one reason.

IX. WHO INTRODUCED DRUGS OF ABUSE TO YOU?

<u>Introducers</u>	<u>Number of Respondents</u>	<u>Percentage To Abusers</u>
CLASSMATE/FRIEND	28	82.35 %
RELATIVE	3	8.83 %
PUSHERS/STRANGER	2	5.88 %
DOCTOR	1	2.94 %
<b>TOTAL RESPONDENTS/ABUSERS: 34</b>		<b>100.00 %</b>

\* Same as previous notes.

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the V. MAPA HIGH SCHOOL, Manila  
 on September 8, 1972.

X. WHERE DO YOU USUALLY TAKE IN DRUGS OF ABUSE?

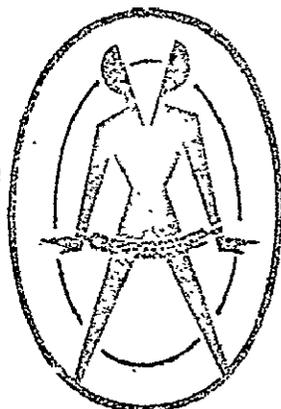
<u>Locations</u>	<u>Number of Respondents</u>	<u>Percentage to Abusers</u>
AT HOME	10	29.41 %
AT A FRIEND'S HOUSE	25	73.53 %
ON SCHOOL CAMPUS	5	14.71 %
DORMITORY/BOARDING HOUSE	1	2.94 %
"PAD" FOR DRUG ABUSERS	2	5.88 %
PUBLIC PLACES (PARKS ETC.)	1	2.94 %

Note: Some respondents indicated more than one location.

CERTIFIED TRUE & CORRECT:

*Rhodora B. Hortinela*  
 RHODORA B. HORTINELA  
 DARE Statistics Dept.

**DRUG**



**ABUSE RESEARCH  
FOUNDATION, INC.**

2282 ESPAÑA, SAMPALOC, MANILA • TELS.: 62-17-36 • 62-20-42 • 62-32-40

**SURVEY ON THE DRUG ABUSE SITUATION**

conducted at the UNIVERSITY OF VISAYAS, Cebu City  
on September 1972

**I. IS THERE A PROBLEM OF DRUG ABUSE IN YOUR SCHOOL?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	580	48.70
N O	43	3.61
M A Y B E	568	47.69
No response	0	--
TOTAL No. of RESPONDENTS: 1,191		100.00

**II. HOW SERIOUS IS THE PROBLEM?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
STILL SMALL	305	25.61
GROWING FAST	429	36.02
SERIOUS	199	16.71
No response	258	21.66
TOTAL No. of RESPONDENTS: 1,191		100.00

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the UNIVERSITY OF VISAYAS, Cebu City  
 on September 1972

III. HAVE YOUR PARENTS ADVISED YOU ABOUT THE DANGERS OF DRUG ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	536	45.00
N O	655	55.00
No Response	0	--
TOTAL No. of RESPONDENTS: 1,191		100.00

IV. IN YOUR TOWN OR CITY, IS IT EASY TO SECURE DRUGS OF ABUSE?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	616	51.72
N O	575	48.28
No Response	0	--
TOTAL No. of RESPONDENTS: 1,191		100.00

V. DO YOU HAVE A RELATIVE OR FRIEND PRESENTLY ABUSING DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	387	32.49
N O N E	804	67.51
No Response	0	--
TOTAL No. of RESPONDENTS: 1,191		100.00

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the UNIVERSITY OF VISAYAS, Cebu City  
 on September 1972

VI. HAVE YOU PERSONALLY ABUSED DRUGS?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	240	20.15
N O	951	79.85
No Response	0	--
TOTAL No. of RESPONDENTS: 1,191		100.00

VII. WHICH DRUGS HAVE YOU ABUSED?

<u>Drugs Abused</u>	<u>No. of Abusers</u>	<u>Percentage of Total Respondents</u>
MARIJUANA	176	14.78
LSD	19	1.60
MANDRAX	145	12.17
SECONAL	10	0.84
HEROIN	5	0.42
MORPHINE	5	0.42
BENZEDRINE, DEXEDRINE	15	1.26
SPEED	4	0.34
SERAX	11	0.92
OPIUM	10	0.84
OTHERS	2	0.17

Note: Some respondents abused more than one drug.

SURVEY ON THE DRUG ABUSE SITUATION  
 conducted at the UNIVERSITY OF VISAYAS, Cebu City  
 on September 1972

VIII. REASONS FOR ABUSING DRUGS:

<u>Reasons</u>	<u>Respondents</u>	<u>Percentage to Total</u>
*"PAKIKISAMA" WITH "BARKADA"	126	10.58
CURIOSITY	119	9.99
TO FORGET PROBLEMS	36	3.02
ON A DARE BY COMPANIONS	1	0.08
ESCAPE FROM UNHAPPY HOME	10	0.84
PROTEST AGAINST ESTABLISHMENT	2	0.16
FOR SEX	9	0.76
'VICTIMIZED' BY PUSHERS	10	0.84
BOREDOM	6	0.50
OTHER REASONS	4	0.34

Note: Some respondents stated more than one reason

IX. WHO INTRODUCED DRUGS OF ABUSE TO YOU?

<u>Introducers</u>	<u>Number of Respondents</u>	<u>Percentage To Abusers</u>
CLASSMATE/FRIEND	178	74.17
RELATIVE	25	10.41
PUSHER/STRANGER	34	14.16
DOCTOR	1	0.42
POLICE/LAW ENFORCERS	2	0.84
OTHERS	0	--
 	<hr/>	<hr/>
TOTAL RESPONDENTS/ABUSERS:	240	100.00

\*Same as previous notes.

SURVEY OF THE DRUG ABUSE SITUATION  
 conducted at the UNIVERSITY OF VISAYAS, Cebu City  
 on September, 1972

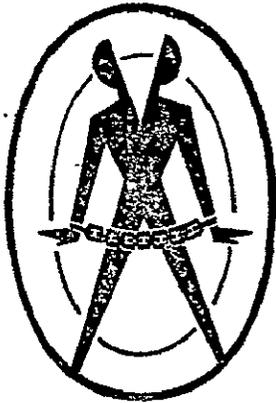
X. WHERE DO YOU USUALLY TAKE IN DRUGS OR ABUSE?

<u>Locations</u>	<u>Number of Respondents</u>	<u>Percentage To Abusers</u>
AT HOME	140	58.33
AT A FRIEND'S HOUSE	290	120.83
ON SCHOOL CAMPUS	15	6.25
DORMITORY/BOARDING HOUSE	6	2.50
"PAD" FOR DRUG USERS	1	0.42
PUBLIC PLACES (PARKS ETC.)	10	4.17

Note:- Some respondents indicated more than one location.

CERTIFIED TRUE & CORRECT:

*Rhodora B. Mortinela*  
 RHODORA B. MORTINELA  
 DARE Statistics Dept.



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62-17-36, 62-20-42

## SURVEY ON THE DRUG ABUSE SITUATION

conducted at the ST. VINCENT'S COLLEGE, Dipoleg City, Mindanao  
on August 24, 1972

### I. IS THERE A PROBLEM OF DRUG ABUSE IN YOUR SCHOOL?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	52	30.41 %
N O	16	9.36 %
M A Y B E	103	60.23 %
No response	0	—
<b>TOTAL No. of RESPONDENTS:</b>	<b>171</b>	<b>100.00 %</b>

### II. HOW SERIOUS IS THE PROBLEM?

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
STILL SMALL	94	54.97 %
GROWING FAST	50	29.24 %
SERIOUS	11	6.43 %
No response	16	9.36 %
<b>TOTAL No. of RESPONDENTS:</b>	<b>171</b>	<b>100.00 %</b>

**SURVEY ON THE DRUG ABUSE SITUATION**  
 conducted at the **ST. VINCENT'S COLLEGE**, Dipolog City, Mindanao  
 on August 24, 1972.

**III. HAVE YOUR PARENTS ADVISED YOU ABOUT THE DANGERS OF DRUG ABUSE?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	106	61.99 %
N O	56	32.75 %
No Response	9	5.26 %
<b>TOTAL No. of RESPONDENTS:</b>	<b>171</b>	<b>100.00 %</b>

**IV. IN YOUR TOWN OR CITY, IS IT EASY TO SECURE DRUGS OF ABUSE?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	72	42.11 %
N O	87	50.88 %
No Response	12	7.01 %
<b>TOTAL No. of RESPONDENTS:</b>	<b>171</b>	<b>100.00 %</b>

**V. DO YOU HAVE RELATIVES OR FRIENDS PRESENTLY ABUSING DRUGS?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	48	28.07 %
N O N E	120	70.18 %
No response	3	1.75 %
<b>TOTAL No. of RESPONDENTS:</b>	<b>171</b>	<b>100.00 %</b>

**VI. HAVE YOU PERSONALLY ABUSED DRUGS?**

<u>Responses</u>	<u>Number of Respondents</u>	<u>Percentage</u>
Y E S	35	20.47 %
N O	136	79.53 %
<b>TOTAL No. of RESPONDENTS:</b>	<b>171</b>	<b>100.00 %</b>

**SURVEY ON THE DRUG ABUSE SITUATION**  
 conducted at the ST. VINCENT'S COLLEGE, Dipolog City, Mindanao  
 on August 24, 1972

**VII. WHICH DRUGS HAVE YOU ABUSED?**

<u>Drugs Abused</u>	<u>No. of Abusers</u>	<u>Percentage to Total Respondents</u>
MARIJUANA	20	11.70 %
L S D	7	4.09 %
MANDRAX	6	3.51%
SECONAL	12	7.02 %
HEROIN	0	—
MORPHINE	3	1.75 %
BENZEDRINE/DEXEDRINE	2	1.67 %
SPEED	1	0.58 %
SEKAX	2	1.67 %
OPIUM	2	1.67 %

**VIII. REASONS FOR ABUSING DRUGS:**

<u>Reasons:</u>	<u>Respondents</u>	<u>Percentage to Total</u>
* "PARIKISAMA" WITH "BARKADA"	19	11.11 %
CURIOSITY	11	6.43 %
TO FORGET PROBLEMS	19	11.11 %
ON A DARE BY COMPANIONS	11	6.43 %
ESCAPE FROM UNHAPPY HOME	12	7.02 %
PROTEST AGAINST ESTABLISHMENT	3	1.75 %
FOR SEX	9	5.26 %
'VICTIMIZED' BY PUSHERS	12	7.02 %
BOREDOM	9	5.26 %
OTHER REASONS	1	0.58 %

Note:- Some respondents stated more than one reason.

\* Same as previous notes.

**SURVEY ON THE DRUG ABUSE SITUATION**  
 conducted at the ST. VINCENT'S COLLEGE, Dipolog City, Mindanao  
 on August 24, 1972

**IX. WHO INTRODUCED DRUGS OF ABUSE TO YOU?**

<u>Introducers</u>	<u>Number of Respondents</u>	<u>Percentage To Abusers</u>
CLASSMATE/FRIEND	16	45.71 %
RELATIVE	2	5.71 %
PUSHER/STRANGER	12	34.29 %
DOCTOR	4	11.43 %
POLICE/LAW ENFORCERS	0	—
OTHERS	1	2.86 %
<b>TOTAL RESPONDENTS/ABUSERS:</b>	<b>35</b>	<b>100.00 %</b>

**X. WHERE DO YOU USUALLY TAKE IN DRUGS OF ABUSE?**

<u>Locations</u>	<u>Number of Respondents</u>	<u>Percentage To Abusers</u>
AT HOME	6	17.14 %
AT A FRIEND'S HOUSE	22	62.86 %
ON SCHOOL CAMPUS	6	17.14 %
DORMITORY/BOARDING HOUSE	2	5.71 %
"PAD" FOR DRUG ABUSERS	5	14.29 %
PUBLIC PLACES (PARKS ETC.)	6	17.14 %

**Note: Some respondents indicated more than one location.**

**CERTIFIED TRUE & CORRECT:**

*Rhodora B. Hortinela*  
**RHODORA B. HORTINELA**  
 DARE Statistics Dept.

DRUG ABUSE (DEPENDENCE) CASES ENCOUNTERED IN PRIVATE  
PSYCHIATRIC CLINIC IN BACOLOD CITY, PHILIPPINES

Information provided by:

Rena Magno-Nora, M.D.  
Doctor's Hospital  
Bacolod City

NOTATIONS:

1. "Drug Dependence" here is used in concept as: repeated use of natural or synthetic drug, beyond voluntary control, involving any or combination of phenomena of tolerance, emotional habituation or true physical dependence (generally with withdrawal syndrome).
2. Bacolod City is a progressive community with a population of 270,000; center of a Sugar-Industry province; with 2 Universities, 5 Colleges, 4 High Schools. Extremes of rich upper class and poor lower class (laborers or "sacadas").
3. In certain months of the year, no cases were seen thus not included.
4. Hospitalized cases are considered "serious" cases such as when patient is in either acute intoxication or acute withdrawal or when maximum environmental control is necessary.
5. 70% of mild cases (experimentation stage) do not reach my clinic for treatment but may go unreported or handled by school counselors.  
80% of serious cases do get to be under my professional care.

DRUG ABUSE (DEPENDENCE) CASES ENCOUNTERED IN PRIVATE  
PSYCHIATRIC CLINIC IN BACOLOD CITY, PHILIPPINES

Year & Month	No. of Cases	Sex	Age	Marital Status	Education Attainment	Types of Drugs Abused	Referral Made by	(Causes) Discriminative Stimuli	Disposition
1970 Jan	1	M	46	M	Chinese business- man - H.S.	Morphine (Opium)	Wife	Personality Disorder	Hospitalized
Feb	2	M	19	S	College III	Seconal, Mandrax, "Speed"	Aunt	Group Influence	O.P. (Out Patient)
		M	21	S	Quit School	Marij, Seconal, Amphet.	Family	Homosexuality (Pers. Dis.)	O.P.
May	1	M	33	M	Commerce Grad	Seconal, Amphet Sedatives	Wife	Homosexuality (Pers. Dis.)	Hospitalized
Dec	1	M	22	S	College IV	Sedatives Mandrax	Self	Anxiety, Neurosis	O.P.
1971 Feb	2	F	16	S	H.S. III	Seconal, Mandrax, Speed,	Sister	Pusher	Hospitalized
		F	44	M	Housewife	Sedatives, Seconal	Physician	Anxiety Neurosis	O.P.
Mar	2	F	14	S	H.S. I	Marij, Mandrax, Seconal	Teacher	Pusher	O.P.
		F	23	S	College III	Seconal, Mandrax Marij	Mother	Boyfriend's pressure	Hospitalized
Apr	1	M	21	S	College II	Seconal, Mandrax, Marij	Mother	Group Influence	Hospitalized
May	2	M	18	S	College I	Marij, Sedatives	Father	Group Influence	Hospitalized
		M	15	S	H.S. IV	Seconal, Marij, Amphet.	Family	Group Influence	O.P.

Year & Month	No. of Cases	Sex	Age	Marital Status	Education Attainment	Types of Drugs Abused	Referral Made by	(Causes) Discriminative Stimuli	Disposition
1971 June	1	M	19	S	College III	Seconal, Mandrax Amphetamines	Mother	Group Influence	O.P.
Aug	6	M	24	S	Quit School	Seconal, Mandrax Amphetamines	Mother	Group Influence	Hospitalized
		M	38	M	Professional	Barbiturates, Mandrax, Amphet.	Physician	Personality Disorder	O.P.
		M	18	S	College II	Barbiturates, Mandrax, Amphet.	Family	Pers. Dis.	O.P.
		M	19	S	College II	Amphet, Seconal, Marijuana	Mother	Group Influence	O.P.
		M	18	S	College I	Amphet, Seconal Marijuana	Parents	Group & Homo- sexuality	Hospitalized
		F	30	M	Housewife	Barbiturates, Mandrax, Amphet	Self	Pers. Dis.	Hospitalized
Sep	2	M	22	S	College II	Barbiturates, Mandrax, Amphet	Father	Pers. Dis.	O.P.
		M	16	S	H.S. IV	Barbiturates, Mandrax, Marij	Father	Pers. Dis.	O.P.

Year & Month	No. of Cases	Sex	Age	Marital Status	Education Attainment	Types of Drugs Abused	Referral Made by	(Causes) Discriminative Stimuli	Disposition
<u>1971</u> Oct	2	F	17	S	H.S. IV	Barbiturates, Mandrax, Amphet	Aunt	Group Influence	O.P.
		M	14	S	H.S.	Barbiturates, Mandrax, Marij	Teacher	Pers. Dis.	O.P.
Nov	1	M	18	S	College I	Barbiturates Mandrax, Marij	Mother	Pers. Dis.	O.P.
Dec	2	M	18	S	College I	Barbiturates Mandrax, Marij	Parents	Group Influence	O.P.
		M	18	S	H.S.	Barbiturates Mandrax, Marij	Self	Group Influence	O.P.
<u>1972</u> Jan	2	M	20	S	College II	Barbiturates Mandrax, Marij	Self	Pers. Dis.	O.P.
		M	15	S	H.S.	Seconal, Mandrax	Mother	Pers. Dis.	O.P.
Feb	8	M	18	S	H.S.	Barbiturates, Mandrax, Marij	Father	Pers. Dis.	O.P.
		M	15	S	H.S.	Barbiturates, Mandrax, Marij	Parents	Group Influence	O.P.
		M	18	S	College I	Barbiturates, Mandrax, Marij	Aunt	Group Influence	O.P.
		M	19	S	Quit School	Barbs, Mandrax, Marij, LSD, Heroin	Mother	Group Influence	O.P.

Year & Month	No. of Cases	Sex	Age	Marital Status	Education Attainment	Types of Drugs Abused	Referral Made by	(Causes) Discriminative Stimuli	Disposition
<u>1972</u> Feb		M	33	S	Teacher	Barbiturates, Sedatives	Physician	Pers. Dis.	Hospitalized
		M	18	S	College I	Barbiturates, Mandrax, Speed	Aunt	Group Influence	O.P.
		M	14	S	H.S.	Barbiturates, Mandrax, Speed	Teacher	Group Influence	O.P.
		M	17	S	College I	Barbiturates, Mandrax, Speed	Father	Group Influence	O.P.
		F	17	S	College I	Barbiturates Mandrax, Speed	Father	Group Influence	O.P.
Mar	5	M	19	S	Quit School	Barbiturates, Mandrax, Speed, LSD, Heroin	Police	Group Influence	Hospitalized
		M	18	S	College I	Barbs, Amphet, Sedatives	Mother	Group Influence	O.P.
		M	15	S	H.S.	Barbs, Amphet, Marijuana	Aunt	Group Influence	O.P.
		M	19	S	H.S.	Barbs, Amphet, Marijuana	Teacher	Group Influence	O.P.
		M	16	S	H.S.	Barbs, Amphet, Marijuana	Mother	Group Influence	O.P.

Year & Month	No. of Cases	Sex	Age	Marital Status	Education Attainment	Types of Drugs Abused	Referral Made by	(Causes) Discriminative Stimuli	Disposition
1972 Apr	2	M	16	S	H.S.	Barbs, Amphet, Marijuana	Father	Group Influence	O.P.
		F	12	S	Elementary	Seconal, Mandrax	Father	Pusher	O.P.
May	4	M	17	S	College I	Seconal, Mandrax Speed	Self	Pers. Dis.	O.P.
		M	23	S	Quit School	Seconal, Mandrax Speed	Aunt	Pers. Dis.	O.P.
		M	56	M	Business Exec	Barbs, Demerol	Wife	Pers. Dis.	O.P.
		F	16	S	H.S.	Marij, Seconal	Teacher	Group Influence	O.P.
Jun	2	M	21	S	Quit School	Barbs, Speed, Marijuana	Parents	Group Influence	O.P.
		M	25	S	College III	Barbs, Speed, LSD, Heroin	Father	Group Influence	Hospitalized
July	2	M	19	S	College II	Barbs, Speed, LSD	Teacher	Group Influence	O.P.
		M	22	S	College III	Seconal, Mandrax, Marij, Speed	Self	Group Influence	O.P.
Aug	4	M	19	S	College I	Seconal, LSD, Heroin	Mother	Group Influence	Hospitalized
		M	19	S	College I	Seconal, Speed, Mescaline	Parents	Group Influence	O.P.

Year & Month	No. of Cases	Sex	Age	Marital Status	Education Attainment	Types of Drugs Abused	Referral Made by	(Causes) Discriminative Stimuli	Disposition
1972 Aug		M	18	S	College I	Barbiturates, Marijuana	Mother	Group Influence	O.P.
		F	41	M	Teacher	Seconal, Sedatives	Self	Pers. Dis.	O.P.
Sept	4	M	18	S	H.S.	LSD, Heroin, Seconal	Mother	Group Influence	O.P.
		M	19	S	H.S.	Seconal, Heroin, LSD, Marij	Police	Group Influence	Hospitalized
		M	20	S	Quit School	Barbs, Speed	Mother	Pers. Dis.	Hospitalized
		M	24	S	Quit School	Heroin, Barbs, Marij, Speed	Brother	Group Influence	O.P.
Oct	2	M	48	M	Professional Architect	Mandrax, Seconal, Sedatives	Wife	Pers. Dis.	O.P.
		M	18	S	College I	Barbs, Speed, LSD	Mother	Pers. Dis.	Hospitalized

Total No. of cases - 62  
 Hospitalized - 16  
 Age range - 12 to 56  
 Sex Ratio - 6 males to 1 female  
 Predominant stimuli - Peer group pressure or influence