



Republic of the Philippines

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
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GUIDELINES FOR THE IMPLEMENTATION OF COMMUNITY-BASED DRUG REHABILITATION PROGRAM

Memorandum Circular No. 2018-125

Date: August 8, 2018

I. Rationale

Treatment and rehabilitation of drug users and dependents has traditionally been practiced within designated centers that follow specific guidelines and procedures issued by the Dangerous Drugs Board. While that is the most ideal, there is a wide gap between the number of drug users in need of treatment and rehabilitation services and the current capacity of established Treatment and Rehabilitation Centers (TRCs).

Before drug users are referred for treatment, they are required to undergo screening, and the necessary Drug Dependency Examination (DDE) conducted by a DOH-accredited physician. Once the drug users and drug abusers are assessed to have mild and/or moderate substance use disorder, they may be referred to treatment and rehabilitation services through alternative channels, such as community-based treatment.

The United Nations Office on Drugs and Crime (UNODC), in partnership with the Department of Health, has issued the Guidance Document for Community-based Treatment and Care Services for People Affected by Drug Use and Dependence in the Philippines (Guidance Document). The interventions are multi-faceted and require significant investments of time and resources.

Cognizant of the issued Guidance Document by UNODC and DOH as well as the pressing need to provide a functional CBRP to their area of jurisdiction, the National Capital Region - Regional Peace and Order Council (NCR-RPOC) immediately adopted and disseminated the said guidance.

As such, since it was proven effective by the NCR-RPOC, it is recognizable that minimum standard be set forth to provide guidance in the implementation of the necessary interventions and processes under Community-Based Drug Rehabilitation Program (CBDRP) at the local level.

The issuance of the minimum standards is likewise imperative to guide the various community-based and faith-based groups that already indicated their interest to provide and assist the government in services needed by drug users and abusers.

II. Guiding Principles

A community-based drug rehabilitation program should be guided by the following principles based on the UNODC Guidance Document:

1. The entire continuum of care from outreach, basic support and mitigating the harm from drug use, to social reintegration should be present.
2. Services should be delivered in the community, as close as possible to where the users live;
3. It should cause minimal disruption of social links and employment;
4. It should be reintegrated into existing social and health services;
5. Community resources should be maximized, and families should be involved;
6. Approaches should be comprehensive, taking into account different needs of the users relative to their health, family, education, employment and housing;
7. There should be close collaboration between civil society, law enforcement and the health sector;
8. Interventions should be evidence-based; and
9. The possibility of relapse should be considered and prepared for.

III. Legal Bases and References

- Republic Act No. 7160 or the Local Government Code of 1991;
- Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2002 and its Implementing Rules and Regulations;
- Executive Order Circular No. 15, series of 2017 re: Creation of Inter-Agency Committee on Anti-Illegal Drugs (ICAD) and Anti-Illegal Drug Task Force to Suppress the Drug Problem in the Country;
- Dangerous Drug Board (DDB) Regulation No. 4 series of 2016 re: Oplan Sagip - Guidelines of Voluntary Surrender of Drug Users and Dependents and Monitoring Mechanisms of Barangay Anti-Drug Abuse Campaigns;
- United Nations Office on Drugs and Crime (UNODC) Guidance on Community-based and Treatment and Care Services for People Affected by Drug Use and Dependence in the Philippines by the United Nations Office on Drugs and Crime;
- DILG Memorandum Circular No. 98-227 re: Creation of Provincial, City, Municipal and Barangay Anti-Drug Abuse Councils;
- DILG Memorandum Circular No. 2017-64 re: Compliance to Peace and Order and Anti-Illegal Drug Related Issuances;
- DILG Memorandum Circular No. 2017-94 re: Strengthening City, Municipal, and Barangay Anti-Drug Abuse Councils;
- DILG Memorandum Circular No. 2017-127 re: Implementation of Community-Based Rehabilitation Program (CBRP);
- DILG-DDB Joint Memorandum Circular No. 2018-01 re: Implementing Guidelines on the Functionality and Effectiveness of Local Anti-Drug Abuse Councils;
- Department of Health (DOH) Training on Community-based Screening, Assessment and Referral of Drug Dependents (Basic);

- DOH Accreditation Training for Substance Abuse Assessment and Management (Level 1); and,
- DOH Training of Trainers on Community-based Screening, Assessment, and Referral of Drug Dependents

IV. Purpose

1. To provide guidelines on the implementation of Community-Based Drug Rehabilitation Program (CBDRP) at the local level;
2. To specify the roles and functions of national government agencies, local government units including the involvement of civil society organizations, religious groups and other community-based groups in implementing a Community-Based Drug Rehabilitation Program.

V. Coverage

1. All Provinces, Cities, Municipalities and Barangays, and their respective Anti-Drug Abuse Councils;
2. National Government Agencies such as, but not limited to, DOH, DDB, PDEA, DSWD, DILG, TESDA, DepEd, CHED, DA-Agricultural Training Institute; and,
3. Civil society organizations, religious groups and other community-based groups implementing community-based drug rehabilitation program.

VI. Definition of Terms

1. **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.
2. **Drug Abuse** - exists when a person continually uses a drug other than its intended purpose.
3. **Drug Dependency Examination (DDE)** - a procedure conducted by a DOH-accredited physician to evaluate the extent of drug abuse of a person and to determine whether he or she is a drug dependent or not, which includes history taking, intake interview, determination of the criteria for the drug dependency, mental and physical status and the detection of dangerous drugs in body specimens through laboratory procedures.
4. **Drug Dependence** - a state of physical and psychological dependence on dangerous drug arising in a person following administration or use of that drug on a periodic or continuous basis.
5. **Drug use** - use of any substance by virtue of its chemical nature which alters the structure of living organism.
6. **Facility-based Rehabilitation** - can either be half way house for minimum of three months or rehabilitation center, upon recommendation of the DOH-Accredited physician.

7. **Surrenderer** - a person who voluntarily submitted himself or herself to authorities and admitted involvement in the use of illegal drug and/or trade.
8. **Sustainability Program** - designed as preparatory program for drug users who are undergoing community-based rehabilitation to become functioning members of the family and society.

VII. General Guidelines

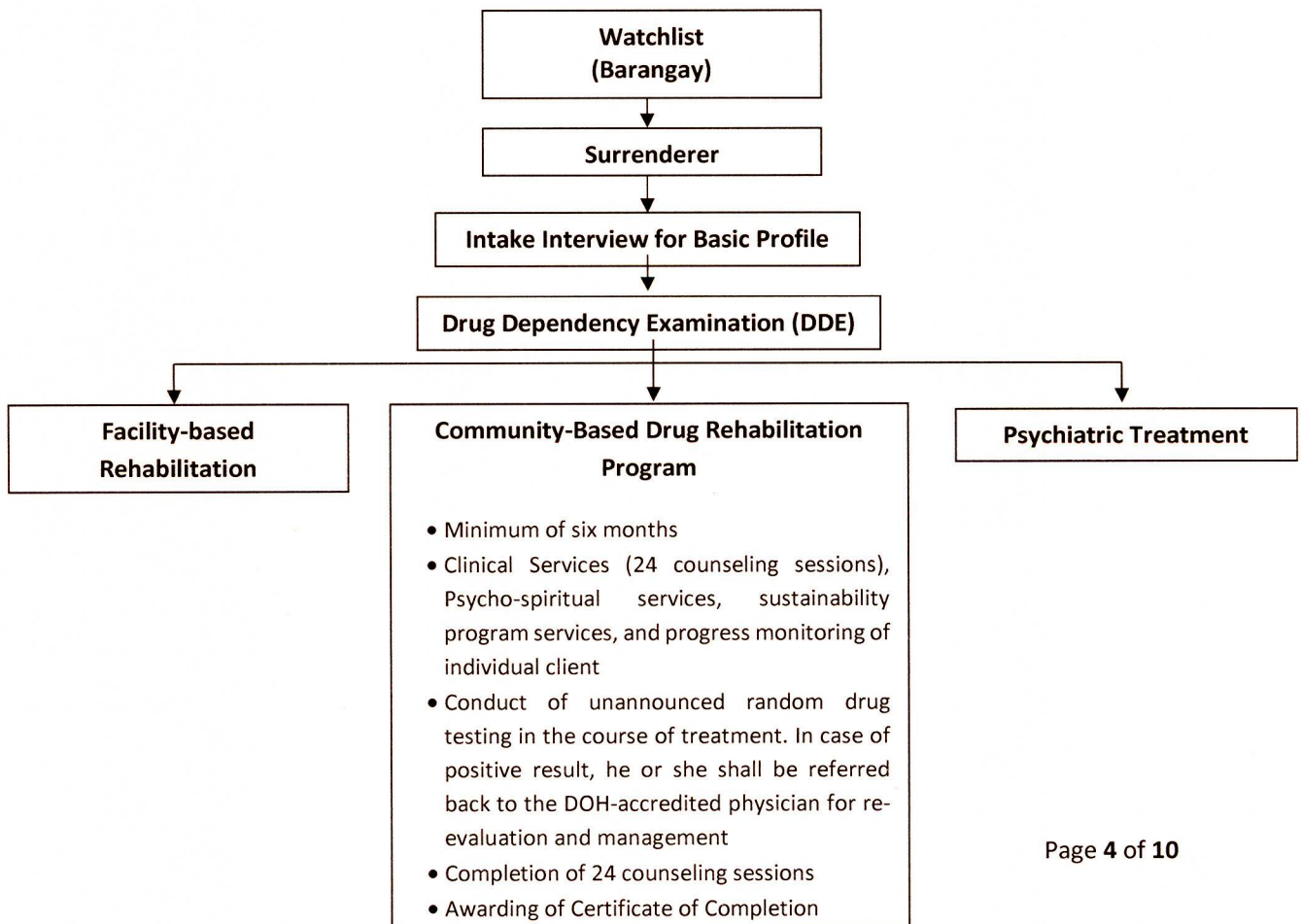
Part 1. Designing a Community-based Drug Rehabilitation Program

Framework

The CBDRP, in adherence to DDB Regulation No. 4 s. 2016, makes use of the prescribed process flow for wellness and recovery for people with substance use disorders. 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.

Hereunder shall serve as the summary of the process flow of a Community Based Rehabilitation Program:

Community-based Drug Rehabilitation Program Implementation Framework



Procedure

1. **Education** through orientation or advocacy activities as one of the major components in increasing public awareness is significant for the general understanding on the following:

- Medical ill-effects of dangerous drugs to health or its negative consequences (biological, psychological, social, spiritual);
- Salient provisions of the Republic Act No. 9165 also known as the "Comprehensive Dangerous Drugs Act of 2002", and ,
- Programs offered available in the LGU in terms of drug abuse treatment and rehabilitation services (Screening, Assessment, and Referral thru CBDRP, Out-patient and Residential) where clients can be benefit from.

This orientation-activity also aims to reinforce positive change to clients and may place responsibility to consequences of one's behavior.

2. Drug Dependency Examination

As per DDB Regulation No. 4 s. 2016, an Affidavit of Undertaking and Waiver (Annex A) shall be provided and must be signed, with full understanding, by client. This will serve as the initial step in the conduct of intake interview, assessment and determination of appropriate intervention based on the result of the DDE.

The screening process does not determine diagnosis or the severity of addiction. This only provides the presence of possible risks brought about by drug use. The screening process shall be done by any LGU health personnel duly trained by the DOH.

The outcome of the screening process shall be the basis for further assessment by the DOH-Accredited which will give the comprehensive information of a client in relation to his or her drug use, to wit:

- Conduct of mandatory physical examination;
- 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);
- DDE conducted by a DOH-Accredited Physician with diagnosis and recommendation; and
- Appropriate intervention or referral shall be based upon the recommendation of the DOH-Accredited Physician (for Residential Treatment and Rehabilitation, Community Based Rehabilitation Program, Psychiatric Facility, and/or General Hospital).

3. Community-Based Drug Rehabilitation Program

As new drug abuse treatment and rehabilitation service, the CBDRP has been identified to be appropriate treatment only for those who are not diagnosed as drug

dependent but are suffering from drug use (low) and 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.

In the implementation of the CBDRP, the enumeration below is being prescribed as its minimum requirements which is categorized into three (3) major components. Each service listed must be made available in the respective LGUs through proper coordination with local resources. Other programs or services found to be helpful to clients' treatment process are also encouraged.

i. Clinical Services

Focal Group: Health CRE, Allied Health Care Personnel

Services that focus on the physiological and psychological aspect of an individual:

- Individual Treatment Plan by DOH-Accredited Physician to identify the different possible areas affected by drug use.
- Medical Services for attending to medical co-morbidities through BHS, RHUs, Hospital or Medical Centers.
- The program should be implemented on a weekly basis for twenty-four (24) counseling sessions (total of six months).
- A Monthly Progress Report of clients shall be made by DOH-Accredited Physician.
- 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.

ii. Psycho-Spiritual Services

Focal Group: Faith-based Group

Services that focus on the spiritual aspect of an individual:

Values Formation

- Spiritual Formation
- Guidance (*Gabay*)

iii. Sustainability Programs Services

Focal Group: Other Government Organizations

Services that focus on the social aspect of an individual:

- Skills Development (i.e. LGU, TESDA)
- Livelihood Education (i.e. DA-ATI, DSWD, LGU-PESO)
- Educational Support (i.e. DepEd, CHED)

Part 2. Implementing and Sustaining Community Based Rehabilitation Program

1. Strengthening ADACs

Every Province, City, and Municipality must have a local ordinance creating their Anti-Drug Abuse Council (ADAC) in accordance with the DILG-DDB JMC No. 2018-01, to wit:

Composition of the Anti-Drug Abuse Council (ADAC)	Provincial	City	Municipal
Chairperson	Governor	City Mayor	Mayor
Vice-Chairperson	PNP Provincial Director	City PNP Director	Municipal Chief of Police
Members	<ul style="list-style-type: none"> • DILG Provincial Director • DepEd Provincial Official • DOJ Provincial Prosecutor • Regional Trial Court Executive Judge • Provincial Health Officer • Provincial Social Welfare Officer • Provincial Public Information Officer • At least two (2) representatives of NGOs • Inter-Faith Group Representative • Provincial Probation and Parole Officers • All CADAC/MADAC Chairpersons 	<ul style="list-style-type: none"> • City LGOO • DepEd City Division Superintendent • DOJ City Prosecutor • Regional Trial Court Judge • City Social Welfare • City Health Officer • City Public Information Officer • At least two (2) representatives of NGOs • Religious Sector Representative • City Probation and Parole Officer 	<ul style="list-style-type: none"> • Municipal LGOO • DepEd District Supervisor • Municipal Trial Court Judge • Municipal Social Welfare Officer • Municipal Health Officer • Municipal Public Information Officer • At least two (2) representatives of NGOs • Religious Sector Representative • Municipal Probation and Parole Officers

Local Government Units may expand the membership of their ADACs whenever necessary.

Barangay Anti-Drug Abuse Councils (BADACs) must be strengthened and activated through an Executive Order, and shall be composed of the following:

Composition of the BADAC

Chairperson	Punong Barangay
Vice-Chairperson	Sangguniang Barangay Member (Chair of Committee on Peace and Order)
Members	<ul style="list-style-type: none">• SB Member (Chair of Committee on Women and Family)• Sangguniang Kabataan Chairperson• Public School Principal or Representative• Executive Officer/ Chief Tanod• Representative of Non-Government Organization (NGO) or Civil Society Organization (CSO)• Representative of Faith-Based Organization (i.e. UBAS)
Adviser	Chief of Police or Representative

2. Ensuring Functionality of ADACs

Aside from the functions, roles and responsibilities enumerated in previous issuances, all ADACs shall:

- Conduct regular council meetings: monthly for BADACs and quarterly for P/C/MADACs;
- Maintain minutes of regular meetings and other important documents such as resolutions, correspondences, etc.;
- Have an approved Local Anti-Drug Plan of Action (LADPA), as included in the Peace and Order and Public Safety (POPS) Plan, with the corresponding funding requirement;
- Maintain and keep an updated database of drug personalities;
- Submit a duly-signed annual accomplishment report vis-à-vis action plan to be submitted to the concerned DILG Field Office;
- Ensure the creation of a CBDRP team that shall implement CBDRP with the following prescribed manpower complement (ratio based on LGU need).
 - A. DOH Accredited Physician
 - B. Program Manager
 - C. Facilitator(s)
 - D. Clerk

3. Providing Logistical Support to ADACs

Every Province, City and Municipality are encouraged to create and establish an Anti-Drug Abuse Office (ADAO) through an Ordinance which will prescribe its functions, structure and funding.

The ADAO shall be headed by an Executive Director who shall be designated by the Chairperson of the Anti-Drug Abuse Council (ADAC). Functions of the Executive Director include (but are not limited to):

- Act as the Head Secretariat of the local Anti-Drug Abuse Council (ADAC);
- Oversee and supervise the over-all operation of the ADAO;
- Ensure prompt submission of the reports to the ADAC Chairperson and other partner agencies; and
- Perform other duties that may be assigned.

Each ADAO should have the following sections:

- i. **Preventive Education Section** - This section shall:
 - Prepare anti-drug plans and programs to be approved by the C/MADAC;
 - Conduct seminars, conference and consultations and provide pertinent to its campaign against dangerous drugs; and
 - Facilitate the conduct of random drug test in coordination with an accredited Drug testing laboratory.
- ii. **Treatment and Rehabilitation Section** - This section shall:
 - 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 Base Drug Rehabilitation Program- clients diagnosed as drug user and/or drug abuser.
 - Facility Based Rehabilitation- clients as drug dependents.
- iii. **Legal Section** - This section shall:
 - Assist in the preparation and filing of pertinent documents in relation to the confinement of a drug dependent;
 - Prepare and review drafted resolutions and ordinances.

- iv. **Administrative Section** - This section shall:
 - Perform various administrative functions but not limited to the following:
 - Personnel Management
 - Records management
 - Financial Management
 - Procurement and materials management
 - v. **Operations Section** (optional) – This section shall coordinate with the law enforcement agencies pertaining to any drug related issues or matters at the barangay level.
4. Every Local Government Unit is encouraged to support all anti-illegal drugs programs with enacted legislative measures for sustainability.
5. Organization of a Provincial, City, Municipal, and Barangay Inter-Faith Council to be created thru an Executive Order is also encouraged to facilitate the construct of activities relative to the Community-Based Drug Rehabilitation Program.

VIII. **Monitoring and Evaluation**

Monitoring of Client Progress

- ADACs shall submit monthly statistical reports to the PNP, DOH and PDEA, copy furnished DDB and DILG.
- Local ADACs shall utilize the DDB Centralized Database Integrated Drug Monitoring and Reporting Information System (IDMRIS).

Monitoring of LGU Compliance

- Functionality of ADACs shall be monitored by the DILG Field Offices.
- LGU status reports regarding its CDRPs shall be submitted to the RPOC thru the DILG Regional Office.

Evaluation and Policy Review

Concerned agencies shall meet once very quarter to discuss updates on the implementation of CDRPs and review the outcomes achieved.

Approving Authority:


EDUARDO M AÑO
OIC-DILG

