



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



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 19<sup>th</sup> 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



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



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	YES			NO	
						% OF ALLOCATION	AMOUNT	SOURCE OF FUNDS (Gen. Fund, Dev't. Fund, IRA, etc.)		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
TOTAL		0	0	0	0		-			

Prepared by: \_\_\_\_\_

Submitted by: \_\_\_\_\_

City Director/C/MLG00





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. \_\_\_\_\_

Name of Rehabilitation Center: \_\_\_\_\_

Revised December 2006

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: \_\_\_\_\_

**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: \_\_\_\_\_

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☐ Suspendend 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 \_\_\_\_\_

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
	<b><i>Narcotic/Anaesthetics</i></b>				
1	Opium				
2	Morphine				
3	Heroin				
4	Hydrocodone				
5	Codeine				
6	Methadone				
7	Demerol				
8	Nalbuphine Hydrochloride (Nubain)				
9	Ketamine				
	<b><i>Hallucinogens</i></b>				
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				
	<b><i>Stimulants</i></b>				
19	Cocaine				
20	Ephedrine				
21	MDMA (Ecstasy)				
22	Methamphetamine Hydrochloride (Shabu)				
23	Phentermine (Ionamine/Duromine)				
24	Pseudo-Ephedrine				
	China White				
	Speed				
	<b><i>Sedatives / Hypnotics / Benzodiazepines</i></b>				
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)				
	<b><i>Cough/Cold Preparations</i></b>				
39	Isoaminile Citrate				
40	Phenylpropanolamine/Paracetamol				
41	Codeine Phosphate/Guaifenesin (Robitussin-DM)				
42	Codeine Phosphate/Guaifenesin (Robitussin Expectorant)				
	<b><i>Inhalants/Solvents</i></b>				
43	Acetone				
44	Gasoline				
45	Rugby/Contact Cement				
46	Thinner/Lacquer paint				
	<b><i>Other Drugs</i></b>				
47	Artane				
48	Akineton				
49	Prozac				
50	Unisom				





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

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



CLIENT FLOW FOR WELLNESS AND RECOVERY FROM SUBSTANCE-RELATED ISSUES

