Substance Use, Knowledge of Laws, and Awareness of Help Among Barangay Youth

A Basic Research

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Abstract

This basic research described substance use among youth aged 15 to 24 in one barangay, what they know of the laws and of the places that give help, and whether the prevention activities they attended went with knowing where to get help and with less use. The Sangguniang Kabataan drew a simple random sample of 272 from its list of 1,148 youth; 217 returned complete anonymous questionnaires (response rate 81.0%). Barangay and rural health unit records for 2023 to 2025 and interviews with six key informants gave the context. Within the past 30 days, 31.8% of youth had drunk alcohol, 12.0% had smoked cigarettes and 8.3% had used a vape; 39.2% had used at least one. Young men used far more than young women (61.3% against 18.0%). Counting everyone, 35.8% had tried alcohol by age 15 and 60.6% by 18. Youth answered a mean of 5.84 of 10 items on the laws correctly, and 45.2% could name a place or person that gives help. Youth who attended a barangay or Sangguniang Kabataan prevention activity in the past year were more likely to know where to get help (odds ratio 2.66, 95% CI [1.45, 4.87]), while school activities showed no such association; neither kind of activity was associated with current use. The records tracked illegal drugs but not tobacco, vapes or alcohol, and the anti-drug council met far less often than monthly. The key informants described a barangay that is drug-cleared but not substance-free. The barangay should add tobacco, vapes and alcohol to its prevention plan, enforce the laws on sales to minors, replace one-time seminars with skills-based sessions, and make help visible to youth.

Keywords: substance use, youth, vaping, alcohol, preventive drug education, barangay, help-seeking

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I. Introduction and Rationale

Young Filipinos meet tobacco, vapes and alcohol long before they leave school. In the 2021 Young Adult Fertility and Sexuality Study, 29.4% of Filipinos aged 15 to 24 were currently drinking, 12.1% were currently smoking, and 19.8% had tried vaping (University of the Philippines Population Institute [UPPI], 2022c, Table 2). Among learners aged 13 to 15 in 2019, 14.1% currently used electronic cigarettes, and 37.1% of current smokers who tried to buy cigarettes were not prevented from buying because of their age (Department of Health Epidemiology Bureau, 2021). These national figures do not say what happens in any one barangay, where young people buy, drink, smoke, and look, or fail to look, for help.

The law asks schools and barangays to act together. Republic Act No. 9165 requires that instruction on drug abuse prevention and control be integrated in the curricula of all schools, including "steps to take when intervention on behalf of a drug dependent is needed, as well as the services available for the treatment and rehabilitation of drug dependents" (Sec. 43), and directs local government units to give "priority to preventive or educational programs" (Sec. 51). DepEd's Preventive Drug Education Program (PDEP) policy aims, among others, to "Encourage PDE research for evidence-based decision-making and policy formulation" (DepEd Order [DO] No. 30, s. 2018, Sec. IV, item 5), and its monitoring tool asks whether schools "Proposed and completed researches along PDE Program" (Encl., Monitoring and Evaluation Tool, Part V.B). The PDEP Curriculum Model expects Grade 10 learners to interpret "data on substance use", discuss "the medical, social, economic, political, and legal implications of substance use", and identify "institutions and resources available to help people resist negative influences and to assist those who need help" (DepEd Memorandum [DM] No. 025, s. 2021, Encl., Grade 10), and Grade 9 learners to explain "the importance of existing policies and laws related to substance use" (Grade 9).

In the researcher's barangay, these four matters (the data, the implications, the institutions and resources, and the laws) have not been examined from the side of the youth. The barangay keeps records on illegal drugs for the drug clearing program, but no record shows how many of its young people smoke, vape or drink, whether they know the laws that protect them, or whether they know where a friend could get help. A root cause analysis by the researcher and members of the school's Barkada Kontra Bisyo (Appendix A) traced the problem to six sources: easy access, norms at home and in the community, peers, gaps in knowledge, one-time prevention activities, and services that young people do not see. A survey of youth could measure four of them without naming anyone.

This study therefore described substance use among youth aged 15 to 24 in the barangay, what they know of the laws and of the places that give help, and whether the prevention activities they attended in the past year go with knowing where to get help and with less use. It joined these with the barangay's records and with the accounts of people who deal with substance use in the barangay. The results were presented to the Barangay Anti-Drug

Abuse Council (BADAC), the Sangguniang Kabataan (SK) and the school, to help them decide which prevention activities to keep, which to change, and how to make help visible to young people. The study addressed the Child Protection theme of the Basic Education Research Agenda, under the concern "Addiction" and its specific topic "Substance Abuse" (DO No. 39, s. 2016, Theme 2).

II. Literature Review

Substance Use Among Filipino Youth

National surveys agree that drinking is the most common substance use among Filipino youth and that smoking has declined. Among youth aged 15 to 24 in 2021, 60.8% had tried drinking and 29.4% were currently drinking; 24.9% had tried smoking and 12.1% were currently smoking; 19.8% had tried vaping and 2.8% were currently vaping (UPPI, 2022c, Table 2). Men drank and smoked far more than women: 42.6% of young men and 16.8% of young women were current drinkers, and 22.9% and 1.8% were current smokers (UPPI, 2022c, Table 2). Youth smoking fell from 20% in 2013 to 12% in 2021, and drinking from 41% in 2002 to 29% in 2021 (UPPI, 2022a, p. 3). Among learners aged 13 to 15 in 2019, more currently used electronic cigarettes (14.1%) than smoked cigarettes (10.0%; Department of Health Epidemiology Bureau, 2021).

Illegal drug use is far rarer and harder to measure. The Dangerous Drugs Board's 2019 household survey put lifetime use at 5.8% and current use at 2.05% of Filipinos aged 10 to 69 (Dangerous Drugs Board [DDB], 2020, pp. 2-3), and its 2023 round reported 1.71% (DDB, 2025). The 2019 survey itself notes that "Direct questioning did not yield full cooperation from lifetime users" (DDB, 2020, p. 8). Self-reports of sensitive behavior are shaped by "both cognitive and situational factors" (Brener et al., 2003, p. 436), which is one reason this study took illegal drug figures only from records.

When young people start matters. Youth who had ever smoked started at 16 on average, and those who had ever drunk, at 16.8 (UPPI, 2022b, pp. 38, 40). Averages taken among those who have already started understate the age of first use, because the youngest respondents, who may start later, are left out; studies of age at onset handle this with survival methods (Lenton et al., 2012). This study used the Kaplan-Meier method for the same reason.

Laws and Policies on Substance Use

The laws treat a young user and a seller differently. Selling tobacco or vapes to anyone below 18 is unlawful, as is selling either within 100 meters of a school (Republic Act [RA] No. 9211, Secs. 9-10; RA No. 11900, Secs. 6 and 9). The vape law fines the retailer, while "If a minor is caught selling, buying or using" these products, the DOH and the Department of Social Welfare and Development "shall implement appropriate intervention programs" (RA No. 11900, Sec. 23(b)). No national law sets a minimum age for buying alcohol; local ordinances do, and under the juvenile justice law "No penalty shall be imposed on children" for violating local anti-

smoking and anti-drinking ordinances (RA No. 9344, as amended by RA No. 10630, Sec. 57-A). A child fifteen years of age or under is exempt from criminal liability but is "subjected to an intervention program" (Sec. 6).

For dangerous drugs, a person apprehended and found positive for use, after a confirmatory test, faces "a minimum of six (6) months rehabilitation in a government center for the first offense", unless also found in possession of drugs (RA No. 9165, Sec. 15); children "will not be handled or treated in the same manner as adults" (DDB Board Regulation No. 2, s. 2023, Sec. 5.2). A drug dependent may apply for treatment voluntarily, and the records of those under voluntary submission "shall be confidential and shall not be used against him for any purpose", except to count how many times the person has submitted voluntarily (Secs. 54 and 60). In schools, a positive random drug test "shall not be a ground for expulsion or any disciplinary action against the student" (DO No. 40, s. 2017, item 55). DepEd's school peer group for prevention, institutionalized as the Barkada Kontra Droga program in 2007 (DDB Board Regulation No. 5, s. 2007), is now called the Barkada Kontra Bisyo, "formerly known as Barkada Kontra Droga" (Department of Education [DepEd], 2025).

Institutions and Resources for Prevention and Help

Every barangay has a role. The BADAC, chaired by the Punong Barangay with the SK chairperson and the public school principal among its members, is to "Conduct regular meetings at least once a month", "Plan, strategize, implement and evaluate programs and projects on drug abuse prevention in the barangay", and "Refer suspected drug users to the C/MADAC and other institutions for corresponding counseling and/or rehabilitation" (Department of the Interior and Local Government [DILG] Memorandum Circular No. 2015-63, Sec. II). Its functionality is scored on ten indicators, among them a rehabilitation referral desk, advocacy campaigns, and monthly meetings (DILG & DDB, 2018, Sec. V.B.6). A barangay found to have people who use drugs is "drug-affected"; one cleared of them through the Barangay Drug Clearing Program is "drug-cleared" (DDB Board Regulation No. 4, s. 2021, Sec. 11). Persons who use drugs are screened, and those at moderate risk are referred to community-based programs; children "shall be referred to a licensed social worker" (DDB Board Regulation No. 7, s. 2019, Sec. 5). For tobacco and vapes, the DOH runs a Quitline, 1558, toll-free nationwide (DOH Cordillera Administrative Region, n.d.).

These services exist on paper and in barangays, but young people may not know them or may fear them. A study of community-based rehabilitation clients in 17 local government units found "barriers to help-seeking, including the PWUDs' belief that they don't need help, fear of police and incarceration, stigma and discrimination", and that "Community acceptance, quality of care of service providers, and support of community leaders enabled both help-seeking and recovery" (Perez et al., 2025). Barangay officials who ran such programs described them as "an alternative response to the government's approach" (Allado et al., 2019). Among young

people seeking help for mental health problems, "perceived stigma and embarrassment" are among the most important barriers (Gulliver et al., 2010).

What Prevention Works

The evidence favors programs that build skills over programs that only inform. The international standards find that certain programs combining social competence and social influence "prevent tobacco use, alcohol use and drug use", while "Programmes based on the provision of information only … were reported not to be effective" (United Nations Office on Drugs and Crime [UNODC] & WHO, 2018, p. 21). In expert consultation, programs that "use non-interactive methods, such as lecturing, as a primary delivery strategy", "rely heavily on merely giving information, in particular to elicit fear", or "use former drug users to provide testimony of their personal experience" were associated with no effect or with harm (p. 22). Systematic reviews agree: school programs based on social competence and social influence "showed, on average, small but consistent protective effects in preventing drug use" (Faggiano et al., 2014), and for smoking, "multimodal interventions and those with an information-only approach were similarly ineffective" (Thomas et al., 2013). Yet "Lack of knowledge about substances and consequences of their use" remains "among the main factors that increase an individual's vulnerability" (UNODC & WHO, 2018, p. 2): knowledge is needed, though not enough.

One kind of knowledge may matter more than others. Among Filipino adolescents in a 2019 national school survey, "having been taught where to get help for drug problems" was inversely associated with current drug use (adjusted odds ratio 0.77), while being taught about drug problems was only marginally associated (Pengpid et al., 2025). A local study of a Barkada Kontra Droga program found higher knowledge scores after the program, but measured knowledge only and had no comparison group (Soriano, 2025).

Synthesis and Gap

National surveys describe Filipino youth as a whole, and program evaluations describe schools. None tells a barangay how many of its youth use which substances, at what age they begin, what they know of the laws and of the places that help, and whether its own prevention activities reach them. The evidence also suggests what to look for: activities that only inform should not be expected to change use, while knowing where to get help may be the knowledge that matters most. This study filled that gap for one barangay.

Theoretical and Conceptual Framework

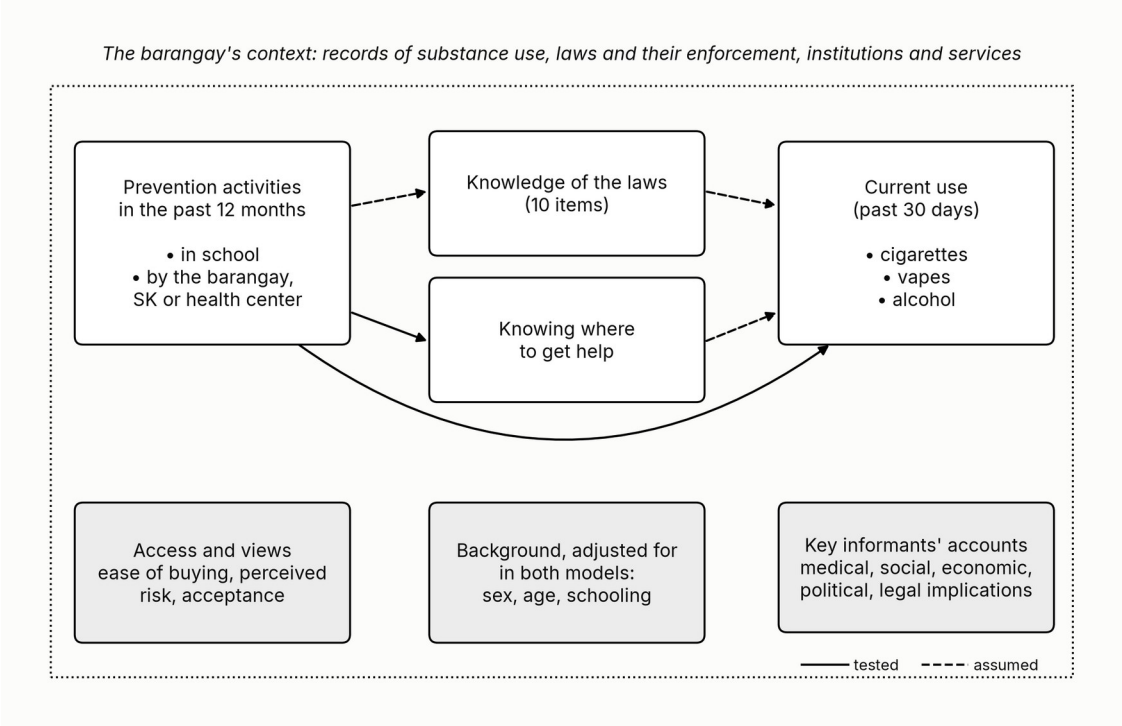
The study rests on prevention science as set out in the international standards: substance use begins where individual and environmental vulnerability factors meet, and the settings young people move through, among them "schools, workplaces, entertainment venues and media", "may contribute to making young people more, or less, vulnerable to drug use and other risky behaviours" (UNODC & WHO, 2018, pp. 2-3). Prevention activities are expected to

add knowledge, including knowledge of where to get help, and through it, with skills, to reduce use (Faggiano et al., 2014; UNODC & WHO, 2018).

Figure 1 shows the research paradigm. Prevention activities in school and in the barangay are the independent variables; knowledge of the laws, knowing where to get help, and current use are the outcomes; sex, age and schooling are taken into account. The study tested two links (activities to knowing where to get help, and activities to current use) and described the rest. The barangay's records and the key informants' accounts describe the context in which these links sit.

Figure 1

Research Paradigm of the Study



Note. Solid arrows are the associations the study tests; dashed arrows are assumed by the framework and described, not tested.

III. Research Questions

This study aimed to describe substance use among youth aged 15 to 24 in the barangay and how prevention reaches them, with the barangay's records and the accounts of key informants as context. Specifically, it sought to answer the following questions:

1. What do the barangay's and the rural health unit's records for 2023 to 2025 show about substance use and its prevention in the barangay?
2. Among youth aged 15 to 24, what share have ever used, and what share currently use (past 30 days), cigarettes, vapes and alcohol; at what ages do they start; and does current use differ by sex, age group and schooling?
3. How much do they know about the laws and policies on substance use and about the institutions and services that give help, and how easy do they find it for someone below 18 to buy each substance?

4. Is taking part in prevention activities in school or in the barangay in the past 12 months associated with (a) knowing where to get help and (b) current use, after accounting for sex, age and schooling?
5. How do key informants describe the medical, social, economic, political and legal implications of substance use in the barangay, and the gaps in its prevention?

The study tested two null hypotheses at the .05 level of significance:

H01: Taking part in prevention activities in school or in the barangay is not associated with knowing where to get help.

H02: Taking part in prevention activities in school or in the barangay is not associated with current use of cigarettes, vapes or alcohol.

IV. Scope and Limitation

The study covered youth aged 15 to 24 who lived in one barangay and were on the Katipunan ng Kabataan list kept by the Sangguniang Kabataan (SK), the barangay's and the rural health unit's aggregate records for calendar years 2023 to 2025, and six key informants. The survey was conducted from January 24 to February 21, 2026, and the interviews from February 7 to 21, 2026.

The survey asked about cigarettes, vapes and alcohol only. It asked no respondent about their own or anyone else's use of illegal drugs, whose figures came from aggregate records. The findings rest on self-reports, which may understate use. The study was cross-sectional: an association between prevention activities and an outcome does not show that the activities caused it. Youth who had moved away or were never listed by the SK were missed. Family and peer influences were not measured. The results describe one barangay and are not meant to describe others.

V. Research Methodology

A. Sampling

The study joined three sources of data: a survey of youth, the barangay's and the rural health unit's records, and interviews with key informants, analyzed separately and then together (a convergent mixed methods design).

Survey. The population was the 1,148 youth aged 15 to 24 on the barangay's Katipunan ng Kabataan list. The sample size was computed for a share near 50% with a margin of error of 6 percentage points at 95% confidence (Cochran, 1977): $n_0 = (1.96)^2(0.50)(0.50)/(0.06)^2 = 266.78$; with the finite population correction, $n = 266.78/[1 + (266.78 - 1)/1148] = 216.63$, or 217 completed questionnaires. Expecting a response of 80%, the SK secretary drew a simple random sample of 272 with the spreadsheet's random number function, under an SK resolution that adopted the survey as part of its youth profiling for program planning, and delivered the invitations. Each invitation said how the SK had used its list. Each envelope carried a detachable return slip with the list's code, which the SK secretary kept apart from the sealed

questionnaire, so returns could be counted by code; the researcher numbered the questionnaires when opening them, and no questionnaire carried a code. The researcher never saw a name.

Table 1 gives the outcome of each invitation. Of the 272 drawn, 4 were not eligible (three had moved out of the barangay and one was older than 24). Of the 268 eligible, 217 returned complete questionnaires, 4 returned questionnaires that stopped in Part E or F with more than half of the applicable items answered (partial questionnaires, by AAPOR's example), 24 declined (the youth or, for those aged 15 to 17, a parent), and 23 could not be reached in three visits. The response rate was 81.0% (AAPOR Response Rate 1, complete questionnaires over all eligible) and 82.5% counting the partial ones (Response Rate 2; American Association for Public Opinion Research [AAPOR], 2023). Analysis used the 217 complete questionnaires, against the 217 the computation called for. Response did not differ by sex ($x^2(1) = 1.06$, $p = .303$) or age group ($x^2(2) = 0.08$, $p = .961$), and the respondents matched the list closely on both (Table 1).

Table 1

Outcome of the Invitations and Respondents Compared With the List

Outcome or group	Count	Share
Drawn from the list	272	
Not eligible	4	
Eligible	268	100.0%
Complete questionnaires	217	81.0%
Partial questionnaires	4	
Declined	24	9.0%
Not reached in three visits	23	
Female: list / respondents	559 / 111	48.7% / 51.2%
Male: list / respondents	589 / 106	51.3% / 48.8%
Aged 15-17: list / respondents	379 / 69	33.0% / 31.8%
Aged 18-20: list / respondents	351 / 67	30.6% / 30.9%
Aged 21-24: list / respondents	418 / 81	36.4% / 37.3%

Note. The share of complete questionnaires is AAPOR Response Rate 1. The SK secretary gave each code's sex, age and outcome; no name left the SK, and no questionnaire carried a code.

The respondents' mean age was 19.4 years ($SD = 2.8$). Of the 217, 77 (35.5%) were in junior or senior high school, 52 (24.0%) in college or technical-vocational training, and 88 (40.6%) not in school.

Records. The Punong Barangay and the municipal health officer released aggregate counts for 2023 to 2025 on a records request form (Appendix C). No record named a person.

Key informants. Six informants, chosen for their different views of substance use in the barangay, were interviewed: the BADAC vice-chairperson (K1), a barangay health worker (K2), the SK chairperson (K3), a public school teacher who coordinates the school's drug education program (K4), a parent leader (K5), and a nurse of the rural health unit (K6).

B. Data Collection

Instrument and validation. The questionnaire (Appendix A) had six parts: background; ever use, age at first use and days of use in the past 30 days of cigarettes, vapes and alcohol; prevention activities attended in the past 12 months; ten true-or-false items on the laws; where a friend could get help, and which of seven services the respondent knew existed; and views on access, risk and recovery. Six experts rated the relevance of 20 items and item blocks (Parts B to F). Nineteen reached an item content validity index (I-CVI) of at least .83; one, the law item on a national minimum age for buying alcohol, reached .50, because three experts questioned whether a false statement belonged in the scale. It was kept as a false statement, since many youth believe it, and reworded to test one idea, and all six experts accepted the rewording. The scale-level index (S-CVI/Ave) was .942, above the .90 that Polit and Beck (2006) recommend (Appendix D). In the pilot test with 30 youth of a neighboring barangay on January 3 and 17, 2026, the ten law items reached a Kuder-Richardson Formula 20 (KR-20) of .74 and a test-retest correlation of .75.

Procedure. From January 24 to February 21, 2026, the SK delivered sealed envelopes with an information sheet, the consent form, the questionnaire and a list of places and hotlines that give help. Respondents answered alone and returned the questionnaire sealed, in a locked box at the barangay hall or to the researcher, who went with an adult on scheduled Saturdays. Up to three reminder visits were made. The interviews, from February 7 to 21, lasted 25 to 40 minutes each, were held at the barangay hall or the health center with the adviser present, and were recorded with each informant's consent and transcribed without names.

C. Ethical Issues

The study followed the DepEd Child Protection Policy, as the Research Management Guidelines direct for interactions with learners (DO No. 16, s. 2017, Sec. VI.C), and the National Ethical Guidelines for Research Involving Human Participants 2022 (Philippine Health Research Ethics Board [PHREB], 2022). The school's research committee and the Schools Division Research Committee reviewed the proposal; the school head endorsed it to the barangay; the Punong Barangay and the SK approved the use of their records and list in writing. Youth aged 18 to 24 consented for themselves; for those aged 15 to 17, a parent consented and the youth co-signed (PHREB, 2022, Research Involving Minors, item 3.2.4). The questionnaire asked nothing about illegal drug use and asked respondents not to write about it (PHREB, 2022, Social Research, items 30 and 39.9). No name was written on any questionnaire. The sealed questionnaires were kept locked in the adviser's office and encoded without identifiers. Every respondent kept a list of places and hotlines that give help. No disclosure of imminent harm was made during the study.

D. Data Analysis

The survey data were encoded in Microsoft Excel, checked against the paper questionnaires by a second encoder, and analyzed in Python (pandas, SciPy and statsmodels);

the executive data set (Appendix E) shows each computation. Shares are reported with 95% Wilson score intervals, which keep close to their stated coverage far more reliably than the textbook (Wald) interval (Brown et al., 2001), and each was also weighted to the list's sex-by-age composition to check the effect of nonresponse. Current use was compared across groups with the chi-square test of independence and Cramér's *V*; every expected count in the tests reported was at least 5. Age at first use was estimated with the Kaplan-Meier method (Kaplan & Meier, 1958). Two respondents who had drunk alcohol but left their age at first drink blank were left out of that estimate only. Two binary logistic regressions related naming at least one valid source of help, and any current use, to the two kinds of prevention activity, with sex, age (in years, centered at 19) and being in school as covariates; results are odds ratios (OR) with 95% confidence intervals (CI) and average marginal effects (AME): the average change, in percentage points, in the probability of the outcome when an activity goes from no to yes, and the two activities were tested together with a likelihood-ratio test. The models had 98 and 85 events for five predictors, 19.6 and 17.0 events per predictor. The open answers on where to get help were coded by the researcher and the adviser separately against a list of valid sources (a health facility, the guidance office, the BADAC or its referral desk, a hotline, a treatment center, a social worker), and their two differences were settled by discussion. The interviews were analyzed with thematic analysis in its six phases (Braun & Clarke, 2006), in its reflexive form (Braun & Clarke, 2019), and the two kinds of results were set side by side in a joint display (Guetterman et al., 2015).

VI. Discussion of Results and Recommendations

Research Question 1: What the Records Show

The barangay's records follow illegal drugs, and its own prevention work has thinned (Table 2). The barangay was declared drug-cleared in 2022 and kept that status. Admissions to the community-based drug rehabilitation program from the barangay fell from 7 in 2023 to 2 in 2025, and 2, 1 and 0 of them were aged 15 to 24. The BADAC met 4, 3 and 2 times in the three years, against the "at least once a month" its guidelines set (DILG Memorandum Circular No. 2015-63, Sec. II.B), and held 2, 2 and 1 prevention activities, which 146, 118 and 64 youth attended. No citation was issued for selling tobacco, vapes or alcohol to a minor in any of the three years. The rural health unit saw 5, 7 and 6 youth for alcohol-related injuries, and gave counseling to stop smoking or vaping to 0, 1 and 0.

Table 2

Barangay and Rural Health Unit Records, 2023 to 2025

Indicator	2023	2024	2025
New admissions to the community-based drug rehabilitation program	7	4	2
Of whom aged 15 to 24	2	1	0
BADAC meetings held	4	3	2
Barangay prevention activities	2	2	1
Youth (15 to 24) attending them	146	118	64
Citations for selling tobacco, vapes or alcohol to minors	0	0	0
Youth seen at the health center for alcohol-related injuries	5	7	6
Youth given counseling to stop smoking or vaping	0	1	0

Note. Aggregate counts from the BADAC's minutes and reports, the municipal anti-drug abuse council through the BADAC, the barangay's record of ordinance violations, and the rural health unit's consultation logbook.

Research Question 2: Use and Age at First Use

Alcohol was the substance most youth used (Table 3, Figure 2). Within the past 30 days, 31.8% had drunk, 12.0% had smoked cigarettes and 8.3% had used a vape; 39.2%, 95% CI [32.9, 45.8], had used at least one. Of those who drank in the past 30 days, 53.6% (37 of 69) had five or more drinks in a row on at least one day. Weighting to the list's sex-by-age composition changed no current-use share by more than a percentage point (any current use, 40.0%). Current drinking and smoking were close to the national figures for youth aged 15 to 24 in 2021, 29.4% and 12.1% (UPPI, 2022c, Table 2), while current vaping was nearly three times the national 2.8%; ever vaping, 20.3%, was close to the national 19.8%.

Table 3

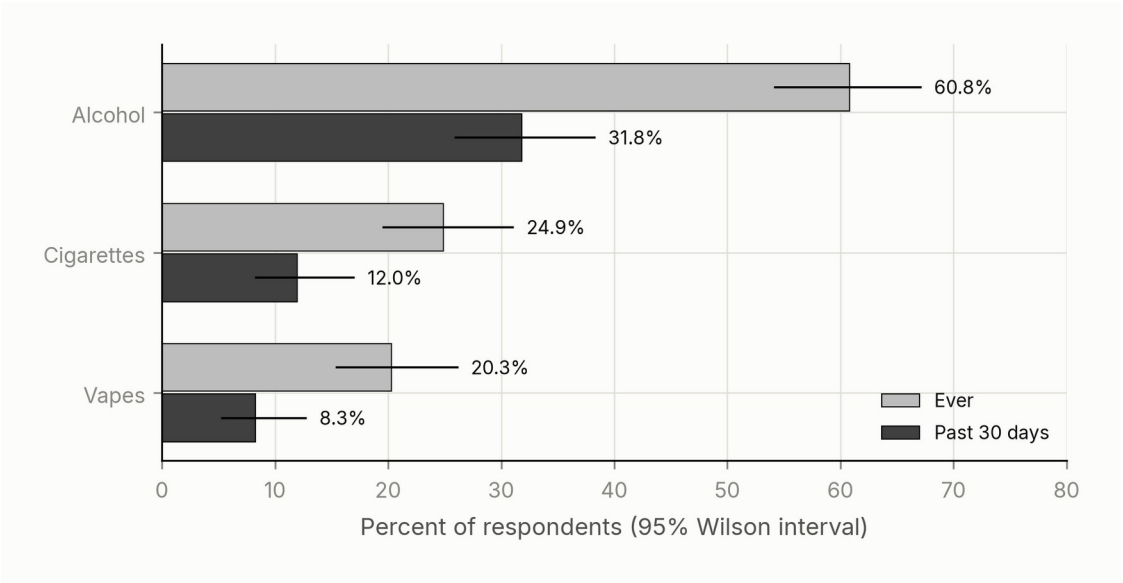
Ever and Current Use of Alcohol, Cigarettes and Vapes (n = 217)

Measure	k	%	95% CI	Weighted %
Ever drank alcohol	132	60.8%	[54.2, 67.1]	
Ever smoked a cigarette	54	24.9%	[19.6, 31.0]	
Ever used a vape	44	20.3%	[15.5, 26.1]	
Drank alcohol, past 30 days	69	31.8%	[26.0, 38.3]	32.5%
Five or more drinks in a row, past 30 days	37	17.1%	[12.6, 22.6]	17.6%
Smoked cigarettes, past 30 days	26	12.0%	[8.3, 17.0]	12.5%
Used a vape, past 30 days	18	8.3%	[5.3, 12.7]	8.3%
Any of the three, past 30 days	85	39.2%	[32.9, 45.8]	40.0%

Note. CI = Wilson score interval. Weighted shares match the list's composition by sex and age group. The finite population correction would narrow each interval by about a tenth (factor 0.901); the intervals shown are the wider, uncorrected ones.

Figure 2

Ever and Current Use of Alcohol, Cigarettes and Vapes



Note. Bars show the percent of 217 respondents; lines show 95% Wilson intervals.

Current use differed sharply by sex and less by age (Table 4). Young men used at least one substance far more often than young women, 61.3% against 18.0%, $x^2(1, N = 217) = 42.67$, $p < .001$, $V = 0.44$; in relative terms the gap was widest for cigarettes (23.6% against 0.9%). Use rose from 27.5% at ages 15 to 17 to 44.8% at 18 to 20, though the difference across the three age groups fell short of significance, $x^2(2, N = 217) = 5.75$, $p = .056$. Schooling made no clear difference, $x^2(2, N = 217) = 2.69$, $p = .261$.

Table 4

Current Use (Past 30 Days) by Sex, Age Group and Schooling

Group	Any of the three	Alcohol	Cigarettes	Vapes
Female	18.0%	15.3%	0.9%	5.4%
Male	61.3%	49.1%	23.6%	11.3%
x^2, V (sex)	$x^2(1, N = 217) = 42.67$, $p < .001$, $V = 0.44$	$V = 0.36$	$V = 0.35$	$V = 0.11$
Aged 15-17	27.5%	23.2%	5.8%	4.3%
Aged 18-20	44.8%	37.3%	14.9%	11.9%
Aged 21-24	44.4%	34.6%	14.8%	8.6%
Junior or senior high school	33.8%	27.3%	7.8%	5.2%
College or TVET	48.1%	40.4%	15.4%	3.8%
Not in school	38.6%	30.7%	13.6%	13.6%

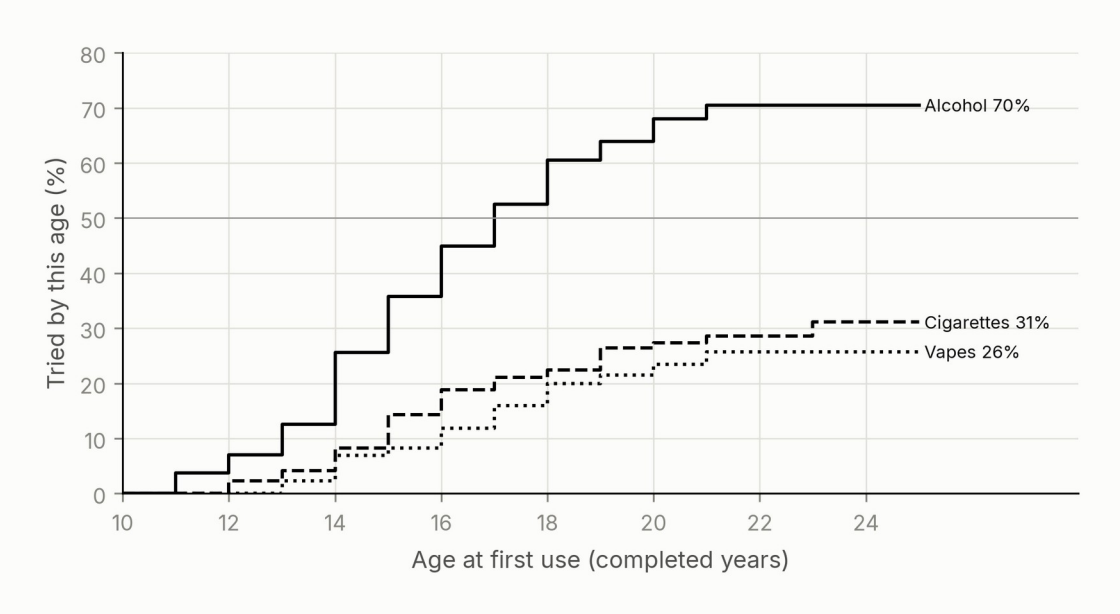
Note. Percent of each group using in the past 30 days. Chi-square tests for sex: alcohol $x^2(1, N = 217) = 28.46$, $p < .001$; cigarettes $x^2(1, N = 217) = 26.46$, $p < .001$; vapes $x^2(1, N = 217) = 2.49$, $p = .114$. For age group: $x^2(2, N = 217) = 5.75$, $p = .056$. For schooling: $x^2(2, N = 217) = 2.69$, $p = .261$.

First use came early, and earliest for alcohol (Figure 3). Counting everyone, 35.8% had tried alcohol by age 15 and 60.6% by 18, so that half had tried by age 17; 14.3% had tried a cigarette by 15 and 22.4% by 18; 8.3% had tried a vape by 15 and 20.0% by 18. Fewer than half had tried cigarettes or vapes by 24. Among those who had drunk, the mean age at the first

drink was 15.2, almost two years earlier than the age by which half had tried. The users' mean counts only those who had started, leaving out the younger respondents who will start later; the national averages of 16 for smoking and 16.8 for drinking (UPPI, 2022b, pp. 38, 40) were computed the same way.

Figure 3

Share Who Had Tried Each Substance by Each Age (Kaplan-Meier Estimates)



Note. Everyone counts: a respondent who had not tried a substance counts until their present age. A step rises at the age of first use, in completed years.

Research Question 3: Knowledge of the Laws, of Help, and of Access

Youth knew the rules on selling tobacco to minors better than the rules that protect people who seek help (Table 5). The mean score was 5.84 of 10 (*SD* = 2.62; median 6), and 43.8% answered five or fewer items correctly; the scale's KR-20 was .76. Most knew that selling cigarettes (82.5%) and vapes (70.5%) to minors is against the law, and that smoking and vaping are banned in schools (79.3%). Fewer knew that the records of a person who voluntarily asks for treatment are confidential (32.3%), that a positive school drug test is no ground for expulsion (39.6%), and that no national law sets a minimum age for buying alcohol (39.2%). The least known items are those that tell a young person it is safe to ask for help.

Table 5

Youth Who Answered Each Law Item Correctly (n = 217)

Statement (answer)	Basis	% correct
Selling cigarettes to a person below 18 is against the law (true)	RA 9211, Sec. 9	82.5%
Selling vapes to a person below 18 is against the law (true)	RA 11900, Sec. 6	70.5%
Selling cigarettes within 100 meters of a school is against the law (true)	RA 9211, Sec. 10	67.7%
A national law sets a minimum age for buying alcohol (false)	No national law; local ordinances	39.2%
A child 15 or younger who commits an offense is exempt from criminal liability but goes through an intervention program (true)	RA 9344, Sec. 6, as amended	60.8%
An adult arrested for the first time for using dangerous drugs, and not caught with any, faces at least six months of rehabilitation rather than prison (true)	RA 9165, Sec. 15	47.9%
Records of a person who voluntarily asks for treatment are confidential (true)	RA 9165, Sec. 60	32.3%
Every barangay must have an anti-drug abuse council (true)	DILG MC 2015-63; JMC 2018-01	64.5%
A school may expel a learner whose random drug test is positive (false)	DO 40, s. 2017, item 55	39.6%
Smoking and vaping are not allowed anywhere inside a school (true)	RA 9211, Sec. 5; RA 11900, Sec. 15	79.3%

Note. "Don't know" was counted as not correct. Mean score 5.84 of 10, *SD* 2.62, KR-20 = .76.

Fewer than half could name a source of help (Table 6). Asked where a friend could go to stop smoking, vaping, drinking or using drugs, 45.2% (95% CI [38.7, 51.8]) named at least one valid place or person. Prompted, 58.5% knew the barangay health center or rural health unit and 43.3% the school guidance office, but only 33.2% knew the BADAC, 9.2% the community-based rehabilitation program, and 7.4% the DOH Quitline. Buying was easy: 79.7% said a person below 18 could easily buy cigarettes in the barangay, 66.8% alcohol and 52.1% vapes. Only 47.9% saw great risk in vaping regularly, against 57.6% for smoking regularly, and 43.3% would accept a person recovering from drug dependence as a neighbor.

Table 6

Knowing Where to Get Help, Access, and Views (n = 217)

Measure	%
Named at least one valid source of help (open answer)	45.2%
Knows: barangay health center or rural health unit	58.5%
Knows: school guidance office or counselor	43.3%
Knows: Barangay Anti-Drug Abuse Council	33.2%
Knows: community-based drug rehabilitation program	9.2%
Knows: DOH Quitline (1558)	7.4%
Knows: National Center for Mental Health crisis hotline (1553)	5.5%
Knows: a DOH treatment and rehabilitation center	6.0%
Easy for someone below 18 to buy cigarettes	79.7%
Easy for someone below 18 to buy alcohol	66.8%
Easy for someone below 18 to buy vapes	52.1%
Great risk: smoking cigarettes regularly	57.6%
Great risk: using a vape regularly	47.9%
Great risk: five or more drinks once or twice each weekend	47.5%
Would accept a person in recovery as a neighbor	43.3%

Note. "Easy" combines very easy and somewhat easy.

Research Question 4: Prevention Activities, Help and Use

In the past 12 months, 36.9% of youth had attended a prevention activity in school (74.0% of those in junior or senior high school) and 30.9% one held by the barangay, the SK or the health center; 45.6% had attended neither.

Barangay and SK activities, not school activities, went with knowing where to get help (Table 7, Figure 4). Of youth who attended a barangay or SK activity, 62.7% could name a source of help, against 37.3% of those who did not. With sex, age and schooling taken into account, the odds of knowing where to get help were 2.66 times as high, 95% CI [1.45, 4.87], p = .001, an average difference of 23.6 percentage points, 95% CI [9.5, 37.8]. School activities showed no association (OR = 1.09, 95% CI [0.56, 2.15]). The two together added significantly to the model, $x^2(2) = 10.50$, p = .005, so the first null hypothesis was rejected, for barangay and SK activities only.

Neither kind of activity went with less use. The odds of any current use were 1.60, 95% CI [0.74, 3.48], for school activities and 1.03, 95% CI [0.52, 2.04], for barangay and SK activities, and together they added nothing, $x^2(2) = 1.47$, p = .479; the second null hypothesis was not rejected. Sex and age, not activities, went with use: the odds were lower for young women (OR = 0.13, 95% CI [0.07, 0.25]) and higher with each year of age (OR = 1.20, 95% CI [1.05, 1.38]).

Table 7

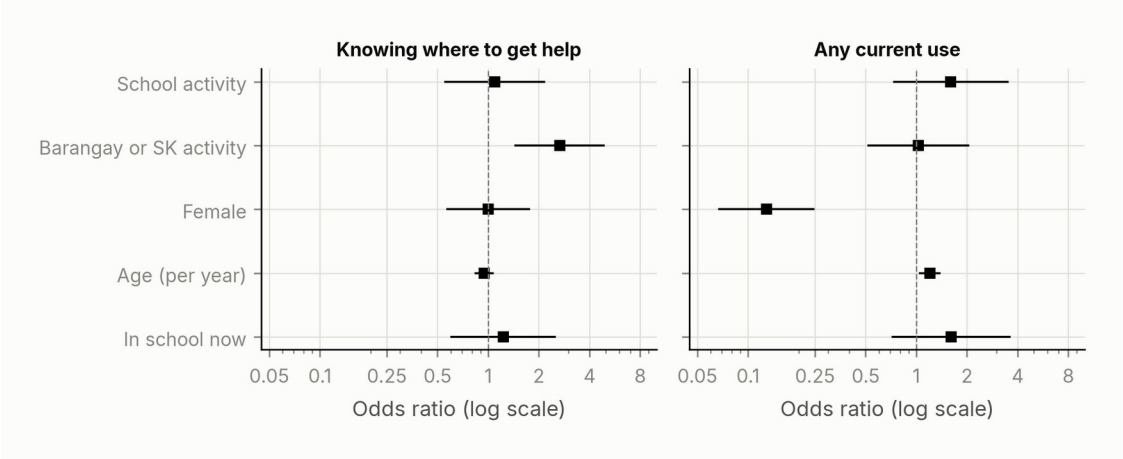
Logistic Regression of Knowing Where to Get Help and of Any Current Use (n = 217)

Predictor	Help: OR [95% CI]	*p*	Any use: OR [95% CI]	*p*
School prevention activity	1.09 [0.56, 2.15]	.796	1.60 [0.74, 3.48]	.231
Barangay or SK prevention activity	2.66 [1.45, 4.87]	.001	1.03 [0.52, 2.04]	.933
Female	1.00 [0.57, 1.74]	.992	0.13 [0.07, 0.25]	< .001
Age (per year)	0.95 [0.84, 1.07]	.370	1.20 [1.05, 1.38]	.007
In school now	1.23 [0.61, 2.49]	.568	1.61 [0.73, 3.60]	.241

Note. OR = odds ratio; CI = confidence interval. Knowing where to get help: 98 events, likelihood-ratio test of the two activities $x^2(2) = 10.50$, $p = .005$. Any current use: 85 events, $x^2(2) = 1.47$, $p = .479$. Average marginal effect of a barangay or SK activity on knowing where to get help: 23.6 percentage points, 95% CI [9.5, 37.8].

Figure 4

Odds Ratios of the Two Logistic Regressions



Note. Squares are odds ratios; lines, 95% confidence intervals; the dashed line marks no association (OR = 1).

Research Question 5: What the Key Informants Said

The analysis generated five themes from the six interviews (Table 8). The quotations were translated from Filipino by the researcher.

Drug-cleared, but not substance-free. Every informant tied the barangay's prevention work to illegal drugs. "Our report to the municipality asks about drug personalities and surrenderers, not about cigarettes or gin," said K1. K4 added that the school's lessons on gateway substances "stop at the classroom door." The political implication: the drug-clearing status had become the measure of success, so what it does not count, tobacco, vapes and alcohol, received no plan.

Drinking belongs to every gathering. Informants described drinking at fiestas, birthdays and wakes as normal for young men from their teens. K2 linked it to injuries the health center treats after celebrations (the medical implication), and K5 to quarrels at home and to money spent on drinks and on vapes that families cannot spare (the social and economic implications).

Easy to buy, rarely stopped. "Stores sell one stick at a time to anyone who has the money," said K2. K1 knew of no citation under the ordinance, and K3 said vapes are "ordered

online and delivered to the house." The legal implication: the laws on sales to minors exist but are not enforced in the barangay.

Help that young people do not see. The health center gives counseling and the BADAC has a referral desk, but K6 said young people "come only when they are injured," and K1 that families fear a referral will put a name on a list. K3 said youth "think the BADAC is the police."

Activities that happen once a year. Activities were lectures during the anti-drug week or before the drug-clearing validation. K3 said the SK has funds for youth programs "but no plan for anything beyond a seminar," and K1 that council meetings "became fewer after we were declared cleared."

Table 8

Themes From the Key Informant Interviews and the Implications They Show

Theme	Implications	Informants
Drug-cleared, but not substance-free	Political (what is counted sets what is planned)	K1, K3, K4
Drinking belongs to every gathering	Medical (injuries), social (quarrels), economic (spending)	K2, K5, K6
Easy to buy, rarely stopped	Legal (sales to minors not enforced)	K1, K2, K3
Help that young people do not see	Medical, social (fear of being listed, stigma)	K1, K3, K6
Activities that happen once a year	Political (prevention depends on priorities and validation)	K1, K3, K4

Note. K1 BADAC vice-chairperson; K2 barangay health worker; K3 SK chairperson; K4 teacher coordinating the school's drug education program; K5 parent leader; K6 nurse of the rural health unit.

The Results Together

Set side by side, the survey, the records and the interviews agree on four points and add a fifth (Table 9).

Table 9

Joint Display of the Survey, the Records and the Interviews

Matter	Survey	Records	Interviews	Together
Data on substance use	39.2% used in the past 30 days; vaping 8.3%	Illegal drug admissions fell; tobacco, vapes, alcohol not recorded	"Drug-cleared, but not substance-free"	The barangay's records miss the substances youth use most
Implications	17.1% had five or more drinks in a row	5 to 7 youth a year treated for alcohol-related injuries	Injuries, quarrels, spending	Drinking carries the heaviest burden
Laws and policies	39.2% knew no national law sets a minimum age for buying alcohol; 32.3% knew voluntary treatment is confidential	No citation for sales to minors in three years	"Easy to buy, rarely stopped"	Laws on sales to minors are known but not enforced; laws that protect help-seekers are little known
Institutions and resources	45.2% could name a source of help; 7.4% knew the Quitline	0 to 1 youth a year counseled to stop smoking or vaping	"Help that young people do not see"	Services exist but youth do not see them
Prevention	Barangay and SK activities went with knowing where to get help; no activity went with less use	Activities fell to one a year; attendance from 146 to 64	"Activities that happen once a year"	One-time seminars inform; they do not change use

Discussion

The barangay's youth drank and smoked at about the national rates, but vaped far more than youth did in 2021. The national figure for youth aged 15 to 24 is from 2021. Among students aged 13 to 15, current use of electronic cigarettes was already 14.1% in 2019, above cigarette smoking (10.0%; Department of Health Epidemiology Bureau, 2021), so vaping may be more common among young people than the 2021 youth figure suggests. Most first tried alcohol before 18, and more than a third by 15, at ages when only local ordinances, not a national law, forbid selling it to them.

The pattern in research question 4 fits what the international standards lead one to expect. Lectures and one-time seminars should not be expected to change use (Faggiano et al., 2014; UNODC & WHO, 2018, pp. 21-22), and neither kind of activity in this barangay went with less use. Barangay and SK activities, however, went with knowing where to get help, perhaps because the health center's staff spoke at them; school lessons, which the teacher described as centered on the harms of gateway substances, did not. Among Filipino students aged 11 to 18 in 2019, having been taught where to get help for drug problems went with less current illicit drug use (Pengpid et al., 2025). The finding is an association in one survey: youth who attend barangay activities may already be the ones who seek out information.

The least known laws were those that protect a young person who asks for help, and the informants described fear of being listed. Help-seeking is held back by "fear of police and incarceration, stigma and discrimination" (Perez et al., 2025), and only 43.3% of youth here

would accept a person in recovery as a neighbor. Telling young people that voluntary treatment is confidential (RA No. 9165, Sec. 60), that a child is not penalized for violating a local anti-smoking or anti-drinking ordinance (RA No. 9344, Sec. 57-A), and that a positive school drug test is no ground for expulsion (DO No. 40, s. 2017, item 55) may matter more than repeating the harms.

Conclusions

1. Alcohol is the substance youth in the barangay use most, and vaping is far more common than national figures from 2021 suggest; use is concentrated among young men and begins for many before 18.
2. Youth know that stores may not sell tobacco to minors, but most find it easy to buy, and few know the laws that protect a person who seeks help.
3. Fewer than half of youth can name a source of help, and very few know the hotlines and programs that exist.
4. Barangay and SK prevention activities go with knowing where to get help; neither these nor school activities go with less use.
5. The barangay's records and plans follow illegal drugs, while the substances its youth use most go unrecorded and its prevention activities have thinned.

Recommendations

1. **The BADAC** may add tobacco, vapes and alcohol to its plan of action and its monthly report, hold its meetings monthly as its guidelines set, and, with the municipality, orient store owners near the school on the laws on sales to minors (RA No. 9211, Secs. 9-10; RA No. 11900, Secs. 6, 7 and 9) and see that stores selling vapes post the point-of-sale notice the vape law requires (RA No. 11900, Sec. 10).
2. **The SK** may use its funds, which the law gives priority to "Sports and wellness projects to address … substance abuse" among others (RA No. 10742, Sec. 20(c)(2), as amended by RA No. 11768), for a series of interactive sessions that build refusal and decision skills over several weeks, in place of one-time lectures (UNODC & WHO, 2018, p. 22).
3. **Every prevention activity, in school or in the barangay,** may end with where to get help: the health center, the guidance office, the BADAC's referral desk, the DOH Quitline (1558), and the crisis hotline (1553), with the assurance that voluntary treatment is confidential.
4. **The school** may give the Grade 10 competency on institutions and resources (DM No. 025, s. 2021) as much time as the harms of substances, and the Barkada Kontra Bisyo may carry the leaflet on where to get help to its peers.
5. **The rural health unit** may offer counseling to stop smoking and vaping at the health center on set days, and tell youth that it is confidential.

6. **Future researchers** may evaluate a skills-based program with a comparison group, measure peer and family influences with validated scales, and repeat this survey in other barangays.

VII. Dissemination and Advocacy Plan

The plan for research dissemination, advocacy and utilization follows on its own pages.

PLAN FOR RESEARCH DISSEMINATION, ADVOCACY AND UTILIZATION

[Name of School]

School Years 2025-2026 and 2026-2027

[Address]

I. INTRODUCTION

This plan carries the findings of the study "Substance Use, Knowledge of Laws, and Awareness of Help Among Barangay Youth" to the people who can act on them: the Barangay Anti-Drug Abuse Council, the Sangguniang Kabataan, the school, the rural health unit, and the youth themselves. It turns the study's recommendations into activities with a date, a budget, the people responsible, and a way to tell whether each worked.

II. HIGHLIGHTS OF RESEARCH FINDINGS

- 39.2% of youth aged 15 to 24 had used alcohol, cigarettes or vapes in the past 30 days; 31.8% had drunk alcohol and 8.3% had used a vape.
- Counting everyone, 60.6% had tried alcohol by age 18.
- 79.7% said a person below 18 can easily buy cigarettes in the barangay; no citation for selling to minors was issued from 2023 to 2025.
- Only 45.2% could name a place or person that gives help; 7.4% knew the DOH Quitline.
- Youth who attended a barangay or SK activity were more likely to know where to get help (odds ratio 2.66); no activity went with less use.
- The barangay's records and plans follow illegal drugs only, and its prevention activities fell to one in 2025.

III. GENERAL OBJECTIVES

The plan aims to bring the findings to those who decide the barangay's and the school's prevention work; to make help visible to young people; to move the barangay from one-time seminars to sessions that build skills; and to see that the laws on sales to minors are known and kept near the school.

IV. PRODUCTION

Dissemination/ Utilization Activities	Specific Objectives	Timeframe/ Target Date	Budget and its Source	Human Resources/ Persons Involved	Material Resources	Success Indicators
1. Submission of the paper and data set to the school's research committee for archiving	Keep the study available to future researchers	March 27, 2026	None	Researcher, adviser	Paper, executive data set	Paper and data set received by the research committee
2. Presentation to the BADAC	Present the records' findings and recommendations 1 and 3; propose adding tobacco, vapes and alcohol to the BADAC plan	April 2026 BADAC meeting	None	Researcher, adviser, BADAC members	Slides, printed summary	Recommendation adopted in the BADAC minutes; BADAC plan revised
3. Presentation at the Katipunan ng Kabataan assembly	Share the findings with youth; gather their proposals for SK activities	May 2026	PHP 1,500 (snacks), SK fund	Researcher, SK officials, KK members	Slides, printed summary	Number of youth attending; proposals recorded
4. Leaflet and poster: where young people can get help	Make help visible: services, hotlines, confidentiality	May to June 2026	PHP 2,500 (printing of 500 leaflets and 10 posters), SK fund	Researcher, SK, health center, BKB	Leaflets, posters	500 leaflets given out; posters at the barangay hall, health center, school and stores
5. Presentation to the school head, teachers and the Barkada Kontra Bisyo	Share the findings; agree on the school's actions on PDE lessons and the peer group	June 2026, when classes resume	None	Researcher, adviser, school head, teachers, BKB members	Slides, printed summary	Presentation made; school's action points recorded
6. Youth activity on the International Day Against Drug Abuse	Launch skills-based sessions with the SK; give out the leaflet	June 26, 2026	PHP 5,000, SK fund	SK, health center, BKB, researcher	Session plans, leaflets	Number of youth attending; series of sessions scheduled
7. Orientation of store owners near the school	Explain the laws on sales to minors and within 100 meters of a school	July 2026	PHP 1,500 (snacks), barangay fund	BADAC, barangay officials, researcher	Copies of the laws' key sections, signs	Stores oriented; signs posted
8. Presentation at the school's research forum	Share the study and its design with other learner researchers	August 2026	None	Researcher, adviser, research teacher	Slides, printed paper	Presentation made
9. Follow-up with the BADAC and the SK	Check which recommendations were acted on	September 2026	None	Researcher, adviser	Checklist of recommendations	Report on actions taken submitted to the school head

V. MONITORING & EVALUATION

The researcher and the adviser will keep a record of each activity: the date, those who attended, and what was decided, with the minutes of the BADAC and the SK where the activity was part of their meeting. In September 2026, they will check each recommendation against what the BADAC, the SK, the school and the health center did, and report to the school head which were acted on, which were not, and why. The success indicators in Part IV are the measures. A second survey of youth, a year later, would show whether knowing where to get help has spread.

VI. ATTACHMENTS

- The completed research paper
- The executive data set (Microsoft Excel)
- The leaflet on where young people can get help (draft)
- The slides used in the presentations

Prepared by:

[Name of the learner researcher]
Researcher, Grade 11

Approved by:

[Name of the school head]
School Head

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IX. Appendices

Appendix A. Questionnaire

To the respondent. Thank you for agreeing to answer. Do not write your name anywhere. Your answers are anonymous: no one, not even the researcher, can tell which questionnaire is yours. Answer alone, in a place where no one can read your answers. When you finish, put the questionnaire in the envelope, seal it, and give it back sealed. You may skip any question or stop at any time.

Please do not write anything about the use of illegal drugs by yourself or by any person you know. This questionnaire does not ask about it. It asks about cigarettes, vapes and alcohol, what you know about the laws, and where young people can get help.

A **vape** is an electronic cigarette or any device that heats a liquid you inhale (e-cigarette, vape pen, pod). A **drink** is one bottle of beer, one glass of wine, or one shot of gin, rum or other liquor.

Part A. About you

1. Sex: ☐ Male ☐ Female
2. Age on your last birthday: _____ years

3. Are you in school now? ☐ Yes, junior or senior high school ☐ Yes, college or TVET ☐ No

Part B. Cigarettes, vapes and alcohol

4. Have you ever smoked a cigarette, even one or two puffs? ☐ Yes ☐ No (go to item 7)
5. How old were you when you smoked your first cigarette? _____ years old
6. During the past 30 days, on how many days did you smoke cigarettes? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 9 days ☐ 10 to 29 days ☐ All 30 days
7. Have you ever used a vape, even one or two puffs? ☐ Yes ☐ No (go to item 10)
8. How old were you when you first used a vape? _____ years old
9. During the past 30 days, on how many days did you use a vape? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 9 days ☐ 10 to 29 days ☐ All 30 days
10. Have you ever had a drink of alcohol, more than a few sips? ☐ Yes ☐ No (go to item 14)
11. How old were you when you had your first drink, more than a few sips? _____ years old
12. During the past 30 days, on how many days did you have at least one drink? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 9 days ☐ 10 to 29 days ☐ All 30 days
13. During the past 30 days, on how many days did you have five or more drinks in a row, within a couple of hours? ☐ 0 days ☐ 1 day ☐ 2 or more days

Part C. Prevention activities in the past 12 months

14. In the past 12 months, did you attend a lesson, talk or activity **in school** about drugs, smoking, vaping or drinking? ☐ Yes ☐ No ☐ Not in school in the past 12 months
15. In the past 12 months, did you attend an activity about drugs, smoking, vaping or drinking organized by the **barangay, the SK or the health center** (a seminar, a run, a sports fest, a youth assembly)? ☐ Yes ☐ No

Part D. What you know about the laws

Mark each statement True, False, or Don't know. Do not guess: "Don't know" is a good answer.

16. Selling cigarettes to a person below 18 years old is against the law.
17. Selling vapes to a person below 18 years old is against the law.
18. Selling cigarettes within 100 meters of a school is against the law.
19. A national law sets a minimum age for buying alcohol.
20. A child 15 years old or younger who commits an offense is exempt from criminal liability but goes through an intervention program.
21. An adult arrested for the first time for using dangerous drugs, and not caught with any, faces at least six months of rehabilitation rather than prison.

22. The records of a person who voluntarily asks for treatment for drug dependence are kept confidential.
23. Every barangay must have an anti-drug abuse council.
24. A secondary school may expel a learner whose random drug test is positive.
25. Smoking and vaping are not allowed anywhere inside a school, by anyone.

Part E. Where to get help

26. If a friend your age wanted help to stop smoking, vaping or drinking, or to stop using drugs, where could they go or whom could they call? Write all that you can think of. _____
27. Which of these do you know exist for people in our barangay or municipality? Check all that you know.

a. ☐ The barangay health center or the rural health unit

b. ☐ The school guidance office or guidance counselor

c. ☐ The Barangay Anti-Drug Abuse Council (BADAC)

d. ☐ The community-based drug rehabilitation program

e. ☐ The DOH Quitline for smoking and vaping (1558)

f. ☐ The National Center for Mental Health crisis hotline (1553)

g. ☐ A DOH treatment and rehabilitation center

Part F. Your views

28. How easy would it be for someone below 18 to buy each of these in our barangay? (Very easy, Somewhat easy, Somewhat hard, Very hard, Don't know) a. Cigarettes b. Vapes c. Alcohol
29. How much do people risk harming themselves if they do each of these regularly? (No risk, Slight risk, Moderate risk, Great risk) a. Smoke cigarettes b. Use a vape c. Have five or more drinks once or twice each weekend
30. I would accept a person who is recovering from drug dependence as my neighbor. ☐ Agree ☐ Not sure ☐ Disagree

Thank you. The sheet in your envelope lists places and hotlines where young people can get help. Keep it. Now seal the envelope.

Appendix B. Interview Guide for Key Informants

1. What do you know about the use of cigarettes, vapes and alcohol among young people in the barangay? Please do not name anyone.
2. What do you know about the use of illegal drugs in the barangay, from the records you keep or see? Please do not name anyone.
3. What harm do you see from substance use, to health, to families, to the barangay's resources, and before the law?

4. Which laws and policies on substance use do you apply or see applied in the barangay? Which are hard to apply?
5. Which offices, programs and people help a young person who wants to stop, or a family that needs help? How do young people find them?
6. What prevention activities have the barangay, the SK, the school or the health center held in the past three years? What did they achieve?
7. What keeps young people from asking for help?
8. What should the barangay, the SK and the school do next?

Appendix C. Records Requested From the Barangay and the Rural Health Unit

Aggregate counts for 2023, 2024 and 2025 only, with no names: the barangay's drug clearing status; persons from the barangay newly admitted to the community-based drug rehabilitation program, and of them, those aged 15 to 24; BADAC meetings held; barangay prevention activities and the number of youth attending; citations for selling tobacco, vapes or alcohol to minors; youth aged 15 to 24 seen at the health center for alcohol-related injuries; and youth given counseling to stop smoking or vaping.

Appendix D. Content Validity and Pilot Test

Six experts rated 20 items: the ten law items (items 16 to 25), the three blocks on cigarettes, vapes and alcohol (items 4 to 13), the two activity items (14 and 15), and items 26 to 30. Item content validity indices (I-CVI): .50 for item 19 (a national minimum age for buying alcohol), reworded and accepted by all six; .83 for the vape block, item 15 (barangay activities), item 24 (school expulsion) and item 28 (ease of buying); 1.00 for the other fifteen. Scale-level index (S-CVI/Ave): .942. Pilot test, 30 youth of a neighboring barangay, January 3 and 17, 2026: law items KR-20 = .74; test-retest r = .75.

Appendix E. Executive Data Set

The executive data set is a Microsoft Excel workbook with one row for each completed questionnaire (numbered, with no name and no link to the list), the codes, sex, age and outcomes of the 272 invitations, the experts' ratings and the pilot test, the records, and every computation of this paper as a formula, with the logistic regression coefficients computed in Python.

Appendix F. Informed Consent and Assent

The consent form told each invited youth, and the parent of each youth aged 15 to 17, the purpose of the study; that taking part was voluntary and could be stopped at any time; that no name would be written on the questionnaire and no one could tell which questionnaire was whose; not to write anything about illegal drug use; the limits of confidentiality if imminent harm were disclosed; the help available; and how to reach the researcher and the adviser. Youth aged 18 to 24 signed it; for youth aged 15 to 17, a parent signed and the youth co-signed.