**EXECUTIVE ORDER No. 10 - 2024**
**Series of 2024**

**AN ORDER ADOPTING THE IMPLEMENTING RULES AND REGULATIONS OF CITY ORDINANCE NO. 208-2022, OTHERWISE KNOWN AS THE "COMMUNITY-BASED DRUG REHABILITATION ORDINANCE OF THE CITY OF BACOOR"**

**WHEREAS**, Section 16 of R.A. No. 7160 provides that every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare including the promotion of safety of its constituents and provision of adequate transportation facilities;

**WHEREAS,** the Sangguniang Panlungsod enacted and passed City Ordinance No. 208-2022, otherwise known as the "Community-Based Drug Rehabilitation Ordinance of the City of Bacoor" which aims to promote drug-free communities in the City of Bacoor through a holistic wellness approach in rehabilitating the surrendered drug personalities;

**WHEREAS**, the City Government of Bacoor recognizes the need to issue an Implementing Rules and Regulations pertinent to the above-mentioned Ordinance;

**WHEREAS,** the Office of the City Mayor of Bacoor, in coordination with the concerned city government offices, issued the above-mentioned Implementing Rules and Regulations that shall govern the "Community-Based Drug Rehabilitation Ordinance of the City of Bacoor";

**NOW, THEREFORE, I, STRIKE B. REVILLA**, City Mayor of Bacoor, Cavite, by virtue of the powers vested in me by law, do hereby order for the adoption and implementation of the Implementing Rules and Regulations of City Ordinance No. 208-2022 herein attached.

**Section 1. Implementing Rules and Regulations (IRR).**

Attached herein is the Implementing Rules and Regulations of City Ordinance No. 208-2022 which shall form part of this Executive Order. This shall be known as the "Implementing Rules and Regulations for the "Community-Based Drug Rehabilitation Ordinance of the City of Bacoor".

All affected offices and departments are hereby ordered to adopt the said implementing rules and regulations and be guided accordingly.

Strict compliance and observance of all city government officials and employees to this IRR is hereby ordered.

**Section 2. Repealing Clause.**

All previously issued orders and directives inconsistent with any provision found herein shall be deemed repealed, revoked or amended accordingly.

**Section 3. Separability Clause.**

In the event that any provision found herein shall be judicially or administratively declared illegal or infirm, the remaining provisions shall remain in full force and effect.

**Section 4. Effectivity Clause.**

This Executive Order shall take effect immediately upon its signing and remain in full force and effect until repealed, revoked or amended accordingly.

**SO ORDERED.**

**DONE** this 8th day of January 2024 in the City of Bacoor, Province of Cavite.

**STRIKE B. REVILLA**
City Mayor

Office of the Mayor
Strike B. Revilla
SBR20240117





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# IMPLEMENTING RULES AND REGULATIONS OF CITY ORDINANCE 208-2022

## AN ORDINANCE ADOPTING THE IMPLEMENTATION OF A COMMUNITY-BASED DRUG REHABILITATION PROGRAM (CBDRP) OF THE CITY OF BACOOR, CREATING THE ANTI-DRUG ABUSE UNIT, DEFINING ITS FUNCTIONS AND PROVIDING FUNDS THEREFORE

## RULE I
## GENERAL PROVISIONS

**Section 1. TITLE.**

These Rules shall be known and cited as the "Implementing Rules and Regulations of the Community-Based Drug Rehabilitation Ordinance of the City of Bacoor."

**Section 2. PURPOSE.**

These Rules and Regulations are promulgated to prescribe the procedures and guidelines for the effective implementation of Bacoor City Ordinance No. 208-2022, which aims to promote drug-free communities in the City of Bacoor through a holistic wellness approach in rehabilitating the surrendered drug personalities.

**Section 3. COVERAGE.**

The provisions of this Ordinance shall apply to persons affected by the implementation and enforcement of the City of Community-Based Drug Rehabilitation Ordinance of the City of Bacoor.

**Section 4. CONSTRUCTION.**

These Rules shall be construed and applied in accordance with and in furtherance of the policies and objectives of the City Ordinance No. 208-2022.

**Section 5. IMPLEMENTING AGENCIES.**

The Office of the City Mayor, in conjunction with the City Health Office, shall be the lead implementing agency for implementing this IRR. As may be directed by the City Mayor, other city government departments, units, or offices shall assist in effectively implementing this IRR.

## RULE II
## COMMUNITY-BASED DRUG REHABILITATION PROGRAM

**Section 6. STATEMENT OF POLICY.**

It shall be the policy of the City Government of Bacoor to achieve accessible, effective, and sustainable implementation and evaluation of drug prevention programs and activities in the city through the promotion of a community-based drug rehabilitation program that will help and provide guidance to all registered Persons Who Used Drugs (PWUD) towards achieving renewed and more productive life, and through creation of a functional office that will provide administrative and technical support to the Bacoor City Anti-Drug Abuse Council of the City Government of Bacoor.

**Section 7. COMMUNITY-BASED DRUG REHABILITATION PROGRAM (CBDRP).**

The local Community-Based Drug Rehabilitation Program (CBDRP) in the City of Bacoor is a holistic wellness approach to rehabilitating surrendered drug personalities and aims to focus on the healing of the body, mind, and soul through counseling and other therapeutic sessions. It includes life coaching training focused on improving one's lifestyle, eliminating unwanted behaviors, and becoming goal-oriented or forward-thinking through life coaching and stress management. This incorporates the various stages from advocacy and community mobilization, screening and assessment, provision of appropriate treatment for drug abuse, rehabilitation services, and sustainability programs, to the aftercare and follow-up or community reintegration.

CBDRP is also an integrated model for drug users with moderate risk for drug dependence and/or mild substance use disorder where the program provides a continuum of care from outreach and low threshold services through active coordination among the members of the health, social, and other non-specialist services needed to meet client's needs. The program primarily provides public health component services such as promotion, prevention, treatment, referral and rehabilitation, aftercare and reintegration, and monitoring and evaluation.

It shall be facilitated by a network of trained volunteer experts and implementors in the community called the Community Rehabilitation Network or CRN. The members of the CRN may be medical doctors, psychologists, psychiatrists, guidance counselors, teachers, members of faith-based organizations, or anyone willing and able to facilitate the conduct of the CBDRP.

**Section 8. DEFINITION OF TERMS.**

For the purpose of this IRR, the following shall mean the following:

1. **Aftercare** - services that help recovering drug dependents to adapt to everyday community life after completing earlier phases of treatment and rehabilitation through planned follow-up treatment intervention.

2. **Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)** - is a tool designed by the World Health Organization (WHO) to be used in primary healthcare settings which determine risk-score for substance use and related problems.

3. **Anti-Drug Abuse Council (ADAC)** - a local government unit council that serves as the focal point through which various organizations and individuals work together cooperatively in planning, implementing, and evaluating drug abuse prevention and treatment programs.

4. **Brief Intervention** - refers to practices that aim to investigate a potential problem and motivate an individual to begin to do something about his/her substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment.

5. **Community-Based Drug Rehabilitation** - a consolidated model of treatment in the community with services ranging from general interventions to relapse prevention. The program involves coordinating various services to meet clients' needs.

6. **DOH-Accredited Physician** - a physician with background experience in psychological/behavioral medicine whose application has been approved and duly authorized by the Health Facilities and Services Regulatory Bureau of the DOH to conduct dependency examination and treatment on persons believed to be using dangerous drugs.

7. **Drug Abuse** - exists when a person continually uses a drug other than its intended purposes.

8. **Drug Dependency Examinations (DDE)** - a medical examination conducted by a DOH-accredited physician to evaluate the extent of drug abuse of a person and to determine whether he or she is a drug dependent or not, which includes history taking, intake interview, determination of the criteria for the drug dependency, mental and physical status and the detection of dangerous drugs in the body specimens through laboratory procedures.

9. **Drug Dependence** - a state described as a set of cognitive, behavioral, and physiological symptoms with a central characteristic of having a strong desire to take psychoactive drugs. It is not necessarily heavy drug use but a complex health condition with a social and psychological dimension.

10. **Drug Use** - use of any substance by virtue of its chemical nature which alters the structure of a living organism

11. **Facility-based Rehabilitation** - can either be in a halfway house for a minimum of three (3) months or in a rehabilitation center upon recommendation of the DOH-accredited physician.

12. **Person Who Used Drug (PWUD)** – refers to persons who use any dangerous drugs by injecting intravenously or intramuscularly or consuming, either by chewing, smoking, sniffing, eating, swallowing, drinking, or otherwise introducing into the physiological system of the body, as defined in RA 9165. PWUDs may include drug surrenderers referred by the Barangay Anti-Drug Abuse Council (BADAC) and those detainees as referred by the BJMP and the PNP Custodial Officer.

13. **Psychoeducation** is a behavioral therapeutic concept briefing the patients about their health condition.

14. **Random Drug Testing** - conduct of drug test using approved methodologies, the timing of which is not announced or is unknown to a PWUD.

15. **Relapse** - the recurrence of drug use after apparent recovery.

16. **Rehabilitation** – a dynamic process including re-integration, aftercare, and follow-up treatment directed towards the physical, emotional/psychological, vocational, social, and spiritual change of a drug dependent to enable him/her to live without dangerous drugs, enjoy the fullest life compatible with his capabilities and potentials and render him/her able to become a law-abiding and productive member of the community.

17. **Screening** - refers to a clinical interview that determines the patient's harmful drug use or risk for drug dependency, as well as associated high-risk behaviors, using the standard screening tool ASSIST.

18. **Surrenderer** - a person who voluntarily submitted himself or herself to authorities and admitted involvement in the use of illegal drugs and/or trade.

19. **Sustainability Program** - designed as a preparatory program for drug users who are undergoing community-based rehabilitation to become functioning members of the family and society.

20. **Trained Health Care Workers (HCW)** - refers to people engaged in the protection and improvement of health within their respective communities,

which include but are not limited to physicians, nurses, midwives, and Barangay Health Workers (BHWs) and are duly trained by the DOH.

## RULE III
## GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF THE COMMUNITY-BASED DRUG REHABILITATION PROGRAM

**Section 9. GUIDING PRINCIPLES.**

1. The implementation of CBDRP is guided by twelve (12) principles of community-based treatment as prescribed by the United Nations Office on Drugs and Crime (UNODC, 2016), as follows:
    a. Continuum of care from outreach, basic support, and reducing the harm from drug use to social reintegration, with no "wrong door" for entry into the system;
    b. Delivery of services in the community - as close as possible to where drug users live;
    c. Minimal disruption of social links and employment;
    d. Integrated into existing health and social services;
    e. Involve and build on community resources, including families;
    f. Participation of people who are affected by drug use and dependence, families, and the wider community in service planning and delivery;
    g. Comprehensive approach, taking into account different needs (health, family, education, employment and housing);
    h. Close collaboration between civil society, law enforcement, and the health sector;
    i. Provision of evidence-based interventions;
    j. Informed and voluntary participation in treatment;
    k. Respect for human rights and dignity, including confidentiality; and
    l. Acceptance that relapse is part of the treatment process and will not stop an individual from re-accessing treatment service
2. All primary healthcare facilities in communities shall endeavor to provide community-based treatment and support services for PWUDs as an essential part of a continuum of care for PWUDs.
3. All primary care health facilities providing community-based treatment and support services shall be part of a network (e.g., Anti-Drug Abuse Councils or ADAC) with resource mapping to ensure that PWUDs receive holistic and integrated care.
4. All primary care health facilities providing community-based treatment and support services, specifically the health worker in charge, shall follow the

algorithm of "Client Flow for Wellness and Recovery from Substance Related Issues" provisions of DDB Regulation No.4, Series of 2016.

5. All primary care health facilities shall adhere to monitoring and evaluation requirements from DDAPTP (DOH Regional Offices reporting to Central Office) ADAC as may be appropriate relative to quality implementation of the community-based treatment and support services for PWUD and shall require PWUD or their duly recognized representative to comply with client satisfaction survey requirements for program improvements.

6. All primary care health facilities providing community-based treatment and support services shall institute policies that adhere to the human rights and dignity of PWUD.

7. All health service providers and support workers shall (1) adhere to the highest possible professional and ethical standards in the performance of their functions and (2) show sensitivity to culture, ethnicity, religion, age, gender, and sexuality in dealing with or relating, treating, and managing PWUD.

**SECTION 10. COMMUNITY REHABILTATION NETWORK.**

A Community Rehabilitation Network (CRN) shall be organized by the City Anti-Drug Abuse Council (CADAC). Apart from those who compose the CADAC, CRN members shall be composed of the following board-certified volunteers in the fields of psychology, psychiatry, law, medicine, and education, and for faith-based expertise must have been in the practice of rehabilitation for no less than three (3) years.

Once convened, the CRN shall be oriented on their duties and responsibilities in the CBDRP. It should strategize on how the CBDRP shall be implemented and develop a program design that would enable it to maximize the resources available to the community. The CBDRP design should be flexible for all enrollees in the program and cater to the specific needs of the PWUDs.

## RULE IV
## PROCEDURAL GUIDELINES IN THE IMPLEMENTATION OF THE COMMUNITY-BASED DRUG REHABILITATION PROGRAM

The following are procedures before enrollment of a Persons Who Use Drugs (PWUD) in the CBDRP:

**Section 11. DOCUMENTATION AND VERIFICATION.**

1. Upon submission of the Barangay of the list of names of PWUDs, the CBDRP staff will verify from the Barangay if the persons in the list are still visible in the area.

2. Once confirmed, the PWUDs shall fill out a Personal Data Sheet, which shall be recorded in a registry. The staff of CBDRP should maintain this registry for recording and monitoring purposes. Any information obtained from the PWUDs/surrenders in the course of this Program shall be treated with utmost confidentiality;

3. With the assistance of a law enforcement officer, the program manager shall verify if the PWUDs are included in the Target List, Wanted List, and Watch List Personalities of PNP, PDEA, or NBI or if the PWUDs have another pending criminal case/s.

4. If it is verified that the PWUDs have a pending warrant of arrest or criminal case, the PWUDs shall be referred to the law enforcement agency, the Office of the City Prosecutor, or the Court, as the case may be.

5. All registered PWUDs shall be submitted for screening and/or assessment for proper intervention in conformance with the guidelines set under this ordinance.

**Section 12. SCREENING AND ASSESSMENT.**

1. The PWUD and his/her family member shall be made to sign a Condition of Admission or a Consent Form, Affidavit of Undertaking, and Waiver agreeing that the patient will undergo this kind of treatment and that unannounced drug testing will be conducted within the rehabilitation process.

2. Prior to the administration of standard screening tools, an intake interview shall be conducted by the trained health service provider, which shall give primary importance on establishing rapport and determining the PWUD's risk factors for substance use disorder and identifying other areas of risks in relation to his/her drug use. A health service provider shall be duly trained with a standard module prescribed by the Department of Health with a corresponding Certificate of Completion training on Screening Brief Intervention and Referral to Treatment (SBIRT).

3. The PWUD will undergo screening and assessment by the DOH-accredited physician or the duly-trained City Health Office personnel to determine appropriate intervention.

4. The screening shall be undertaken using the "Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and in compliance with the new Mental Health Act, the World Health Organization (WHO) Self-Reporting Questionnaire (SRQ), through the conduct of interviews and /or utilization of questionnaire.

5. Depending on the result of the screening, the PWUDs will be classified as follows:

   a. Low risk for drug abuse and dependence
   b. Medium risk for drug abuse and dependence
   c. High risk for drug abuse and dependence

6. The outcome of the screening process shall be the basis for further assessment by the City Health Office through a DOH-accredited physician, which will give comprehensive information about a client about his or her drug use, to wit:

   a. Conduct of mandatory physical examination;
   b. Laboratory and other ancillary tests can be requested upon recommendation of the DOH-Accredited Physician (chest x-ray, ECG, urinalysis, fecalysis, HIV screening, psychological test, pregnancy tests) and
   c. Drug dependency examination shall be conducted by a DOH-accredited physician with diagnosis and recommendation;

7. Low-risk PWUDs will be further profiled by the City Health Office on whether they should be turned to CBDRP or undergo an outpatient facility-based rehabilitation program.

8. The concerned Barangay and the PWUDs will be notified if they passed the assessment, and registration to the program will be processed. They will also be notified of the 60-day program schedule.

9. The screening result shall be discussed with the PWUD/patient by the trained HCW who provided the screening services utilizing the ASSIST-Linked Brief Intervention.

10. Once the PWUD has accomplished these steps, he/she must pledge his/her commitment to finish the rehabilitation program.

11. If in case the PWUD fails to attend session/s, the CBDRP staff, with the assistance of the concerned Barangay, will call the attention of the concerned PWUD and encourage his/her continued participation in the rehabilitation program until he/she finishes it.

**Section 13. REFERRAL TO TREATMENT AND REHABILITATION CENTERS.**

PWUDs/Patients shall be provided with the appropriate referral services depending on the results of their screening and DDE following the Client Flow for Wellness and Recovery from Substance-Related Issues.

1. Depending on the results of the Screening, an appropriate referral shall be made as follows:
   a. For Low Risk for Drug Abuse and Dependence, patients shall be referred for General Interventions.
   b. For Moderate and High Risk for Drug Abuse and Dependence, patients shall be referred to a DOH-Accredited Physician for the conduct of DDE.

2. PWUDs/Patients who need to undergo a DDE shall be referred to a DOH Accredited Physician in the RHU/HC or other health facilities as appropriate.
   a. A written consent from the patient or a court order shall be secured prior to the conduct of the DDE. For patients who are minors, written consent shall be executed by a parent or legal guardian.
   b. Laboratory examinations may be ordered by the physician as deemed necessary.
   c. A DDE certificate may be issued by the DOH-Accredited Physician on the following conditions:
      i. Upon a patient's written request to secure a Court Order for admission to a DOH-Accredited Treatment Rehabilitation Center (DATRC). For patients who are minors, a request shall be executed by a parent or legal guardian;
      ii. Upon a court order for possible admission to a drug treatment program.

   d. The results of a DDE may yield the following:
      I. Mild Drug Use and Dependence
      ii. Moderate Drug Use and Dependence
      iii. Severe Drug Use and Dependence

3. Depending on the results of the DDE, appropriate referral shall be made as follows:
   a. For Mild Drug Use and Dependence, patients shall be referred to the Community-Based Drug Rehabilitation Program
   b. For Moderate Drug Use and Dependence, patients shall be referred for an Outpatient Treatment and Rehabilitation Program
   c. For Severe Drug Use and Dependence, patients shall be referred to an Inpatient Treatment and Rehabilitation Program

4. Patients with medical or psychiatric complications and/or co-morbidities shall be referred to:

a. To the appropriate medical specialist/health facility for further assessment and interventions
b. To a health facility with the Mental Health Gap Action Programme (MHGAP) for the prevention and management of priority mental, neurological, and substance use (MNS) disorders as needed using the MHGAP Intervention Guide for assessment.

5. Within the course of the CBDRP, a PWUD/patient may be referred to other health facilities (RF, DATRC, or Mental Health Institutions) for appropriate interventions as recommended by a DOH Accredited Physician.

6. Throughout the program, especially during referral, patients' rights to privacy and confidentiality of their medical records must be upheld per Republic Act No. 10173 provisions, otherwise known as the "Data Privacy Act of 2012". When necessary, the Data Protection Officers (DPO) or Compliance Officers (CO) of the City Government of Bacoor shall assist in ensuring compliance with existing laws and issuances.

**Section 14. ORIENTATION OF THE PROGRAM.**

1. A general program orientation will be given to the patients and their families. They will be given an overview of the coverage of the rehabilitation program. The presence of the family is very important to make the patients feel that they will not be alone as they go through the process.
2. Once done with the general orientation, the patients will be given a more in-depth orientation of the program. The mechanics will be discussed, and the patients' expectations will be set.
3. Simultaneous to the patient's orientation, the families will also be oriented to what is expected from them. The CRN must encourage the families to be the strongest support group of the patients during this time of need.

**Section 15. REHABILITATION PROCESS.**

1. The CBDRP will run for sixty (60) days and will be handled by the CRN, which may be composed of a team of experts such as doctors, psychologists, guidance counselors, and other community volunteers. Weekdays shall be dedicated to counseling/therapy sessions, while weekends shall be dedicated to community service and religious services.
2. Implementation of the Care Programs:
    a. Patient's Care
        - ✓ Sessions involving the understanding of the individual patient
        - ✓ Sharing of experiences

- ✓ Lectures/seminars on the effects of drug abuse, HIV/AIDS and the like
- ✓ Individual/Group Counseling
- ✓ Skills training
- ✓ Physical activities
- ✓ Community service

b. Family Care
   - ✓ Counseling

c. Family therapy
   - ✓ Parenting and family development programs
   - ✓ Community Care
   - ✓ Community awareness seminars
   - ✓ Recruitment of volunteers for the CRN
   - ✓ Mobilization of the Basic Ecclesiastical Communities, Religious and Civic Organizations and other institutions
   - ✓ "Adopt a Drug Patient" where an individual and a family may serve as sponsors for the needs of the patient, such as food and other materials.

**Section 16. MONITORING AND EVALUATION.**

After completing the 60-day program, the PWUDs shall undergo an unannounced drug test. This is also the period where the patients will be assessed/evaluated on how well they progressed with the activities done. Those with negative results shall be awarded the Certificate of Completion issued by the CRN.

The CBDRP graduates will be subjected to Aftercare and Reintegration Programs for continuous monitoring of their progress.

The program manager shall submit regular statistical reports on the PWUD/client's progress to the PNP, DPH, PDEA, DDB, and DILG.

**Section 17. COMMUNITY SUPPORT, AFTERCARE AND REINTEGRATION (CSAR) PROGRAM.**

1. After completing the 60-day program, the graduates/PWUDs shall undergo a continuing sustainability program of not less than six (6) months to be conducted by the concerned agencies that are members of the CRN. In this phase, they shall undergo programs to help them and their families reintegrate into their communities as God-fearing and productive individuals.
2. CSAR program shall focus on relapse reduction and reintegration into the community; PWUDs who have successfully completed general

interventions, treatment, and rehabilitation programs shall be referred to take this program.

3. The program consists of the following core services/interventions:
   a. Medical services
   b. Psychological services
   c. Social services (i.e., livelihood, education)

4. CADAC shall lead this program in close collaboration with other network members such as DSWD, TESDA, City Livelihood Office, PESO, City Agriculture Office, DepEd, and other NGOs.

5. PWUD shall receive additional interventions such as but not limited to the following: family support group sessions (family visioning and crafting of the mission by the PWUD and their families), family psycho-education to address stigma within the family, parents' feedback, organization of parent-helping-parent, weekly family process groups, and weekly dialogue/seminar/lecture of parents and significant other.

6. Random Drug Test Administration can be performed at any time within the duration of the program for signs of relapse. This shall complement the history-taking and physical examination results of primary healthcare facilities. If found positive, PWUDs shall be referred to a capable physician for further assessment and appropriate intervention.

7. PWUD shall be provided with an Individual Treatment Card/Book. All services received by the PWUD and results of the drug test/s shall be recorded in the treatment card/book.

## RULE V
## PUBLIC HEALTH COMPONENT SERVICES

### Section 18. PUBLIC HEALTH COMPONENT SERVICES TO BE RENDERED.

As a drug abuse treatment and rehabilitation service, the CBDRP has been identified to be appropriate only for those who are not diagnosed as drug dependent but are suffering from drug use (low) or drug abuse (mild). This takes into consideration the presence of available services within a community which can help an individual to recover from his drug use or reinforce positive change in reducing or stopping drug use to prevent future harms or hazards. The following services shall be made available to implement the program in coordination with local resources.

**I. Education/Promotion Services**

Focal Group: CBDRP Staff

This service shall focus on the orientation or advocacy activities as one of the major components in increasing public awareness through the use of different modalities, including but not limited to short lectures, discussions, and the use of information communication education (IEC) materials, is significant for the general understanding on the following:

i. Causes, ill-effects, and consequences of drug use and misuse (biological, psychological, social, spiritual)
ii. Advocacy towards a healthy lifestyle free from drugs and other gateway substances
iii. Advocacy toward healthy relationships with family, friends, and community
iv. Advocacy toward health-seeking behavior to prevent the progression of risky behavior

**II. Clinical services**

Focal Group: Health care and allied health care personnel

This service shall focus on the physiological and psychological aspects of an individual:

i. Individual treatment plan by DOH-accredited physician to identify the different possible areas affected by drug use
ii. Medical services for attending to medical co-morbidities through BHS, RHUs, hospitals or medical centers
iii. The program shall be implemented every week for twenty-four (24) counseling sessions (or six months)
iv. A monthly progress report of clients shall be made by a DOH-accredited physician
v. Conduct of announced random drug testing in the course of the treatment. In case of a positive result, he or she shall return to the DOH-accredited physician for re-evaluation and management.

**III. Psycho-Spiritual Services**

Focal Group: Faith-based group

This service shall focus on the spiritual aspect of an individual:

i. Values formation
ii. Spiritual formation
iii. Guidance

**IV. Sustainability Programs Services**

Focal Group: LGU Livelihood Office, PESO, TESDA, CSWD, City Agriculture Office, DEPED

This service shall focus on the social aspect of an individual:

i. Skills development
ii. Livelihood education
iii. Educational support

## RULE VI
## BACOOR ANTI-DRUG ABUSE UNIT

### Section 19. CITY GOVERNMENT OF BACOOR's ANTI-DRUG ABUSE UNIT.

City Government of Bacoor's Anti-Drug Abuse Unit shall be created, hereinafter referred to as "BACOOR ADAU," under the City Health Office, whose main task is to provide administrative and technical support to the City Anti-Drug Abuse Council. It shall be headed by the City Health Officer, who the Chairperson of the City Anti-Drug Abuse Council shall designate. He/She also serves as the focal person of the Council's programs, projects, services, and activities. He/She must possess adequate knowledge, training, and experience in dangerous drugs and any of the following fields: law, medicine, psychology, or social work.

### Section 20. FUNCTIONS OF BACOOR ADAU.

The functions of the BACOOR ADAU shall include the following:

1. Provide technical and administrative support services to the CADAC;
2. Oversee and supervise the overall operations of the ADAU;
3. Oversee the implementation of the CBDRP;
4. Coordinate and implement the barangay drug clearing programs;
5. Assist and support the barangay anti-drug abuse councils in the City of Bacoor;
6. Coordinate with the Bacoor Philippine National Police and implement the community mobilization program;
7. Ensure prompt submission of the reports to the CADAC Chairperson and other partner agencies and
8. Perform other functions as may be assigned/determined.

### Section 21. ORGANIZATIONAL COMPONENTS

To effectively discharge its mandate, BACOOR ADAU shall be composed of the following components:

1. Preventive Education Section. This section shall:
   a. Prepare anti-drug plans and programs to be approved by the CADAC;

b. Conduct seminars, conferences, and consultations and provide information pertinent to its campaign against dangerous drugs; and
c. Facilitate the conduct of random drug tests in coordination with an accredited drug testing laboratory.

2. Treatment and Rehabilitation Section. This section shall:
   a. Conduct the drug dependency examination of the clients to determine the severity of the drug use, recommend and refer to the proper intervention/program, to wit:
      - outpatient/counseling clients with low severity of drug use;
      - community-based drug rehabilitation program clients diagnosed as drug users (low) and/or drug abusers (mild); and
      - facility-based rehabilitation clients as drug dependents.

3. Legal Section. This section shall:
   a. Assist in the preparation and filing of pertinent documents in relation to the confinement of a drug-dependent
   b. Review drafted resolutions and ordinances related to drug abuse regulation and provide recommendations to the Sangguniang Panlungsod.

4. Administrative Section and Operation Section. This section shall:
   a. Perform various administrative functions but not limited to personnel management, records management, financial management, procurement, and materials management
   b. Coordinate with law enforcement agencies pertaining to any drug-related issues or matters at the barangay or city level.

**Section 22. STAFFING.**

The BACOOR ADAU shall have the following staffing pattern subject to and in accordance with the rules and regulations promulgated by the Civil Service Commission:

| Position | Qualification Standards | Salary Grade | Number of Position |
|---|---|---|---|
| Administrative Officer 1 | Bachelor's degree<br>Eligibility: CS Sub-Professional<br><br>- Member PNP Advisory Council<br>- With experience as a CADAC Focal Person<br>- Preferably Member- Association of Anti-Drug Abuse Coalition of the Philippines, Inc. | SG 10 | 1 |

| Position | Qualification Standards | Salary Grade | Number of Position |
|---|---|---|---|
| | - Undergone any Anti-Drug Capacity Training/Seminar | | |
| Administrative Assistant 1 | Eligibility: CS Sub-Professional | SG 7 | 1 |
| Administrative Aide III (Clerk 1) | Completion 2 years of studies in college<br>Eligibility: none required | SG 3 | 1 |
| Regular Casual | Elementary School Graduate<br>Eligibility: none required | | 6 |

## RULE VII
## ENFORCEMENT

**Section 23. ENFORCEMENT.**

The City Mayor and the City Health Officer, through the Bacoor CADAC and the Punong Barangays/BADAC, will spearhead the implementation of this ordinance and supervise the procedures of the CBDRP to ensure that this program is activated in all barangays of this locality. Confidentiality of the patients as provided for under Republic Act 10173 or the Data Privacy Act of 2012 shall be monitored, secured, and preserved.

Personal information and sensitive personal information of persons covered by this Ordinance shall not be posted in any public place or any form of social media. Images containing the identities of persons covered by this Ordinance shall not be posted in any public place or any form of social media without the written consent of the PWUD.

**Section 24. SUPPORT OF THE BADAC.**

The BADAC shall ensure active participation in the implementation of the CBDRP and shall recommend to the barangay council to appropriate a substantial portion in their respective barangay budget to assist or enhance the enforcement of this ordinance, giving priority to program advocacy, community awareness, preventive interventions, and the rehabilitation of treatment and recovery of a person with drug-use disorder.

**Section 25. FUNDING.**

The City Government of Bacoor shall allocate funds annually, chargeable under the City Health Office, to implement this Ordinance effectively. Such budget shall be

disbursed in accordance with the existing and applicable accounting and auditing rules and regulations.

## RULE VIII
## FINAL PROVISIONS

**Section 26. PROHIBITED ACTS AND PENALTIES**

Any government official or employee, and volunteer who shall by act or omission fail to preserve and protect the privacy of any person covered by this Ordinance through the following: by the improper use of information, unauthorized disclosure of information, unauthorized access of information, and other similar acts or omissions shall suffer the penalty of a fine of Five Thousand Pesos (Php5,000.00) and imprisonment for not more than thirty (30) days upon conviction by a court of proper jurisdiction.

**Section 27. CHANGES OR MODIFICATION OF THE IMPLEMENTING RULES AND REGULATIONS.**

To appropriately administer the efficient and effective implementation of the City Ordinance No. 208-2022, the Office of the City Mayor, after consultation with the City Health Office, may recommend to the Sangguniang Panlungsod amendments to the said ordinance, and consequently, this IRR.

**Section 28. SEPARABILITY.**

If, for any reason, any section or provision of this IRR is declared unconstitutional or invalid, the remaining sections or provisions not affected thereby shall continue to be in full force and effect.

**Section 29. REPEAL.**

All local rules or regulations which are inconsistent or contrary to the provisions of this IRR are hereby repealed or modified accordingly.

**Section 30. EFFECTIVITY.**

This IRR shall take effect immediately upon approval.