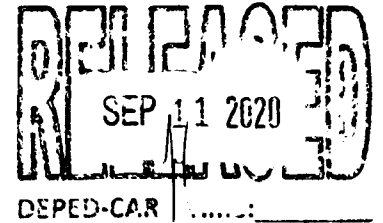




Republic of the Philippines  
**Department of Education**  
Cordillera Administrative Region



Office of the Regional Director

Regional Memorandum  
No. 290-2020

September 10, 2020

**ADOPTION OF THE PROTOCOL OF HANDLING CHILDREN ALLEGEDLY  
INVOLVED IN DANGEROUS DRUGS**

To: **Officer-In-Charge-Assistant Regional Director**  
**Regional Office-Division Chiefs**  
**Schools Division Superintendents**  
**School Heads**  
**All others concerned**

1. Since the implementation of the anti-illegal drugs campaign of the Philippine National Police through Project Tokhang in 01 July 2016 and the simultaneous intensification of the Barangay Drug-Clearing Operations, various guidelines and regulations have been issued by different government agencies to govern the handling of persons allegedly involved in illegal drugs. Project Tokhang yielded a significant number of surrenderers who were accused or have admitted to be users and/or pushers of illegal drugs in their communities and among these surrenderers, from the period of July 2016 to October 2018, around 27,000 were below 18 years old.
2. The volume of child "surrenderers" gave rise to confusion, challenges and questions among implementors charged with duties under the anti-illegal drugs campaign on how to apply or interpret the many guidelines and regulations issued by different government agencies, which issuances were crafted mainly to contemplate adult surrenderers and not minors.
3. The developments above underscore the need to create and clarify the protocol when handling children involved in illegal drugs especially in light of the State policy to safeguard the well-being of its citizenry, particularly the youth, from the harmful effects of dangerous drugs on their physical and mental well-being.
4. With the foregoing, all **Schools Division Offices and schools** are to adopt the *Board Regulation No. 6 Series of 2019* entitled "**PROTOCOL WHEN HANDLING CHILDREN ALLEGEDLY INVOLVED IN DANGEROUS DRUGS**" of the Dangerous Drugs Board, Office of the President.



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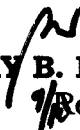


Republic of the Philippines  
**Department of Education**  
Cordillera Administrative Region

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**Office of the Regional Director**

5. Furthermore, Directory of DOH-Accredited Drug Treatment and Rehabilitation Centers (TRC) can be found in the Annex B of the enclosed Board Regulation.
6. *For information, guidance and dissemination.*

  
**MAY B. ECLAR, PhD, CESO V**  
Regional Director

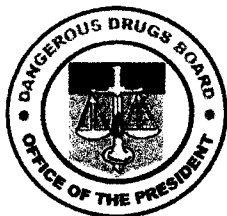
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Republic of the Philippines  
Office of the President  
**DANGEROUS DRUGS BOARD**

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**BOARD REGULATION NO. 6**  
**Series of 2019**

**SUBJECT:      PROTOCOL WHEN HANDLING CHILDREN ALLEGEDLY  
                  INVOLVED IN DANGEROUS DRUGS**

**BACKGROUND AND STATEMENT OF POLICY**

- a. Since the implementation of the anti-illegal drugs campaign of the Philippine National Police through Project Tokhang in 01 July 2016 and the simultaneous intensification of the Barangay Drug-Clearing Operations, various guidelines and regulations have been issued by different government agencies to govern the handling of persons allegedly involved in illegal drugs.
- b. Project Tokhang yielded a significant number of surrenderers who were accused or have admitted to be users and/or pushers of illegal drugs in their communities and among these surrenderers, from the period of July 2016 to October 2018, around 27,000 were below 18 years old.
- c. The volume of child “surrenderers” gave rise to confusion, challenges and questions among implementors charged with duties under the anti-illegal drugs campaign on how to apply or interpret the many guidelines and regulations issued by different government agencies, which issuances were crafted mainly to contemplate adult surrenderers and not minors.
- d. The developments above underscore the need to create and clarify the protocol when handling children involved in illegal drugs especially in light of the State policy to safeguard the well-being of its citizenry, particularly the youth, from the harmful effects of dangerous drugs on their physical and mental well-being.

**DEFINITIONS AND REFERENCES**

The following terms used in this Protocol mean:

- ASSIST - Alcohol, Smoking, and Substance Involvement Screening Test
- BADAC - Barangay Anti-Drug Abuse Council
- BCPC - Barangay Council for the Protection of Children
- CAR - Child-at-risk or a child who is vulnerable or at-risk of behaving in a way that can harm him/herself or others, or vulnerable and at risk of being pushed and exploited to come into conflict with the law because of personal, family and social circumstances.
- Child - any person who is below 18 years old
- CICL - Child in conflict with the law or a child who is alleged as, accused of, or adjudged as, having committed an offense under Philippine laws
- Dangerous drugs - as defined under Republic Act No. 9165 or the Dangerous Drugs Act of 2001; interchangeably referred in this Protocol as illegal drugs

- Diversion program - the program that a CICL is required to undergo after he/she is found responsible for an offense, without resorting to formal court proceedings.
- Drug dependency examination - a procedure conducted by a DOH-accredited physician to evaluate the extent of drug abuse of a person and to determine whether he/she is a drug dependent or not, which includes history taking, intake interview, determination of the criteria for drug dependency, mental and physical status, and the detection of dangerous drugs in body specimens through laboratory procedures.
- Intervention – generally refers to programmatic approaches or systematic social protection programs for children that are designed and intended to: (a) promote the physical and social well-being of the children; (b) avert or prevent juvenile delinquency from occurring; and (c) stop or prevent children from re-offending.
- LSWDO - the local social welfare and development officer at the barangay level or, in its absence, the city, municipal or provincial social welfare and development officer or its equivalent.
- MDT - multi-disciplinary team composed of a social worker, a psychologist/mental health professional, a medical doctor/accredited physician, an educational/guidance counselor and a member of the BCPC, who will work on the individualized intervention plan with the child and the child's family.
- Rehabilitation - a dynamic process directed towards the physical, emotional/psychological, vocational, social and spiritual change to prepare a drug dependent for 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 without abusing drugs.
- Treatment - is the medical service rendered to a drug dependent for the effective management of his physical and mental conditions arising from drug abuse.

## **I. SCOPE AND APPLICATION**

### **Section 1. Scope**

1.1. This Protocol will apply to the handling of any child who comes into contact with any person-in-authority as a result of, or in connection with, the anti-illegal drugs campaign initiated either by the national government or any of the local government units.

1.2. Persons-in-authority include law enforcement officers, local government (provincial, city, municipality, barangay) officials, or any other representative of the government performing a role in the campaign of the government against dangerous drugs.

Persons in authority also includes teachers, professors and persons charged with the supervision of public or duly recognized private schools, colleges and universities, and lawyers in the actual performance of their professional duties or on the occasion of such performance.

1.3. This Protocol will not apply to children who might be found positive under the random drug testing programs in schools. Children who are subjected to random drug testing in schools will be governed by DDB Regulation No. 6, series of 2003 as amended by DDB Regulation No. 3, series of 2009.

### **Section 2. When Treated a Child-at-Risk (CAR)**

If a child submits or surrenders to a person-in-authority in connection with the anti-illegal drug campaign of the government for allegedly using dangerous drugs, the child will be treated a CAR and handled in accordance with this Protocol, particularly Section 6 herein.

### **Section 3. When Treated a Child in Conflict with the Law (CICL)**

If the child (a) who is apprehended or (b) who submits or surrenders to a person-in-authority is alleged to have committed an offense under the Dangerous Drugs Act, e.g., courier of illegal drugs (and is not surrendering solely because of use of dangerous drugs), the child will be treated as a CICL. The said child will be handled in accordance with the established protocol for CICL and this Protocol particularly Section 7 herein.

#### **Section 4. When a Child Seeks Treatment in Private Rehabilitation Centers**

Private rehabilitation centers accredited by the DOH, while under no legal obligation to report to law enforcement agencies or to barangays the names of children who seek treatment and rehabilitation (e.g., for the purpose of checking if the child's name is in the list of drug personalities) must observe this Protocol to the extent that it is applicable.

## **II. PROTOCOL ON THE CHILD INVOLVED IN ILLEGAL DRUGS**

### **Section 5. Confidentiality and Privacy**

5.1. All persons handling a child involved in dangerous drugs shall ensure that the privacy of the child and the confidentiality of the child's case are respected at any stage under this Protocol.

5.2. All records involving said children (e.g., results of drug tests and drug dependency examination) shall be considered privileged and confidential.

5.3. All persons with duties and responsibilities under this Protocol shall undertake all measures to protect the identity of the child (e.g., maintaining a separate system of recording) and the disclosure of confidential records may only be done upon order of the Court.

5.4. When handling a child at any stage (e.g., during surrender under Sections 6 and 7; during implementation of treatment and care programs under Section 9), the child shall not be mixed with adults and any activity or interaction with the child shall not be done or implemented in public places.

### **Section 6. Child Who Submits or Surrenders.**

As stated in Section 2, if a child submits or surrenders to a person-in-authority as a result of, or in connection with, the anti-illegal drugs campaign of the national or local government for allegedly using dangerous drugs **and is not determined a CICL** (as described in Section 7), the following procedures will be faithfully observed:

6.1. The person-in-authority will immediately notify and ensure the presence of a LSWDO when talking to the child.

a. If the LSWDO is not available, the person-in-authority may seek the assistance of members of the BCPC or a DSWD-accredited non-government organization until such time that the LSWDO or any social worker is available.

b. If the child is unaccompanied, the person-in-authority will immediately notify the child's parents or guardian and request for their immediate presence in the barangay or the children's and women's desk and to bring any proof of the age of the child to confirm the minority of the child.

6.2. The child is not deemed to have voluntarily submitted or surrendered without the consent of the parents or guardian and the process below cannot continue without said consent.

6.2.1. This consent to be obtained by the person-in-authority or the LSWDO will include the consent required under Sections 8.2 and 8.6 for the possible conduct of the screening and assessment of the child.

6.2.2. If consent cannot be obtained from the parents or guardian, custody of the child may still be retained if justified under Republic Act No. 7610<sup>1</sup> (e.g., cases of psychological and physical abuse, neglect, cruelty, sexual abuse and emotional maltreatment) and in such case, the child must be handled in accordance with said law.

6.3. When handling the child, the person-in-authority will be guided by the best interest of the child and will:

- a. obtain only the child's personal circumstances (i.e., only the information essential to update statistical records of the government) using the CAR intake form and in the presence of the child's parents and the LSWDO;
- b. record the information obtained in a separate appropriate CAR registry for children who submit or surrender for allegedly using dangerous drugs, which system of recording will be linked to the JJWC registry on CAR and CICL Cases;
- c. interview the child in a child-friendly area, preferably a separate room, or in any available room that will ensure the confidentiality of the process;
- d. use an interpreter if the child cannot understand the language or local dialect or a mental health professional if the child suffers from a disability that affects the ability to understand the person handling; and
- e. conduct the process using an approach that is culture and gender-sensitive.

6.4. The person-in-authority will **not** investigate or interview the child to elicit any information that may relate to alleged illegal activities. Any in-depth interview of the child may only be done by the LSWDO as described in Section 6.8. Once questions outside the personal circumstances of the child are asked, the person-in-authority will strictly adhere to the rules governing the conduct of custodial investigation under Republic Act No. 7438<sup>2</sup> and the implementing rules and regulations of Republic Act No. 9344 as amended.

6.5. The person-in-authority having contact with the child will **not** use the same procedures used for taking in adult drug personalities<sup>3</sup> who voluntarily surrender. Particularly, the child will **not** be:

- a. required to execute any affidavit of undertaking or waiver;
- b. subjected to any strip search;
- c. subjected to the taking of mug shots and fingerprints; and
- d. covered by any video recording.

6.6. The person-in-authority will ensure that the fact of the CAR's submission or surrender, after the parents are informed, is known to the BADAC of the barangay where the child resides and the BADAC will have the duty to ensure that the name of the child (and any record on the child) will be removed from any list of drug personalities under any of the government's anti-drug campaigns such as Project Tokhang and the ongoing barangay drug-clearing operations. This does not preclude their inclusion in future anti-drug investigations or operations if they are subsequently found to be involved again in drug activities.

6.7. Immediately after personal circumstances are recorded under Section 6.3., the person-in-authority will turn over the child to the LSWDO who will proceed with the intake interview and manage the case of the child until treatment and rehabilitation. If the LSWDO is not yet available, the person-in-authority, after due notification of the LSWDO, may first refer the child to the screening process as described in Section 8.

6.8. The LSWDO will:

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<sup>1</sup> Special Protection of Children Against Abuse, Exploitation and Discrimination Act (17 June 1992)

<sup>2</sup> An Act Defining Certain Rights of Person Arrested, Detained or Under Custodial Investigation as well as the Duties of the Arresting, Detaining and Investigating Officers, and Providing Penalties for Violations Thereof (27 April 1992)

<sup>3</sup> DDB Regulation No. 3 dated 03 August 2016 (Guidelines on Handling Voluntary Surrender of Drug Personalities); DDB Regulation No. 4 dated 19 September 2016 (Oplan Sagip - Guidelines on Voluntarily Surrender [sic] of Drug Users and Dependents and Monitoring Mechanism of Barangay Anti-Drug Abuse Campaigns"); Command Memorandum Circular No. 16-2016 dated 01 July 2016 (PNP Anti-Illegal Drugs Campaign Plan - Project: "Double Barrel"); and DIDM IMPLAN [Impact Analysis For Planning] re PNP Anti-Illegal Drugs Campaign Plan Project: "Double Barrel" dated 03 August 2016.

- a. proceed with the intake interview that will be done in the presence of the parents or guardian of the child;
- b. also interview the parents or guardian as well as other persons having charge of the child as part of the development of the social case study and eventual treatment and care plan on the child; and
- c. explain to the child and the child's parents or guardian the consequences of the child's acts with a view towards providing counseling, treatment and rehabilitation.<sup>4</sup>

6.9. The child will be referred by the LSWDO (or by the person-in-authority if the presence of the LSWDO is not yet available) to a screening process to determine the child's level of risk for drug use and dependency, and if needed, to a subsequent assessment process as defined under Section 8.

6.10. If upon the assessment of the LSWDO, there is any indication that the child is abandoned, neglected, or abused (e.g., parents or guardians suspected or found to be involved in the drug trade or using dangerous drugs), the LSWDO, when deemed appropriate or necessary, will proceed in handling the case in accordance the provisions of Republic Act No. 7610.

6.11. Unless assessed by the LSWDO to be dependent, abandoned, neglected or abused as defined under Republic Act No. 7610, the child's physical custody will be returned to the parents or guardian even pending completion of the assessment of the child and the case study report of the LSWDO.

### **Section 7. If Child is Determined CICL**

7.1. The child who is apprehended or who submits or surrenders for an alleged offense under the Dangerous Drugs Act, e.g., courier of illegal drugs (and who is not surrendering solely because of use of dangerous drugs) will be considered a CICL.

7.2. The child will be handled in accordance with the protocol for CICL (e.g., PNP Manual in Handling Cases of CICL and the IRR of RA 9344, as amended) and the Sections 7 and 8 of this Protocol.

7.3. In addition to the protocol followed when handling a CICL, the child will be referred by the LSWDO to a screening process to determine the level of risk for drug use and dependency, and if needed, to a subsequent assessment process as defined under Section 8.

### **Section 8. Screening and Assessment**

8.1. The LSWDO handling the case of the CAR or CICL will refer the child to a person trained and certified by the DOH to conduct a screening using ASSIST (preferably a social worker or a DOH-accredited rehabilitation worker) to determine: (a) the child's level of risk for drug use and dependency (Sections 8.2 to 8.5 below), and, (b) if needed, the subsequent conduct of an assessment to determine the extent of use or dependency (Sections 8.6).

8.2. The LSWDO will include with the referral form/letter:

- a. a copy of the case study intake form to facilitate the conduct of screening and assessment;<sup>5</sup> and
- b. parental consent (or a proxy consent granted by the courts) secured for the conduct of screening and assessment.

8.3. Upon receiving the referral from the LSWDO, the person trained to use ASSIST will proceed to the screening of the child to determine the child's level of risk for drug use or dependency.

8.4. If the child is found to be of "low" risk for drug abuse and dependence, the LSWDO will proceed with the treatment and care for the child as described in Section 9.3 below.

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<sup>4</sup> Adopted from Section 21(i) of RA 9344 and Rule 29 of its RIRR.

<sup>5</sup> Section 3E of the DDB BR 4 s.2016.

8.5. If the child is found to be of “moderate” or “high” risk for drug abuse and dependence, the LSWDO will endorse the child to a DOH-accredited physician for a further assessment of the severity of use and dependence of the child through a drug dependency examination. The endorsement to any DOH-accredited physician, whether public or private, will be made within seven (7) working days from the completion of ASSIST. Expenses will be shouldered by the family or the child unless certified indigent by the LSWDO.

8.6. When endorsing the child to the DOH-accredited physician, the LSWDO will:

- a. include in the referral form or letter a brief indication of the details on the child that may be relevant to the conduct of drug dependency examination;
- b. provide the results of the screening test bearing an assessment of the child’s level of risk for drug abuse and dependency; and
- c. ensure that the appropriate consent has been granted for the conduct of the drug dependency examination. If the parental consent cannot be secured, the LSWDO will obtain a proxy consent as may be granted by the courts.

8.7. Upon receiving the referral from the LSWDO, the DOH-accredited physician will proceed with the conduct of the drug dependency examination in accordance with R.A. 9165 and related DDB Board Regulation No. 3, Series of 2007 (Rules Governing Voluntary Confinement for Treatment and Rehabilitation of Drug Dependent) and DDB Regulation No. 1, Series of 2009 (Guidelines for the Rehabilitation of First-Time Offenders Under Section 15 of RA No. 9165 Who Are Not Drug Dependents).

8.8. The physician who conducted the drug dependency examination will give the results and the corresponding recommendation and referral to the LSWDO on the appropriate treatment and care to be given the child. Based on the physician’s assessment, the appropriate treatment and care program will be prepared in accordance with Section 9.

8.9. If the child involved is a CICL, the LSWDO will submit the abovementioned results and other related documents and requirements (e.g., discernment assessment if a CICL above 15 years old) to the PNP-WCPD for appropriate action as required under RA 9344 as amended.

8.10. Pending conduct of the drug dependency examination, the child’s physical custody will be returned to the parents or guardian unless the commitment of the child is justified under:

- a. R.A. 9344 as amended in the case of a CICL;
- b. R.A. 7610; or
- c. the provisions for compulsory confinement under R.A. 9165.

8.11. If after screening or assessment, the child is determined to be a non-user:

- a. The CAR (under Section 2) will be referred back to the LSWDO for proper intervention when deemed appropriate;
- b. The CICL (under Section 3) will be dealt with in accordance with the rest of the protocol under RA 9344 as amended and its IRR.

8.12. The ADAC where the child was recorded either as a CAR or CICL will be apprised of the result of the child’s screening and assessment and of the treatment and rehabilitation program given.

## **Section 9. Treatment and Care Program**

9.1. After the conduct of ASSIST and/or drug dependency examination, the child will be given the corresponding treatment and care program in accordance with the guidelines below.

9.2. All treatment and care programs for the drug use of either CAR or CICL may only commence with the consent of the parents or guardian of the child or upon order issued by the court. With the consent or order to be given is the agreement to subject the child to a random drug test for the planned duration of the treatment and care program.



9.3. In cases where the child is found after screening to be **low risk** for drug abuse and dependence:

9.3.1. The plan for treatment and care and the duration of the program will be determined by LSWDO handling the case of the child.<sup>6</sup>

9.3.2. Some services to be included in the treatment and care program may be based on **but not limited to** those indicated in the DOH Administrative Order No. 2017-0018 (Guidelines for Community-Based Treatment and Support Services for Persons Who Use Drugs in Primary Health Care Settings) dated 29 August 2017 to the extent that said DOH Administrative Order is consistent with the best interest of the child. (Refer to **Annex A** for a list of possible treatment and support services that may be given to a child who is screened to be low risk for drug abuse and dependency.)

9.4. In cases where the CAR or CICAL who was further subjected to a drug dependency examination under Section 8.5:

9.4.1. Upon receipt of the drug dependency examination results, the LSWDO will convene within five (5) working days a multi-disciplinary team (MDT) that includes a DOH-accredited physician, a BADAC representative and a member of the BCPC.

9.4.2. The MDT will review the drug dependency examination results, the corresponding case file of the child, and other relevant documents (e.g., case study report) and determine, in accordance with any recommendations given by the DOH-accredited physician who conducted the drug dependency examination, the required treatment and care program for the child, including a determination if the program will be community-based, outpatient, in-patient or center-based.

9.4.3. For the child who is determined based on the drug dependency examination to be with **“mild” substance use disorder**, the services to be included in the treatment and care program of the child may be based on **but not limited to** those indicated in the DOH Administrative Order No. 2017-0018 (Guidelines for Community-Based Treatment and Support Services for Persons Who Use Drugs in Primary Health Care Settings) dated 29 August 2017 to the extent that said DOH Administrative Order is consistent with the best interest of the child. (Refer to **Annex A** for a list of possible treatment and support services that may be given to a child who is determined based on the drug dependency examination to have a mild substance use disorder.

9.4.4. If the child is assessed to be having **“moderate” or “severe” substance use disorder**, the treatment and care program — whether in-patient, structured outpatient or community-based — will be designed and implemented in complete accordance with the recommendations of the DOH-accredited physician.

9.4.5. If the child must undergo a center-based treatment and care program, the MDT will coordinate with the DDB-authorized representative for the processing of a petition for confinement at a drug treatment facility that can cater to the needs of the child. The DDB-authorized representative will file the petition for confinement at the Regional Trial Court. During the pendency of the petition, with appropriate orders coming from the court, the child will remain in the custody of the drug treatment facility. The designated center submits a progress report to the Court with notice to the social worker and the MDT.

9.4.6. If the child avails of the voluntary submission to drug treatment and rehabilitation, the program to be given will be in accordance with DDB Regulation No. 3, Series of 2007 (Rules Governing Voluntary Confinement for Treatment and Rehabilitation of Drug Dependent) and DDB Regulation No. 1, Series of 2009 (Guidelines for the Rehabilitation of First-Time Offenders Under Section 15 of RA No. 9165 Who Are Not Drug Dependents) to the extent that said regulation serves the best interest of the child.

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<sup>6</sup> DILG MC 98-227: Creation of ADACs; Section B.1 No. 1. of DOH AO-0018

9.5. The LSWDO will be in charge of monitoring and evaluating the progress of treatment and care program given to the child indicated under this Section. If the child is referred to a center-based treatment and rehabilitation, the social worker at the center will take charge of monitoring and evaluating the progress of the child.

9.6. All treatment and care programs to be given will be tailored to fit the specific needs of the child and be crafted in accordance with the principles in the Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in the Philippines issued by the Department of Health together with the Dangerous Drugs Board and with the support of the United Nations Office on Drugs and Crime (UNODC).

9.7. Only a licensed counselor, psychologist or psychiatrist may provide counseling services to the child. Other service providers, such as a psychometricians or rehabilitation practitioners, may provide counseling services only under supervision by a licensed counselor, psychologist or psychiatrist.

9.8. If the child has co-occurring morbidities (i.e., other health concerns) other than substance use disorder, the child will be referred by the physician to a special facility appropriate to the needs of the child.

9.9. If the child who needs the treatment and care program for drug use is a CICL:

a. The program may, upon determination of the LSWDO, be given prior to or simultaneous with the intervention program or diversion program required under RA 9344 as amended.

b. If the child who is assessed by the physician to be at risk for drug abuse and dependence or with substance use disorder is a CICL required to be placed under a center-based intervention based on the provisions of R.A. 9344, the treatment and care program needed to address this risk or substance use disorder will be determined by the MDT or the center in charge of the CICL's case.

c. If the treatment and care program needed to address the CICL's drug use is in-patient or center-based (e.g., residential drug treatment facility), the child will first complete the said program before the intervention program or diversion program required under R.A. 9344 may be commenced.

9.10. The treatment and care programs given to the child will be funded by the ADACs of the LGUs. LGUs will also endeavor to obtain assistance from non-government organizations, faith-based groups, and other government agencies (e.g., DepEd).

9.11. Drug testing may be required by the LSWDO or the MDT charged with the treatment of the child only for therapeutic purposes and for monitoring the patient's compliance with the treatment program. Such drug testing activity must be recorded in the child's case record and must not require the official forms from accredited laboratories.

9.12. If treatment and care programs are implemented at the community-level, the LSWDO and the LGUs will ensure that the child will not be mixed with adults and their programs will not be implemented in public places.

## **Section 10. Aftercare and Reintegration**

10.1. The CAR and CICL (unless the CICL has to complete a diversion program or other court requirements depending on the nature of the case and penalty) who have successfully completed an outpatient treatment and care program and other programs as required by the court will be referred to the Community Support, Aftercare and Reintegration (CSAR) Program provided under the DOH Administrative Order No. 2017-0018 dated 29 August 2017 or the Guidelines for Community-Based Treatment and Support Services for Persons Who Use Drugs in Primary Health Care Settings.

10.2. The CAR or CICL who has successfully completed a center-based treatment and care program upon recommendation of the Center will undergo an aftercare and reintegration

program. The Center will endorse the child's case to the LSWDO for the commencement of the program.

10.3. All aftercare and reintegration programs and services will be:

- a. consistent with those provided in DSWD Administrative Order No. 36 dated 06 February 2003 (Guidelines in the Implementation of After Care Service) and other guidelines to be issued by the DSWD and the DOH on this matter;
- b. created and implemented in coordination with the LSWDO who is handling the case of the child;
- c. contain provisions that refer to building the capacity of parents or guardians who will receive the child
- d. implemented with the support of the BCPC.

10.4. The CSAR Program under Section 10.1 and the aftercare and reintegration program under Section 10.2 will be overseen by the LSWDO in close coordination with the ADAC and the BCPC and, when applicable, with the MDT.

10.5. Expenses for the aftercare and reintegration programs may be primarily drawn from the funds of the local social welfare and development offices of the LGU.

### **Section 11. Additional Role of LGU**

11.1. When implementing this Protocol, all LGUs will strictly observe the funding requirements under Section 51 of RA 9165, Section 5(e) of Executive Order No. 66, series of 2018,<sup>7</sup> and Sections V(A)(3) and (A)(4) of DILG and DDB Joint Memorandum Circular No. 2018-01 dated 21 May 2018.<sup>8</sup>

11.2. All LGUs are also enjoined to hire an LSWDO in line with the Magna Carta for Social Workers.

### **Section 12. Penalty Clause**

Any person found violating the provisions of this Regulation shall be criminally liable under Section 32 of Republic Act No. 9165, without prejudice to corresponding administrative sanctions.

### **Section 13. Separability Clause**

In the event that any Section, paragraph, sentence, clause, or word of this Regulation is declared invalid for whatever reason, other provisions shall not be affected thereby.

### **Section 14. Effectivity**


This Regulation shall take effect fifteen (15) days after its publication in two (2) newspapers of general circulation and after its registration with the Office of the National Administrative Register (ONAR), UP Law Center, Quezon City.

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<sup>7</sup> Institutionalizing the Philippine Anti-Illegal Drugs Strategy

<sup>8</sup> Implementing Guidelines on the Functionality and Effectiveness of Local Anti-Drug Abuse Councils

**APPROVED and ADOPTED** this 27<sup>th</sup> day of June, in the year of Our Lord, 2019 in Quezon City.

  
**Secretary CATALINO S. CUY, CEO VI**  
Chairman, Dangerous Drugs Board

Attested:

  
**Undersecretary EARL P. SAAVEDRA, MPA**  
Secretary of the Board

## Annex A

### Possible Services for Treatment and Care Program at the Community Level

As provided in Section 9.4 of the Regulation, some services to be included in the treatment and care program for the child may be based on but not limited to those indicated in the DOH Administrative Order No. 2017-0018 (Guidelines for Community-Based Treatment and Support Services for Persons Who Use Drugs in Primary Health Care Settings) dated 29 August 2017 to the extent that said DOH Administrative Order is consistent with the best interest of the child. Some of these services are:

1. For a child determined to be **low risk** for drug abuse and dependence based on the ASSIST, any of the following community-based treatment and support services, to the extent that they are consistent with the best interest of the child, may be provided individually or with other children undergoing treatment and care programs:

- a. Interventions to be given without participation of family (e.g., adolescent counseling, peer group sessions, anger management)
- b. Education (e.g., drug awareness lecture; awareness-building and educational activities; educational assistance; access to ALS; formal scheduling)
- c. Self-development programs with community involvement (e.g., music / arts programs; sports activities; involvement in activities of youth groups, values formulation sessions, development of life goals)
- d. Community care interventions (e.g., skills training, livelihood opportunities, job placement, cash for training or work programs, life skills development)
- e. Psychological, social and/or spiritual support services (e.g. recollection, retreat, faith-based sessions)
- f. Programs for parents or guardian (e.g., enhanced parent effectiveness service; anger management for parents, orientation on laws involving children)
- g. Programs that may be given jointly to the child and the family (e.g., orientation and briefing on the program to be given the child, family counseling, seminars/education sessions on ill effects of drugs to individuals, family and community)
- h. Other activities and programs that may cover any or all of the following domains: medical, livelihood/employment, alcohol/drugs, legal, family, social, and psychiatric.

2. For a child assessed to have a **mild substance use disorder** based on the drug dependency examination, the MDT may recommend that the child be provided individually or with other children undergoing treatment and care programs:

- a. Any or a combination of the programs above enumerated for children who are screened to have a low risk for drug abuse and dependence that are tailored to the specific needs of the child having substance use disorder;
- b. Structured interventions that may or may not be spiritual/faith-based (counseling, provision of addiction modules/services etc);
- c. Motivational interviews;
- d. Behavioral modification programs;
- e. Relapse prevention modules;
- f. Trauma assessment (ACE/SRQ);
- g. Strengthening of referral system;
- h. Attendance to support groups (e.g., narcotics anonymous, faith-based organizations and other NGOs);
- i. Social support activities (e.g., educational programs; environmental awareness activities; other socio-civic oriented activities)
- j. Detoxification when necessary.

## Annex B

### Directory of DOH-Accredited Drug Treatment and Rehabilitation Centers (TRC)\*

TRC	Address	Email address	Phone Number
DOH-TRC Dagupan City	Brgy. Binloc, Bonuan Dagupan City	TRCdagupan@yahoo.com.ph TRCdagupan@gmail.com	0920 273 9817
DOH-TRC Ilagan, Isabela	Brgy. Centro, San Antonio, Ilagan City, Isabela	christinejoan_c@yahoo.com	0917 897 0468
DOH-TRC Pilar, Bataan	Brgy. Liyang Pilar, Bataan	dohtrcbataan@yahoo.com.ph	0998 869 1301
DOH-TRC Bicutan	Camp Bagong Diwa Bicutan, Taguig City	marvin_diokno@yahoo.com.ph dohtrcbicutan@yahoo.com	02 838 0093
DOH-TRC Tagaytay City	Ipil St., Brgy. Kaybagal South Tagaytay City	trc_tagaytay@yahoo.com addislibato@gmail.com	046 483 1334
DOH-TRC San Fernando, Camarines Sur	Brgy. Pamukid San Fernando, Camarines Sur	ninanson@yahoo.com dohtrc_camsur@yahoo.com	052 483 0844
DOH-TRC Malinao, Albay	Brgy. Comun, Malinao, Albay	md_trc@yahoo.com	052 824 4439
DOH-TRC Pototan, Iloilo	Brgy. Rumbang, Pototan, Iloilo	lourds70@yahoo.com	033 509 1247
DOH-TRC Argao, Cebu	Brgy. Candabong, Binlod, Argao, Cebu	dohtrcargao@gmail.com	032 485 8841
DOH-TRC Cebu City	Eversley Child Sanitarium Compound, Mandaue City, Cebu	cebu_trc@yahoo.com.ph	0925 554 8119
DOH-TRC Dulag, Leyte	Brgy. Highway Dulag, Leyte	salagfacility@gmail.com	0917 142 4608
DOH-TRC Cagayan De Oro	Brgy. Maitum, Upper Puerto Cagayan de Oro City	dohtrccdo@yahoo.com	0917 716 2421
DOH-TRC Malaybalay, Bukidnon	Malaybalay, Bukidnon		
DOH-TRC CARAGA	Brgy. Anomar Surigao City	mfmllesis59@yahoo.com caragatrc@gmail.com	0917 716 2421
MEGA DATRC	Fort Magsaysay, Palayan, Nueva Ecija	megadatrcfort@gmail.com	

*\* Updated Directory of DOH-TRCs can be found in the DOH Website*