BASIC RESEARCH PROPOSAL

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

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 can measure four of them without naming anyone.

This study will therefore describe 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 will join these with the barangay's records and with the accounts of people who deal with substance use in the barangay. The results will be 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 addresses 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 will take 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 will use 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 will fill that gap for one barangay.

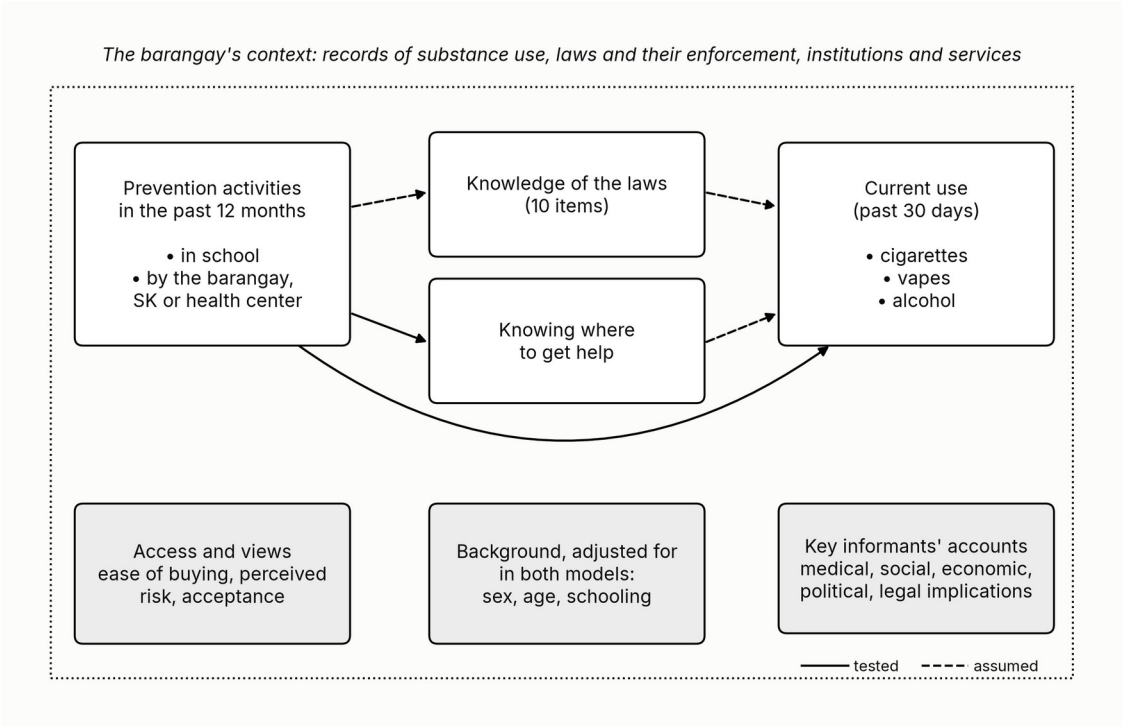
Theoretical and Conceptual Framework

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 tests two links (activities to knowing where to get help, and activities to current use) and describes 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 aims 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 seeks 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 will test 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 will cover youth aged 15 to 24 who live in one barangay and are on the Katipunan ng Kabataan list kept by the SK, the barangay's and the rural health unit's aggregate records for calendar years 2023 to 2025, and six key informants. Data will be gathered from January to February 2026.

The survey will ask about cigarettes, vapes and alcohol only. It will not ask any respondent about their own or anyone else's use of illegal drugs: such answers would disclose criminal acts, which a learner researcher cannot protect, so the barangay's illegal drug figures will come from aggregate records. The findings will rest on self-reports, which may understate use. The study is cross-sectional: an association between prevention activities and an outcome will not show that the activities caused it, since youth who attend activities may differ from those who do not. Youth who moved away or were never listed by the SK will be missed. The results describe one barangay and are not meant to describe others.

V. Research Methodology

A. Sampling

The study will use three sources of data: a survey of youth, the barangay's and the rural health unit's records, and interviews with key informants.

Survey. The target population is the 1,148 youth aged 15 to 24 on the barangay's Katipunan ng Kabataan (KK) list, which the SK secretary keeps (RA No. 10742, Sec. 14(a)). Youth were chosen because the national surveys show first use of these substances concentrated in these ages, and because the SK, which serves them, can act on the results. The

sample size was computed for a share near 50% with a margin of error of 6 percentage points at 95% confidence, using Cochran's (1977) formula with the finite population correction: $n_0 = z^2p(1 - p)/e^2 = (1.96)^2(0.50)(0.50)/(0.06)^2 = 266.78$; $n = n_0/[1 + (n_0 - 1)/N] = 266.78/[1 + (266.78 - 1)/1148] = 216.63$, or 217 completed questionnaires.

Expecting four in five invited youth to answer, the study will invite 272 (217 ÷ 0.80, rounded up). The SK secretary, not the researcher, will draw the simple random sample from the KK list with the spreadsheet's random number function, deliver the invitations and consent forms, and keep the names. The study's files will hold only each code's sex, age and whether it was returned, which the SK secretary will provide to compare respondents with the list. The SK will approve this use of its list by resolution, as part of its youth profiling for program planning, and each invitation will say how the list was used.

Records. The study will request aggregate counts only, for 2023 to 2025: the barangay's drug clearing status, persons from the barangay admitted to the community-based drug rehabilitation program, BADAC meetings held, barangay prevention activities and their attendance, citations for selling tobacco, vapes or alcohol to minors, and the rural health unit's consultations of youth for alcohol-related injuries and for counseling to stop smoking or vaping.

Key informants. Six will be chosen purposively, each for a different view of substance use in the barangay: the BADAC vice-chairperson (the barangay kagawad for peace and order), a barangay health worker, the SK chairperson, a public school teacher who coordinates the school's drug education program, a parent leader, and a nurse of the rural health unit.

B. Data Collection

Instrument. The questionnaire (Appendix B of the completed paper) has six parts: (A) sex, age and schooling; (B) ever use, age at first use, and days of use in the past 30 days of cigarettes, vapes and alcohol, with days of five or more drinks in a row, worded after the Global Youth Tobacco Survey and the Global School-based Student Health Survey; (C) prevention activities attended in the past 12 months, in school and by the barangay, the SK or the health center; (D) ten true-or-false statements on the laws and policies, with "Don't know" allowed; (E) where a friend could get help (an open answer, coded) and which of seven services the respondent knows exist; and (F) how easy it is for someone below 18 to buy each substance, how much risk each use carries, and acceptance of a person in recovery as a neighbor. Its parts correspond to the research questions as the research blueprint shows (Appendix B). The questionnaire will be given in English and Filipino; the Filipino version will be translated by two teachers separately and reconciled by them with the adviser.

Validation and pilot test. Six experts will rate the relevance of each item from 1 (not relevant) to 4 (highly relevant): a MAPEH teacher who teaches Health, an Edukasyon sa Pagpapakatao teacher, the school's guidance designate, a Practical Research teacher, a nurse of the rural health unit, and the municipal anti-drug abuse council's focal person. An item's content validity index (I-CVI) is the share of experts rating it 3 or 4; items below .78 will be

revised, and the scale's average (S-CVI/Ave) should reach .90 (Polit & Beck, 2006). The revised questionnaire will be pilot-tested with 30 youth aged 15 to 24 of a neighboring barangay, twice, two weeks apart; the knowledge items should reach a Kuder-Richardson Formula 20 (KR-20) of .70 and a test-retest correlation of .70.

Procedure. Each invited youth will receive, from the SK, a sealed envelope with an information sheet, a consent form (with a parent's consent and the youth's co-signature for those aged 15 to 17), the questionnaire, and a list of places and hotlines that give help. They will answer alone, seal the questionnaire in the envelope, and drop it in a locked box at the barangay hall or hand it back sealed to the researcher, who will go with an adult on scheduled Saturdays. Envelopes not returned after a week will get a reminder visit, up to three visits. Each envelope will carry a detachable return slip with the list's code, which the SK secretary will keep apart from the sealed questionnaire, so returns can be counted by code; the researcher will number the questionnaires when opening them, and no questionnaire will carry a code. The interviews will be held at the barangay hall or the health center, with the adviser present, for about 30 minutes each, recorded with the informant's consent; the researcher will ask about the four matters of the PDEP Curriculum Model (data, implications, institutions and resources, laws) and about gaps in prevention, and will ask informants not to name any person.

C. Ethical Issues

The study involves minors and a sensitive topic, so it will follow 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).

Permission and review. The proposal will be reviewed by the school's research committee and submitted to the Schools Division Research Committee, which evaluates research proposals "within the schools division to be funded by other fund sources" (DO No. 16, s. 2017, Sec. V.A.iii, item 3). The school head will endorse the study to the Punong Barangay, and the barangay and the SK will approve the use of their records and list in writing. The national guidelines count minors among vulnerable participants and call for a full review by a research ethics committee of protocols that "involve vulnerability issues" (PHREB, 2022, Research Ethics Review Process, item 52); the adviser will ask the Schools Division Research Committee whether an ethics committee is available to review the protocol before data collection.

Consent and assent. Youth aged 18 to 24 will consent for themselves. For youth aged 15 to 17, a parent or guardian will consent and the youth will co-sign, as the guidelines provide for that age (PHREB, 2022, Research Involving Minors, item 3.2.4); a youth who declines will not take part even if the parent agrees (item 3.2.7).

No questions that incriminate. The questionnaire will not ask about illegal drug use. The national guidelines list the "Disclosure of illegal drug use" as a legal risk needing legal

safeguards (PHREB, 2022, Social Research, item 30, Table 2) and tell researchers to ask participants "not to divulge information that are outside the scope of their study, and which appear to incriminate the participants" (item 39.9); the first page of the questionnaire will ask exactly that. No question will ask about family members or friends, or ask a respondent to name a store or a seller.

Anonymity and data protection. No name will be written on any questionnaire. The SK secretary will hold the names; the researcher will hold only questionnaire numbers. Answers about substance use are information about health, which the Data Privacy Act treats as sensitive personal information (RA No. 10173, Sec. 3(l)); the sealed questionnaires will be kept in a locked cabinet in the adviser's office, encoded without any identifier, and shredded after the paper is accepted. Interview recordings will be transcribed without names and deleted after transcription.

Help and referral. Every respondent will keep a list of places and hotlines that give help: the barangay health center, the rural health unit, the school guidance office, the DOH Quitline (1558 toll-free, or 0921-203-9534 and 0977-627-7539 by mobile), and the National Center for Mental Health crisis hotline (1553 toll-free, or 0917-899-8727 and 0919-057-1553 by mobile). If an informant or a respondent discloses imminent harm, the adviser will follow a referral protocol agreed in advance with the guidance designate and the barangay health worker, and the limits of confidentiality will be stated in the consent form (PHREB, 2022, Elements of Research Ethics, item 31).

Safety of the researcher. The researcher will not go to any household alone, will not visit after 5:00 p.m., and will not discuss illegal drugs with anyone in the community.

D. Plan for Data Analysis

The study will use a convergent mixed methods design: the survey and the records (quantitative) and the interviews (qualitative) will be analyzed separately, then set side by side in a joint display (Guetterman et al., 2015). Data will be encoded in Microsoft Excel and analyzed in Python (pandas, SciPy and statsmodels); every computation will also be shown in the Excel workbook.

Research question 1. The records will be tabulated by year and described as counts; no test is needed.

Research question 2. Ever use and current use will be reported as shares with 95% Wilson score intervals, which keep close to their stated coverage far more reliably than the textbook (Wald) interval (Brown et al., 2001). Because the respondents may differ from the list in sex and age, each share will also be weighted to the list's sex-by-age composition, and the two compared. Current use will be compared by sex, age group (15-17, 18-20, 21-24) and schooling with the chi-square test of independence, with Cramér's V as the effect size; where an expected count falls below 5, Fisher's exact test will be used. Age at first use will be estimated

with the Kaplan-Meier method (Kaplan & Meier, 1958), counting those who have not yet used a substance until their present age, and reported as the share who had tried by ages 15 and 18.

Research question 3. Each law item will be reported as the share answering correctly ("Don't know" counts as not correct), and the ten items as a score from 0 to 10 with its mean, standard deviation and KR-20. Knowing where to get help, the services known, ease of buying and perceived risk will be reported as shares with Wilson intervals.

Research question 4. Two binary logistic regressions will relate each outcome (naming at least one valid source of help; any current use) to school and barangay prevention activities, with sex, age and being in school as covariates. Results will be reported as odds ratios with 95% confidence intervals and as average marginal effects in percentage points, and the two activities will be tested together with a likelihood-ratio test. The model has five predictors; with about 90 or more events expected for each outcome, events per predictor will exceed 10 (Peduzzi et al., 1996).

Research question 5. The interview transcripts will be analyzed with thematic analysis in its six phases, "familiarizing yourself with your data", "generating initial codes", "searching for themes", "reviewing themes", "defining and naming themes" and "producing the report" (Braun & Clarke, 2006), in the reflexive form its authors later described (Braun & Clarke, 2019). The adviser will review the codes against the transcripts.

VI. Timetable/Gantt Chart

Plan of Activities	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026
1. Review and revision of the proposal by the school research committee and the division research committee (3 weeks)	■					
2. Letters of permission to the school head, the Punong Barangay, the SK and the rural health unit; SK resolution (2 weeks)	■					
3. Content validation by six experts and revision of the questionnaire (2 weeks)	■					
4. Pilot test with 30 youth of a neighboring barangay, two administrations two weeks apart (3 weeks)	■	■				
5. Drawing of the sample and delivery of invitations by the SK secretary (1 week)		■				
6. Survey data gathering, with up to three visits (5 weeks)		■	■			
7. Request and tabulation of records (2 weeks)		■				
8. Key informant interviews and transcription (3 weeks)			■			
9. Encoding, checking and analysis of data (3 weeks)			■	■		
10. Writing and review of the completed paper (3 weeks)				■		
11. Submission of the completed paper and the executive data set (1 day)				■		

VII. Plans for Dissemination and Utilization

Dissemination & Utilization Activities	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026
1. Presentation to the BADAC at its meeting, with the records' findings and recommendations (1 day)						
2. Presentation to the SK and the youth at the Katipunan ng Kabataan assembly (1 day)						
3. Leaflet and poster on where young people can get help, made with the SK and the health center (3 weeks)						
4. Presentation to the school head, teachers and the Barkada Kontra Bisyo when classes resume (1 day)						
5. Youth activity on the International Day Against Drug Abuse, June 26, using the findings (1 day)						
6. Orientation of store owners near the school on the laws on sales to minors, with the BADAC (1 day)						
7. Presentation at the school's research forum (1 day)						
8. Follow-up with the BADAC and the SK on the actions taken (1 week)						

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IX. Appendices

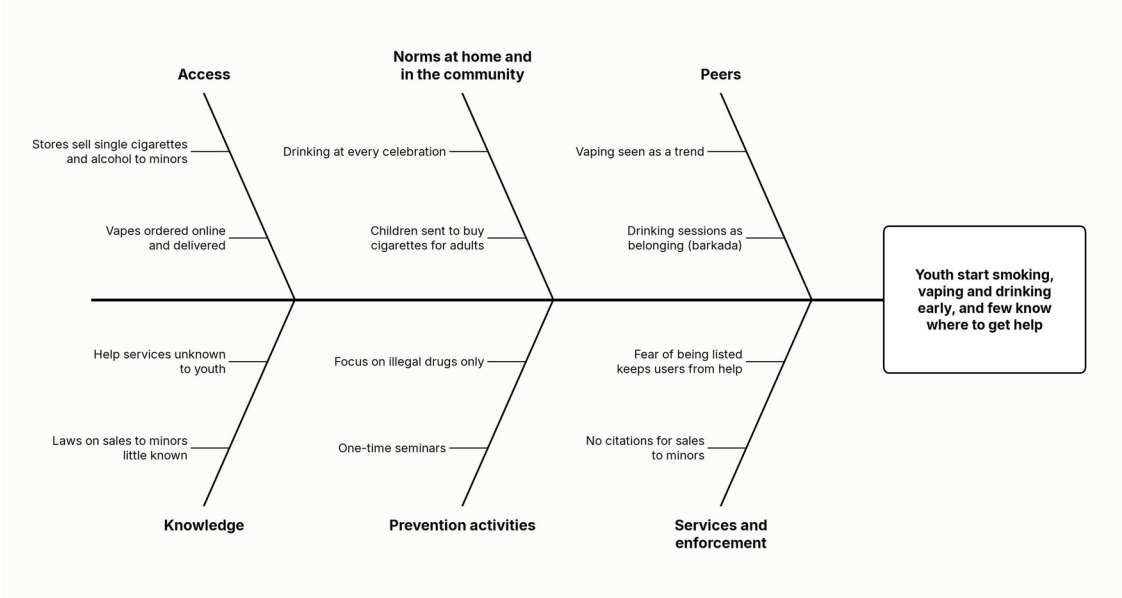
Appendix A. Result of the Root Cause Analysis

In November 2025, the researcher, the research adviser and five members of the school's Barkada Kontra Bisyo listed the causes of the problem they saw in the barangay on a fishbone

diagram, and checked each cause against something they could see: the stores near the school, the barangay's past activities and records, a quick poll of the group, and a remark of a barangay health worker during a first visit. The problem at the head: youth start smoking, vaping and drinking early, and few know where to get help. The causes a survey of youth can measure without naming anyone became research questions 2 to 4; the barangay's records and the key informants (research questions 1 and 5) take up the rest. Norms at home and peer influence stay outside the survey: asking about parents or friends would describe people who did not consent.

Figure A1

Fishbone Diagram of the Problem



Appendix B. Research Blueprint

Research question	Variables or indicators	Source of data	Instrument (items)	Analysis
1. Records, 2023 to 2025	Drug clearing status; CBDRP admissions; BADAC meetings; prevention activities and attendance; citations for sales to minors; RHU consultations	Barangay and RHU records	Records request form (counts only)	Counts by year
2. Use and age at first use	Ever and current (30-day) use of cigarettes, vapes, alcohol; five or more drinks in a row; age at first use; sex, age group, schooling	Survey of youth	Questionnaire, Parts A and B (items 1-13)	Shares with Wilson intervals; weighted shares; chi-square, Cramér's *V*; Kaplan-Meier
3. Knowledge, help, access	Ten law items; knowing where to get help; services known; ease of buying; perceived risk; acceptance	Survey of youth	Parts D to F (items 16-30)	Shares with Wilson intervals; score mean and SD; KR-20
4. Prevention activities and outcomes	School and barangay activities (past 12 months); knowing where to get help; any current use	Survey of youth	Parts B, C, E (items 6, 9, 12, 14, 15, 26)	Logistic regression: odds ratios, average marginal effects, likelihood-ratio test

Research question	Variables or indicators	Source of data	Instrument (items)	Analysis
5. Implications and gaps	Medical, social, economic, political, legal implications; gaps in prevention	Six key informants	Interview guide (8 questions)	Reflexive thematic analysis; joint display with RQs 1-4

The blueprint was reviewed by the school's research committee on November 28, 2025.

Appendix C. Declaration of Anti-Plagiarism and Absence of Conflict of Interest

The signed declaration follows this proposal on its own page.

Appendix D. Curriculum Vitae of the Researcher

[Name of the learner researcher], Grade 11 learner, [Name of School]; member of the school's Barkada Kontra Droga, now Barkada Kontra Bisyo, since SY 2024-2025; completed the school's research orientation. Contact through the research adviser.

Submitted by:

[Name of the learner researcher]
Lead Researcher

N/A
Co-researcher 1

N/A
Co-researcher 2

Decision

Accept Research Proposal: ☐ With minor editing ☐ Without editing or revision

Return Research Proposal: ☐ With minor revision ☐ With major revision

Reviewed by:

[Left blank for the reviewer]
SDRC Content Expert

[Left blank for the reviewer]
SDRC Technical Expert

DECLARATION OF ANTI-PLAGIARISM AND ABSENCE OF CONFLICT OF INTEREST

[Declaration of Anti-Plagiarism]

1. I, [Name of the learner researcher], understand that plagiarism is the act of taking and using another's ideas and works and passing them off as one's own. This includes explicitly copying the whole work of another person or that of the undersigned proponent and/or using some parts of their work without proper acknowledgment and referencing.
2. I hereby attest to the originality of this research proposal and have cited properly all the references used. I further commit that all deliverables and the completed research emanating from this proposal shall be of original content. I shall use appropriate citations in referencing other works from various sources. I also hereby attest that this research has not yet been finished and is not part of the researcher's thesis or dissertation.
3. I understand that violation of this declaration and commitment shall be subject to consequences and shall be dealt with accordingly by the Department of Education.

[Name of the learner researcher]
Signature over printed name, date

[Declaration of Absence of Conflict of Interest]

1. I, [Name of the learner researcher], understand that conflict of interest refers to situations in which financial or other personal considerations may compromise my judgment in evaluating, conducting, or reporting research.
2. I hereby declare that I do not have any personal conflict of interest that may arise from my submission of my research proposal. I understand that my research proposal may be returned to me if found out that there is a conflict of interest during the initial screening or review as per DO 16, s. 2017.
3. Further, in case of any form of conflict of interest (possible or actual) which may inadvertently emerge during the conduct of my research, I will duly report it to the research committee for immediate action.
4. I understand that I may be held accountable by the Department of Education for any conflict of interest which I have intentionally concealed.

[Name of the learner researcher]
Signature over printed name, date

This declaration is adapted from Annex 3 of DepEd Order No. 16, s. 2017, Research Management Guidelines.