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Assessment on the Implementation of Drug Education Program Among Higher Education Institutions in Nueva Ecija

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Abstract

This study focused on determining the Higher Education Institution implementation of drug education program using descriptive comparative design. Fourth year criminology students were the primary respondents of the study and were chosen via quota sampling. Result showed that most of the subject HEIs included in the study was classified as private institution, operated for many years as corporation, they are categorized as small-medium school due to their recorded number of enrollees with small number of employees coming from administrative, teaching personnel and non-teaching personnel who assisted them in their academic-related needs and supported my various academic units, academic support units non-academic units in the implementation of drug education program. All of the dimension used in the assessment such as instruction, intervention program, services, learning activities, development activities, advocacy campaigns and monitoring, evaluation and research was rated strongly agreed by the respondents indicating the HEIs implemented the drug education program to a very great extent. Four profile variables of the HEIs found with significant relationship to implementation of drug education program. As to School, it was positively correlated to services indicating that school F had better implementation of drug education program as to services. Type of school was negatively correlated with the implementation of drug education program as to service, development activities and monitoring, evaluation and research indicating that private school had better implementation of drug education program in terms of service, development activities and monitoring, evaluation and research. Form of business organization was positively correlated with the implementation of HEIs drug education program as to service showing that that school run by a corporation had better implementation of HEIs drug education program as to service. Lastly, there were significant variation found in the implementation of drug education when classified into HEIs, the instruction, services, advocacy campaigns and monitoring, evaluation and research indicators are among the variables with significant difference indicating that the HEIs had different instructional delivery, teaching strategies and are or not integrated in the curriculum.

Keywords: Drug Education, Instruction, Intervention Program, Learning Activities, Development Activities, Intervention Program, Advocacy Campaign, Services

Introduction

The United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) estimate that about 35 million people worldwide suffer from substance use disorders (Hansford, 2019) [30]. It was estimated that 1.7 million Filipinos used illegal drugs in the country in 2019. Only 5,277 inpatient and outpatient admissions were reported in the same year, excluding those who used community-based programs (WHO, 2021) [79].

Furthermore, according to Yosa, Aguaviva, Montehermoso, Nituda, and Acabo (2020) [71], using illegal drugs is a complex health issue that negatively impacts people's general wellbeing. It is associated with behavioral, emotional, and physical problems that can prevent the full potential of education. Illicit drug use is still a major threat to economic stability and national security in the Philippines, hindering attempts to attain sustainable development and all-encompassing growth. A major focus on lowering the drug supply, offering preventive education, and assisting with treatment and rehabilitation is evident in the passage of RA 9165 (Comprehensive Dangerous Drug Act of 2002).

Similarly, in order to protect students' personal safety, security, and general well- being, the Department of Education (DepEd)

recognizes the importance of protecting them from a variety of threats, including those posed by illegal drugs. This complies with Section 43 of Article IV of Republic Act 9165, which requires that drug abuse prevention and control education be incorporated into the curricula of all public and private elementary, secondary, and tertiary education programs, regardless of whether they are general, technical, vocational, or agro-industrial, as well as into non-formal, informal, and indigenous learning systems. The guidance should cover: (1) The negative impacts of the abuse and improper use of harmful substances on individuals, families, schools, and communities; (2) Preventive measures for avoiding drug abuse; (3) The health, socio- cultural, psychological, legal, and economic aspects and consequences of drug-related issues; (4) Procedures to follow when assistance is required for someone dependent on drugs, as well as the available services for treating and rehabilitating drug dependents; and (5) Clarifications about misconceptions related to the use of harmful substances, including the importance and safety of these drugs for medical purposes, to prevent confusion and unintentional stigmatization among students.

DepEd has released DepEd Order No. 12 s, with relation to this. 2009, DepEd Memorandum 200 s., Strategic Framework on Adolescent Health and Development. DepEd Order 37 s. (2016), Strengthening the National Drug Education Program in Schools. DepEd Order No. 40 (Guidelines for the Conduct of Random Drug Testing in Public and Private Secondary Schools) and Department of Education Drug-Free Workplace Policy (2017, 2017). DepEd created an anti-drug strategy centered on three main pillars to support the goal of a drug-free school: (1) curriculum and instruction; (2) co-curricular activities; and (3) preventive drug education and drug testing in the workplace and schools.

Except drug testing, the first and third pillars of the anti-drug policy are covered by the Preventive Drug Education Program Policy (PDEP). Its goal is to successfully implement the PDEP, which places a strong emphasis on developing curriculum platforms that guarantee the inclusion of crucial ideas and competencies in the K–12 Basic Education Program. It promotes a positive learning environment and school norms. It helps students develop social responsibility, self-discipline, and character in order to lessen the negative effects of drug use in schools, neighborhoods, and Community Learning Centers (CLCs). DepEd encourages all stakeholders to actively participate in promoting the PDEP through parent education and community outreach because it recognizes the importance of these partners as valued collaborators in program promotion.

In the context of HEIs, Executive Order No. 66, s. 2018, otherwise known as the "Institutionalizing of the Philippine Anti-illegal Drugs Strategy (PADS) directs States Universities and Colleges (SUCs) to implement the said anti-illegal drugs strategy through its projects and programs in accordance with their respective mandates. In like manner, the CHED Memo 152, s. 2023 encourage HEIs in Region III to participate in the workshop on the development of drug-free learning institutions, primarily to develop a roadmap for drug education and prevention programs in higher education that conveys the CHED and PADS strategic direction for the next five years. The roadmap intends to guide, stimulate innovation, and motivate HEIs key personnel to be more active in the implementation of its policy direction, development strategies/initiatives and interventions, creating more relevant and responsive drug education and prevention programs for students of HEIs.

This study was conducted to ascertain how drug education programs are being implemented in Nueva Ecija's higher education institutions. The aims of this research are twofold: (1) to examine how drug education programs are implemented in the study area; and (2) to assess the higher education institutions while putting these programs into place. Using information from administrators, staff, and students regarding the implementation of drug education among HEIs in Nueva Ecija, this study will gather reliable and up-to-date data.

Theoretical Framework

The study is anchored on the 2004 United Nations Drug Control and Crime Preventions "Guiding principles for school-based education for drug abuse prevention," primarily to express the concepts and values upon which legislators, policy makers, school administrators, teachers, students, parents and community agencies can base decisions about school-based education for drug abuse prevention. Similarly, the Guiding principles can convey a sense of direction towards the ideal, and, with associated guidelines, can confirm that plans are as close to the ideal as they can be, given the situation and the circumstances.

However, they should not be seen as so idealistic and rigid as to convey a sense that nothing can be achieved unless programs and policies reflect every principle to its extreme ideal. Much can be and has been achieved in resource-poor settings, for schools already have the resources most needed for success: committed teachers and students who want to be engaged meaningfully in the education process. These guiding principles can help ensure that scarce resources are not wasted on programs and resources that have a superficial albeit immediate appeal, but do not meet the criteria for achieving learning outcomes or long-term changes to the school environment that will impact on future drug use.

These guiding principles help to define the central role of the teacher and stress the educational rather than the preventative focus of school-based education for drug abuse prevention. Their adoption will help to reduce the use of ineffective programs that place students at risk by giving parents and the community a false sense of confidence that their children are being helped when, in fact, they are not. The guiding principles
have been developed in consultation with a group of practitioners, including youth, experts, policy makers and researchers from a number of countries, who made professional judgments after consideration of the available research and current practice in school-based drug education.

Principle 1. **An emphasis on learning outcomes, environmental factors and collaborative partnerships is vital to the success of school-based education for drug abuse prevention**. Schools that aim to change drug use behavior directly risk failing to achieve it since the "target" is not under their control. It ought to be recognized that schools influence behavior (they do not determine it) through the development of students' knowledge and skills and the cultivation of values. This in turn requires sufficient time to be allocated to achieving clearly stated learning

outcomes and collaborative partnerships with the family and the community to be developed in an atmosphere supportive of personal and academic growth.

Principle 2. **Drug-related learning outcomes should be addressed in the context of the health curriculum or other appropriate learning area that can provide sequence, progression, continuity and links to other health issues that impact on students' lives.** Isolated programs cannot provide the ongoing comprehensive and developmental elements that encourage development of personal and social skills and values. Just as drug abuse does not exist in a vacuum but is part of the young person's whole life, education for prevention should incorporate other issues important to young people, including adolescent development, stress and coping, sexuality, collaboration between home and school and personal relationships.

Principle 3. **The school environment should be conducive to achieving educational outcomes and building productive partnerships.** Students respond positively to a school environment-comprising the culture, milieu, ethos, sense of community, goals and a sense of order, in which they feel that they are treated fairly. Students benefit when school is purposeful, when schools make clear what students should know and do and how those outcomes are to be achieved and measured.

Principle 4. **Collaborative partnerships should be developed for decision-making.** Students, school personnel, parents, prevention practitioners, referral agencies and the wider community should collaborate to make decisions on drug policy, including on the management of drug incidents. A collaborative approach to policy development reinforces desired values and consistent behaviors at school, in the home and among the community.

Principle 5. **Teaching and learning should be interactive.** Interactive teaching techniques such as discussions, brainstorming, decision-making, assertion training or role-playing new skills and behavior stimulate the active participation of all students. A supportive classroom climate is promoted by conducting activities in smaller groups, which encourages peer to peer communication and maximum participation.

Principle 6. **Educational programs for the prevention of drug abuse should be responsive and inclusive.** Educational programs for the prevention of drug abuse should take into account levels of drug use among individuals and in society, risk and protective factors, gender, ethnicity, culture, language, developmental level, ability level, religion and sexual orientation. Interacting with students in a way that acknowledges the reality of their backgrounds and experiences creates opportunities for meaningful student input into education for drug abuse prevention programs. Students react positively when their individual needs and the needs of users and non-users are acknowledged and communication channels are kept open without drug use being condoned.

Principle 7. **Training teachers in drug abuse prevention education enhances the impact and sustainability of drug abuse prevention programs.** Offering teachers professional development, consisting of an orientation to drug abuse prevention education that enables them to use a range of learning strategies, resources and evaluation techniques appropriate to students' needs, rather than offering training only in the use of a specific program or resource, ensures that programs have greater impact and sustainability. Teachers should be offered the support of school leaders, as well as technical advice and networking opportunities for sharing both successes and problems.

Principle 8. **Programs, strategies and resources should be designed to support the teacher, to help achieve drug-related learning outcomes and to contribute to the long-term improvement of the school environment and ethos.** Drug education programs and resources should be selected to complement the role of classroom teacher with external resources enhancing not replacing that role. The credibility of the teacher's role in meeting student needs may be compromised where externally developed programs are imposed on schools.

Principle 9. **Drug abuse prevention programs and their outcomes should be evaluated regularly to provide evidence of their worth and to improve the design of future programs.** Some drug abuse prevention education programs are not effective and some are counterproductive. Schools can avoid poor practices if they refer to principles, guidelines and models of good practice as standards to inform and guide the evaluation of programs and outcomes.

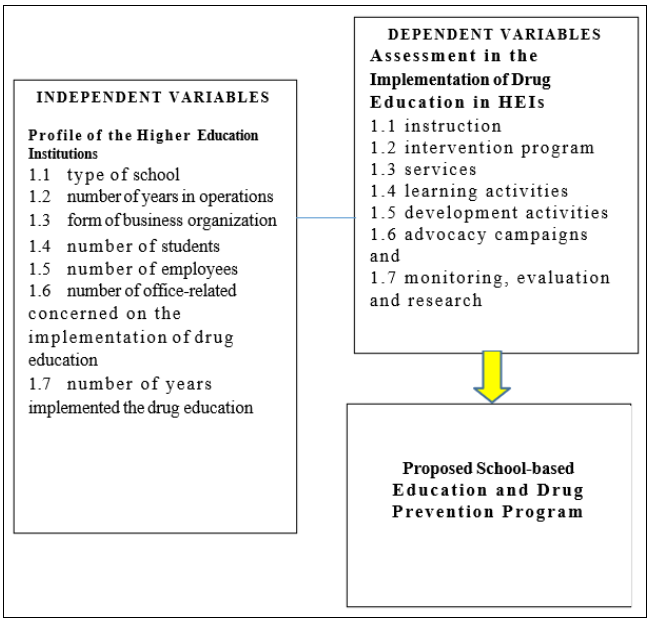
Principle 10. **Policies and procedures for managing drug-related incidents at schools should be collaboratively developed and widely publicized in order to elicit a positive response**. Some responses to drug use may marginalize and stigmatize students. Detection of drug use with a solely punitive outcome is not a productive strategy unless the health and safety of the school community is being compromised and could alienate students at risk from the only place where individuals and activities can support their efforts to change.

Conversely, the present study described and determined the implementation of drug education among HEIs in Nueva Ecija. Fig 2 shows the fundamental operation that undertaken in the conduct of the study.

The first component contains the profile of the HEIs which includes: type of school, number of years in operations, form of business organization, number of students, number of employees, number of office-related concerned on the implementation of drug education and number of years implemented the drug education.

Meanwhile, the second component were composed of assessment in the implementation of drug education among HEIs which is composed of the following domains: instruction, intervention program, services, learning activities, development activities, advocacy campaigns and monitoring, evaluation and research.

Finally, the proposed outcome of the study was a school-based education and drug prevention program based on the findings of the study.



Research Objectives

Generally, this study aimed to determine the implementation of drug education among higher education institution in Nueva Ecija. Specifically, it answered the following questions:

1. What is the profile of higher education institutions in terms of:
   1.1 type of school;
   1.2 number of years in operations;
   1.3 form of business organization;
   1.4 number of students;
   1.5 number of employees;
   1.6 number of office-related concerned on the implementation of drug education, and
   1.7 number of years implemented the drug education?
2. What is assessment of the respondents on the implementation of drug education in terms of:
   2.1 Instruction;
   2.2 intervention program;
   2.3 services;
   2.4 learning activities;
   2.5 development activities;
   2.6 advocacy campaigns, and
   2.7 monitoring, evaluation and research?
3. Is there significant relationship between the profile of the higher education institution and implementation of drug education?
4. Is there significant difference in the implementation of drug education across higher education institutions?
5. What proposed school-based education and drug prevention program maybe proposed based on the findings of the study?

Methodology

The study used the descriptive-comparative design using survey methods that described the implementation of drug education program among Higher Education Institution in Nueva Ecija. This was used to give information how the HEIs differ in their implementation in various dimension of the program and to determine the level of variations to come up with appropriate school-based drug education program that can be use HEIs within the locale of the study.

Moreover, the descriptive method of research involves as a certain data gathering process on prevailing conditions and practice or description of objects, process, or persons as they exist for about a certain educational phenomenon, predicting for identifying relationship among and between the available described (Contreras & Dela Vega, 2018) [18].

Similarly, a comparative descriptive design is used to describe variables and examine differences in variables in two or more groups that occur naturally in setting. The researcher collects data from respondents who were not randomly assigned to groups but can be placed in groups based on existing characteristics, such as age or gender. The groups might be formed also using ethnicity and race, educational level, medical diagnosis, location of care, or presence of health insurance (Gray, 2019; Grove, 2019 [29]).

A descriptive-comparative design is appropriate for the study because a non- experimental causal-comparative design enabled identification of the relationship among the variables. In descriptive-comparative research studies, the predictor variable is not manipulated, groups are not assigned at random, and a comparison group is included (Arnold, 2019) [6].

Results and Analysis

This chapter presents the findings obtained from the primary instrument used in this study. The responses were organized, quantified and interpreted using different statistical tools. Presentation observes the sequence of the specific problems formulated for the purpose of the study.

1. Profile of the Higher Education Institutions

The data gathered on the profile of higher education institutions which includes type of school, number of years in operations, form of business organization, number of students, number of employees, number of office-related concerned on the implementation of drug education, and number of years implemented the drug education.

1.1 Type of School

Table 2: Distribution of Respondents According to Type of School

Type of School	Frequency	Percentage
Public	1	16.67
Private	5	83.33
Total	6	100.00

Table 2 presents the distribution of respondents according to type of school. It can be inferred from the data that five or 83.33 percent were classified as private higher education institution and one or 16.67 percent was public higher education institution.

The selection of the six Higher Education Institutions (HEIs) included in this study was carried out through purposive sampling. This technique was chosen to ensure the inclusion of institutions that were both relevant and accessible to the objectives of the study. Several criteria guided the selection process: first, the institutions had to be officially recognized by the Commission on Higher Education (CHED) and currently operational within the province of Nueva Ecija. Second, they needed to offer either curricular or co-curricular programs related to drug education, in line with the mandates of Republic Act No. 9165. Third, only organizations that formally approved the

study and agreed to take part were included. Furthermore, institutions of different sizes, years of operation, and organizational structures were taken into account, in addition to public and private institutions.

Practical factors like time constraints, institutional access, and the level of data collection needed also played a role in the decision to only include six institutions.

Instead of generalizing to all HEIs in the area, the objective was to collect varied and significant perspectives on drug education implementation from institutions with varying types and capacities. A total of 281 respondents took part in the study, allowing for statistical reliability in the analysis despite the small number of institutions. This sampling technique is in line with Creswell's (2014) assertion that purposive sampling is appropriate when a researcher wants to thoroughly examine cases with a wealth of information. The validity of implementation-based research is strengthened by institutional variation rather than sample size alone, according to Torres and Bernardo (2017) [63], who employed a similar methodology to evaluate drug education programs in Central Luzon.

This distribution implies that private institutions are more common or more open to taking part in drug education research. Private HEIs frequently have more institutional autonomy, which permits more flexible integration of programs like drug education, claim De Leon and Escueta (2018) [21]. This disparity in representation, though, might restrict its applicability to public institutions. Because of their institutional autonomy and the pressure from parents and stakeholders, private higher education institutions in the Philippines may be more proactive in addressing substance use issues and frequently have more latitude in implementing co-curricular programs, including drug education. Although the small number of public schools in this sample may be a reflection of their lower numbers throughout the province, it also raises questions regarding the data's representativeness and comprehensiveness.

Furthermore, the resources, administrative focus, and enforcement of policies may vary greatly between public and private institutions, which may have an impact on the prioritization and delivery of drug education. The results of this study may therefore primarily represent the implementation procedures and difficulties faced by private institutions, as suggested by this skewed distribution. Future studies should take into account purposive sampling to guarantee higher participation from public colleges and universities in order to provide a more inclusive and balanced understanding of drug education initiatives throughout Nueva Ecija.

1.2 Number of years in Operation

Table 3: Distribution of Respondents According to Number of Years in Operation

Number years in Operation	Frequency	Percentage
less than 10 years	0	0.00
10 - 20 years	4	66.67
21 - 30 years	2	33.33
31 - 40 years	0	0.00
41 - 50 years	0	0.00
51 - above years	0	0.00
Total	6	100.00

Table 3 presents the distribution of respondents according to number of years in operation. Data shows that four or 66.67 percent operated for 10 – 20 years and two or 33.33 percent were operated within the bracket of 21 – 30 years of operation.

The age of an institution may influence its institutional maturity, administrative capacity, and readiness to implement comprehensive drug education programs. Newer institutions such as those within the 10–30-year range might still be in the process of developing or refining their academic and co-curricular frameworks, which includes integrating drug prevention education into their curricula. The quality and consistency of drug education initiatives may be impacted by issues that newer Philippine higher education institutions face, including a lack of funding for prevention programs, a lack of faculty training on drug-related topics, and changing administrative policies (Torres and Bernardo, 2017) [63]. On the other hand, older institutions which are not included in this sample may be able to execute more comprehensive and long-lasting programs because of their more established systems, alumni networks, and collaborations with law enforcement or health organizations.

The results of this study may therefore not be as broadly applicable as they could be, especially when it comes to comprehending long-term, institution-wide approaches to drug education, because there were no institutions that had been in operation for more than 30 years. This implies that rather than being influenced by long-standing customs or accepted best practices in education and prevention, the implementation of drug education in Nueva Ecija may currently be more influenced by new institutional viewpoints.

1.3 Form of Business Organization

Table 4: Distribution of Respondents According to Form of Business Organization

Form of business organization	Frequency	Percentage
Single proprietorship	0	0.00
Partnership	0	0.00
Corporation	5	83.33
Government-HEI	1	16.67
Total	6	100.00

Table 4 illustrate the distribution of respondents according to form of business organization. Data shows that five or 83.33 percent were classified as corporation and one or 16.67 percent was categorized as government-HEI.

In the Philippines, where incorporation is a common legal framework that permits formal governance, financial independence, and the formulation of strategic policies, this distribution of business structures represents the predominant operational model among private HEIs. Corporate-run institutions may have more administrative freedom under this arrangement when it comes to implementing and adopting specialized programs, like drug education campaigns. Corporate HEIs frequently have institutional boards and compliance systems in place to support the creation and oversight of extracurricular activities, such as those pertaining to safety, health, and anti-drug campaigns (Alcantara and Reyes, 2019) [2].

Conversely, the pace and customization of drug education initiatives may be hampered by the lone government HEI's limited discretionary resources or bureaucratic delays, even though they may be subject to more standardized national policies under CHED or DepEd directives. The lack of small, independently run organizations like partnerships or proprietorships further indicates that drug education is being implemented in Nueva Ecija within institutional settings that are formally governed and relatively structured. This background is crucial to comprehending these institutions' ability to innovate in their curriculum and outreach while adhering to national anti-drug education mandates.

1.4 Number of Students

Table 5: Distribution of Respondents According to Number of Students

Number of Students	Frequency	Percentage
less than 100 students	2	33.33
101 - 500 students	1	16.67
501 - 1000 students	1	16.67
1001 - above students	2	33.33
Total	6	100.00

Table 5 presents the distribution of respondents according to number of students. It can be inferred from the data that two of the Higher Education Institutions have several students within a bracket of less than 100 and 1001 – above students. Likewise, two Higher education Institutions have several students within the bracket of 101 – 500 students and 501 – 1000 students.

The institutional size may significantly affect the scope and implementation of drug education programs. Closer interactions between faculty and students may be advantageous for smaller schools (those with fewer than 100 students), as this can improve individualized counseling and preventative measures. The creation of thorough drug education programs, however, may be hampered by their potential lack of funding, personnel, and access to outside resources. Larger universities (those with more than 1,000 students) on the other hand probably have more structured programs, more extensive offerings, and access to public or private partnerships that can help fund effective anti-drug education campaigns.

According to Santos and Aguilar (2020) [56], an institution's ability to implement health programs, such as drug prevention initiatives, is frequently correlated with the size of its student body. Larger schools are more likely to establish partnerships with law enforcement agencies, NGOs, or public health departments, thereby enriching the content and reach of drug education. On the other hand, smaller institutions tend to rely more on internal staff or basic lecture formats without auxiliary support systems. The even distribution across small and large institutions in this study provides a useful comparative basis to evaluate how student population impacts program delivery and effectiveness.

1.5 Number of Employees

Table 6: Distribution of Respondents According to Number of Employees

Number Employees		
Administrative	**Frequency**	**Percentage**
1 - 2 employees	3	50.00
3 - 4 employees	3	50.00
4 - above employees	0	0.00
Total	6	100.00
Teaching Personnel	**Frequency**	**Percentage**
less than 10 teaching employees	3	50.00
10 - 20 teaching personnel	2	33.33
21 - 30 teaching personnel	1	16.67
Total	6	100.00
Non-teaching personnel	**Frequency**	**Percentage**
1 - 2 non-teaching personnel	3	50.00
3 - 4 non-teaching personnel	2	33.33
4 - above non-teaching personnel	1	16.67
Total	6	100.00

Table 6 presents the distribution of respondents according to number of employees. Data shows that in the administrative category three or 50 percent both had a number of employees within 1 – 2 and 3 – 4 employees. Likewise, under the teaching personnel three of 50 percent had a less than 10 teaching employees, two or 33.33 percent had a 10 - 20 teaching personnel and one or 16.67 percent had 21 -30 teaching personnel. Finally, under the non-teaching personnel, three or 50 percent has 1 – 2 non-teaching personnel, two or 33.33 percent had 3 -4 non-teaching personnel and one or 16.67 percent had a 4 and above non-teaching personnel.

The availability and capability of human resources within an institution are fundamental to the effective and sustainable implementation of drug education programs. Higher education institutions rely heavily on the presence of qualified and adequately staffed personnel, both administrative and teaching personnel to design, coordinate, and deliver these initiatives. When an institution operates with limited human resources, especially in key areas such as administration and faculty, the capacity to manage specialized programs like anti-drug education is significantly compromised. Employees frequently deal with conflicting tasks, which leaves little time or money for development, training, or the regular distribution of information about drug prevention.

Due to the excessive demands placed on current staff, understaffed higher education institutions frequently prioritize drug education less, as noted by Medina and Javier (2020) [45]. Institutions may find it difficult to carry out significant and long-lasting interventions in the absence of qualified facilitators or assigned program coordinators. Additionally, the lack of administrative personnel makes it difficult to monitor policies, document them, and coordinate across agencies which are essential for preserving ties with public health organizations like the Department of Health (DOH) or law enforcement organizations like the Philippine

National Police (PNP). These organizations play a crucial role in supporting institutional drug prevention initiatives by offering resources, technical assistance, and cooperative programming. Strengthening HEIs' human resource bases is therefore essential for meeting national mandates and guaranteeing the long-term effects of drug education programs, in addition to being a matter of internal efficiency.

Moreover, outreach initiatives and the incorporation of drug-related topics into different subjects may also be impacted by these institutions' comparatively small teaching and non-teaching staff. Furthermore, the institutions might only be able to provide instruction without the comprehensive support required for behavioral and preventive interventions if they do not have specialized counselors or guidance staff, who frequently hold non-teaching positions. This data suggests that capacity-building measures, such as staff training and recruitment, may be necessary to fully realize the goals of drug education programs in these HEIs.

1.6 Number of Office Involved in the Implementation of Drug Education

Table 7: Distribution of Respondents According to Number of Office Involved in the Implementation of Drug Education

Academic Units	Frequency	Percentage
1 - 2 offices	4	66.67
3 - 4 offices	1	16.67
4 - above office	1	16.67
Total	6	100.00
Academic Support unit	**Frequency**	**Percentage**
1 - 2 offices	3	50.00
3 - 4 offices	0	0.00
4 - above office	0	0.00
None	3	50.00
Total	6	100.00
Non-academic units	**Frequency**	**Percentage**
1 - 2 offices	2	33.33
3 - 4 offices	0	0.00
4 - above office	0	0.00
None	4	66.67
Total	6	100.00

Table 7 presents the distribution of respondents according to number of offices involved in the implementation of drug education. Out of six HEIs included in the study, four academic units or 66.67 percent was supported by 1 -2 officer, followed by one or 16.67 percent supported by 3 -4 offices and 4 and above offices. Moreover, in terms of academic support unit, 3 or 50 percent was supported by 1 – 2 offices, while the three other HEI had no support from academic support unit. Lastly, two or 33.33 percent was supported by 1 – 2 offices, while the other four HEIs had no support received from non- academic units.

The implementation of drug education is most effective when it involves a multi- sectoral and institutional-wide approach, combining academic, support, and non- academic units. The data suggest that drug education in most Nueva Ecija HEIs is narrowly confined to a few academic departments, likely in health, social science, or criminology programs, with minimal participation from supporting and administrative units. This reflects a fragmented or program-specific model rather than a comprehensive institutional policy, which limits the potential for long-term behavioral impact among students. According to Villanueva and Morales (2019) [66], the most successful anti-drug education programs in Philippine universities were those implemented through interdepartmental coordination, integrating health services, student affairs, academic units, and even campus security in both education and monitoring functions.

The absence of academic support and non-academic units in half or more of the institutions indicates a gap in institutional coordination. Without the involvement of guidance counsellors, peer support groups, or administrative enforcement mechanisms, drug education may remain theoretical and classroom-bound, lacking necessary psychosocial interventions and community engagement that are vital in prevention models. This finding underscores the need for policy reforms or institutional mandates that encourage or require a more integrated approach to drug education in higher education settings.

1.7 Number of Years Implemented the Drug Education

Table 8: Distribution of Respondents According to Number of Years Implemented the Drug Education

Number of Years Implemented	Frequency	Percentage
10 - 15 years	2	33.33
16 - 21 years	3	50.00
22 - 27 years	1	16.67
Total	6	100.00

Table 8 presents the distribution of respondents according to number of years implemented the drug education. It can be inferred from the table that three or 50 percent of the subject HEIs implemented the drug education within a period of 16 – 21 years, followed by two or 33.33 percent 10 -15 years and one or 16.67 percent within the bracket of 22 -27 years. This finding suggests that the HEIs had been implementing drug education for a considerable amount of time. Their dedication to creating a drug-free educational institution and a drug-free country was a result of their efficient mechanisms for carrying out the programs, which included incorporating drug education into the curriculum, training faculty, publishing, promoting drug prevention and awareness through pertinent activities, conducting randomized drug tests, and even monitoring and evaluation—all of which are crucial components in establishing a drug-free environment. In response, the Dangerous Drugs Board, in collaboration with CHED, led the creation of a workshop on drug-free learning institutions that communicates the Philippine Anti- Illegal Drugs Strategy and the Commission on Higher Education's five-year plan (Mapru, 2023). Therefore, according to Yosa *et al*. (2023), a number of HEIs have long used drug education primarily to shield students from threats to their personal safety, security, and well-being, including those posed by illegal drugs.

2. Assessment Of the Respondents on The Implementation of Drug Education Program

The data gathered on the assessment of the respondents on the implementation of drug education which includes instruction, intervention program, services, learning activities, development activities, advocacy campaigns, and monitoring, evaluation, and research.

2.1 Instruction

Table 9: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Instruction

S. No	Instruction *Our institution . . .*	Mean	SD	Verbal Description
1	Supports the National Drug Education Program as provided in the Section 43, Article IV of Republic Act No. 9165.	3.40	0.80	Strongly Agree
2	Integrates drug abuse prevention and control in their curriculum across all learning areas	3.46	0.73	Strongly Agree
3	Educate their students in the adverse effects of the abuse and misuse of dangerous drugs on the person, the family, the school and the community.	3.42	0.72	Strongly Agree
4	Conduct awareness on preventive measures against drug abuse	3.38	0.77	Strongly Agree
5	Edify their students in the health, socio-cultural, psychological, legal and economic dimensions and implications of the drug problem	3.42	0.73	Strongly Agree
6	Develop age-appropriate drug education materials to be integrated into the school curriculum	3.52	0.68	Strongly Agree
7	Ensure minimum standards in curricular, co-curricular, and extra-curricular undertakings to supplement the academic curriculum	3.47	0.73	Strongly Agree
8	Curriculum delivery involves the provision of developmentally-appropriate, culture-sensitive, and evidence-based program; use of interactive methods and structured session	3.44	0.56	Strongly Agree
	Overall Weighted Mean	**3.44**	**0.61**	**Strongly Agree**
Legend:				
3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)				
2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)				
1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)				
1.00 - 1.74 Strongly Disagree (The implementation of drug education is No extent at all)				

The assessment of the respondents on the implementation of drug education in terms of instruction obtained an overall weighted mean of 3.44 (SD=0.61) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." In this indicator the item got the highest mean was "Our institution develops age-appropriate drug education materials to be integrated into the school curriculum," with a mean of 3.52 (SD = 0.68) which fall into "strongly agree," category or "the implementation of drug education is to a Very great extent." Likewise, the item got the lowest mean was "Our institution supports the National Drug Education Program as provided in the Section 43, Article IV of Republic Act No. 9165," with a mean of 3.40 (SD = 0.80) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." The calculated standard deviation was homogenous based on the responses of the respondents. This result indicates that the implementation of drug education through instruction is being carried out to a very great extent across the surveyed HEIs.

Similarly, instructional delivery is a critical frontline in preventive education against drug abuse**,** particularly among youth populations in tertiary education. According to De Guzman and Flores (2020) [19], the integration of drug education in both curricular and co-curricular activities not only raise awareness but also cultivates long-term protective behaviors among students. Their findings support the importance of developmentally appropriate, culturally sensitive, and evidence-based content, which aligns with this study's results (Item 8, $\bar{x}$ = 3.44).

Notably, the uniformity in verbal descriptions across all eight indicators ("Strongly Agree") and the relatively low standard deviation scores suggest consistency in implementation across institutions, regardless of size or type. This points to a general institutional compliance with national policies and an emerging culture of proactive health and safety education within HEIs in Nueva Ecija.

The findings in Table 9 reveal that drug education is highly implemented around instruction, with an overall weighted mean of 3.44 (SD = 0.61), corresponding to the verbal interpretation "Strongly Agree." This indicates that the respondent institutions implement instructional strategies related to drug education to a very great extent. Across all eight indicators, the responses consistently reflect a strong agreement that drug-related topics are integrated into the academic curriculum and are aligned with national policy requirements.

The highest-rated item ($\bar{x}$ = 3.52) emphasizes the development of age- appropriate drug education materials integrated into the school curriculum**.** This suggests that the institutions are responsive to the developmental needs of students, ensuring that drug-related content is not only relevant but also tailored to their cognitive, emotional, and social maturity. This finding aligns with UNODC (2018) [76] guidelines, which emphasize that drug prevention programs must be both developmentally appropriate and culturally sensitive to be effective. By designing content suited to the learners' stage, institutions enhance the likelihood that the knowledge will translate into positive behavioral outcomes.

Equally significant are the items indicating integration of drug prevention across all learning areas ($\bar{x}$ = 3.46), education on the adverse effects of drug misuse ($\bar{x}$ = 3.42), and emphasis on multiple dimensions of drug abuse—including health, legal, psychological, and socio-cultural implications ($\bar{x}$ = 3.42). These reflect a holistic instructional approach, consistent with the bio-psycho-social model of drug prevention (Paglia & Room, 2019), which advocates that education must not only convey health risks but also address the broader societal and emotional factors influencing drug use.

Another notable indicator is the curriculum's delivery method **(**$\bar{x}$ = 3.44), which involves interactive, evidence-based approaches and structured sessions. This finding supports the use of constructivist teaching strategies, where students actively engage with the content through real-life scenarios, peer discussion, and role-playing. According to Bandura's Social Learning Theory, students learn more effectively when exposed to social modeling and interactive learning environments-conditions that help develop refusal skills, critical thinking, and resilience against peer pressure.

Moreover, institutions appear to meet minimum standards for co-curricular and extra-curricular programming ($\bar{x}$ = 3.47), supplementing classroom instruction with enrichment activities such as seminars, advocacy events, and life skills workshops. This approach is consistent with the

Comprehensive School Health Framework (Joint Consortium for School Health, 2010), which encourages schools to embed health topics like drug prevention into all aspects of student learning and engagement.

The high degree of agreement across all indicators also implies that institutions are generally in compliance with Republic Act No. 9165's Section 43, Article IV, which requires that drug education be incorporated into all educational institutions' curricula. This legal compliance shows that HEIs have formally committed to educating students and providing them with the skills and resources they need to avoid drug use. However, while the mean scores are high, there is still room for further enhancement, particularly in the interactive aspects of instruction. Some standard deviations, ranging from 0.68 to 0.80, suggest variability in how consistently these practices are applied across different institutions. This variation may stem from differences in faculty training, administrative priorities, or institutional capacity.

In summary, the data in Table 8 demonstrate that HEIs in Nueva Ecija are strongly aligned with national mandates and international best practices in terms of instruction-based drug education. The integration of content into the curriculum, the use of age-appropriate materials, and the employment of interactive and multidimensional strategies collectively reflect a proactive and education-driven approach to drug prevention. Nonetheless, to ensure consistency and sustainability, there is a need for continued capacity-building among faculty and standardized implementation across institutions.

2.2 Intervention Program

Table 10: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Intervention Program

S. No	Intervention Program *Our institution . . .*	Mean	SD	Verbal Description
9	Ensure that preventive drug education program services are available and accessible to all students, teaching and non-teaching personnel	3.41	0.81	Strongly Agree
10	Encourage preventive drug education research for evidence-based decision making and policy formulation	3.43	0.75	Strongly Agree
11	Facilitate a strong partnership with local community organizations and healthcare providers.	3.41	0.74	Strongly Agree
12	Have well-informed parent-youth resource against drug abuse to discuss common issues and concerns and promote a joint association that will help minimize drug problem in the family and community	3.36	0.79	Strongly Agree
13	Establish and respond to the student's health and safety status	3.43	0.71	Strongly Agree
14	Collaborates with Local Government officials and community leaders are provided with training programs to strengthen their capacities to lead the implementation of drug abuse prevention and control programs in their communities which includes the conduct of advocacy programs, preventive education activities, and community-based treatment and rehabilitation services.	3.54	0.67	Strongly Agree
15	Coordinate with the school counsellor or other appropriate person and hold a follow- up debriefing session for all the students and staff involved (if one has not been held earlier).	3.48	0.71	Strongly Agree
	Overall Weighted Mean	**3.44**	**0.54**	**Strongly Agree**
Legend:				
3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)				
2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)				
1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)				
1.00 - 1.74 Strongly Disagree (The implementation of drug education is at to No extent)				

The data presented in Table 9 reveal that Higher Education Institutions (HEIs) in Nueva Ecija implement intervention programs for drug education to a very great extent, as indicated by the overall weighted mean of 3.44 (SD = 0.54). Each of the seven items received a verbal description of "Strongly Agree," indicating a consistently high level of institutional commitment toward preventive intervention beyond classroom instruction.

The assessment of the respondents on the implementation of drug education in terms of intervention program obtained an overall weighted mean of 3.44 (SD = 0.54) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." In this indicator the item got the highest mean was "Our institution collaborates with Local Government officials and community leaders are provided with training programs to strengthen their capacities to lead the implementation of drug abuse prevention and control programs in their communities which includes the conduct of advocacy programs, preventive education activities, and community-based treatment and rehabilitation services with a mean of 3.54 (SD = 0.64) translated as "strongly agree," or "the implementation of drug education is to a Very great extent."

Similarly, the item got the lowest mean was "Have well-informed parent-youth resource against drug abuse to discuss common issues and concerns and promote a joint association that will help minimize drug problem in the family and community," with a mean of 3.36 (SD = 0.79) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." This result indicates the respondent institutions implement intervention strategies to a very great extent, signifying a strong institutional commitment to the preventive, supportive, and rehabilitative aspects of drug education beyond the classroom.

The highest-rated statement ($\bar{x}$ = 3.54) highlights that institutions collaborate with local government officials and community leaders, providing them with training to strengthen drug prevention and community-based rehabilitation services. This strong score reflects a commendable recognition of the multisectoral approach advocated in Republic Act No. 9165, which emphasizes community involvement and decentralization of anti-drug efforts. Similarly, institutions show high levels of agreement

with coordinating follow-up debriefing sessions through counselors or relevant personnel ($\bar{x}$ = 3.48), reinforcing the importance of psychosocial support following any drug-related incident. In contrast to those that function independently, HEIs that actively collaborate with neighborhood organizations frequently put into practice more long-lasting, community-integrated drug prevention initiatives (Soriano and Lizada, 2021) [59].

Another significant area of implementation is the coordination with school counselors or appropriate personnel for follow-up sessions after drug-related incidents or preventive activities ($\bar{x}$ = 3.48). This highlights the importance of continuity and psychosocial support in institutional responses. The effectiveness of such debriefing efforts is supported by Bronfenbrenner's Ecological Systems Theory, which emphasizes the critical role of the microsystem-comprising immediate environments like schools and families-in shaping behavior and responses to intervention.

Other notable areas include the availability of preventive drug education services for all stakeholders ($\bar{x}$ = 3.41), promotion of evidence-based research for policymaking ($\bar{x}$ = 3.43), and the presence of health and safety programs for students ($\bar{x}$ = 3.43). These interventions support holistic crime prevention strategies that emphasize risk reduction, policy formation, and institutional safety-all core concerns in criminology. The inclusion of parent-youth forums to jointly address drug issues ($\bar{x}$ = 3.36) further reinforces the role of family and community as protective factors in combating drug abuse.

Encouraging preventive drug education research ($\bar{x}$ = 3.43) also emerged as a strong practice. This indicates an institutional focus on evidence-based policy development, where decisions are informed by locally gathered data, trends, and feedback from program implementation. According to UNODC (2018) [76], research-informed practices are more flexible and responsive to the needs of the community in real time, guaranteeing program improvement and relevance over time.

Other indicators such as the availability of accessible services for students and staff ($\bar{x}$ = 3.41), and the presence of health and safety monitoring systems ($\bar{x}$ = 3.43), further demonstrate institutional commitment to preventive infrastructure. These components are essential to a public health model of drug prevention, which requires schools to not only provide education but also facilitate access to support services, early detection, and treatment pathways. This is consistent with the findings of Acedo and Bañez (2020), who noted that institutions with integrated student welfare systems tend to experience fewer disciplinary issues related to substance use.

Interestingly, although still falling within the "Strongly Agree" range, the item on developing parent-youth resource platforms ($\bar{x}$ = 3.36) had the lowest mean of all the indicators. This implies that even though attempts are being made to involve families in the conversation, obstacles like parental availability, communication breakdowns, or a lack of organized programs may still exist that prevent this component from being fully realized. emphasized the importance of enhancing the relationship between the home and the school, especially when it comes to addressing how the family environment affects young people's drug-related decisions.

This focus on intervention is consistent with the findings of Soriano and Lizada (2021) [59], who contend that comprehensive, community-anchored, and research-driven programs are necessary for effective drug education in postsecondary institutions to lower the risk of substance use among college students. Programs with coordinated partnerships between schools and local organizations, including LGUs, NGOs, and health providers, have been shown to yield more sustainable results, according to their study.

In conclusion, the data confirms that HEIs in Nueva Ecija put a lot of effort into putting drug intervention programs into place. This indicates an integrated institutional approach that fits in nicely with criminological frameworks that emphasize evidence- based policy, community rehabilitation, and prevention. The findings confirm that HEIs in Nueva Ecija have a strong commitment to drug prevention, not only through classroom instruction but also through comprehensive intervention frameworks that include research, counseling, collaboration with external stakeholders, and ongoing student support. This is an example of a systems-level approach to prevention, which uses services, education, and structural partnerships to address the complexity of drug use. Nonetheless, a more deliberate focus on parent involvement and methodical assessment could improve these interventions' efficacy and inclusivity even more.

2.3 Services

Table 11: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Services

S. No	Services *Our institution . . .*	Mean	SD	Verbal Description
16	connect students and their families with available resources for addiction treatment, counseling, and support.	3.40	0.77	Strongly Agree
17	conduct training on Systematic Training for Effective Parenting where parents are taught ways to improve their relations with their children, and detect and refer drug dependents for appropriate care	3.46	0.69	Strongly Agree
18	conduct Life Skills Training on Drug Abuse Prevention Education, Inter-School Stage Play Competition and Youth Camps.	3.37	0.75	Strongly Agree
19	review the resources being used for drug education to ensure that they are current, accurate and appealing to young people.	3.38	0.78	Strongly Agree
20	provide ongoing support to the student and family through liaison with health, police and community agencies, including monitoring of the student's welfare and progress at school and arranging school or community-based counselling for the student and the student's family	3.41	0.76	Strongly Agree
	Overall Weighted Mean	**3.41**	**0.63**	**Strongly Agree**
Legend:				
3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)				
2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)				
1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)				
1.00 - 1.74 Strongly Disagree (The implementation of drug education is at to No extent)				

In Table 11, the assessment of the respondents on the implementation of drug education in terms of services obtained an overall weighted mean of 3.41 (SD =0.63), which was verbally described as "strongly agree," or "the implementation of drug education is to a very great extent." In this indicator, the item got the highest mean was "Our institution conduct training on Systematic Training for Effective Parenting where parents are taught ways to improve their relations with their children, and detect and refer drug dependents for appropriate care," with a mean of 3.46 (SD = 0.69) translated as "strongly agree," or "the implementation of drug education is to a very great extent."

Among the five indicators, the highest-rated item ($\bar{x}$ = 3.46) is the conduct of Systematic Training for Effective Parenting (STEP) programs. This training helps parents improve relationships with their children, identify early signs of drug dependency, and facilitate referrals for care. This element highlights the importance of parental involvement in the welfare of students and reflects a family-centered approach. Castillo and Reyes (2020) [14] assert that by addressing risk factors in the home environment—a crucial aspect of preventive criminology—the incorporation of parent-focused programs in HEIs improves overall program effectiveness.

Coordinating with community, police, and health agencies to provide students and families with continuous support is another crucial service ($\bar{x}$ = 3.41). In accordance with Section 51 of RA 9165, which requires institutional cooperation with community-based organizations for drug prevention and rehabilitation, this demonstrates a multi-agency approach in operation. According to Santos and Martinez (2021), in order to provide students and their families with timely interventions and comprehensive care, a successful school-based drug prevention program needs to have solid relationships with outside service providers.

Additionally, HEIs are conducting life skills training, inter-school competitions, and youth camps ($\bar{x}$ = 3.37), which serve as co-curricular strategies to reinforce drug resistance. These activities not only promote awareness but also build students' interpersonal, decision-making, and emotional regulation skills. The UNODC (2018) [76] advocates for these experiential strategies, emphasizing that such activities help young people develop the res Additionally, HEIs make sure that educational materials are routinely evaluated for youth appeal, accuracy, and relevance ($\bar{x}$ = 3.38). By adhering to the evidence-based education model, this approach guarantees that drug education resources are up to date and sensitive to the needs of students. Drug education must change to reflect changing social contexts, such as shifts in drug types, media influence, and youth culture, according to research by De Guzman and Flores (2020) [19]. Ilience needed to avoid substance abuse.

Lastly, institutions report that they connect students and families to addiction treatment and counseling resources ($\bar{x}$ = 3.40), indicating that referral mechanisms and support systems are in place. This complements the public health aspect of drug prevention by ensuring that at-risk individuals are not only identified but are also supported through appropriate interventions. Acedo and Bañez (2020) argue that access to such services can significantly reduce the long-term consequences of untreated drug use among students.

Meanwhile, the item got the lowest mean was "Our institution conducts Life Skills Training on Drug Abuse Prevention Education, Inter-School Stage Play Competition and Youth Camps," with a mean of 3.37 (SD = 0.75) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." This result indicates that the institutions implement a wide range of supportive services to a very great extent. These services complement instructional and intervention efforts by directly engaging students and families in drug prevention, treatment linkage, and psychosocial development.

Among the most highly rated service indicators is the Systematic Training for Effective Parenting (STEP) ($\bar{x}$ = 3.46), which equips parents with the skills to better relate with their children and recognize signs of drug dependency. This reflects the integration of family-centered approaches in school-based drug education programs, a strategy found to significantly lower youth substance abuse rates (Castillo & Reyes, 2020) [14]. Equally emphasized is the provision of coordinated support services ($\bar{x}$ = 3.41), including referrals to health and community agencies, counseling arrangements, and monitoring of student welfare-demonstrating that HEIs act not only as educational institutions but also as community stakeholders in crime prevention and health intervention.

Furthermore, institutions reported active implementation of life skills and co- curricular activities such as drug abuse prevention education, inter-school competitions, and youth camps ($\bar{x}$ = 3.37), which are known to enhance resilience, self-regulation, and peer influence resistance among students. This aligns with the social development model in criminology, which stresses that preventive education is most effective when combined with interactive and community-based experiences. Another key service includes connecting students and their families to treatment and counseling resources (**$\bar{x}$** = 3.40), showing institutional commitment to the rehabilitative dimensions of anti-drug strategies.

Lastly, regular review of educational resources to ensure content accuracy and youth engagement ($\bar{x}$ = 3.38) reflects good institutional practices consistent with evidence-based program standards. These results, taken together, affirm that drug education in Nueva Ecija HEIs is not only instructional but is supported by a robust network of health, counseling, and family engagement services.

In conclusion, the data from Table 10 confirm that the surveyed HEIs in Nueva Ecija implement drug education services in a structured and supportive manner, with strong linkages to both internal and external stakeholders. Services range from prevention (life skills and parenting programs) to intervention (referrals, counseling, and support), offering a holistic support system for students. However, maintaining regular evaluation and expanding these services to include mental health care and peer-led support groups may further enhance their effectiveness and reach.

2.4 Learning Activities

Table 12: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Learning Activities

S. No	Learning Activities *Our organization . . .*	Mean	SD	Verbal Description
21	Provide capability to their personnel in the implementation of the drug education	3.53	0.70	Strongly Agree
22	Utilize multimedia presentations, discussions, and role-playing exercises to engage students.	3.46	0.71	Strongly Agree
23	Establish a supportive environment where students can openly discuss drug-related issues with their peers.	3.48	0.73	Strongly Agree
24	Help students develop critical thinking and decision-making skills to resist peer pressure.	3.50	0.67	Strongly Agree
25	Empower students to make informed, responsible choices regarding drug use.	3.43	0.70	Strongly Agree
26	Have an emphasis on learning outcomes, environmental factors and collaborative partnerships is vital to the success of school- based education for drug abuse prevention	3.46	0.69	Strongly Agree
27	Teaching and learning on drug education are interactive with a supportive classroom climate promoted by conducting activities in smaller groups, that encourages peer to peer communication and maximum participation	3.43	0.74	Strongly Agree
28	Uses interactive approaches to engage students	3.37	0.73	Strongly Agree
	Overall Weighted Mean	**3.46**	**0.54**	**Strongly Agree**
Legend:				
3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)				
2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)				
1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)				
1.00 - 1.74 Strongly Disagree (The implementation of drug education is at to No extent)				

Table 12 presents the assessment of the respondents on the implementation of drug education in terms of learning activities. This indicator obtained an overall weighed mean of 3.46 (SD = 0.54) which was verbally described as "strongly agree," or "the implementation of drug education is to a very great extent." The item got the higher mean was "Our institution provide capability to their personnel in the implementation of the drug education," with a mean of 3.53 (SD = 0.70) translated as "strongly agree," or "the implementation of drug education is to a very great extent."

Table 12 reveals that drug education is strongly implemented through learning activities among Higher Education Institutions (HEIs) in Nueva Ecija, as evidenced by an overall weighted mean of 3.46 with a standard deviation of 0.54. The institutions' recognition of the critical role that interactive, student-centered strategies play in fostering drug prevention knowledge, attitudes, and behaviors is indicated by the consistently high ratings across all eight indicators.

The institution's efforts to enhance staff members' capacity to carry out drug education are reflected in the item with the highest rating ($\bar{x}$ = 3.53). This emphasizes how crucial professional development and teacher readiness are to providing pertinent and successful drug prevention instruction. De Guzman and Flores (2020) [19] assert that in order to guarantee that drug education is not just compliance-based but also transformative and captivating, it is crucial to equip educators with both technical knowledge and pedagogical skills.

The core of life skills-based education (LSBE) is assisting students in developing the critical thinking and decision-making abilities necessary to withstand peer pressure. This is another important area ($\bar{x}$ = 3.50). LSBE has been strongly endorsed by UNESCO and WHO (1994) and later reinforced by UNODC (2018) [76] as a global standard in drug prevention, focusing on the development of psychosocial competencies that enable individuals to make informed and healthy choices.

Equally significant is the implementation of activities that empower students to make informed, responsible decisions ($\bar{x}$ = 3.43), which aligns with Bandura's Social Cognitive Theory This theory emphasizes that learning occurs within a social context and is enhanced through modeling, reinforcement, and self-efficacy-key outcomes of well-structured learning activities such as peer mentoring, discussions, and simulations.

Institutions also provide supportive environments where students can openly discuss drug-related issues with peers ($\bar{x}$ = 3.48). This illustrates how important peer interaction is in forming social norms and supports research by Villanueva and Morales (2019) [66], who highlighted how peer-to-peer learning lowers stigma, promotes behavior that seeks help, and establishes a safe environment for discussing risky things.

Additionally, HEIs make use of role-playing activities, multimedia presentations, and discussions ($\bar{x}$ = 3.46), all of which are reflective of constructivist learning theories that promote active engagement with content through experiential methods. In addition to improving memory retention, these methods help students prepare for assertive responses by simulating real-world situations they might face outside of the classroom.

Another indicator ($\bar{x}$ = 3.46) affirms that institutions emphasize environmental factors and collaborative partnerships to reinforce drug education. This is supported by Bronfenbrenner's Ecological Systems Theory, which posits that behavior is shaped by interrelated systems—including the school, community, and peer group—and thus, drug prevention should involve multi-level engagement.

Lastly, the promotion of a supportive classroom climate and small group learning ($\bar{x}$ = 3.43) demonstrates the institution's effort to encourage maximum student participation and communication. These conditions enhance student engagement, which research by Acedo and Bañez (2020) found to be a strong predictor of successful drug education outcomes.

Similarly, the item got the lowest mean was "Our institution uses interactive approaches to engage students," with a mean of 3.37 (SD = 0.73) which was verbally described as "strongly agree," or "the implementation of drug education is to a very great extent." The calculated standard deviation was homogenous based on the responses of the respondents.

This result indicates that these institutions integrate dynamic and student- centered learning activities to a very great extent, effectively reinforcing the instructional and preventive aims of drug education.

Among the highest-rated practices is the capability-building of school personnel in drug education implementation ($\bar{x}$ = 3.53), which shows that HEIs prioritize equipping their educators with the knowledge and skills necessary for effective delivery. Closely following are efforts to develop students' critical thinking and resistance skills ($\bar{x}$ = 3.50), and to foster open peer discussions about drug-related issues ($\bar{x}$ = 3.48).

These practices are crucial in criminology and drug prevention frameworks, as they target cognitive-behavioral skills and promote protective peer environments-both recognized as key deterrents to substance use (Dela Cruz & Santos, 2021) [20].

Interactive strategies such as multimedia presentations, role-playing, and group discussions ($\bar{x}$ = 3.46–3.37) are also consistently rated as strongly implemented. These methods support a constructivist learning approach, allowing students to engage meaningfully with drug-related scenarios and strengthen personal decision-making.

Notably, the emphasis on outcomes, environmental factors, and partnerships ($\bar{x}$ = 3.46) reinforces the idea that drug prevention cannot be achieved through didactic instruction alone; rather, it must be holistic, engaging, and community aligned.

Another crucial sign of a successful learning design in drug education is the significance of fostering a positive classroom environment that promotes peer communication and active engagement ($\bar{x}$ = 3.43). This is in line with theories of preventive criminology, which support early intervention in social contexts where constructive social norms can be strengthened.

In conclusion, the information confirms that HEIs in Nueva Ecija have implemented a variety of interactive, evidence-based teaching techniques, enhancing the programs' capacity to prevent drug use. According to Dela Cruz and Santos (2021) [20], in order to have a lasting effect, youth-focused anti-drug education must incorporate skill- building, peer engagement, and educator training. These strategies are consistent with their findings.

Overall, the results show that drug education is being implemented in Nueva Ecija's HEIs through skill-focused, interactive, and collaborative learning activities. These techniques go beyond conventional lectures by giving students practical skills like communication, critical thinking, and self-awareness—all of which are crucial for avoiding drug use. In order to guarantee sustainability and consistency, institutions may think about extending peer mentoring programs and incorporating learning outcomes into institutional performance metrics in order to further strengthen this dimension.

2.5 Development Activities

Table 13: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Development Activities

S. No	Development Activities *Our institution . . .*	Mean	SD	Verbal Description
29	Conduct interactive workshops and seminars led by trained professionals, counselors, and former addicts.	3.43	0.70	Strongly Agree
30	Give students the opportunity to learn and practice personal and social skills, including coping, decision-making and resistance	3.54	0.67	Strongly Agree
31	Invite guest speakers, including recovering addicts, law enforcement officers, and healthcare professionals, to share their experiences and insights.	3.50	0.64	Strongly Agree
32	Establish peer support groups where students can openly discuss their concerns and experiences	3.47	0.65	Strongly Agree
33	Train selected students to act as peer mentors and provide support to their peers.	3.51	0.66	Strongly Agree
	Overall Weighted Mean	**3.49**	**0.52**	**Strongly Agree**
Legend:				
	3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)			
	2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)			
	1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)			
	1.00 - 1.74 Strongly Disagree (The implementation of drug education is at to No extent)			

Table 13 illustrates the assessment of the respondents on the implementation of drug education in terms of development activities. This indicator got an overall weighted mean of 3.49 (SD = 0.52) which was verbally described as "strongly agree," or "the implementation of drug education is to a very great extent." The item got the highest mean was "Our institution gives students the opportunity to learn and practice personal and social skills, including coping, decision-making and resistance," with a mean of 3.54 (SD = 0.67) which fall under the "strongly agree" category or "the implementation of drug education is to a very great extent."

Table 13 indicates that the implementation of drug education through development activities is rated very highly by respondents, with an overall weighted mean of 3.49 and a standard deviation of 0.52, interpreted as "Strongly Agree." This score is one of the highest among all the indicators assessed in the study, highlighting that HEIs in Nueva Ecija prioritize co-curricular and developmental strategies that reinforce instructional and service-based drug education efforts.

Furthermore, the item got the lowest mean was "Our institution conducts interactive workshops and seminars led by trained professionals, counselors, and former addicts," which was verbally described as "strongly agree," or "the implementation of drug education is to a very great extent." The calculated standard deviation was homogenous based on the responses of the respondents. This result indicates the importance of experiential and peer-based approaches in strengthening drug education frameworks, particularly in shaping students' attitudes and competencies.

The opportunity for students to learn and practice social and personal skills, such as coping, resistance, and decision-making, has the highest mean score ($\bar{x}$ = 3.54). This approach is in line with Life Skills-Based Education (LSBE), which has been widely acknowledged as an effective youth drug prevention strategy by international

organizations like UNESCO and WHO (1994) and later UNODC (2018) [76]. Students who receive life skills instruction are better equipped to handle social pressures, control their emotions, and make wise decisions—skills that are closely associated with a lower risk of drug use.

Following closely are high ratings for training students as peer mentors ($\bar{x}$ = 3.51) and inviting guest speakers such as law enforcement officers, recovering addicts, and health professionals ($\bar{x}$ = 3.50). Bandura's Social Learning Theory, which holds that people pick up behaviors through modeling, reinforcement, and observation, serves as the foundation for these tactics. In this situation, lessons become more concrete and powerful when students engage with real-life examples and hear true stories, frequently changing their perspectives on substance use.

Strong agreement was also found for the creation of peer support groups ($\bar{x}$ = 3.47). These groups give students a safe place to talk about their experiences, voice worries, and ask their peers for advice. According to Villanueva and Morales (2019) [66], peer-led programs encourage students to seek help more frequently, lessen the stigma associated with substance use disorders, and foster a shared responsibility and accountability culture.

Furthermore, the holding of interactive workshops and seminars ($\bar{x}$ = 3.43), led by counselors, ex-addicts, or qualified professionals, shows that organizations are making a concerted effort to humanize drug prevention by fusing academic material with personal experiences. This approach enables students to more fully internalize knowledge and is consistent with experiential learning theory, which emphasizes learning through reflection on doing (Kolb, 2016).

Republic Act No. 9165, which mandates the adoption of drug prevention measures that go beyond conventional classroom instruction, is also partially met by these development initiatives. Through interactive and reflective programs, the act encourages higher education institutions to work with the community and law enforcement sectors to foster youth engagement.

Giving students the opportunity to practice social and personal skills like decision-making, coping, and resistance is one of the most popular activities ($\bar{x}$ = 3.54). Enhancing life skills can decrease vulnerability to drug abuse by increasing resilience to peer pressure and unfavorable environments, making it a crucial preventive measure in behavioral science and criminology (UNODC, 2018) [76]. Similarly, peer mentorship programs ($\bar{x}$ = 3.51) and guest speaker engagements ($\bar{x}$ = 3.50) that feature testimonies from professionals and recovering addicts provide students with real-life, relatable insights into the realities of drug use and recovery. These actions align with Akers' (1998) [3] social learning theory, which holds that people pick up behavioral patterns by watching and interacting with reliable role models.

Another example of a strategic alignment with restorative and community-based approaches in criminology is the creation of peer support groups ($\bar{x}$ = 3.47). By offering secure, accepting environments for students to talk about their experiences, these groups support early intervention and mental health. The comprehensive and interdisciplinary character of effective drug education programs is further highlighted by interactive seminars and workshops ($\bar{x}$ = 3.43), which are led by professionals in addiction, counseling, and law enforcement.

Overall, the high level of agreement among all the indicators in this table indicates that development initiatives are not only being carried out but are also seen as essential to the drug prevention goals of education and rehabilitation. These are consistent with research from UNODC (2018) [76] and Akers' social learning theory, which together support the idea that exposure to real-world situations, peer interaction, and skill development are crucial elements of successful drug education.

The strong implementation of development activities reflects the recognition among HEIs in Nueva Ecija that drug education must go beyond content delivery and extend into personal growth, behavioral modeling, and peer empowerment. These activities not only enhance students' protective factors but also strengthen institutional-community relationships through the inclusion of diverse facilitators and external experts. To sustain this impact, HEIs may consider integrating these activities into long-term student development programs and linking them with institutional goals in student affairs, counseling, and public safety.

2.6 Advocacy Campaigns

Table 14: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Advocacy Campaigns

S. No	Advocacy Campaigns *Our institution . . .*	Mean	SD	Verbal Description
34	Create strong partnership with various stakeholders in promoting the preventive drug education program	3.47	0.75	Strongly Agree
35	Actively participate in the National Youth Forum on Drug Abuse Prevention	3.51	0.69	Strongly Agree
36	Participate in the National Seminar Workshop for College Students Leaders on Drug Abuse Prevention Education	3.46	0.83	Strongly Agree
37	Train teachers in drug abuse prevention education enhances the impact and sustainability of drug abuse prevention programs	3.49	0.72	Strongly Agree
38	Implements a drug-free workplace program	3.49	0.76	Strongly Agree
39	Collaborate with Philippine National Red Cross Youth Training of Trainers on Drug Abuse Prevention Education	3.45	0.78	Strongly Agree
40	Conduct training of National Service Training Program (NSTP) Implementers on Drug Abuse Prevention Education.	3.48	0.74	Strongly Agree
	Overall Weighted Mean	**3.48**	**0.71**	**Strongly Agree**
	Legend:			
3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)				
2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)				
1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)				
1.00 - 1.74 Strongly Disagree (The implementation of drug education is at to No extent)				

Table 14 presents the assessment of the respondents on the implementation of drug education in terms of advocacy campaigns. This indicator obtained an overall weighted mean of 3.48 (SD = 0.71) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." The item got the highest mean was "Our institution actively participates in the National Youth Forum on Drug Abuse Prevention," with a mean of 3.51 (SD = 0.69) translated as "strongly agree," or "the implementation of drug education is to a Very great extent." Similarly, the item got the lowest mean was "Our institution collaborates with Philippine National Red Cross Youth Training of Trainers on Drug Abuse Prevention Education," with a mean of 3.46 (SD = 0.83) which was verbally described as "strongly agree," or "the implementation of drug education is to a Very great extent." The computed standard deviation was homogenous based on the responses of the respondents. This result indicates that advocacy campaigns are implemented to a very great extent. These campaigns are essential components in promoting preventive drug education, particularly in the criminology context where public engagement and social collaboration are critical in reducing drug-related behaviors.

Table 14 presents the assessment of respondents on the implementation of drug education in terms of advocacy campaigns. The findings yielded an overall weighted mean of 3.48 with a standard deviation of 0.71, indicating a "Strongly Agree" response across all items. This reflects that HEIs in Nueva Ecija are highly engaged in promoting anti-drug education initiatives beyond the classroom through institutional and external advocacy activities.

Among the highest-rated indicators is participation in the National Youth Forum on Drug Abuse Prevention ($\bar{x}$ = 3.51), emphasizing the proactive involvement of HEIs in national platforms that empower the youth as stakeholders in prevention. Likewise, the conduct of training programs for National Service Training Program (NSTP) implementers ($\bar{x}$ = 3.48) and the creation of partnerships with key stakeholders ($\bar{x}$ = 3.47) underscore the collaborative and multi-agency approach to drug prevention—a strategy highly encouraged by the United Nations Office on Drugs and Crime (UNODC, 2018) [76] as well as by Batalla *et al*. (2021) [7], who found that sustained stakeholder engagement significantly increases the success rate of community-based drug education.

Additionally, HEIs' adoption of a drug-free workplace policy ($\bar{x}$ = 3.49) shows their dedication to both student safety and setting an example for staff members to follow when it comes to drug-free behavior. This is in line with the Routine Activity Theory (Cohen & Felson, 2019), which contends that institutional settings that are controlled, monitored, and preventive can help lower the likelihood of deviant behavior, including drug use.

The integration of civic and educational institutions in promoting drug prevention is further demonstrated by teacher training ($\bar{x}$ = 3.49) and partnerships with groups like the Philippine National Red Cross Youth Training of Trainers ($\bar{x}$ = 3.45). These tactics empower educators as frontline implementers while also improving the programs' sustainability.

The HEIs' active participation in the National Youth Forum on Drug Abuse Prevention, which indicates strong engagement with national-level programs, has the highest rating ($\bar{x}$ = 3.51). This illustrates the schools' dedication to conforming to more comprehensive anti-drug regulations and making certain that students are exposed to national initiatives, networks, and campaigns. A key tactic supported by UNODC (2018) [76], which promotes youth inclusion in advocacy as a means of developing leadership and prevention consciousness, is that such participation cultivates youth empowerment and policy awareness.

Closely following this is the training of teachers in drug abuse prevention education ($\bar{x}$ = 3.49) and the implementation of a drug-free workplace policy ($\bar{x}$ = 3.49). These findings indicate that institutions recognize the importance of modeling anti-drug norms not just for students, but also among faculty and staff. Reyes and Santos (2021) argue that drug-free campus policies and staff training significantly contribute to the creation of a prevention-oriented environment, fostering both deterrence and institutional credibility.

Another notable area is the conduct of advocacy training for NSTP implementers ($\bar{x}$ = 3.48). This initiative ensures that the principles of drug prevention reach a wider audience, including students enrolled in mandatory service programs. NSTP's integration into advocacy amplifies the reach of anti-drug messages and supports the goals of Republic Act No. 9165, which calls for citizen and youth participation in national drug prevention efforts.

Collaboration with the Philippine National Red Cross' Youth Training of Trainers Program ($\bar{x}$ = 3.45) and the conduct of National Seminar-Workshops for Student Leaders ($\bar{x}$ = 3.46) further underscore the multisectoral nature of advocacy campaigns.

These partnerships provide students with experiential learning, peer leadership training, and exposure to real-world prevention strategies—approaches consistent with Bandura's Social Cognitive Theory, which emphasizes learning through participation and observation.

Finally, the highest performing institutions (based on Table 17) appear to have institutionalized these campaigns through consistent collaboration with stakeholders, including LGUs, NGOs, and national youth organizations. This reflects a strong advocacy infrastructure, which Batalla *et al*. (2021) [7] identified as a key determinant of long-term success in school-based drug prevention programs.

In summary, the strong engagement of HEIs in advocacy campaigns signifies a robust, multidimensional approach to drug education. It validates the critical role of institutions not only as educational spaces but also as active participants in the broader public health and criminal justice system. These findings mirror those of Batalla *et al*. (2021) [7], who emphasized that local advocacy initiatives, when linked with national programs, yield more comprehensive and lasting impacts on youth drug prevention.

2.7 Monitoring, Evaluation and Research

Table 15: Assessment of the Respondents on the Implementation of Drug Education Program in Terms of Monitoring, Evaluation and Research

S. No	Monitoring, Evaluation and Research *Our Organization . . .*	Mean	SD	Verbal Description
41	Establishes a strategic and systematic monitoring, evaluation and feedback mechanism to ensure continuity of the program	3.53	0.67	Strongly Agree
42	Ensure allocation of funds for program sustainability	3.46	0.67	Strongly Agree
43	Drug abuse prevention programs and their outcomes should be evaluated regularly to provide evidence of their worth and to improve the design of future programs	3.50	0.68	Strongly Agree
44	Policies and procedures for managing drug- related incidents at schools maybe be collaboratively developed and widely publicized in order to elicit a positive response	3.52	0.62	Strongly Agree
45	Emphasizes the importance of using evidence-based approaches in drug education, particularly social influences and normative education approaches	3.47	0.65	Strongly Agree
46	Submit activity reports that document the types of activities conducted and reflections about the successes of the activity	3.47	0.71	Strongly Agree
47	Have a meeting minutes/notes that document the implementation of the program and how changes and decisions are made.	3.49	0.69	Strongly Agree
48	Conduct pre- and post- questionnaires to assess the change in information/ attitudes immediately prior and after a training session/ workshop	3.41	0.73	Strongly Agree
49	Provide assessment/ feedback sheets that are given after every session to see if participants found the content and delivery valuable and useful in drug related education outreach program	3.44	0.72	Strongly Agree
50	Conduct satisfaction surveys at the end of the program/activity.	3.42	0.80	Strongly Agree
	Overall Weighted Mean	**3.47**	**0.53**	**Strongly Agree**
Legend:				
3.25 - 4.00 Strongly Agree (The implementation of drug education is to a Very great extent)				
2.50 - 3.24 Agree (The implementation of drug education is to a Great extent)				
1.75 - 2.49 Disagree (The implementation of drug education is at Moderate extent)				
1.00 - 1.74 Strongly Disagree (The implementation of drug education is at to No extent)				

Table 15 presents the assessment of the respondents on the implementation of drug education in terms of monitoring, evaluation, and research. This indicator yielded an overall weighted mean of 3.47 (SD = 0.53) which was verbally described "strongly agree," or "the implementation of drug education is to a very great extent." The item got the highest mean was "Our institution establishes a strategic and systematic monitoring, evaluation and feedback mechanism to ensure continuity of the program," with a mean of 3.53 (SD = 0.67) translated as "strongly agree," or "the implementation of drug education is to a very great extent."

Table 15 presents the respondents' assessment of how HEIs implement drug education through monitoring, evaluation, and research (MER)**.** With an overall weighted mean of 3.47 and a standard deviation of 0.53, responses fall under the "Strongly Agree" category, indicating that institutions implement MER strategies to a very great extent as part of their drug education programs.

Meanwhile, the item got the lowest mean was "Our institution conducts pre- and post- questionnaires to assess the change in information/ attitudes immediately prior and after a training session/ workshop," which was verbally described as "strongly agree," or "the implementation of drug education is to a very great extent." The calculated standard deviation homogenous based on the responses of the respondents. This result implies that these institutions implement program evaluation mechanisms to a very great extent. This dimension is critical not only in educational planning but also in the broader public safety and criminological context, as continuous monitoring ensures that drug education remains adaptive. The item with the highest rating ($\bar{x}$ = 3.53) emphasizes that organizations have methodical and strategic monitoring, assessment, and feedback systems in place to guarantee the continuation of their drug education programs. This reflects a formalized institutional approach that prioritizes ongoing improvement and data-informed decision-making. Program monitoring is essential to guaranteeing the applicability, efficacy, and sustainability of preventive education initiatives, according to the World Health Organization (WHO, 2019) [77] and UNODC (2018) [76]. Additionally, monitoring systems help to detect new threats, enhance delivery strategies, and more quickly address the needs of students.ve, evidence-based, and results-driven.

The focus on routinely assessing program results to inform future design is another highly regarded item ($\bar{x}$ = 3.50). This demonstrates that the majority of institutions are using evidence-based practices, which are essential for modifying drug education to reflect contemporary risk factors, student behavior trends, and community settings. As Wikström's Situational Action Theory (2016) asserts, program responsiveness is key to preventing deviant behavior, and this responsiveness must be driven by continuous assessment and contextual analysis.

Closely related is the item on developing policies and procedures for managing drug-related incidents ($\bar{x}$ = 3.52), reflecting the importance of institutional readiness.

Clear and well-publicized policies foster transparency, reduce ambiguity, and promote stakeholder trust. In criminology and campus safety literature, this aligns with (Cohen & Felson, 2019), which highlights that structured environments with visible rules and capable guardianship reduce the likelihood of deviant acts.

Moreover, HEIs report strong implementation of documentation practices, including the submission of activity reports ($\bar{x}$ = 3.47), meeting notes ($\bar{x}$ = 3.49), and the use of assessment and feedback tools such as pre- and post-questionnaires (M = 3.41), session evaluation forms ($\bar{x}$ = 3.44), and satisfaction surveys ($\bar{x}$ = 3.42). These practices are essential components of participatory evaluation, which allows not only institutional stakeholders but also students to reflect on program effectiveness. Institutions that incorporate student input into program planning exhibit

greater levels of program acceptance, ownership, and impact, as highlighted by Santos and Martinez (2021).

Furthermore, funding for sustainability ($\bar{x}$ = 3.46) indicates that organizations are investing in long-term plans and understand the operational requirements of ongoing monitoring. This is in line with Batalla *et al*. (2021) [7], who stressed that sustained drug prevention initiatives need steady institutional investment in addition to technical proficiency.

The creation of strategic monitoring and feedback mechanisms is one of the highest-rated items ($\bar{x}$ = 3.53), indicating that organizations are making a concerted effort to maintain their drug education programs through ongoing assessment. The Situational Action Theory (Wikström, 2006) [69] holds that structured environments with clearly communicated rules discourage deviant behavior. This integrated governance approach to school safety is reflected in the collaborative policy development on drug-related incidents ($\bar{x}$ = 3.52) and the regular evaluation of program outcomes ($\bar{x}$ = 3.50).

Notably, the implementation of evidence-based approaches**,** including normative education ($\bar{x}$ = 3.47), submission of activity reports ($\bar{x}$ = 3.47), and use of pre- and post-questionnaires ($\bar{x}$ = 3.41), indicates a strong alignment with global standards in program evaluation, such as those set by the World Health Organization (WHO, 2019) [77]. These practices ensure accountability and allow data-driven decision-making to refine strategies over time.

Furthermore, program revisions actively take into account the opinions of students and participants, as evidenced by feedback collection methods such as session assessments ($\bar{x}$ = 3.44) and end-of-program satisfaction surveys ($\bar{x}$ 3.42). Batalla *et al*. (2021) [7] highlighted the importance of inclusive feedback loops in enhancing school-based interventions and noted that this participatory monitoring approach improves stakeholder engagement and program relevance, both of which are critical in crime prevention education.

In summary, the information confirms that as part of their drug education initiatives, HEIs in Nueva Ecija have established strong monitoring, assessment, and research systems. This aligns educational practice with public health and justice goals, strengthens their role in crime prevention, and adds to their sustainability and accountability.

3. Significant Relationship Between the Profile of the Higher Education Institution and Implementation of Drug Education

Out of seven profile variables of the subject higher education institution tested for correlation only four variables had significant correlation with the implementation of drug education.

School was positively correlated with the implementation of drug education as to services (r=.134). This meant that School C have better implementation of drug education. The hypothesis of no significant relationship is rejected. This result suggests that identity or specific characteristics of the institution (e.g., name, location, possibly linked to culture or mission) influence how services related to drug education are delivered.

Table 16: Significant Relationship between the Profile of the Higher Education Institution and Implementation of Drug Education Program

Profile of the HEIs		**Implementation of drug education**						
		Instruction	Intervention Program	Services	Learning Activities	Development Activities	Advocacy Campaign	Monitoring, Evaluation and Research
School	Pearson Correlation	0.035	000	.134*	0.048	0.116	0.039	0.046
	Sig. (2-tailed)	0.56	0.998	0.024	0.421	0.051	0.515	0.443
	N	281	281	281	281	281	281	281
Type of School	Pearson Correlation	-0.095	-0.019	-.174**	-0.085	-.144*	-0.053	-.125*
	Sig. (2-tailed)	0.113	0.749	0.003	0.158	0.016	0.377	0.037
	N	281	281	281	281	281	281	281
Years of Operation	Pearson Correlation	0.089	-0.027	0.102	-0.014	0.076	-0.017	.120*
	Sig. (2-tailed)	0.136	0.651	0.086	0.817	0.202	0.78	0.044
	N	281	281	281	281	281	281	281
Form of Business Organization	Pearson Correlation	0.095	0.019	.177**	0.085	.148*	0.053	.137*
	Sig. (2-tailed)	0.113	0.749	0.034	0.158	0.016	0.377	0.027
	N	281	281	281	281	281	281	281
Number of Students	Pearson Correlation	0.115	0.102	0.058	0.116	0.018	0.072	0.112
	Sig. (2-tailed)	0.054	0.087	0.333	0.053	0.76	0.231	0.06
	N	281	281	281	281	281	281	281
Number of Employees	Pearson Correlation	-0.037	-0.019	-0.055	0.013	-0.109	-0.063	-0.035
	Sig. (2-tailed)	0.535	0.756	0.358	0.83	0.069	0.295	0.557
	N	281	281	281	281	281	281	281
Office involved in the Implementation of Drug Education	Pearson Correlation	-0.044	-0.091	-0.078	-.121*	-0.094	-0.116	-0.037
	Sig. (2-tailed)	0.458	0.13	0.192	0.042	0.117	0.052	0.539
	N	281	281	281	281	281	281	281
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

Table 16 presents the Pearson correlation analysis between the profile of the Higher Education Institutions (HEIs) and the seven domains of drug education implementation such as Instruction, Intervention program, Services, Learning activities, Development activities, Advocacy campaigns, Monitoring, Evaluation, and Research. The data reveal several statistically significant relationships at both the 0.05 and 0.01 levels, suggesting that institutional characteristics influence how drug education programs are implemented.

A significant positive correlation was found between School (identity) and the "Services" component (r = 0.134*, p = 0.024), indicating that certain institutions offer more comprehensive services such as counseling and referral systems possibly due to leadership priorities, program culture, or access to external support networks.

The Type of School (public vs. private) showed negative correlations with three areas: Services (r = -0.174**, highly significant p = 0.003), Development Activities (r = - 0.144*, p = 0.016), and Monitoring, Evaluation, and Research (r = -0.125*, p = 0.037). This suggests that private HEIs may be less likely to invest in these components, possibly due to limited mandates or organizational autonomy, while public HEIs guided by CHED or government policies—may prioritize these more systematically. Reyes and Santos (2021) emphasized that public HEIs tend to align more strictly with national standards, especially for programs under RA 9165.

Additionally, years of operation showed a positive relationship with monitoring, evaluation, and research (r = 0.120*, p = 0.044), indicating that longer-established institutions are more likely to maintain formal evaluation systems. This aligns with Torres and Bernardo (2017) [63], who noted that institutional maturity contributes to structured implementation of academic programs, including feedback and tracking mechanisms.

The form of business organization was positively correlated with services (r = 0.177**, highly significant p = 0.034), development activities (r = 0.148*, p = 0.016), and monitoring and evaluation (r = 0.137*, p = 0.027). This supports the notion that corporate or government organized HEIs may have clearer frameworks and accountability systems that promote more robust program implementation.

No significant relationships were found between the number of students or number of employees and any of the drug education components, suggesting that institution size alone does not determine implementation quality. However, a significant negative correlation was observed between the number of offices involved and learning activities (r = -0.121*, p = 0.042), which may suggest that overly fragmented coordination could dilute the effectiveness of instruction-led initiatives.

Types of school was negatively correlated with the implementation of drug education as to services, development activities, and monitoring, evaluation, and research. This meant that public schools have better implementation of drug education in terms of services, development activities, and monitoring, evaluation, and research. The hypothesis of no significant relationship is rejected. This result suggests that private schools may have less engagement or lower implementation levels in these areas compared to public schools-or vice versa, depending on how the variables were coded. It highlights structural disparities in program implementation across school types.

Form of business organization was positively correlated with the implementation of drug education as to services (r = .177**), development activities (r = .148*) and monitoring, evaluation, and research (r = -.137*). This meant that government related HEI have better implementation of drug education in terms of services, development activities and monitoring, evaluation, and research. The hypothesis of no significant relationship is rejected. This result suggests that certain business structures may be more conducive to implementing well-supported and holistic drug education programs, likely due to variations in governance and funding.

The office involved in the implementation of drug education was negatively correlated with the implementation of drug education as to learning activities (r = -.121*). This meant that the more the academic units involved in the implementation of drug education, they most likely have better implementation. The hypothesis of no significant relationship is rejected. This result suggests that depending on which office leads the implementation (e.g., guidance, student affairs, academic affairs), there may be varying levels of emphasis on interactive or pedagogical components of drug education.

Table 16 presents the statistical relationship between the profile of higher education institutions (HEIs) and the implementation of drug education across various domains. The data show that the school profile has a significant positive correlation with the implementation of services related to drug education, suggesting that specific institutional characteristics may influence how support services are delivered to students and their families. The type of school revealed significant negative correlations with services, development activities, and monitoring, evaluation, and research, indicating that public and private institutions may differ in how comprehensively they implement certain components of drug education programs. Meanwhile, years of operation were significantly and positively correlated with monitoring, evaluation, and research, implying that more established institutions are better equipped or more experienced in integrating feedback mechanisms and assessment into their programs.

Additionally, the form of business organization of the HEIs was found to be significantly related to services, development activities, and monitoring and evaluation, suggesting that institutional governance and management structure may impact the comprehensiveness and sustainability of drug education implementation. However, there was no statistically significant correlation between the number of employees and students and any of the program areas, indicating that implementation effectiveness is not solely determined by size. Finally, there was a significant negative correlation between learning activities and the office in charge of implementing drug education, suggesting that the results may differ depending on which department is in charge of the program. These findings highlight the importance of contextual and organizational factors in determining how well drug education programs are executed across higher education institutions.

Also, it reflects how institutional structure and context influence the reach and effectiveness of school-based preventive education-a concept supported by Routine Activity Theory which posits that organized settings can reduce deviant behavior by reinforcing control measures.

From a policy and educational standpoint, these correlations suggest that customizing program strategies based on school type, history, and organizational structure could enhance the effectiveness of drug education. Institutional variables are not neutral-they shape both capacity and prioritization in program delivery.

4. Significant Difference in The Implementation of Drug Education Program Across Higher Education Institutions

Table 17: Significant Difference in the Implementation of Drug Education Program across Higher Education Institutions

School	Instruction	F value	p value	Decision	Interpretation
A	3.53	4.713	0.000	Reject	Significant
B	3.46				
C	3.11				
D	3.68				
E	3.41				
F	3.57				
School	**Intervention program**	**F value**	**p value**	**Decision**	**Interpretation**
A	3.55	1.959	0.085	Accept	Not Significant
B	3.38				
C	3.27				
D	3.59				
E	3.45				
F	3.46				
School	**Services**	**F value**	**p value**	**Decision**	**Interpretation**
A	3.38	2.999	0.012	Reject	Significant
B	3.34				
C	3.20				
D	3.57				
E	3.38				
F	3.64				
School	**Learning activities**	**F value**	**p value**	**Decision**	**Interpretation**
A	3.55	1.759	0.122	Accept	Not Significant
B	3.34				
C	3.33				
D	3.51				
E	3.47				
F	3.55				
School	**Development activities**	**F value**	**p value**	**Decision**	**Interpretation**
A	3.48	4.595	0.000	Reject	Significant
B	3.44				
C	3.30				
D	3.80				
E	3.44				
F	3.65				
School	**Advocacy campaigns**	**F value**	**p value**	**Decision**	**Interpretation**
A	3.56	2.871	0.015	Reject	Significant
B	3.38				
C	3.27				
D	3.76				
E	3.47				
F	3.55				
School	**Monitoring, evaluation and research**	**F value**	**p value**	**Decision**	**Interpretation**
A	3.54	5.834	0.000	Reject	Significant
B	3.50				
C	3.16				
D	3.69				
E	3.42				
F	3.61				
*. Significant at the 0.05 level.					

Table 17 presents the analysis of variance (ANOVA) results examining whether significant differences exist in the implementation of drug education across various Higher Education Institutions (HEIs) based on specific program components. The analysis reveals statistically significant differences in five key areas: instruction ($F = 4.713$, $p = 0.000$), services ($F = 2.999$, $p = 0.012$), development activities ($F = 4.595$, $p = 0.000$), advocacy campaigns ($F = 2.871$, $p = 0.015$), and monitoring, evaluation, and research ($F = 5.834$, $p = 0.000$). These findings indicate that HEIs differ significantly in how they implement these program aspects. For instance, School D recorded the highest mean scores in several areas, such as instruction (3.68), development activities (3.80), and monitoring and evaluation (3.69), suggesting stronger institutional commitment and more comprehensive program delivery. On the other hand, School C generally showed lower mean ratings, highlighting possible resource or engagement gaps that could benefit from targeted intervention.

Table 17 presents the results comparing the implementation of drug education across six HEIs. Significant differences were found in five out of the seven program components: Instruction, Services, Development Activities, Advocacy Campaigns, and Monitoring, Evaluation, and Research.

A significant F-value for instruction ($F = 4.713$, $p = 0.000$) shows that different schools have different levels of curriculum integration and instructional delivery.

Similarly, significant differences were observed in Services ($F = 2.999$, $p = 0.012$), Development Activities ($F = 4.595$, $p = 0.000$), Advocacy Campaigns ($F = 2.871$, $p = 0.015$), and Monitoring and Evaluation ($F = 5.834$, $p = 0.000$). These findings imply that the extent to which these areas are implemented comprehensively is influenced by institutional differences, including those related to resources, leadership commitment, and external partnerships. Previous studies, such as that by Cuenca *et al*. (2019), which emphasized the significance of institutional characteristics and administrative support in determining the scope and effectiveness of drug education program implementation in HEIs, support these findings.

On the other hand, no significant differences were found for Intervention Programs ($p = 0.085$) or Learning Activities ($p = 0.122$), indicating that these may be more consistently implemented across HEIs, perhaps as a result of common national guidelines or curriculum requirements. These results are consistent with those of Cuenca *et al*. (2019), who highlighted that differences in faculty training, policy enforcement, and interaction with external networks like the PNP, DOH, and CHED are frequently the cause of program variation amongst institutions.

A comparatively consistent approach across institutions in these areas is suggested by the lack of significant differences in the implementation of learning activities ($p = 0.122$) and intervention programs ($p = 0.085$). This could mean that different schools follow the same procedures or rules for these particular elements.

Previous research has confirmed these findings, including that conducted by Cuenca *et al*. (2019), which highlighted the importance of administrative support and institutional features in determining the extent and efficacy of drug education program implementation in HEIs. Program variability frequently reflects variations in institutional policies, training, and cooperation with external stakeholders, according to Reyes and Santos (2021).

Significant variations exist in the majority of program areas, which emphasizes the necessity of inter-school collaboration and standardized implementation frameworks to advance equity in the delivery of drug education.

Out of seven indicators tested for significant variation, five indicators were statistically emerged had significant difference when classified according to school.

In terms of instruction, the calculated F value was 4.713; $p<0.05$ which led to the rejection of the null hypothesis. The Scheffe multiple comparison shows that the yielded mean score school of School A was 3.53 while School C mean score was 3.11, the calculated mean difference was .42336; $p<0.05$. Meanwhile, the mean score obtained by School C was 3.11 while School D mean score was 3.68, the calculated mean difference was -.56850; $p<0.05$. Finally, the mean score obtained by School F was 3.57, while School C got a mean score of 3.11, the computed mean difference was .45900; $p<0.05$. This result indicates that School C lags in instructional delivery of drug education, possibly due to limited teaching strategies or inadequate curriculum integration. Program heterogeneity frequently reflects variations in institutional policy, training, and cooperation with external stakeholders, according to Reyes and Santos (2021).

Significant variations exist in most program areas, which emphasizes the necessity of inter-school collaboration and standardized implementation frameworks to advance fairness in the delivery of drug education.

Table 18: Post hoc Analysis - Multiple Comparison in the Implementation of Drug Education across Higher Education Institutions

Implementation of drug education	Mean Difference	p value	Interpretation
Instruction			
School A vs School C	.42336*	0.021	Significant
School C vs School D	-.56860*	0.010	Significant
School F vs School C	.45900*	0.012	Significant
Services	**Mean Difference**	**p value**	**Interpretation**
School C vs School F	-.43600*	0.031	Significant
Development Activities	**Mean Difference**	**p value**	**Interpretation**
School C vs School D	-.50400*	0.007	Significant
School C vs School F	-.35600*	0.033	Significant
Advocacy campaigns	**Mean Difference**	**p value**	**Interpretation**
School A vs School C	.38440*	0.031	Significant
Monitoring, evaluation and research	**Mean Difference**	**p value**	**Interpretation**
School A vs School C	.38486*	0.011	Significant
School B vs School C	.34200*	0.048	Significant
School C vs School D	-.53000*	0.003	Significant
School F vs School C	.45400*	0.002	Significant
*. The mean difference is significant at the 0.05 level.			

The post hoc analysis in Table 18 offers a closer look at the specific pairwise differences between institutions following the significant findings in the ANOVA results. The data clearly reveal that School C consistently scored significantly lower than several other schools across multiple dimensions of drug education implementation.

In terms of Instruction, significant differences were found between School C and School A with a mean difference of .42336 ($p = 0.021$), School D ($p = 0.010$), and School F ($p = 0.012$) with a mean difference of -.56860. These results suggest that School C has comparatively weaker integration of drug education in the academic curriculum, possibly due to limited faculty training or lack of curricular alignment with national mandates. This is in line with the findings of De Guzman and Flores (2020) [19], who pointed out that curriculum integration of specialized programs like drug prevention is frequently difficult for institutions with limited instructional resources.

In terms of services, the difference between School C and School F was statistically significant ($p = 0.031$) with a mean difference of -.43600, suggesting that School F provides more comprehensive or better-organized support services than School C, including counseling, referral systems, and student outreach. This discrepancy might be due to differences in institutional capacity or the order in which student welfare services are prioritized.

School C fell behind once more in the Development Activities category, with statistically significant differences from School D ($p = 0.007$) and School F ($p = 0.033$) with a calculated mean difference of -.50400. These findings point to a weakness in School C's experiential and co-curricular program implementation, which includes peer- led activities, student mentoring, and workshops which are essential for reiterating drug prevention messages outside of the classroom.

Additionally, there was a significant difference between School C and School A in terms of Advocacy Campaigns (MD=.388440; $p = 0.031$), indicating that School A participates in campaigns like the National Youth Forum, Red Cross collaboration, and NSTP drug education initiatives more actively. In order to promote student involvement, leadership, and community awareness, these campaigns are essential.

The most notable differences occurred in the domain of Monitoring, Evaluation, and Research, where School C scored significantly lower than Schools A (MD=-.38486; $p = 0.011$), B (MD=.34200; $p = 0.048$), D (MD=-.53000$p = 0.003$), and F (MD=.45400; $p = 0.002$). This implies that School C lacks robust systems for evaluating the effectiveness of drug education, documenting implementation outcomes, or using data to inform program improvement. According to Wikström's Situational Action Theory (2016), such institutional structures are essential for reducing deviant behavior through feedback, accountability, and continuous learning.

While some HEIs have created extensive and multifaceted drug education programs, others especially School C need focused assistance and capacity-building interventions to perform on par with their peers, according to the post hoc results overall. These discrepancies could be caused by variations in staff training, leadership, resource availability, and interaction with outside partners like the PNP or DOH. Addressing these institutional gaps is crucial to attaining fair and efficient drug education throughout the higher education sector, as Santos and Martinez (2020) stress.

Regarding services, the null hypothesis was rejected because the calculated F value was 2.999; $p<0.05$. According to the Scheffe multiple comparison, School F had a mean score of 3.64 and School C had a mean score of 3.20; the calculated mean difference was -.43600; $p<0.05$. This finding suggests that School F provides drug- related services that are either more successful or better supported. This could involve student support networks, counseling, and referrals all of which are underdeveloped in School C.

Regarding development activities, the null hypothesis was rejected because the computed F value was 4.595; $p<0.05$. According to the Scheffe multiple comparison, School C's mean score was 3.30, while School D's was 3.80. The computed mean difference was -.50400; $p<0.05$. Meanwhile, School F produced a mean score of 3.65 and School C obtained a mean score of 3.30; the calculated mean difference was -.35600; $p<0.05$. This result indicates that Schools D and F are more engaged in conducting activities like student workshops, peer mentoring, and guest speaker sessions.

In terms of advocacy campaign, the calculated F value was 2.872; $p<0.05$ which led to the rejection of the null hypothesis. The Scheffe multiple comparison shows that the yielded mean score of School A was 3.56 while School C got a mean score of 3.27. The calculated mean difference was .38440; $p<0.05$. This result suggests that better involvement in external forums, collaborations with national agencies, or community- level campaigns promoting drug education.

Finally, in terms of monitoring, evaluation and research, the computed F value was 5.834; $p<0.05$ which led to the rejection of the null hypothesis. The Scheffe multiple comparison shows that the yielded mean score of School A was 3.54 while School got a mean score of 3.16, the calculated mean difference was .38486; $p<0.05$. Likewise, School obtained a mean score of 3.50 while School got a mean score of 3.16, the compute mean difference was .34200; $p<0.05$. In similar vein, School C yielded a mean score of 3.16 while School D obtained a mean score of 3.69, the calculated mean difference was -.5300; $p<0.05$. Furthermore, School C obtained a mean score of 3.16 while School D got a mean score of 3.69, the calculated mean difference was -.5300; $p<0.05$. lastly, School C got a mean score of 3.16 while School D yielded a mean score of 3.69, the computed mean difference was .45400, $p<0.05$. This outcome suggests that School C is less methodical in gathering input, carrying out assessments, and applying information to improve drug education initiatives. Furthermore, the analysis shows that School C routinely performs noticeably worse than other institutions in a number of different areas. Higher implementation scores are typically seen in schools A, D, and F. This reaffirms that underperforming institutions require support interventions. Santos and Martinez (2020) contend that community collaboration, faculty development, and administrative dedication are necessary to close these gaps.

Comparing School C to other HEIs, the post hoc analysis showed that it continuously performed worse on a number of indicators. The stronger implementation of Schools A, D, and F, on the other hand, was evident, especially in the areas of advocacy campaigns, development activities, monitoring, and evaluation, as well as instruction.

These discrepancies show how underperforming institutions must be specifically improved in order to guarantee a fair and successful drug education program. Institutional dedication, resource distribution, and stakeholder collaborations have a major impact on how thoroughly drug education is applied in higher education settings, as stressed by Santos and Martinez (2020).

5. Proposed School-Based Education And Drug Prevention Program Rationale

Programs to prevent student drug use can be implemented online, in community centers, schools, and places of worship. Since schools are the institution and community that engages with students the most frequently, after their parents, school-based programs are essential. Through their faculty, HEIs provide effective drug education that includes: raising awareness among parents and students about drug-related issues; teaching about the risks of drug use; aiding in the development of skills and techniques to make responsible decisions or refuse drugs; and improving knowledge of drug facts and information.

The faculty is essential to the successful dissemination of information in school- based drug prevention programs. Before launching a school-based drug education program, educators in this kind of setting must receive the appropriate training. Faculty members serve as facilitators rather than teachers in this model. The identity of the instructor and the rapport that students can build with them are essential for the dissemination of dru On the basis of the study's results, the researcher also developed a suggested drug prevention and education program for schools. The following are the main goals of the drug prevention and school-based education program in HEIs:g education information.

Raise Awareness

To increase students' awareness of the dangers and consequences of substance abuse. To provide specific information about different drug classifications, their effects, and their legal status.

Foster Healthy Decision-Making

To help students develop the critical thinking and decision-making skills necessary to resist peer pressure. To empower students to make informed, responsible choices regarding drug use.

Build Resilience

To improve students' ability to withstand and manage stress, peer influence, and life difficulties without turning to drug use. To enhance emotional intelligence and boost self-esteem.

Promote Peer Education

To motivate students to act as peer educators and influencers within their school communities. To create a nurturing atmosphere in which students feel comfortable talking about drug-related topics with their classmates.

Provide Resources and Support

To link students and their families with accessible resources for addiction support, counseling, and treatment. To promote a robust collaboration with local community groups and healthcare professionals.

Implementation of Drug Education Indicators with the lowest Mean	Program/s	Objectives	Mechanics	Attendees and Speakers	Success Indicators
Instruction *"Our Institution supports the National Drug Education Program as provided in the Section 43, Article IV of Republic Act No. 9165."*	**Curriculum Integration**	▪ To develop age- appropriate drug education materials to be integrated into the school curriculum. ▪ To implement progressive lessons on drug education and prevention from elementary to tertiary levels.	▪ Invite expert and practitioners to give inputs to develop a well sounded curriculum that will contribute in educating faculty, students and other stakeholders in drug education ▪ Conduct sessions on curriculum review with faculty like curriculum summit and evaluation ▪ Invite speakers such as law enforcement and heal care professionals to share their experience and insights ▪ Symposium/ Forum will be conducted according to level	Curriculum planners, faculty, students and other stakeholders	100% integrated drug education drug education related subject in the curriculum from basic to tertiary level.
	Symposium / Forum	▪ To facilitate meaningful discussions on drug education and prevention		Law enforcement and health care providers Students, faculty and other stakeholders	Students, faculty and other stakeholders are knowledgeable on drug prevention
Intervention Program *"Our institution ensure that preventive drug education program services are available and accessible to all students, teaching and non-teaching personnel"*	**Peer Support Groups**	▪ To establish peer support groups where students can openlydiscuss their concerns and experiences. ▪ To train selected students to act as peer mentors and provide support to their peers.	▪ Guidance office takes a lead role in facilitating students trainings on peer mentoring ▪ Series of session on peer mentoring will be conducted to properly educate and transfer peer mentoring methods and strategies	Guidance counsellors, selected students	Well-trained peer mentors
and *"Our Institution facilitate a strong partnership with local community organizations and healthcare providers."*	**Coordination and Collaboration on various agencies and organization**	▪ To establish strong partnership and collaboration to various agencies and organization	▪ Choose an agency and community organization that can be possible partners in transmitting drug education within a community level	Extension Head, Coordinators, law enforcement, health care providers Parents, students and OSY	Signed MOU with partner agency and community organization to implement drug education
Services *"Our institution connect students and their families with available resources for addiction*	**Counselling and Intervention Services**	▪ To facilitate counselling services to students who are in need of advising and intervention. ▪ To implement intervention services to students various related needs in the aspect of counseling, psychotherapy, psychoanalysis and other treatment	▪ The counselor may talk to students individually for secrecy of the information	Guidance Counselor, Psychologist Parents and Students	Full implementation of the services rendered to the students

treatment, counseling, and support."			gathered to the students ▪ The counselor will inform the parents and or guardian on the student problems for possible intervention		
Learning Activities *"Our institution teaching and learning on drug education are interactive with a supportive classroom climate promoted by conducting activities in smaller groups, that encourages peer to peer communication and maximum participation"*	**Motivational activities, Energizing Activities, Social Skills Training and Primary Prevention Activity**	▪ To integrate motivational and energizing activities like goal setting games, brain breaks and collaborative learning opportunities to boost students motivation and to foster a positive and energized learning environment	▪ The teacher will facilitate the activities to per participated in by the students. The teacher will prepared activities that will motivate students to learner and participate in the interaction in the classroom ▪ The activities will be integrated to every learning sessions to to have an engaging experience to their students	Lecturer, Facilitators, Teachers and Students	Activities are integrated in every session to boost students motivation
Development Activities "*Our institution conduct interactive workshops and seminars led by trained professionals, counselors, and former addicts."*	Interactive Workshop and Seminars on Drug Education and Prevention	▪ To increase awareness of the students on the negative effect of drugs to their physical and mental health ▪ To intensify initiatives to promote the anti-drug abise advocacy by providing information on the extent of drug related problems	▪ A three-day interactive workshop and seminars to produce output on drug education and prevention that may be included in the learning activities and curricula of the higher education institutions.	Professional counselors, Former addicts Faculty, Staff and Students	Knowledgeable faculty, staff and students on drug education and prevention
Advocacy Campaigns *"Our institution collaborate with Philippine National Red Cross Youth Training of Trainers on Drug Abuse Prevention Education"*	Philippine National Red Cross-Red Cross Youth Training of Trainers on Drug Abuse Prevention Education	▪ To integrate drug abuse prevention concepts in the existing Red Cross Youth Programs.	▪ A three-day seminar workshop on various aspects of the drug problem and will include planning of an action program on drug abuse prevention. The RCY will be utilized as trainers and facilitators in the conduct of drug abuse prevention programs for the youth in the communities	NRC personnel Faculty, staff and students	100% percent well-trained trainers that will facilitate Drug Abuse Prevention Education in their respective agencies, school and offices
Monitoring, Evaluation and	Innovative evaluation	▪ To facilitate on-site pre and post evaluation ▪ to gather data that can be used for future	▪ Create a google form and QR	Research Personnel	Data that can be used for

Research *"Our institution conduct pre- and post- questionnaires to assess the change in information/ attitudes immediately prior and after a training session/workshop"*	with the use of technology such as QR scanning	needs based on the result of the summarized data	codes for Easy pre and post evaluation of activities	Faculty, Staff and Students	decision making and future activities

Summary of Findings

The study assessed the extent of implementation of drug education programs among selected Higher Education Institutions (HEIs) in Nueva Ecija, focusing on seven major domains: instruction, intervention programs, services, learning activities, development activities, advocacy campaigns, and monitoring–evaluation–research. A total of 281 respondents from six HEIs participated.

1. Implementation of Drug Education Across Domains

Results revealed that drug education is implemented to a very great extent across all program components. The overall weighted means in each domain indicate strong institutional adherence to national mandates for preventive drug education (RA 9165):

a. Instruction – *WM = 3.44*: Institutions integrate age-appropriate, culturally sensitive, and evidence-based drug education materials into the curriculum, utilizing interactive teaching methods and multi-dimensional content.
b. Intervention Programs – *WM (varies per table but consistently high)*: Programs align with national prevention frameworks and provide structured sessions supporting student welfare.
c. Services – *WM = 3.41*: HEIs strongly implement parent-focused training (e.g., STEP programs), referral systems, life skills training, and partnerships with police, health agencies, and community-based organizations.
d. Learning Activities – *WM = 3.46*: Institutions employ student-centered, interactive approaches such as role-playing, discussions, and peer-support activities designed to strengthen critical thinking and decision-making related to drug avoidance.
e. Development Activities – Results show high engagement in workshops and seminars facilitated by trained professionals, enhancing students' awareness of the physical, mental, and social effects of drug use.
f. Advocacy Campaigns – *WM = 3.48*: HEIs actively participate in national drug-prevention events, implement drug-free workplace policies, and strengthen partnerships with organizations such as the Philippine Red Cross and NSTP.
g. Monitoring, Evaluation, and Research – High ratings reflect strong mechanisms for continuous assessment, funding allocation, technology-based evaluation tools, and evidence-based policy development.

Overall, these findings indicate a comprehensive, multi-sectoral, and proactive approach to drug education among HEIs in the province.

2. Significant Differences Among HEIs

ANOVA and post hoc (Scheffé) tests revealed significant differences among institutions, especially involving School C, which consistently scored lower across multiple domains:

a. Instruction
b. Services
c. Development Activities
d. Advocacy Campaigns
e. Monitoring, Evaluation, and Research

These variations highlight discrepancies in institutional capacity, teaching strategies, resource availability, and strength of external partnerships.

3. Relationship Between Institutional Profile and Program Implementation

Correlation analysis showed that selected HEI profile variables were significantly related to program implementation:

a. School identity,
b. Type of school,
c. Years of operation, and
d. Form of business organization

had significant correlations with at least one domain of implementation. Notably, corporate-run institutions and those with longer years of operation demonstrated stronger delivery of services and monitoring systems.

4. Overall Interpretation

The findings confirm that HEIs in Nueva Ecija exhibit strong compliance and active engagement in delivering drug education programs. Their efforts reflect a systems-level approach grounded in:

a. educational strategies
b. public health frameworks
c. criminological perspectives
d. community-based collaboration

Despite the overall strong performance, the study identifies uneven implementation across institutions, emphasizing the need for stronger standardization, capacity-building, and inter-school partnerships.

Conclusions

Based on the findings of the study, the following conclusion were drawn:

1. Most of the subject HEIs included in the study was classified as private institution, operated for many years as corporation, they are categorized as small – medium number students with small number of employees coming from administrative, teaching personnel and non-teaching personnel who assisted them in their academic-related needs and supported my various academic units, academic support units and non-academic units in the implementation of drug education for a number of years.
2. All of the dimension used in the assessment such as instruction, intervention program, services, learning activities, development activities, advocacy campaigns

and monitoring, evaluation and research was rated strongly agreed by the respondents indicating the HEIs implemented the drug education to a very great extent.

3. Out of seven profile variables of the subject higher education institution tested for correlation only four variables had significant correlation with the implementation of drug education. School was positively correlated with the implementation of drug education as to services indicating that the institutions attributes influence the services related to drug education they delivered. Similarly, the type of school was negatively correlated with the implementation of drug education as to services, development activities and monitoring, evaluation and research indicating that public school have better implementation of drug education depending on their capacity to facilitates such nurturing education to students. Form of business organization was negatively correlated with the implementation of drug education program as to services indicating that those HEIs who are classified corporation have better implementation of drug education as to services. Finally, the office involved in the implementation of drug education was negatively correlated with the implementation of drug education as to learning activities indicating that the lesser the academic units involved in the implementation of drug education, they most likely have better implementation depending on the offices lead the implementation that gives emphasis on the interactive pedagogical components of drug education.
4. Lastly, there are significant variation found in the implementation of drug education when classified into HEIs, the instruction, services, advocacy campaigns and monitoring, evaluation and research indicators are among the variables with significant difference indicating that the HEIs had different instructional delivery, teaching strategies and are or not integrated in the curriculum.
5. The researcher formulated a school-based drug education program that may be adopted by higher education institutions in Nueca Ecija.

Recommendations

Based on the findings of the study, the following conclusion were drawn:

1. The Higher Education Institution in collaboration with academic and non- academic units may strictly imposed the implementation of drug education through a collective effort, capacity-building and proper dissemination to various stakeholders.
2. The Higher Education Institutions through their administration may continuously support the National Drug Education Program as provided in the Section 43, Article IV of Republic Act No. 9165 through a series of fora, symposium and trainings to the teaching, non-teaching personnel and students.
3. The Academic units of the HEIs may build a strong partnership and linkages to various community organization and health care providers on the implementation of drug education in their constituents.
4. The HEIs may collaborately conduct Life Skills Training on Drug Abuse Prevention Education, Inter-School Stage Play Competition and Youth Camps to facilitate skills enhancement and edify students on drug abuse and prevention.
5. The HEIs may integrate Drug Abuse Prevention Education in their curriculum to educate students on the possible effect of drugs in their personal life.
6. The General Education Department through the National Service Training Program may include Drug Education and Prevention Module to educate and give awareness to students on the negative effect of drug use to their physical and mental aspects.
7. The HEIs administration through the Office of the Vice President for Academic Affairs and Human Resource Department may appoint focal person who will assist in the implementation of drug education, advocacy and campaign in their respective units and colleges.
8. The HEIs may continuously conduct research on the drug-related topics to gather empirical data that can be used in policy making and decision-making.
9. Other researcher may conduct similar study to a wider scope and with the use other methodology to compare the result of the present study.
10. That the proposed school-based education and drug prevention program maybe adopted by other HEIs within the locality of the study.

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