

Additional Guidelines and Procedures in Handling PWUDs
Who Surrendered to the Authorities

I. General Guidelines

- A. All Local Government Units shall implement Community-Based Drug Rehabilitation Programs (CBDRPs) in adherence to EO No. 66, s., 2018, using the guidelines stated in DDB Regulation No. 7, s., of 2019.
- B. Cities and Municipalities shall lead in the implementation and monitoring of CBDRPs, with the assistance of the Provinces and Barangays.
- C. Provinces and Barangays may implement their CBDRPs if there is a perceived need due to the high number of surrenderers in the locality, and if capable of implementing CBDRP.
- D. If there are no surrenderers or clients in the locality, the LGU shall still have a CBDR Program in place ready to accept surrenderers.
- E. All LGUs shall follow the new Client Flow Chart in accommodating all surrenderers, following DDB Regulation No. 7, s., 2019.
- F. All LGUs shall process the review and certification of their CBDRPs in accordance with DDB Regulation No. 4, s., 2020, before its implementation.

II. CBDRP Handling Procedures

- A. Review and Certification of CBDRP** – All General Interventions and Community-Based Drug Treatment and Rehabilitation Programs implemented by the LGUs including those implemented by partner agencies and organizations must be documented and certified in compliance with the minimum service requirements provided in the DOH Administrative Orders and relevant DDB Regulations.
- B. Surrenderer Profiling and Screening** – The PWUD shall be made to sign an Affidavit of Undertaking and Waiver under oath allowing the conduct of screening/assessment in accordance to this Board Regulation. All PWUDs who volunteer to submit themselves and undergo rehabilitation will be referred to as surrenderers.
- C. Referral of Clients to Appropriate Programs** – All surrenderers who will undergo rehabilitation and reintegration shall be referred to as clients. Based on the results of the screening, ADACs through the duty officer/focal person shall refer the clients to the appropriate program.
- D. Determination of Appropriate Interventions for Clients Undergoing Community-Based Drug Rehabilitation Program**
 1. ADACs shall convene a Multi-Disciplinary Team (MDT) that will handle the case management of clients from screening until completion.
 2. The MDT shall be composed of:
 - i. Provincial, City, Municipal Health Officer (P/C/MHO) who is a DOH accredited physician in the assessment and management of drug dependence;
 - ii. Local Social Welfare Development Officer (LSWDO);
 - iii. CBDRP Focal Person from C/M ADAC or BADAC Duty Officer; and
 - iv. Other professions or persons significant in handling the case of the clients for treatment, rehabilitation, and reintegration.

3. The MDT shall be responsible for identifying the possible mix of intervention per client undergoing General Intervention and Community-Based Drug Rehabilitation.
4. The MDT shall also assess and determine the length of the program for clients undergoing General Intervention and Community-Based Drug Rehabilitation.
5. For Court-Mandated PWUDs referred to General Interventions and Community-Based Drug Rehabilitation, the MDT shall recommend to the courts the appropriate intervention/s for the client. Upon receipt of the recommendations, the court shall issue the necessary order for the client to comply with the treatment program prescribed.

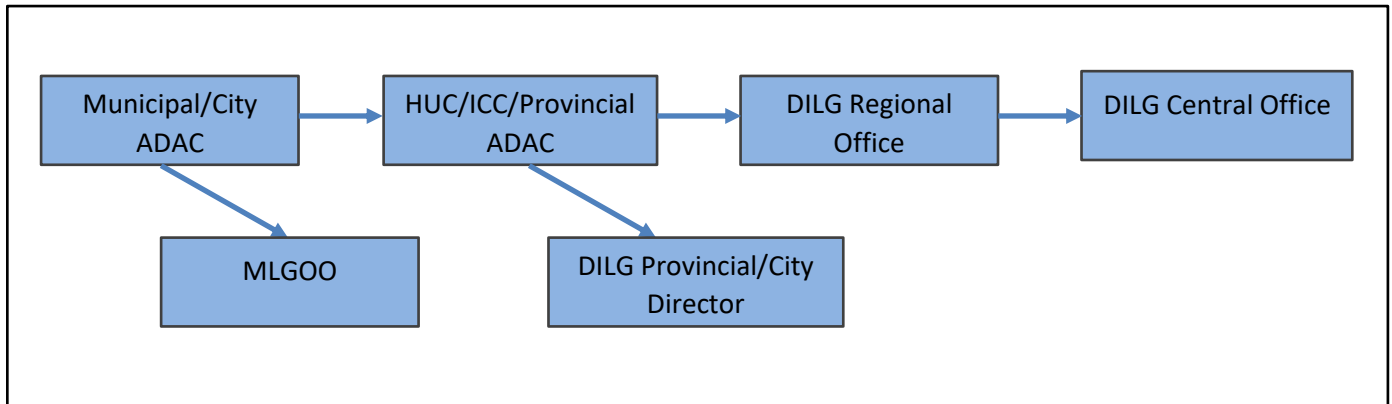
E. Completion and Non-completion of Programs – The completion and non-completion of the program shall follow the conditions provided for by DDB Regulation No. 7, s., 2019, where, upon the clients’ successful completion of General Intervention, a Certificate of Completion shall be issued to the client. A corresponding certification shall also be given to the client by the DOH Accredited Physician, after the client’s completion of CBDRP.

F. Post-program Monitoring – ADACs and MDTs shall conduct annual post-program monitoring of CBDRP graduates to prevent relapse and identify if further intervention is needed for rehabilitation and/or reintegration.

G. Reporting and Monitoring of Clients Undergoing Community-Based Drug Rehabilitation Program

1. All ADACs shall strictly observe their compliance with the DILG-DDB Joint Memorandum Circular No. 2018-01, entitled “Guidelines on the Functionality and Effectiveness of Local Anti-Illegal Drug Abuse Councils.”
2. All ADACs shall maintain a separate file of surrenderers and clients of their respective offices and jurisdictions. All ADACs shall keep a copy of all Individual Treatment Card/Book of clients a copy of their Certificate of Completion or a copy of the Form of Recommitment of the client to the program.
3. The City/Municipal Anti-Drug Abuse Councils (C/MADACs) shall consolidate all data and consult with the Barangay Anti-Drug Abuse Councils for review and verification.
4. The C/MADACs shall submit quarterly progress reports using the prescribed CBDRP Reporting Form to the Provincial Anti-Drug Abuse Council (PADACs), and copy furnished the City/Municipal Local Government Operations Officer every 6th day of the ensuing month of every quarter.
5. The PADAC shall consolidate all reports from C/MADACs and submit a report using the prescribed CBDRP Reporting Form to the DILG Regional Office, and copy furnished the DILG Provincial Director every 8th day of the ensuing month of every quarter.
6. The HUC/ICC ADAC shall likewise submit quarterly progress reports using the prescribed CBDRP Reporting Form to the DILG Regional Office, and copy furnished the City Director every 8th day of the ensuing month of every quarter.
7. The DILG Regional Office shall consolidate all reports from PADAC and HUC/ICC ADAC, and submit a report using the prescribed CBDRP

Reporting Form to the DILG Central Office every 12th day of the ensuing month of every quarter.



8. The C/MADACs shall also regularly update the information and progress of all clients using the Integrated Drug Monitoring and Reporting Information System (IDMRIS) ADAC Reporting System.
9. All concerned National Government Agencies, partner Civic Society Organizations, and Private Business Sectors shall also provide a reporting mechanism to gather data relative to the programs they are implementing at the community level. ADACs shall also be furnished copies of reports and data gathered.
10. All information should be kept with utmost confidentiality.