



Republic of the Philippines

CITY OF BACOR

Province of Cavite

OFFICE OF THE VICE MAYOR

CITY ORDINANCE NO. 208-2022

Series of 2022

DISTRICT I

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City Councilor

HON. MICHAEL E. SOLIS
City Councilor

HON. ADRIELITO G. GAWARAN
City Councilor

HON. VICTORIO L. GUERRERO, JR.
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HON. MAC RAVEN ESPIRITU
SKF-President

Attested by:

ATTY. KHALID A. ATEGA, JR.
Sangguniang Panglungsod Secretary

Certified by:

HON. ROWENA BAUTISTA-MENDIOLA
City Vice-Mayor

Approved by:

HON. STRIKE B. REVILLA
City Mayor

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

Sponsored by:

HON. REYNALDO D. PALABRICA

Co-sponsored by:

Hon. Roberto L. Advincula, Hon. Ramon N. Bautista, Hon. Simplicio G. Dominguez, Hon. Mac Raven Espiritu, Hon. Catherine Sarino-Evaristo, Hon. Reynaldo M. Fabian, Hon. Adrielito G. Gawaran, Hon. Victorio Guerrero, Jr., Hon. Alejandro F. Gutierrez, Hon. Rogelio M. Nolasco, Hon. Alde Jose F. Pagulayan, Hon. Michael E. Solis and Hon. Levy M. Tela.

WHEREAS, it is the policy of the State to safeguard the integrity of the well-being of its citizenry particularly the youth, from the harmful effects of dangerous drugs on their physical and mental well-being, and to defend the same against acts or omissions detrimental to their development and preservation, and to provide effective mechanisms or measures to re-integrate into society individuals who have fallen victims to drug abuse or dangerous drug dependence through sustainable programs of treatment and rehabilitation;

WHEREAS, Section 51 of Republic Act No. 9165, otherwise known as the "Dangerous Drugs Act of 2002" mandates the local government units to appropriate a substantial portion of their respective annual budgets to assist in or enhance the enforcement of this Act giving priority to preventive or educational programs and the rehabilitation or treatment of drug dependents;

WHEREAS, Section 458 (a) (1) (viii) of Republic Act No. 7160 otherwise known as the "Local Government Code of 1991" empowers the Sangguniang Panglungsod to "determine the positions and the salaries, wages, allowances and other emoluments and benefits of officials and employees paid wholly or mainly from city funds and provide for expenditures necessary for the proper conduct of programs, projects, services, and activities of the city government";



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WHEREAS, the President R. Duterte, in an Executive Order No. 66, Series of 2018, institutionalize the Philippine Anti-Illegal Drugs Strategy, a program that aims to boost government's ongoing anti-narcotics campaign, and local government units are encouraged to support and implement the said program through appropriating a portion of their respective annual budgets for anti-illegal drugs programs, projects and activities;

WHEREAS, with the contributions of the Department of Health, the Dangerous Drug Board and other stakeholders, United Nations Office on Drugs and Crime (UNODC) provided a guidance on the community-based treatment and care services for people affected by drug use and dependence in the Philippines;

WHEREAS, the DOH issued an Administrative Order 2017-0018 providing for the guidelines for Community-based Treatment and Support Services for Persons Who Use Drugs (PWUD) in primary health care system;

WHEREAS, DOH Administrative Order 2019-0021 provided guidelines in the implementation of healthcare treatment services for community-based drug rehabilitation program;

WHEREAS, the Department of Interior and Local Government and the Dangerous Drug Board issued a Joint Memorandum Circular No. 01-2018 for the implementation of Philippine Anti-Illegal Drugs Strategy;

WHEREAS, in its Memorandum Circular No. 2018-125, the DILG provided guidelines for the implementation of community-based drug rehabilitation program, one of which includes the creation of an Anti-Drug Abuse Office through an Ordinance which will prescribe its functions, structure and funding;

WHEREAS, the DILG, in its Memorandum Circular No. 2021- 044, supplied guidelines for substantial budget allocation for the holistic implementation of anti-drug abuse programs by local government units;

WHEREAS, every Local Government Unit is encouraged to support all anti-illegal drugs programs with enacted legislative measures for sustainability;

WHEREAS, the City Anti-Drug Abuse Council (CADAC) of the City Government of Bacoor has been reorganized to further strengthen the planning, implementation, and evaluation of drug abuse prevention activities, provide for an effective mechanism for the coordination of existing services and programs, conduct information and education campaign against



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illegal drugs, and monitor and report to proper authorities drug pushers and drug users in the City of Bacoor;

WHEREAS, on February 1, 2017, the community-based drug rehabilitation program in the City of Bacoor was initiated, which main goal is to help and provide guidance to all those registered Person Who Used Drugs (PWUD) towards achieving renewed and more productive life;

WHEREAS, it is incumbent to widely promote this program for the benefit of the Bacooreños, especially the youth, and thereby promoting a drug-free communities in the City of Bacoor that is peaceful, progressive and resilient;

WHEREAS, it is necessary to create a functional office that will truly provide administrative and technical support to the CADAC of the City Government of Bacoor, and thereby achieve accessible, effective and sustainable implementation and evaluation of drug prevention programs and activities in the City;

NOW, THEREFORE, BE IT ORDAINED as it is hereby ordained by the Sangguniang Panlungsod in session duly assembled THAT:

SECTION 1. TITLE.

This Ordinance shall be known as the "Community-Based Drug Rehabilitation Ordinance of the City of Bacoor"

SECTION 2. OBJECTIVES.

As the local Community-Based Drug Rehabilitation Program (CBDRP Program) in the City of Bacoor, is a holistic wellness approach in rehabilitating the surrendered drug personalities and aims to focus on the healing of the body, mind, and souls through counselling and other therapeutic sessions. It includes life coaching training focused on improving one's lifestyle, eliminating unwanted behaviors and become goal oriented or forward thinkers through life coaching and actual practice of 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



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continuum of care from outreach and low threshold services through active coordination among the members of 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 will be facilitated by a network of trained volunteer experts and implementers 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 organization, or anyone who is willing and able to facilitate the conduct of the CBD RP.

SECTION 3. DEFINITION OF TERMS.

A. 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.

B. 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 determines risk-score for substance use and related problems.

C. Anti-Drug Abuse Council (ADAC) - a local government unit council which serves as the focal point through which various organizations and individuals work together cooperatively in the planning, implementation, and evaluation of programs on drug abuse prevention and treatment.

D. 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.

E. Community-Based Drug Rehabilitation - It is consolidated model of treatment in the community with services ranging from general interventions to relapse prevention. The program involves the coordination of various services which shall cater to meet client's needs.




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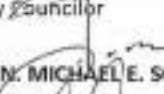
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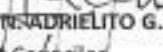
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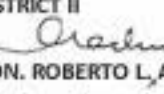

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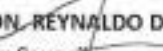

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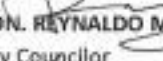

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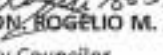

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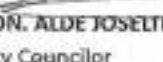
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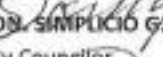

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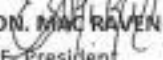

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F. DOH-Accredited Physician - a physician with background experience on psychological/behavioral medicine whose application has been approved and duly authorized by the Health Facilities and Services Regulatory Bureau of the DOH to conduct dependency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

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

H. Drug Dependency Examinations (DDE) - a medical examination conducted by a DOH-accredited physician to evaluate the extend 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.

I. 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 a heavy drug use but a complex health condition with a social and psychological dimensions.

J. Drug use - use of any substance by virtue of its chemical nature which alters the structure of living organism

K. Facility-based Rehabilitation - can either be in half-way house for minimum of three (3) months or rehabilitation center, upon recommendation of the DOH-accredited physician.

L. Person Who Used Drug (PWUD) - refers to persons who use any dangerous drugs by injecting intravenously or intramuscular, of 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.

M. Psychoeducation - a behavioral therapeutic concept briefing the patients about their health condition.

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



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O. Relapse - the recurrence of drug use after apparent recovery.

P. 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.

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

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

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

T. Trained Healthcare workers (HCW) - refers to people engaged in the protection and improvement of health within their respective communities which include but not limited to physicians, nurses, midwives, and Barangay Health Workers (BHWs) and are duly trained by DOH.

SECTION 4. GENERAL GUIDELINES.

A. The implementation of CDBRP 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:

1. 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;
2. delivery of services in the community - as close as possible to where drug users live;
3. minimal disruption of social links and employment;
4. integrated into existing health and social services;
5. involve and build on community resources, including families;



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6. participation of people who are affected by drug use and dependence, families and the wider community in service planning and delivery;
7. comprehensive approach, taking into account different needs (health, family, education, employment and housing);
8. close collaboration between civil society, law enforcement, and the health sector;
9. provision of evidence-based interventions;
10. informed and voluntary participation in treatment;
11. respect for human rights and dignity, including confidentiality; and
12. acceptance that relapse is part of the treatment process and will not stop an individual from re-accessing treatment service

B. All primary health care facilities in communities shall endeavor to provide community-based treatment and support services for PWUD as an essential part of a continuum of care for PWUDs.

C. 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.

D. 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.

E. All primary care health facilities shall adhere to monitoring and evaluation requirements from DDATP (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.

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



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G. 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 or relating, treating and managing PWUD.

SECTION 5. ORGANIZATION.

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

b. Once convened, the CRN shall be oriented on their duties and responsibilities in the CDBRP. The CRN shall convene within fifteen (15) days from the approval of the Implementing Rules and Regulations of this Ordinance.

c. The CRN should strategize on how they would implement the CDBRP. They should design their rehabilitation program that would enable them to maximize the resources available on the community.

d. The program design should be flexible for all enrollees in the program and should cater the specific needs of the PWUDs.

SECTION 6. DOCUMENTATION AND VERIFICATION. The following are procedures before the Persons Who Use Drugs (PWUD) are enrolled in the CDBRP Program:

1. Upon submission of the Barangay of the list of names of PWUDs, a CDBRP Program 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. This registry should be maintained by the staff of 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 law enforcement officer, the program manager shall verify if the PWUDs are



Republic of the Philippines
CITY OF BACOR
Province of Cavite

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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 of the Office of the Prosecutor of 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 7. 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 Understanding 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 on determining the PWUD's risk factors for substance use disorder and identify other areas of risks in relation to his/her drug use. A health service provider shall be duly trained with standard module prescribed by the Department of Health with corresponding Certificate of Completion of 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 for the determination of 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 Acts, the World Health Organization (WHO) Self-Reporting Questionnaire (SRQ), through the conduct of interview and /or utilization of questionnaire.
5. Depending on the result of the screening, the PWUDs will be classified as:

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- 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 the comprehensive information of a client in relation to 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 PWUD's will be further profiled by the City Health Office whether they should be turned to CBDRP or undergo an out-patient 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 as to the schedule of the 60-day program.

9. Result of the screening shall be discussed to 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 failed 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 finished it.



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SECTION 8. 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 Screening, 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, a 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:

c.1. Upon the written request of a patient for the purpose of securing a Court Order for admission to a DATRC. For patients who are minors, a request shall be executed by a parent or legal guardian.

c.2. Upon a court order for possible admission to a drug treatment program.

d. Results of a DDE may yield the following:

d.1 Mild Drug Use and Dependence

d.2 Moderate Drug Use and Dependence

d.3 Severe Drug Use and Dependence

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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 for Community-based Drug Rehabilitation Program

b. For Moderate Drug Use and Dependence, patients shall be referred for an Outpatient Treatment and Rehabilitation Program

b. For Severe Drug Use and Dependence, patients shall be referred for an Inpatient Treatment and Rehabilitation Program

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

a. To the appropriate medical specialist/health facility for further assessment and interventions

b. To a health facility with 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 CDBRP, 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 course of the program, especially during referral, patient's rights to privacy and confidentiality of their medical records must be upheld in accordance to the provisions of Republic Act 10173 known as the "Data Privacy Act of 2012". As necessary, Data Protection Officers (DPO) or Compliance Officers (CO) shall provide assistance in ensuring compliance to existing laws and issuances.

SECTION 9. ORIENTATION OF THE PROGRAM.

a. A general orientation of the program will be given to both 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.



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- b. 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 expectation from the patients will be set.
- c. Simultaneous to the patient's orientation, the families will also be oriented of what is expected from them. The CRN must encourage the families to be the strongest support group of the patients during this time of needs.

SECTION 10. REHABILITATION PROCESS.

a. The CDBRP will run for sixty (60) days and will be handled by the CRN who may be composed of a team of experts such as doctors, psychologists, guidance counselors, and other community volunteers. Weekdays shall be dedicated for counseling/therapy sessions while weekends shall be dedicated for community service and religious services.

b. Implementation of the Care Programs:

b.1. 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 counselling
- ✓ Skills training
- ✓ Physical activities
- ✓ Community service

b.2. Family Care

- ✓ Counselling

b.3. 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 Organization and other institutions
- ✓ "Adopt a Drug Patient" where an individual and a family may serve as sponsors for the need of the patient such as foods and other materials



Republic of the Philippines
CITY OF BACOR
Province of Cavite

OFFICE OF THE VICE MAYOR

SECTION 11. PUBLIC HEALTH COMPONENT SERVICES TO BE RENDERED.

As a drug abuse treatment and rehabilitation service, the CDBRP 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 in the implementation of the program in coordination with local resources.

I. Education/Promotion Services

Focal Group: CDBRP Staff

This service shall focus on the orientation or advocacy activities as one of the major components in increasing public awareness, through use of different modalities, including but not limited to, short lectures, discussions and 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 towards healthy relationships with family, friends, and community
- iv. Advocacy towards health-seeking behaviour to prevent progression of risky behaviour

II. Clinical services

Focal Group: Health care and allied health care personnel

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

- i. Individual treatment plan by DOH-accredited physician to identify the different possible areas affected by drug use

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- ii. Medical services for attending to medical co-morbidities through BHS, RHUs, hospitals or medical centers
- iii. The program shall be implemented on a weekly basis for twenty-four (24) counseling sessions (or six months)
- iv. A monthly progress report of clients shall be made by DOH-accredited physician
- v. Conduct of announced random drug testing in the course of the treatment. In case of positive result, he or she shall be back 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

SECTION 12. 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 CDBRP Program graduates will be subjected to Aftercare and Reintegration Programs for continues monitoring of their progress.



Republic of the Philippines
CITY OF BACOR
Province of Cavite

OFFICE OF THE VICE MAYOR

Regular statistical reports on the PWUD/client's progress shall be submitted by the program manager to the PNP, DPH, PDEA, DDB and DILG.

SECTION 13. COMMUNITY SUPPORT, AFTERCARE AND REINTEGRATION (CSAR) PROGRAM.

A. After completing the 60-day program, the graduates/PWUDs shall undergo a continuing and 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 which will help them and their families to be reintegrated back to their respective communities as God-fearing and productive individuals.

B. CASR 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.

C. The program consists of the following core services/interventions:

- i. Medical services
- ii. Psychological services
- iii. Social services (i.e. livelihood, education)

D. ADAC, through the City Health Office (CHO) shall lead in this program in close collaboration with other network members such as DSWD, TESDA, City Livelihood Office, PESO, City Agriculture Office, DepEd and other NGOs.

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

F. Random Drug Test Administration can be performed any time within the duration of the program for signs of relapse. This shall complement the history taking and physical examination results performed by primary health care facilities. If found positive, PWUDs shall be

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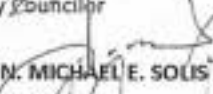


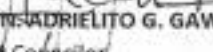
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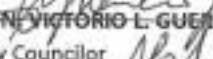
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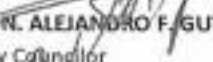
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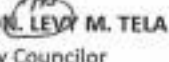

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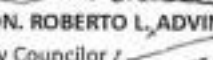

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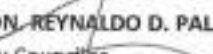

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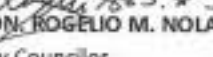

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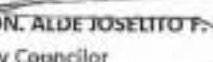
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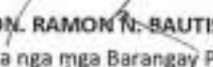

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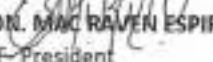

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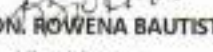

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referred to a capable physician for further assessment and appropriate intervention.

G. 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.

SECTION 14. CITY GOVERNMENT OF BACOR's ANTI-DRUG ABUSE UNIT - There shall be created a City Government of Bacoor's Anti-Drug Abuse Unit, hereinafter referred to as

"BACOR 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 shall be designated by the Chairperson of the City Anti-Drug Abuse Council. 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 the field of dangerous drugs and in any of the following fields: law, medicine, psychology or social work.

SECTION 15. FUNCTIONS. The functions of the BACOR ADAU shall include the following:

1. Provide technical and administrative support services to the CADAC;
2. Oversee and supervise the over-all operations of the ADAU;
3. Oversee the implementation of the CDBRP 60 Days Program"
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 ADAC Chairperson and other partner agencies; and
8. Perform other functions as may be assigned/determined.



Republic of the Philippines
CITY OF BACOR
Province of Cavite

OFFICE OF THE VICE MAYOR

SECTION 16. ORGANIZATIONAL COMPONENTS – To effectively discharge its mandate, BACOR ADAU shall be composed of the following components:

(a) Preventive Education Section. This section shall:

- i. Prepare anti-drug plans and programs to be approved by the CADAC;
- ii. Conduct seminars, conferences and consultations and provide information pertinent to its campaign against dangerous drugs; and
- iii. Facilitate the conduct of random drug test in coordination with an accredited Drug testing laboratory.
- iv. The Philippine National Police (PNP) shall perform the above mentioned functions.

(b) Treatment and Rehabilitation Section. This section shall:

- i. 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 user (low) and/or drug abuser (mild); and
 - facility based rehabilitation clients as drug dependents.
- ii. A psychologist or DOH-trained personnel on drug abuse management social worker shall perform/manage the treatment and rehabilitation.

(c) Legal Section. This section shall:

- i. Assist in the preparation and filing of pertinent documents in relation to the confinement of a drug dependent
- ii. Prepare and review drafted resolutions and ordinances related to drug
- iii. The Legal Officer or its representative shall perform the above mentioned functions

(d) Administrative Section and Operation Section. This section shall:

DISTRICT I

HON. CATHERINE SARINO-EVARISTO
City Councilor

HON. MICHAEL E. SOLIS
City Councilor

HON. ADRIELITO G. GAWARAN
City Councilor

HON. VICTORIO L. GUERRERO, JR.
City Councilor

HON. ALEJANDRO F. GUTIERREZ
City Councilor

HON. LEVI M. TELA
City Councilor

DISTRICT II

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City Councilor

HON. REYNALDO D. PALABRICA
City Councilor

HON. REYNALDO M. FABIAN
City Councilor

HON. ROGELIO M. NOLASCO
City Councilor

HON. ALDE JOSELITO F. PAGULAYAN
City Councilor

HON. SIMPLICIO G. DOMINGUEZ
City Councilor

HON. RAMON N. BAUTISTA
Liga nga mga Barangay President

HON. MAR RAVEN ESPIRITU
SKF President

Attested by:

ATTY. KHALID A. ATEGA, JR.
Sangguniang Panglungsod Secretary

Certified by:

HON. ROWENA BAUTISTA-MENDIOLA
City Vice-Mayor

Approved by:

HON. STRINE B. REVILLA
City Mayor



Republic of the Philippines
CITY OF BACOR
Province of Cavite

OFFICE OF THE VICE MAYOR

- Perform various administrative functions but not limited to personnel management, records management, financial management, procurement and materials management
- Coordinate with the law enforcement agencies pertaining to any drug-related issues or matters at the barangay or city level

SECTION 17. STAFFING - The BACOR 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 Eligibility: CS Sub - Professional <ul style="list-style-type: none">Member - PNP Advisory CouncilWith experience as CADAC Focal PersonPreferably Member - Association of Anti-Drug Abuse Coalition of the Philippines Inc.Undergone any Anti - Drug Capacity Training/Seminar	SG 10	1
Administrative Assistant 1	Eligibility: CS Sub - Professional	SG 7	1
Administrative Aide III (Clerk 1)	Completion 2 years studies in college Eligibility: none required	SG 3	1
Regular Casual	Elementary School Graduate Eligibility: none required		6

SECTION 18. ENFORCEMENT.

The City Mayor, and the City Health Officer, thru the Bacoor ADAC and the Punong Barangays/BADAC will spearhead the implementation of this ordinance, supervision to the procedures of the CDBRP ensuring that this program be activated in all barangay of this locality; monitor, secure and preserve confidentiality of the

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SKF President

Attested by:

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Sangguniang Panglungsod Secretary

Certified by:

HON. ROWENA BAUTISTA-MENDIOLA
City Vice-Mayor

Approved by:


HON. STRINE B. REVILLA
City Mayor

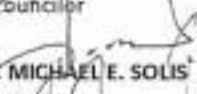


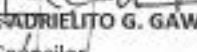
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CITY OF BACOR
Province of Cavite

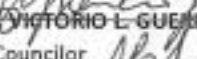
OFFICE OF THE VICE MAYOR

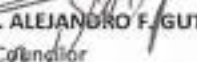
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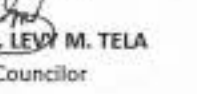

HON. CATHERINE SARINO-EVARISTO
City Councilor


HON. MICHAEL E. SOLIS
City Councilor

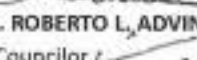

HON. ADRIELITO G. GAWARAN
City Councilor

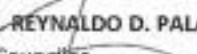

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City Councilor

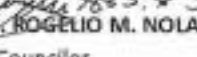

HON. LEVY M. TELA
City Councilor

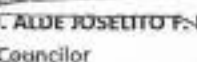
DISTRICT II

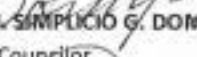

HON. ROBERTO L. ADVINCULA
City Councilor

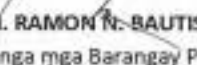

HON. REYNALDO D. PALABRICA
City Councilor

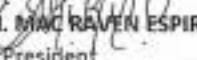

HON. REYNALDO M. FABIAN
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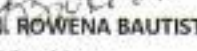

HON. RAMON N. BAUTISTA
Liga nga mga Barangay President


HON. MAC RAVEN ESPIRITU
SKF President


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Sangguniang Panlungsod Secretary

Certified by:


HON. ROWENA BAUTISTA-MENDIOLA
City Vice-Mayor

Approved by:


HON. STRIKE B. REVILLA
City Mayor

patients as provided for under Republic Act 10173 or the Data Privacy Act of 2012.

SECTION 19. 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 be 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 20. SUPPORT OF THE BADAC.

The BADAC shall ensure active participation in the implementation of the program and shall recommend to the barangay council to appropriate 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 21. FUNDING.

The City Government of Bacoor shall allocate funds annually chargeable under the City Health Office, for the effective implementation of this Ordinance.

SECTION 22. IMPLEMENTING RULES AND REGULATIONS.

Within no less than fifteen (15) days from approval of this Ordinance, the City Mayor through the recommendations of the City Health Officer, shall formulate and issue the appropriate rules and regulations necessary for the efficient and effective implementation of any and all provisions of this Code.

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. Any person who shall violate the confidentiality and privacy of the PWUD shall suffer



Republic of the Philippines
PROVINCE OF CAVITE
City of Bacoor

OFFICE OF THE SANGGUNANG PANLUNGSOD

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Sangguniang Panlungsod Secretary

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HON. ROWENA BAUTISTA-MENDIOLA
City Vice-Mayor

Approved by:

HON. STRIKE B. REVILLA
City Mayor

the penalty of imprisonment and fine provided for in the previous paragraph of this section.

SECTION 23. SEPARABILITY CLAUSE.

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

SECTION 24. REPEALING CLAUSE.

All ordinances, resolutions, local rules or regulations which are inconsistent or contrary to the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 25. EFFECTIVITY.

This Ordinance shall take effect immediately after its publication at least once in a newspaper of general circulation in the City of Bacoor, Cavite. A copy of this ordinance shall be submitted to the Office of the National Administrative Register of the University of the Philippines upon its approval by the Sangguniang Panlalawigan.

ENACTED by the Sangguniang Panlungsod, City of Bacoor in its regular session held on the 3rd day of August 2022.

Certified by:


HON. ROWENA BAUTISTA-MENDIOLA
Presiding Officer/City Vice Mayor

Attested by:


ATTY. KHALID A. ATEGA, JR.
Sangguniang Panlungsod Secretary

Approved by:


HON. STRIKE B. REVILLA
City Mayor

(Date of Approval: Sept. 28, 2022)