



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

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December 8, 2016

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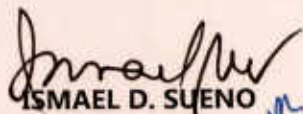
TO : ALL PROVINCIAL GOVERNORS, CITY/MUNICIPAL MAYORS, PUNONG BARANGAYS, PHILIPPINE NATIONAL POLICE REGIONAL DIRECTOR, PROVINCIAL DIRECTOR, CITY/MUNICIPAL CHIEF OF POLICE, DILG REGIONAL AND FIELD OFFICERS, AND OTHERS CONCERNED

SUBJECT : EXECUTIVE ORDER NO. 04 "PROVIDING FOR THE ESTABLISHMENT AND SUPPORT OF DRUG ABUSE TREATMENT AND REHABILITATION CENTERS THROUGHOUT THE PHILIPPINES" AND DANGEROUS DRUGS BOARD (DDB) BOARD REGULATION NO. 4, SERIES OF 2016 "OPLAN SAGIP-GUIDELINES ON VOLUNTARILY SURRENDER OF DRUG USERS AND DEPENDENTS AND MONITORING MECHANISM OF BARANGAY ANTI-DRUG ABUSE CAMPAIGNS"

In order to provide effective mechanisms or measures to re-integrate into society individuals who have fallen victim to drug abuse or dangerous drug dependence, **Executive Order No. 04** which provides for the establishment and support of drug abuse treatment and rehabilitation centers throughout the Philippines was issued by the Office of the President on October 11, 2016, and **Board Regulation No. 4** which provides for the guidelines on handling voluntary surrender of drug personalities determined as drug users or drug dependents after the conduct of assessment and a monitoring mechanism for anti-drug abuse campaigns of barangays was issued by the Dangerous Drugs Board (DDB) on September 19, 2016.

Relative to the above, all DILG & PNP Regional and Field Offices are hereby directed to disseminate the attached documents in their respective areas of jurisdiction.

For the information and guidance of all concerned.


ISMAEL D. SUENO
 Secretary





MALACAÑAN PALACE
MANILA

BY THE PRESIDENT OF THE PHILIPPINES

EXECUTIVE ORDER NO.04

PROVIDING FOR THE ESTABLISHMENT AND SUPPORT OF DRUG ABUSE TREATMENT AND REHABILITATION CENTERS THROUGHOUT THE PHILIPPINES

WHEREAS, in light of the government's unrelenting campaign against illegal drugs, the number of drug dependents who have voluntarily surrendered to the authorities continues to grow;

WHEREAS, the State values the dignity of every human person and guarantees full respect for human rights;

WHEREAS, it is the policy of the State to provide effective mechanisms or measures to re-integrate into society individuals, who have fallen victim to drug abuse or dangerous drug dependence, through sustainable programs of treatment and rehabilitation;

WHEREAS, in light of such policy, Republic Act (RA) No. 9165, as amended, otherwise known as the "Dangerous Drugs Act of 2002," mandates the national government, through its appropriate agencies, to establish at least one drug rehabilitation center in each province, depending on the availability of funds;

WHEREAS, RA No. 9165 also mandates local government units (LGU) to appropriate a substantial portion of their annual budgets to assist in or enhance the enforcement of such law, giving priority to preventive or educational programs and the rehabilitation or treatment of drug dependents;

WHEREAS, RA No. 7160, as amended, otherwise known as the "Local Government Code of 1991," mandates the *Sangguniang Bayan*, *Sangguniang Panglungsod* and the *Sangguniang Panlalawigan* to approve ordinances providing for the care of drug dependents and, subject to availability of funds, establish and provide for the operation of centers and facilities for said persons;

WHEREAS, there are only sixteen (16) Department of Health (DOH) accredited government drug rehabilitation centers operating in the country, and the increasing number of patients is straining the capacity of such facilities and their personnel beyond their limits;

WHEREAS, Section 17, Article VII of the 1987 Philippine Constitution vests in the President power of control over all executive departments, bureaus and offices;

NOW THEREFORE, I, RODRIGO ROA DUTERTE, President of the Philippines, by virtue of the powers vested in me by the Constitution and existing laws, do hereby order:



SECTION 1. Creation of an Inter-Agency Task Force for the Establishment and Support of Drug Abuse Treatment and Rehabilitation Centers (DATRCs) Throughout the Country. An inter-agency task force (Task Force) is hereby created for the establishment and support of DATRCs throughout the country. The Task Force shall be composed of the following members, or their duly appointed representatives:

Chairperson: Secretary of the Department of the Interior and Local Government

Vice-Chairpersons: Secretary of the DOH
Chairman of the Dangerous Drugs Board

Members: Secretary of the Department of Social Welfare and Development
Secretary of the Department of Budget and Management (DBM)
Director General of the Philippine Drug Enforcement Agency
Representative of the Office of the President

SECTION 2. Authority and Functions of the Task Force. Subject to existing laws, rules and regulations, the Task Force shall have the following powers and functions:

- a) Determine the type, capacity and suitable locations of the DATRCs, taking into consideration the need of the localities and the accessibility and manageability of facilities, with the long-term goal of having at least one DATRC in every province. Such determination shall also take into consideration the presence of duly accredited private DATRCs and the availability of community-based rehabilitation programs (CBRPs) in the concerned localities;
- b) Establish the needed DATRCs and provide support for their operations, with authority to call upon any department, bureau, office, agency, or instrumentality of the government, including government-owned or -controlled corporations (GOCCs), for assistance as the circumstances and exigencies may require;
- c) In accordance with the pertinent provisions of RA No. 9165, as amended, and RA No. 7160, as amended, enjoin the cooperation of LGUs in the establishment and support of the DATRCs and in the implementation of CBRPs;
- d) Submit a report with recommendations to the Office of the President, within thirty (30) days from effectivity of this Executive Order and every six months thereafter, on the implementation of the provisions herein;
- e) Issue relevant guidelines for the effective implementation of this Executive Order; and
- f) Perform such other functions provided in this Executive Order and as may be authorized or directed by the President.

SECTION 3. Establishment of DATRCs in Military Reservations. To begin addressing the congestion in existing DATRCs, the Task Force shall establish DATRCs in military reservations available for the purpose. The Secretary of the Department of National Defense and the Chief of Staff of the Armed Forces of the Philippines shall sit as additional

members of the Task Force whenever the same will take up any matter involving DATRCs within military reservations.

SECTION 4. Memoranda of Agreement (MOA). Whenever necessary to facilitate the establishment of DATRCs including those in military reservations, the Task Force shall oversee the execution of appropriate MOAs between or among concerned agencies. These MOAs shall delineate the respective duties and obligations of such agencies in accordance with pertinent laws, rules and regulations.

SECTION 5. Operation of DATRCs. The DOH shall operate, maintain and manage the DATRCs to be established pursuant to this Executive Order, including those in military reservations. In the performance of such functions, the DOH shall coordinate with other concerned agencies and encourage the participation of the private sector, non-government organizations and faith communities. The Task Force shall provide full support to DOH for the effective performance of such mandate.

SECTION 6. Support of Government Agencies. All departments, agencies and instrumentalities of the government, including GOCCs, are encouraged to provide the support and assistance required in the implementation of this Order.

SECTION 7. Funding. The initial amount necessary for the implementation of this Executive Order shall be sourced from the appropriations of the members of the Task Force and other applicable funding sources, subject to pertinent laws, rules and regulations. For the succeeding fiscal years, the budgetary requirement for the implementation of this Executive Order shall be incorporated in the budget proposals of the concerned agencies.

Each department and agency represented in the Task Force may receive donations and other forms of assistance in accordance with applicable laws and issuances, for purposes relevant to the implementation of this Executive Order, provided that the utilization thereof shall be coordinated through the Task Force.

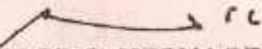
SECTION 8. Separability. If any provision of this Executive Order is declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and subsisting.

SECTION 9. Repeal. All orders, rules and regulations, issuances or any part thereof inconsistent with the provisions of this Executive Order are hereby repealed, amended or modified accordingly.

SECTION 10. Effectivity. This Order shall take effect immediately upon publication in a newspaper of general circulation.

DONE, in the City of Manila, this **11th** day of **October** in the year of Our Lord, Two Thousand and Sixteen.

By the President:


SALVADOR C. MEDIALDEA
Executive Secretary








Republic of the Philippines
Office of the President
DANGEROUS DRUGS BOARD

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BOARD REGULATION No. 4
Series of 2016

SUBJECT: OPLAN SAGIP – GUIDELINES ON VOLUNTARILY SURRENDER OF DRUG USERS AND DEPENDENTS AND MONITORING MECHANISM OF BARANGAY ANTI-DRUG ABUSE CAMPAIGNS

WHEREAS, the proliferation and use of illegal drugs has caused moral degradation, disease, crimes and deaths to numerous Filipinos;

WHEREAS, Section 77 of Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2002, as amended (the "Act"), provides that the Dangerous Drugs Board ("DDB") is the policy-making and strategy-formulating body in the planning and formulation of policies and programs on drug prevention and control;

WHEREAS, Section 2 of the Act provides that it is a declared policy of the State to provide effective mechanisms or measures to re-integrate into society individuals who have fallen victim to drug abuse or drug dependence through sustainable programs of treatment and rehabilitation;

WHEREAS, Section 51 of the Act provides that local government units shall appropriate a substantial portion of their respective budgets to assist in or enhance the enforcement of the law, giving priority to preventive or education programs and rehabilitation of treatment of drug dependents;

WHEREAS, the Republic Act No. 7160 or the Local Government Code mandates that barangays shall adopt measures towards the prevention and eradication of drug abuse;

WHEREAS, Memorandum Circular No. 2015-063 of the Department of Interior and Local Government calls for the revitalization of their respective Barangay Anti-Drug Abuse Councils and for the latter to formulate, plan, strategize, implement and evaluate programs and projects on drug prevention;

WHEREAS, due to the advocacy and strong pronouncement of the President to immediately address the country's drug problem, there is an unprecedented mass voluntary surrender of self-confessed drug personalities nationwide;

WHEREAS, the President has also declared that the campaign against drugs should be started in the barangays to accelerate the drive against illegal drugs and promote the participation of the community in the suppression of drug abuse and trafficking;

WHEREAS, due to exigency and pressing nature of this concern that requires approval of the Board for immediate implementation, the matter was subjected to *Ad Referendum*;

WHEREAS, on September 19, 2016, at least nine (9) Members of the Board constituting the majority thereof had indicated and signed their agreement with the proposed guidelines on handling voluntarily surrender of drug users and dependents, including the monitoring mechanism of Barangay Anti-Drug Abuse campaigns.

NOW THEREFORE, be it **RESOLVED**, as it is hereby **RESOLVED**, to provide guidelines on handling voluntary surrender of drug personalities determined as drug users or drug dependents after the conduct of assessment and a monitoring mechanism for anti-drug abuse campaigns of barangays, as hereunder provided:

Section 1. Objectives

This Regulation aims to establish clear guidelines and specific procedures to be followed by national government agencies, law enforcement agencies, anti – drug abuse councils (ADACs) of local government units and cause – oriented non – government organizations in dealing with drug personalities who voluntarily surrendered to authorities and assessed as drug users or dependents.

This Regulation also provides for a mechanism to monitor compliance with the Act and other related guidelines issued by the Department of Interior and Local Government (DILG) pertaining to the campaign against the use of illegal drugs in the barangay level.

Section 2. Definition of Terms

- a. **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)** – Developed by the World Health Organization (WHO), the screening tool is used to detect and manage substance use and related problems in primary health care and general medical care setting. The tool was translated to Filipino with consent from the WHO for use in the Philippine setting.
- b. **Brief Interventions** – Evidenced-Based practices designed to motivate individuals at risk of substance abuse and related health problems to change their behavior. At risk individuals are made to understand how their substance use puts them in danger with the aim of reducing or totally giving up their substance use.
- c. **Diagnostic Statistical Manual (DSM 5)** – An assessment tool used by clinicians and researches to diagnose and classify mental disorders (which includes substance use) published by the American Psychiatric Association.
- d. **Eclectic Programs** – a combination of the components of a Therapeutic Community, Hazelden/12 Steps and Faith-based programs.
- e. **Faith-Based Structured Programs** – Programs with implicit and explicit religious and/or spiritual content which may or may not include traditional psychosocial intervention approaches. Implemented by either of the following; a) Secular service provider who make no explicit reference to God nor any ultimate value; b) Religiously affiliated provider who use standard nonreligious techniques and approaches without religious content c) Exclusively faith-based providers who rely on religious content and technologies to the exclusion of traditional nonreligious approaches; d) Holistic provider who combine religious and non-religious content and approaches
- f. **Hazelden-Minnesota Model/12 Steps Programs** – Based on the Hazelden Foundation Program similar to the principles of Alcoholic Anonymous which outlines a set of guiding principles (12-Steps) outlining a course of action for recovery from substance use disorder. Each participant tries to determine what

will work best for their individual needs while providing support, encouragement and accountability through a sponsorship method.

g. **International Classification of Diseases (ICD)- 10 Classification of Mental and Behavioural Disorders**-An assessment tool that provides clinical description and diagnostic guidelines for mental health and substance use disorders much similar to DSM 5.

h. **Motivational Interviews** - a clinical approach that helps people with substance use disorders and other chronic conditions. The approach upholds four principles; expressing empathy and avoiding arguments, developing discrepancy, rolling with resistance and supporting self - efficacy.

i. **Social Support** Activities includes but not limited to the following activities:

- Technical Skills Enhancement
- Livelihood training activities
- Educational Programs
- Civic and Environmental Awareness Activities
- Job Placement / Employment

j. **Spiritual/Faith-Based Interventions** – The use of moral and spiritual principles, doctrines and writings to influence the well-being of a substance user and leverage potential venues for reinforcing healthy behaviors.

k. **Substance Use Disorder (SUD)** – Term used in the Diagnostic Statistical Manual 5 which combines categories of substance use, abuse and dependence into a single disorder measured on a continuum from mild to severe. Each specific substance is addressed as a separate disorder (e.g. alcohol use disorder, cocaine use disorder) and are diagnosed based on the same overarching eleven (11) behavioral criteria. Clinicians can also add "in early remission", in "sustained remission", "on maintenance therapy" and "in controlled environment" in describing their diagnosis which could either be the following;

i. **Mild SUD** – a minimum of two (2) to three (3) criteria has been met. Similar to experimental and occasional users

ii. **Moderate SUD** – Four (4) to five (5) criteria met which would be similar to regular and habitual use

iii. **Severe SUD** – If six (6) or more symptoms/criteria has been met which is about the equivalent to an abuser and substance dependent individual

l. **Therapeutic Community Programs** – the most common form of long-term residential treatment for substance use disorder. Following the concept of a "community as a method", the program use active participation in group living and activities to drive individual change and to achieve therapeutic goals. Participants take on responsibility for their peer's recovery emphasizing mutual help and social learnings.

Section 3. Guidelines on Assessment of Individuals Who Voluntarily Surrender and Determination of Appropriate Intervention

A. The whole process of voluntary surrender to the authorities shall be properly documented by the Duty Officer (DO) of the Office where the individual/s surrendered (the "Office") and covered by video recording, if possible. Each local Bd. Reg. on Guidelines on Voluntarily Surrender of Drug Users and Dependents and Monitoring Mechanism of Barangay Anti-Drug Abuse Campaigns

government unit consequently should provide the names and offices of Duty Officers which shall be forwarded to the DDB and DILG for records purposes.

- B. An interview shall be conducted by the DO who will solicit personal information from the surrenderer. Names, addresses, contact numbers, religious affiliation and sex will be recorded for purposes of monitoring compliance to prescribed program if necessary and record the information in the record book.
- C. The Office shall verify if the surrenderer is included in the Target List, Wanted List and Watch List Personalities of law enforcement agencies such as but not limited to PDEA, PNP and NBI or if he / she has any other pending criminal case/s.

If it is verified that the surrenderer has a pending warrant of arrest or criminal case, he / she shall be referred to the Office of the Prosecutor or the Court. Voluntary surrender may be considered as a mitigating circumstance, depending on the facts of the case.

Surrenderers who wish to be part of the Witness Protection Program ("WPP") should be able to provide verifiable information. Inclusion in the WPP is subject to the evaluation of the Philippine National Police and WPP's set of evaluators.

- D. The surrenderer shall be made to sign an AFFIDAVIT OF UNDERTAKING and WAIVER (Annex A) allowing the conduct of an assessment (drug dependency examination), physical/medical examination and drug test. It shall also provide that the surrenderer will fully cooperate with the prescribed program and that he shall reform himself / herself and will no longer participate in any illegal drug activity. The Affidavit and Waiver shall be subscribed before and by any competent authority. A family member who is of age of majority, preferably a parent or a spouse, shall also sign said Affidavit. Consent of the parents or guardian shall be obtained for surrenderers who are minors.
- E. A screening of the surrenderer shall be undertaken by capacitated personnel from ADACs in order to determine the surrenderer's risks to other behavioral conditions and/or morbidities.

The screening shall be undertaken using "The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)" through an interview and/or the provision of the questionnaire. Other internationally accepted screening tools may also be used.

- F. If found to be of "Low" risk, the concerned ADAC may provide or refer the surrenderer to, but not limited to, one or more of the following interventions;
 - 1. Motivational Interviews
 - 2. Brief Interventions
 - 3. Spiritual/Faith-Based Interventions
 - 4. Social Support Activities
 - a) Technical Skills Enhancement
 - b) Livelihood training activities
 - c) Educational Programs
 - d) Civic and Environmental Awareness Activities
 - e) Job Placement / Employment
 - 5. Other activities deemed necessary

- G. If found to be of "Moderate or High" risk, the surrenderer will be further assessed for morbidities:

1. For purposes of assessment, the DO shall refer the surrenderer to a qualified health professional for assessment by a Department of Health (DOH) – Accredited Physician, Trained Rehabilitation Center Personnel, Qualified Allied Professional, among others;
2. The qualified health professional shall use the Diagnostic and Statistical Manual of Mental Disorders (DSM V), applying the eleven (11) – point questionnaire
3. The qualified health professional can also use the International Classification of Diseases 10 (ICD-10) classification of mental and behavioural disorders (whichever is more convenient for the practitioner)
4. If the surrenderer has co-occurring morbidities (other than substance use disorder), he is referred to a specialty facility for treatment. After which, the patient is again re-assessed by the qualified health professional.

H. If assessed to be having "mild substance use disorder" after the conduct of assessment as provided for in Section 2 (F) of this Regulation, the surrenderer shall undergo detoxification when necessary and shall be referred to a community-based Psychosocial rehabilitation pursuant to Board Resolution No. 75, Series of 2015 ("Adopting the Guidance for Community – Based Assessment, Treatment and Care Services for People Affected by Drug Use and Dependence in Southeast Asia for the Philippines") which may include, but not limited to, any or all of the following services;

1. Motivational Interviews;
 2. Brief Interventions;
 3. Spiritual/Faith-Based structured interventions (counselling, provision of addiction modules/services etc);
 4. Social Support Activities such as but not limited to:
 1. Technical Skills Enhancement
 2. Livelihood Training activities
 3. Educational Programs
 4. Environmental Awareness activities
 5. Other Socio – Civic Oriented activities; and
 5. Attendance to Support Groups (Narcotics Anonymous, Faith-based organizations and other NGOs)
 6. Other activities deemed necessary
- I. If assessed to be having "moderate substance use disorder" the surrenderer shall undergo detoxification when necessary and shall be referred to an out-patient program accredited by the DOH which may include, but not limited to, any or all of the following services;

1. Structured Out-Patient modalities (Intensive Out-Patient Matrix Program, Psychotherapy Interventions, Harm Minimization etc);
2. Motivational Interviews;
3. Brief Interventions;
4. Moral or Spiritual/Faith-Based structured interventions (counselling, provision of addiction modules/services etc);
5. Individual or group counselling;
6. Behavioral modification programs;
7. Social Support Activities such as but not limited to:
 1. Technical Skills Enhancement
 2. Livelihood training activities
 3. Educational Programs

4. Environmental Awareness Activities
 5. Other socio – civic oriented activities;
 8. Attendance to Support Groups (Narcotics Anonymous, Faith-based organizations and other NGOs);
 9. Other activities deemed necessary; and
 10. Client is processed for admission to an Out-Patient Rehabilitation Program pursuant to Regulation No. 1, Series of 2009 of the Board (Guidelines for the Rehabilitation of First – Time Offenders Under Section 15 of RA No. 9165 Who Are Not Drug Dependents) which shall be provided by the nearest DOH – accredited drug treatment and rehabilitation center or local government health center (if capable or capacitated).
- J. If assessed to be having "severe substance use disorder" the surrenderer shall undergo detoxification when necessary and shall be referred to an in-patient program accredited by the DOH which may include, but not limited to, any or all of the following programs;
1. Therapeutic Community Programs;
 2. Faith-Based Structured Programs;
 3. Hazelden-Minnesota Model/12 Steps Programs; and
 4. Eclectic Programs.
 5. Other activities deemed necessary
- K. For a surrenderer with severe substance use disorder availing of voluntary submission to drug treatment and rehabilitation as provided for in Section 54 of the Act and Regulation No. 3, Series of 2007 of the Board (Rules Governing Voluntary Confinement for Treatment and Rehabilitation of Drug Dependent) and with no pending case, further assessment shall be conducted by a DOH – accredited physician and shall be processed in accordance with the provisions of the above-mentioned Board Regulation.
- L. Drug Testing may be required by program handlers (medical/paramedical personnel) charged with the treatment of the client only for therapeutic purposes and to monitor patient compliance to the program. Such drug testing activity must be recorded in the respective patient records and does not require the official forms from accredited laboratories.
- M. In any of the options, the respective ADAC shall be apprised on the progress of the patient treatment.

Section 4. Monitoring Mechanism of Anti – Drug Abuse Campaigns in Barangays

A. Policy Content and Guidelines

All City and Municipal Mayors are enjoined to ensure the organization of BADAC, allocation of substantial portion in the barangay budget; and the formulation of Barangay Peace and Order and Public Safety Plan and the Barangay Anti-Drug Plan of Action of all barangays under their areas of jurisdiction such that all Punong Barangays should be directed to:

- i. Organize or revitalize their BADACs and its Committees on Operations and Advocacy and the BADAC Auxiliary Team;
- ii. Appropriate a substantial portion of their respective annual budget to assist in or enhance the enforcement of the law, giving priority to preventive or educational programs and the rehabilitation or treatment of drug dependents; and

- iii. Formulate barangay Peace and Order and Public Safety Plan and Barangay Anti-Drug Plan of Action as its component.

B. Report on Compliance

1. All Barangays are required to submit to their respective City/Municipal Local Government Operations Officer (C/MLGOO) within ten (10) days from the approval of their annual budget of the following calendar year, the following documents in summary form:
 - i. The BADAC Plan of Action;
 - ii. The composition, including names, of the members of their BADAC in accordance with MC 2015-63; and
 - iii. The amount of Budget allocated for their BADAC.
2. The C/MLGOO shall document compliance by filling-out BADAC Form 1 (Annex B) and shall report to the National Barangay Operations Office (NBOO) all barangays who fail to comply with this directive for proper disposition.
3. As a transitory directive, within seven (7) days from the issuance of this memorandum circular, all barangays are required to submit the above documents to their respective C/MLGOO.
4. Together with the Chief of the Philippine National Police (PNP) in the locality, and local PDEA representative, the C/MLGOO shall determine whether the budget allocated by the barangay to their BADAC is "substantial" enough in accordance to the degree of drug affection in their barangay.

Section 5. Focal Persons and Designation of Dangerous Drugs Board Authorized Representatives

Each CADAC / MADAC Chairperson shall designate a focal person who shall ensure enforcement of and compliance with these guidelines. The surrenderer shall be under the supervision of the CADAC / MADAC, and shall coordinate with the appropriate service provider to assure compliance with the prescribed intervention.

Barangay Anti – Drug Abuse Councils shall also assist in the monitoring of surrenderer and shall report to their respective CADACs / MADACs.

CADACs / MADACs shall also cause the designation of certain personnel as authorized representative/s of the Dangerous Drugs Board. Such ADAC personnel shall cause the processing and filing of petitions for confinement of drug dependents for treatment and rehabilitation before the Regional Trial Court pursuant to Sections 54 and 61 of the Act.

DOH shall have general technical supervision over the medical interventions to be introduced to clients and patients.

Section 6. "One – Stop Shop Facilities"

ADACs shall establish "one – stop shop facilities" in their respective jurisdictions where assessment, interview, counselling, referral and / or processing of applications

for petitions for confinement of drug dependents for treatment and rehabilitation and other allied processes may be undertaken.

All government – owned treatment and rehabilitation centers shall also establish one – stop shop facilities to expedite the processing of applications for petitions for confinement.

Section 7. Reporting System

All offices shall maintain a separate file of drug personalities who voluntarily surrendered in their respective offices.

Number of compliant surrenderers shall be noted in the existing Local Government Unit Scorecard.

Reports shall be submitted to the Policy Studies, Research and Statistics Division of the DDB using the Community using the following forms: Data on Community – Based Treatment and Rehabilitation (Annex C) and Data on Drug Treatment, Rehabilitation and Aftercare of Drug Dependents (Annex D). Submission of such reports shall be made quarterly by ADACs and public and private treatment and rehabilitation facilities. The DDB shall maintain a centralized database of all surrenderers.

All information on surrenderers shall be confidential in nature.

Section 8. Coordination for Livelihood, Training and Other Civic Activity Programs

All local government units shall coordinate with government agencies and non-government organizations for the provision of livelihood and training programs to surrenderer. Local government units shall liaise with the Technical Education and Skills Authority (TESDA), Department of Agriculture, Department of Education (Alternative Learning System), Commission on Higher Education (Alternative Learning System, Expanded Tertiary Education Equivalency and Accreditation Program, Open Distance Learning) Department of Trade Industry, Department of Environment and Natural Resources and technical – vocational schools for the conduct of such programs.

Section 9. Funding

Pursuant to Section 51 of the Act and Memorandum Circular No. 2015-63 of the DILG, local government units shall appropriate a substantial portion of their respective annual budgets to assist in or enhance the enforcement of the Act through this Regulation.

Section 10. Liability for Violation of the Regulation

Section 32 of the Act provides for the imposition of penalty of imprisonment ranging from six (6) months and one (1) day to four (4) years and a fine ranging from Ten Thousand Pesos (P10,000.00) to Fifty Thousand Pesos (P50,000.00) to any person found violating any regulation duly issued by the Dangerous Drugs Board, without prejudice to the imposition of any administrative and other criminal sanctions.

Section 11. Separability Clause

In the event that any Section, paragraph, sentence or phrase of this Regulation is declared invalid, other provisions thereof shall not be affected thereby.

Section 12. Effectivity

Bd. Reg. on Guidelines on Voluntarily Surrender of Drug Users and Dependents and Monitoring Mechanism of Barangay Anti-Drug Abuse Campaigns

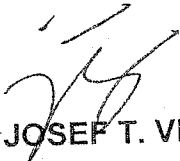
This Regulation shall take effect fifteen (15) days after its publication in two (2) newspapers of general circulation and after registration with the Office of National Administrative Register (ONAR), UP Law Center, Quezon City

APPROVED and **ADOPTED**, this 19th day of September, in the year of Our Lord, 2016 in Quezon City.



Secretary BENJAMIN P. REYES
Chairman, Dangerous Drugs Board

Attested by:



Atty. PHILIP JOSEF T. VERA CRUZ
OIC-Secretary of the Board

Annexes:

1. Annex A – Affidavit of Undertaking and Waiver
2. Annex B – BADAC Monitoring Form 1
3. Annex C – TRC Form
4. Annex D – Community-Based Treatment and Rehabilitation Monitoring Form
5. Annex E – Client Flow for Wellness and Recovery from Substance-Related Issues

Republic of the Philippines)
 _____) S.S.
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AFFIDAVIT OF UNDERTAKING AND WAIVER

I, (name of surrenderer), of legal age, Filipino, single / married, of (permanent address), after being duly sworn to in accordance with law, hereby depose and state that:

1. On (date of surrender), I went to (name of office) at (office address) for the purpose of subjecting myself to voluntary surrender as a user of dangerous drugs.
2. I am authorizing (name of office) to take my urine sample and to conduct physical / mental examination, including drug test and drug dependency examination, for any purpose that it may serve.
3. I am authorizing (name of office) to take my photos, fingerprints and information.
4. I am committing to do the following:
 - a. I shall reform myself and resolve not to engage or participate in the illegal drug trade;
 - b. I am willing to submit myself to a drug treatment and rehabilitation program and I shall commit to finish said program;
 - c. I shall immediately report all drug – related information to the proper authorities;
 - d. I submit to record check and background investigation of (name of office) and other law enforcement agencies, whenever necessary to prove my honesty and integrity;
 - e. I shall join all anti – drug activities initiated by (name of office) in (name of city / municipality of surrenderer); and
 - f. I shall report to (name of office where surrenderer will be referred) once a week for a period of six (6) months, or unless required otherwise, and shall subject myself to any random drug testing.
5. I understand and agree that my voluntary surrender and this waiver does not in any way absolve me from any criminal liability nor shall it result in the removal of my name from the list of drug personalities;
6. Should I fail to abide with the aforementioned conditions and / or fail to reform myself and continue to engage or participate in the illegal drug trade and / or use thereof, I shall be made liable for the violation of this undertaking, the provisions of RA No. 9165 and relevant laws and regulations.
7. I hereby waive any and all claims, criminal, civil or administrative against the (name of office) and officers thereof, and further release and discharge them from any and all liability. Likewise, I hereby authorize (name of office) to utilize the result of my urine sample for any legal purpose that it may serve.

IN WITNESS WHEREOF, I hereby affix my signature this ____ day of _____, 2016 at _____.

SUBSCRIBED AND SWORN before me this (date) by (name of surrenderer) who exhibited to me his (competent evidence of identity) issued on (date of issuance of competent evidence of identity) at (place of issuance of competent evidence of identity).

NOTARY PUBLIC

BADAC Form 1
CITY/MUNICIPAL CONSOLIDATED REPORT ON THE ORGANIZATION OF BARANGAY ANTI-DRUG ABUSE COUNCIL (BADAC)

As of _____

Province: _____
 City/Municipality: _____

BARANGAY	ORGANIZED BADAC		WITH BADAC PLAN		ALLOCATED FUNDS				REMARKS	
	YES	NO	YES	NO	NUMBER	AMOUNT	% OF ALLOCATION			NO
							YES	NO		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
TOTAL	0	0	0	0	0	-				

Prepared by: _____ Submitted by: _____

 City Director/C/MLGOO



Republic of the Philippines
Office of the President
DANGEROUS DRUGS BOARD

3/F, PDEA Bldg, NIA Northside Road, National Government Center
Brgy Pinyahan, Quezon City

DDB IDADIN FORM 6-06

DDB Control No. _____
Revised December 2006

Name of Rehabilitation Center: _____
Region: _____ City/Municipality: _____
Date of Admission: _____

A. BACKGROUND INFORMATION

1. Family Name _____ First Name _____ Middle Name _____
2. Permanent Address: _____
3. Sex: Male Female
4. Age: _____
5. Date of Birth: _____
6. Place of Birth: _____
7. Civil Status: Single Widow/er
 Married Separated
 Live-in Divorced
8. Nationality: _____
9. Religion: _____
10. Highest Educational Attainment: _____
11. Number of Years in School: _____
12. Date of Last Attendance in School: _____
13. Occupation prior to Rehabilitation: _____
14. Number of Siblings: _____
15. Ordinal Position in the Family: _____
16. Living Arrangements:
 With Parents With Spouse & Children
 With Relatives With Friends
 Boarding House Living Alone
 Others, specify _____
17. Estimated Family Monthly Income: ₱ _____
18. Name of Father: _____
Occupation: _____
19. Name of Mother: _____
Occupation: _____
20. Name of Spouse: _____
Occupation: _____
Address: _____

26. Area where drugs are being abused: _____

27. Daily Expenses for Drugs: ₱ _____
28. Source of Drugs (Pls check one only)
 Friend/Peer
 Pusher
 Self
 Drugstores
 Relatives
 Others, pls. Specify _____

29. Place of Drug Source: _____
30. Primary Reasons for Using Drugs: _____

31. Drugs Used **for the last 12 months prior to Rehabilitation** (Pls. Refer to page 2)

C. TREATMENT/HOSPITALIZATION INFORMATION

32. Nature of Confinement to Rehabilitation Center (Pls. Check one only)
 Voluntary
 Voluntary with Court Order
 Arrested
 Suspended Sentence
 Compulsory Confinement (Under Sec. 61, RA 9165)
 Compulsory Confinement (Under Sec. 62, RA 9165)
 Relapse/Readmission
 Others, pls specify _____

33. Number of times admitted to other Rehabilitation Centers _____
(Pls specify name of Center/s/Address) _____

34. Number of escapes: _____
35. Number of times admitted to Hospitals due to drug-related cases:
Name of Hospital _____ Date Admitted _____

36. Nature of Admission (Pls. Check one only)
 Drug Overdose
 Intoxication/Poisoning
 Reaction to Drugs
 Others, pls. Specify _____

B. DRUG USE INFORMATION

21. Age at first Drug Use: _____
22. Date of last Drug Use: _____
23. Length of Drug Use (Pls. check one only)
 < than 2 years
 = or > than 2 yrs but < than 4 yrs
 = or > than 4 yrs but < than 6 yrs
 = or > than 6 yrs
24. Frequency of Drug Use (Pls. check one only)
 daily occasionally
 2x-5x a week monthly
 weekly others, pls. Specify _____
25. Means to Support drug habit: _____

Note: This is a confidential information. Unauthorized use and disclosure is violation of the law.

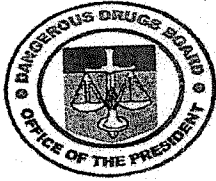
I hereby certify to the correctness of the above information.

Parent/Guardian/Spouse
(Signature over Printed Name)
(Please Indicate Relation with Patient)

Contact No.: _____

DRUGS USED FOR THE LAST TWELVE (12) MONTHS PRIOR TO CONFINEMENT IN THE CENTER

Pls. check Code no.	DRUGS USED	Pls. Check Route of Administration/Use			
		Orally	Smoking	Inhalation/ Sniffing	Injection/ Intravenous
	<i>Narcotic/Anaesthetics</i>				
1	Opium				
2	Morphine				
3	Heroin				
4	Hydrocodone				
5	Codeine				
6	Methadone				
7	Demerol				
8	Nalbuphine Hydrochloride (Nubain)				
9	Ketamine				
	<i>Hallucinogens</i>				
10	Cannabis (Marijuana)				
11	*Brownies/Cake				
12	*Seeds				
13	*Hashish				
14	Mescaline (Peyote Cactus/Buttons)				
15	Psilocybin "Katsubong" (Magic Mushroom)				
16	Phencyclidine (PCP,Angel Dust)				
17	Datura (Talampunay)				
18	LSD				
	<i>Stimulants</i>				
19	Cocaine				
20	Ephedrine				
21	MDMA (Ecstasy)				
22	Methamphetamine Hydrochloride (Shabu)				
23	Phentermine (Ionamine/Duromine)				
24	Pseudo-Ephedrine				
	China White				
	Speed				
	<i>Sedatives / Hypnotics / Benzodiazepines</i>				
25	Phenobarb (Luminal)				
26	Alprazolam (Xanor)				
27	Bromazepam (Lexotan)				
28	Chlordiazepoxide (Limbitrol/Librax)				
29	Chlorpromazine HCL (Thorazine)				
30	Clonazepam (Rivotril/X-Pinoy)				
31	Diazepam (Trazepam,Valium,Anxionil)				
32	Dipotassium Clorazepate (Tranxene)				
33	Estazolam (Esilgan)				
34	Flunitrazepam (Rohypnol)				
35	Flurazepam(Dalmane)				
36	Midazolam(Dormicum)				
37	Triazolam				
38	Zolpidem (Stilnox)				
	<i>Cough/Cold Preparations</i>				
39	Isoaminile Citrate				
40	Phenylpropanolamine/Paracetamol				
41	Codeine Phosphate/Guaifenesin (Robitussin-DM)				
42	Codeine Phosphate/Guaifenesin (Robitussin Expectorant)				
	<i>Inhalants/Solvents</i>				
43	Acetone				
44	Gasoline				
45	Rugby/Contact Cement				
46	Thinner/Lacquer paint				
	<i>Other Drugs</i>				
47	Artane				
48	Akineton				
49	Prozac				
50	Unisom				



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Brgy Pinyahan, Quezon City

S Num

Community-Based Treatment and Rehabilitation Monitoring Form

Name of Reporting ADAC:
Region:
Province:
City/Municipality:
Date Surrendered:

A. PERSONAL INFORMATION

1 Name
2 Complete Address
3 Date of Birth
4 Sex: Male Female
5 Religious Affiliation
6 Civil Status: Single Widow/er
 Married Separated
 Live-in Divorced
7 Highest Educational Attainment
8 Nationality
9 Monthly Family Income
10 Name of Father
11 Name of Mother
12 If married, Name of spouse:
13 Living Arrangement

B. DRUG USE INFORMATION

1 Age of first drug use
2 Drug first tried
3 Drugs Currently Used
4 Source of Drugs
5 Frequency of Use
6 Mode of Drug Use
7 Amount spent per drug intake

C. DATA RELATIVE TO AVAILMENT OF COMMUNITY-BASED PROGRAM

1 Screening Result (please refer to ASSIST)

Low Risk to Mild

Moderate to Severe Behavioral Condition

Referred to:

2 If Behavioral Problem, please answer the following:

Interventions Availed

Brief Intervention

Psychoeducation

Social Support

Referral for Program Intervention

Community Service

Skills Development Training

Others, specify

2.1 Date of Entry in the Program

2.2 Date Finished the Program

3 If Substance Abuse Disorder, please answer the following:

Treatment Program Availed

Community Based

Out-patient Service

Residential Treatment

If Community -Based:

Date of Entry in the Program

Services Provided

Date Finished the Program

Status/Remarks:

Completed

Not Completed

If not, specify reason of non-completion