REPUBLIC OF THE PHILIPPINES
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG

ISO 9001:2015 QUALITY MANAGEMENT SYSTEM CB CERT. NO. 119910

ORDINANCE NO. 920, S-2023

AN ORDINANCE INSTITUTIONALIZING "OPLAN LINGAP" AS THE TREATMENT AND REHABILITATION PROGRAM FOR PERSONS WHO USE DRUGS (PWUDs) OF THE CITY OF MANDALUYONG AND PROVIDING GUIDELINES THEREOF

BE IT ENACTED by the Sangguniang Panlungsod of the City of Mandaluyong, Metro Manila, in Session assembled:

ARTICLE ONE
GENERAL PROVISIONS

SECTION 1. TITLE. – The short title of the Ordinance shall be: "OPLAN LINGAP".

SECTION 2. PURPOSE. – The Ordinance establishes the policies and procedures in the Treatment and Rehabilitation of PWUDs, who surrendered to the authorities, to include those who availed of (1) plea bargaining (2) voluntary submission under Section 54 of R.A. 9165 or (3) compulsory confinement under Section 61 of R.A. 9165.

SECTION 3. DEFINITION OF TERMS. – The following terms shall have the same definition as those under the various issuances of the Dangerous Drugs Board, the Department of the Interior and Local Government and the Department of Health, as follows:

a. Aftercare – a broad range of community-based service supports designed to maintain benefits when the structured treatment has been completed. It may involve a continuation of individual or group counselling and other support services, but usually at lower intensity and, at times, by other competent agencies or organizations.

b. Alcohol, Smoking, Substance Involvement Screening Test and Brief Intervention (ASSIST-BI) – is a tool designed by the World Health Organization (WHO) to be used in primary healthcare setting, which determines risk-score for substance-use and related problems. This screening tool is used to detect and manage substance-use and related problems in primary health care and general medical care settings.

c. Assessment – process of diagnosis for substance-use, its severity, and other co-occuring medical and/or mental disorders, that includes the determination of biological, psychological, social, spiritual and legal factors that are associated with the diagnosis. Includes the process of Screening and Drug Dependency Examination.

d. BADAC – Barangay Anti-Drug Abuse Council.

e. BOARD – The Dangerous Drugs Board (DDB).

f. General Intervention – refers to practices that aim to investigate a potential problem and motivate an individual to begin to do something about his/her substance-related problem, either by natural, client-driven or provider-driven means. These are Evidenced-Based practices designed to motivate individuals at risk of substance-use disorder and associated 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, and maintaining these changes. The FRAMES (Feedback, Responsibility, Advice, Menu Options, Empathy and Self-Efficacy) and motivational interviewing models may be used.

g. Case Manager – may be considered a part of the treatment modality that assists and supports individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services. This also includes providing linkages and training for the client served on the use of basic community resources, and monitoring of overall service delivery. Case managers work with the client, other members of the treatment team, and other services or organizations in selecting the mix of interventions and support. The selected mix of interventions and services is based on research evidence. Questions could include: how appropriate a method is to the client's individual situation, how acceptable it is to the client, whether trained staff are available, and whether it is culturally appropriate or not. The main purpose of case management is to link clients to the range of services that suit their individual needs.

h. Child/Children – refers to persons below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimintation because of a physical or mental disability or condition.

i. Client – refers to an individual who is involved with alcohol, smoking and substance-use. They are PWUDs referred to out-patient, community-based and/or general interventions.

j. Comorbid/Comorbidity/Co-occuring Disorders – two or more disorders or illness occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both.

k. Community – refers to a group sharing a common geographical space or a common territory such as the barangay (village) or the city.

l. Community-based Drug Rehabilitation Program (CBDRP) – is an integrated model for drug users with mild severity of addiction. It provides a continuum of care from outreach and low threshold services through active coordination among a number of health, social, and other non-specialist services needed to meet client's needs. This constitutes the following:

    1. Community-based Treatment – holistic model of treatment in the community which provides a continuum of care from outreach through integration, including maintenance pharmacotherapy, and coordination of services and assistance from a number of health, and non-health specialists to meet the PWUD needs.

    2. Family and Community Support Services – 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
        - Family Assessment and Support

m. Counseling/Coaching – it is a collaborative process of identifying goals and potential solutions to problems which cause emotional problems, seeking to improve communication and coping skills, strengthening self-esteem, and promoting behavior change and optimal mental health. Examples are individual, family, or group counseling.

n. Court Mandated/Court Mandated Client – any person who has orders emanating from any court of law.

o. Diagnostic Statistical Manual of Mental Disorders (DSM) – a classification of mental disorders with associated criteria designed to facilitate more reliable diagnoses of these disorders, which includes Substance-Use Disorder.

p. DOH-accredited Physician – is a physician with background experience on psychological/behavioral medicine whose application has been approved and duly authorized by the Health Facilities and Services Regulatory Bureau (HFSRB) of the DOH to conduct Drug Dependency Examination and treatment on persons believed to be using dangerous drugs as stated in Board Regulation No. 1 series of 2019.

q. Drug – any chemical substance which alters the mood and behavior as a result of alterations in the function of the brain (World Health Organization).

r. Drug Dependence – also known as substance-use disorder. It is a condition described as a set of cognitive, behavioral and psychological symptoms with a central characteristic of having a strong desire to take psychoactive drugs. It is not necessarily a heavy-drug use but a complex health condition with a social and psychological-dimensions. It occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work, school and home. Term used in the Diagnostic Statistical Manual of Mental Disorders 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 behavioral criteria. Clinicians can also add "in early remission", in "sustained remission", "on maintenance therapy" and "in controlled environment" in describing their diagnosis.

s. Drug Dependency Examination (DDE) – is a medical examination 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 a criteria for drug dependency, mental and physical status, medical and psychiatric complications and co-morbidities, and the detection of the dangerous drugs in body specimens through laboratory procedures. It contains an assessment of the extent of drug dependency, medical complications, and presence of co-morbidities, and recommend appropriate intervention.

t. Drug Officer – Drug Officer in-charge of actual cases/clients/patients/surrenderers (preferably social welfare officers) who may also act as case managers.

u. Early Recovery Skills – are modules/interventions/techniques designed to give patients an essential set of knowledge and abilities for initiating and maintaining abstinence from drugs and alcohol.

v. Executive Director – The Executive Director of the DDB.

w. Education/Employment Support – these are services provided to enable individuals to be productive members of the community that may include but not limited to alternative learning system, livelihood, vocational skills, food processing, bread and pastry making, job replacement/education.

x. Facility-based Out-patient Facility – a health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It may be a drop-in/walk-in center, recovery clinic, or any other facility with consultation and counseling as the main services provided. It may also be an aftercare service facility. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty-four hours. Patients diagnosed with moderate substance-use disorder are oftentimes referred to this center.

y. Facility-based In-patient Center – a health facility where clients are admitted, that provides comprehensive rehabilitation services utilizing any of the accepted modalities as described in the Manual of Operations towards the rehabilitation of a person with substance-use disorder. Patients diagnosed with severe substance-use disorder are oftentimes referred to this center.

z. Family Assessment/Family–Centered Assessment – is a process designed to gain a greater understanding of how a family's strengths, need, and resources affect a person's safety, permanency, and well-being. The assessment should be strengths-based, culturally sensitive, individualized, a developed in partnership with the family. The strengths identified will provide the foundation upon which the family can make changes.

aa. Family Interventions/Family and Individual Programs – these are programs given to the PWUD and his/her family which aims to give information about drug use, effects associated with it, and the services that are available to help the client and his/her family. It includes orientation and briefing, seminars, brief intervention, family counseling, and individual counseling.

bb. Focal Person – MADAC designated coordinator for the drug program, charged with program oversight and recommending policies to the Local Government Executives. The Focal Person is directly answerable to the LGEs of the city.

cc. Healthcare Workers (HCW)/Service Providers – refers to people engaged in the protection and improvement of client's health within their respective communities which include but not limited to physicians, nurses, midwives, social workers and Barangay Health Workers (BHWs) and are duly trained by DOH.

dd. International Classification of Diseases (ICD) – is a classification of Mental and Behavioral Disorders. It is also an assessment tool that provides clinical description and diagnostic guidelines for mental health and substance-use disorders much similar to DSM.

ee. Life Skills – are psychological abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life;

ff. MADAC – Mandaluyong Anti-Drug Abuse Council.

gg. MADAC Office – Office of the Executive Director – MADAC.

hh. Motivational Interview/Motivational Interviewing – 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.

ii. Non-drug User – person who has not used drugs.

jj. Oplan Lingap – the Treatment and Rehabilitation Program for Person who Use Drug (PWUD) of the City of Mandaluyong.

kk. Orientation – initial educational activity that aims to increase the level of awareness and access to promotion, prevention, treatment and rehabilitation, care and support as contained in the client flow;

ll. Patients – PWUDs referred to In-Patient programs.

mm. Person Who Use Drugs (PWUD) – refers to an individual who is using any drug.

nn. Preventive Education – is a program which seeks to discourage users and impending abusers from experimenting with illicit substances or continuing to abuse them.

oo. Psycho-education – these are interventions which aim to provide knowledge on the effects of drugs use on the health of a person through drug awareness lecture which may include topics on diseases related to substance abuse and dependence, its triggering factors, as well as family values. The legal consequences of drug use may also be discussed during these sessions. (DDB) It is designed to educate clients about substance abuse, and related behaviors and consequences.

pp. Psychosocial Support/Psycho-socio-spiritual Support – It is the use of spiritual doctrines, assistance from other people, and mental support to influence the well-being of the client. It includes technical skills enhancement, livelihood training activities, educational prevention programs, civic and environmental awareness activities, job placement/employment, recollection, retreat, mental health wellness programs, self-help activities and other similar activities.

1. Spiritual/Faith-Based Structured Interventions – programs with implicit and explicit religious and/or spiritual content which may or may not include traditional psychosocial intervention approaches. Implemented by a secular service provider who make no explicit reference to God nor any ultimate value or by a religiously affiliated provider who use standard nonreligious techniques and approaches without religious content or by an exclusively faith-based provider who rely on religious content and technologies to the exclusion of traditional non-religious approaches or a holistic provider who combine religious and nonreligious content and approaches.

2. Family and Community Support Services.

qq. Rehabilitation Practitioner – a person working for the treatment and rehabilitation, aftercare and follow-up of people who use drugs and also provides behavioral interventions and services to drug dependents.

rr. Referral – is done to identify appropriate programs and services, and to facilitate engagement of the client in accessing these. Referral can be a complex process involving coordination across different types of services.

ss. Reintegration – any social intervention with the aim of facilitating re-entry of a former or recurrent drug users into the community.

tt. Relapse Prevention Skills Training – are interventions/techniques designed to alert client to the pitfalls of recovery and precursors of relapse. Also give clients the strategies and tools to use in sustaining their recovery. It involves avoiding a return to drug use and building a healthier self by engaging in activities that do not include drug use, which is realized through Early Recovery Skills and Life skills.

uu. Screening – is a process that requires skillful probing and a meaningful interaction with the client which determines the risk factors for drug dependency; and this may include the use of appropriate tool, such as ASSIST, to quantify the level and nature of risk. This may serve as an entry to the case management process.

vv. Self-help Group/Mutual-help Group – a group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence or problems, or from the effects of another's dependence, without professional therapy or guidance. Prominent groups in the alcohol and other drug field include Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon (for members of alcoholic's families), which are among a wide range of twelve-step groups based on a non-denominational, spiritual approach. Mutual-help group more exactly expresses the emphasis on mutual aid and support.

ww. Self-Reporting Questionnaire (SRQ) – the Self-Reporting Questionnaire (SRQ) was developed by the WHO and translated into Filipino as an instrument to screen for mental disorders, including depression, anxiety-related, post traumatic, and psychotic disorders. SRQ may be self-administered or interviewer assisted. It is an instrument designed to screen psychiatric issues that may be associated with substance abuse which may be self-administered or interviewer assisted.

xx. Severity – term used in the Diagnostic Statistical Manual that measures the continuum of pathology from mild to severe. This includes the following:

    1. Mild Substance-use Disorder (SUD) – a minimum of two to three criteria has been met. Similar to experimental and occasional users.

    2. Moderate Substance-use Disorder (SUD) – Four to five criteria met which would be similar to regular and habitual use.

3. Severe Substance-use Disorder (SUD) – If six or more criteria has been met which is about the equivalent to an abuser and substance dependent individual.

yy. Social Worker – a practitioner who by accepted academic training and social work professional experience possesses the skill to achieve the objectives as defined and set by the social work profession, through the use of the basic methods and techniques of social work (casework, group work, and community organization) which are designed to enable individuals, groups and communities to meet their needs and to solve the problems of adjustment to a changing pattern of society and, through coordinated action, to improve economic and social conditions, and is connected with an organized social work agency which is supported partially or wholly from government or community solicited funds.

zz. Specialized Facility – refers to any Treatment and Rehabilitation center with specialized services, such as mental health facility/center, tertiary hospitals, detoxification facilities, infectious disease units, etc.

aaa. Surrenderers – persons who submit themselves to interventions which may include PWUDs and other drug personalities/offenders.

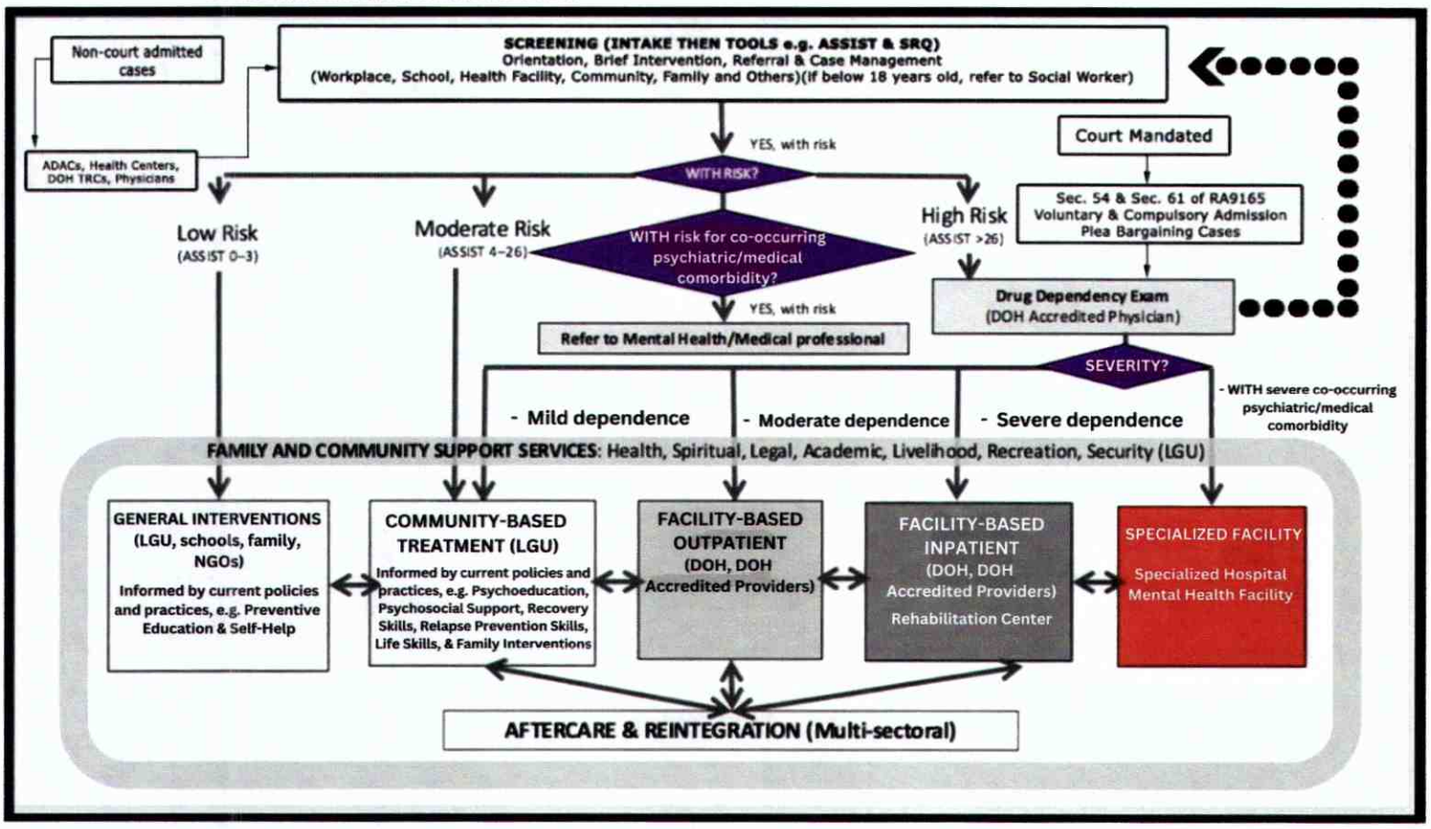
ARTICLE TWO
OPLAN LINGAP INSTITUTIONALIZED

SECTION 4. OPLAN LINGAP. – (a.) Oplan Lingap shall be the official name of the Treatment and Rehabilitation Program for Persons Who Use Drugs (PWUDs) of the City of Mandaluyong. (b.) Oplan Lingap was the name given to the Drug Prevention and Control Program of the City of Mandaluyong when the program was launched by then Mayor Benjamin Abalos Jr., during his first term as Mayor of the City (1998-2001), and up to the present. This Ordinance is enacted to further improve the program of the City, and institutionalize OPLAN LINGAP as the Treatment and Rehabilitation Program of the City on drug users.

SECTION 5. APPLICABILITY. – OPLAN LINGAP as the Treatment and Rehabilitation Program of the City shall be available only to Persons Who Use Drugs (PWUDs), who surrendered to the authorities, and to include those who availed of (a) Plea Bargaining, (b) Voluntary submission under Section 54 of R.A. 9165, and (c) Compulsory confinement under Section 61 of R.A. 9165.

ARTICLE THREE
CLIENT FLOW CHART

SECTION 6. SUMMARY OF CLIENT FLOW. – This Client Flow for Wellness and Recovery from Substance-Related issues is based on the DDB issued Board Regulation No. 7 Series of 2019 and seek to ensure that clients have better access to treatment and rehabilitation.



SECTION 7. PRINCIPLES GOVERNING THE IMPLEMENTATION OF THE CLIENT FLOW. – The implementation of the Client Flow for Wellness and Recovery from Substance-Related Issues shall adhere to the twelve (12) Principles of Community-based Treatment as prescribed by the United Nations Office on Drugs and Crime (UNODC), the Board and the Department of Health (DOH), which assures the following:

1. Continuum of care from outreach, basic support and reducing the harm from drug use to social reintegration, with "any-door policy" for entry into the system.

2. Delivery of services in the community – as close as possible to where drug users live.

3. Minimal disruption of social links and employment.

4. Integration into existing health and social services.

5. Involve communities and build on community resources, including families.

6. Participation of people who are affected by drug use and dependence, families and the wider community in service planning and delivery.

7. Comprehensive approach, taking into account different needs (health, family, education, employment and housing).

8. Close collaboration among civil society, law enforcement, and the health sector.

9. Provision of evidence-based interventions.

10. Informed and voluntary participation in treatment.

11. Respect for human rights and dignity, including confidentially; and

12. Acceptance that relapse is part of the treatment process and will not stop an individual from re-accessing treatment service.

ARTICLE FOUR
TREATMENT AND REHABILITATION POLICIES AND PROCEDURES

SECTION 8. DOCUMENTATION AND INTERVIEW OF SURRENDERERS:

a. Any drug personality who surrenders to the authorities shall be referred to the designated Duty Officer (DO) in the respective Barangay Anti-Drug Abuse Council (BADAC) or the Focal Person (FP) of the City Anti-Drug Abuse Council where he/she resides for interview, proper documentation and covered by video recording, if possible, with the conformity of the surrenderer.

b. The Punong Barangay must identify and provide the name of Permanent BADAC Officer which shall be forwarded to the DILG and the Board for records purposes.

c. An interview shall be conducted by the DO/FP who will solicit personal information from the surrenderer. The names, addresses, contact numbers, religious affiliation and gender will be obtained for purposes of monitoring compliance to prescribed, programs if necessary, and put the information in the record book in accordance with Section 12 of Republic Act No. 10173 which provides for the "Criteria for Lawful Processing of Personal Information". Any information obtained by the DO/FP in the course thereof shall be treated with utmost confidentiality.

SECTION 9. VERIFICATION OF SURRENDERERS:

a. The DO/FP with the assistance of the enforcement officer shall verify if the person who surrendered is included in the Target List, Wanted List and Watch List Personalities of law enforcement agencies such as but not limited to the Philippine Drug Enforcement Agency (PDEA), Philippine National Police (PNP) and National Bureau of Investigation (NBI) or if he/she has any other pending criminal case/s. If it is verified that he/she has a pending warrant of arrest or criminal case, he/she shall be referred to the law enforcement agency or the Office of the Prosecutor or the Court.

b. Surrenderers who wish to be part of the Witness Protection Program (WPP) should be able to provide verifiable information subject to the evaluation of the PNP and WPP's set of evaluators.

c. Surrenderers determined to be included in the Target List, Wanted List and Watch List shall be submitted to procedures prescribed under Board Regulation No. 3, Series of 2016.

d. Surrenderers deemed to be PWUDs shall be submitted for screening and/or assessment for proper intervention in conformance with the guidelines set under this Ordinance and Process Flow.

SECTION 10. SCREENING AND ASSESSMENT OF A PERSON WHO USED DRUGS (PWUDs) AND DETERMINATION OF APPROPRIATE INTERVENTION:

a. The PWUD shall be made to sign an AFFIDAVIT OF UNDERTAKING and WAIVER under oath allowing the conduct of screening/assessment in accordance with the following general guidelines:

(1) Prior to the administration of standard screening tools, an intake interview shall be conducted by the trained paramedical which shall give primary importance on establishing rapport and on determining the PWUD's risk factors for substance-use disorder and identify other areas of risks in relation to his/her drug use.

(2) After the execution of the Affidavit of Undertaking and Waiver by the PWUD, the DO/FP shall further refer him/her for screening and assessment to the City Health Department which can be done by any trained paramedical (Healthcare Worker, trained rehabilitation center personnel, qualified allied professional, board certified psychiatrist and registered psychologist, among others, and even to a DOH-Accredited Physician).

(3) The screening shall be undertaken using the "Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and, in compliance with the new Mental Health Act, the World Health Organization (WHO) Self-Reporting Questionnaire (SRQ), through the conduct of interview and/or the utilization of questionnaire. Upon the discretion of the screener, other internationally accepted screening tools may also be utilized to assess the level of drug use of the client and to determine the mental/psychological co-morbid conditions of the surrenderer.

(4) Surrenderers/PWUDs who are children (below 18 years old) shall be referred to a licensed social worker that will handle them in accordance with Board Resolution No. 4 Series of 2019: Adopting the Protocol When Handling Children Allegedly Involved in Dangerous Drugs.

(5) If the PWUD is found to be at risk for co-occurring psychiatric/medical comorbidity during the screening ang interview, he/she shall be referred to the appropriate mental health/medical professional who shall manage the mental issue simultaneously with the drug use. [Risk for severe medical comorbidity and/or risk for severe mental comorbidity as defined by SQR scores of: For question 1 to 20 (depression and anxiety) – positive score is 5 or more; and for question 21 to 25 (psychosis) – 1 or more]. Once the mental health problem is addressed and upon the discretion of the mental health professional, he/she can be referred back to the process flow. A clearance may be requested from the mental health professional.

(6) Screening shall yield the following results:

- Low Risk for Drug Abuse and Dependence (for ASSIST score of 0 to 3)
- Moderate Risk for Drug Abuse and Dependence (for ASSIST score of 4 to 26)
- High Risk for Drug Abuse and Dependence (for ASSIST score of 27 and above)

(7) Results of the screening shall be discussed with the PWUD by the trained paramedical who provided the screening services. PWUDs shall be provided with Brief Intervention. The ASSIST-Linked Brief Intervention can be utilized for feedback, information, and motivation to the PWUDs.

(8) Case management begins at the screening phase and provided seamlessly throughout at all levels of care to all clients. The main purpose of case management is to link clients to the range of services that suit their individual needs. Case managers work with the client, other members of the treatment team, and other services or organizations in selecting the mix of interventions and support. The appropriate mix of interventions and services is based on research evidence. Questions could include: how appropriate a method is to the client's individual situation, how acceptable it is to the client, whether trained staff are available, and whether it is culturally appropriate, doable or accessible.

(9) PWUDs requiring Out-Patient, Community-based Treatment and Rehabilitation and General Services/Interventions shall hereby be termed as clients, while PWUDs requiring In-Patient intervention programs shall be referred to as patients.

SECTION 11. DETERMINATION OF APPROPRIATE INTERVENTION:

A. LOW RISK FOR DRUG DEPENDENCE/GENERAL INTERVENTIONS

If after screening, the client is found to be "LOW" risk for drug dependence, with ASSIST Scores of 0-3, the MADAC Office may provide or refer the client to general interventions, including but not limited to:

(1) General Interventions. – Evidence-based practices aimed to investigate a potential problem and motivate individuals at risk of substance abuse and related health problems towards behavior change. The PWUD identified at low risk for drug use is made to understand how abusing drugs may lead to more harmful consequences. The aim of the brief intervention is to help the client explore the risk, harms, consequences, as well as ways to mitigate the identified risks through FRAMES (feedback, responsibility, advice, menu options, empathy and self-efficiency and motivational interviewing model).

(2) Individual and Family Programs. – These are programs given to the client and his/her family which aims to encourage deeper and nuanced understanding and information on drug use, effects associated with it, and the services that are available to help the client and his/her family. It includes orientation and briefing, seminars, brief intervention, family counseling, individual counseling by a licensed psychologist, psychiatrist, or other trained practitioners.

(3) Health and Psychoeducation. – These are interventions which aims to provide knowledge on the effects of drugs use on the health of a person. The legal consequences of drug use may also be discussed during these sessions.

(4) Psycho/Socio/Spiritual Support. – It is the provision of an array of services which may include but not limited to faith-based interventions/modalities, assistance from other people (CSOs, NGOs, CBOs, self-help groups) and mental support to promote and support the well-being of the client. It includes technical skills enhancement, livelihood training activities, educational prevention programs, civic and environmental awareness activities, job placement/employment, recollection, retreat, mental health wellness programs, self-help activities and other similar activities.

The duration of the treatment is dependent on the evaluation done by the physician or the assigned case manager. The client should be provided with an Individual Treatment Card/Book wherein all the service received are recorded and the corresponding "Certificate of Community Program Completion" is issued upon successful completion of the program.

B. MODERATE RISK DRUG DEPENDENCE/COMMUNITY-BASED PROGRAMS

If found to be of "MODERATE" risk of drug dependence, with ASSIST Scores of 4-26, the MADAC Office may provide or refer the client to community-based treatment and rehabilitation programs/interventions including but not limited to:

(1) Case Management with Individual Treatment Plan. – The role of case managers is to link clients to different services suitable to the client's needs. The Client shall be provided with individual treatment card/book containing the services received and the results of drug test. Case managers work with the client, other members of the treatment team, and other services or organizations in selecting the right mix of interventions and support.

(2) Psychoeducation/Advocacy. – It is the process of providing education and information to those seeking or receiving mental health services which may include topics on diseases related to substance abuse and dependence, its triggering factors, legal consequences of substance-use, as well as family values.

(3) Counseling/coaching. – It is a collaborative process of identifying goals and potential solutions to problems which cause emotional problems, seeking to improve communication and coping skills, strengthening self-esteem, and promoting behavior change and optimal mental health. Examples are individual, family, or group counseling.

(4) Education/Employment support. – These are services provided to enable individuals to be productive members of the community that may include but not limited to alternative learning system, livelihood, vocational skills, food processing, bread and pastry making, job replacement/education and others.

(5) Relapse Management. – Supports the commitment of the client towards a healthy lifestyle through the provision of healthy activities and development of early recovery and life skills that promote relapse prevention.

(6) Other activities deemed necessary.

The duration of treatment is again dependent on the assessment of the physician or the assigned case manager. The client should be provided with an Individual Treatment Card/Book wherein all services received are recorded and the corresponding "Certificate of Community Program Completion" is issued upon successful completion of the program.

C. HIGH RISK

If found to be of "HIGH" risk, the MADAC Office shall refer the PWUD for Drug Dependency Examination.

SECTION 12. DRUG DEPENDENCY EXAMINATION OF PWUDs:

For clients screened as having low to moderate risk, paramedical staff can already refer the client to general, community-based and out-patient intervention programs.

(a) Drug Dependency Examination (DDE) shall be conducted by a DOH-Accredited Physician on the following PWUDs: (a) surrenderers who, after screening and assessment, are found to be of "HIGH" risk; (b) arrested or apprehended individuals who violated Section 15, R.A. No. 9165 and opted to avail of Voluntary Submission pursuant to Section 54 of RA 9165; and (c) individuals who availed of the Plea Bargaining arrangement pursuant to the Supreme Court En Banc decision G.R. No. 226679, dated August 15, 2017.

(b) The accredited physician/provisionally accredited physician (Pursuant to DDB Regulation No. 1, Series of 2019), shall use the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or the International Classification of Diseases (ICD) classification of mental and behavioral disorders for DDE.

(c) After evaluation and assessment, all clients/patients can be provided appropriate interventions and techniques (e.g.) brief intervention and motivational interviews.

(d) If the PWUD has co-occurring morbidities (other than substance-use disorder), he is referred to a specialty facility for treatment; after which, the PWUD is again re-assessed by the qualified health professional.

A. MILD SUBSTANCE-USE DISORDER/COMMUNITY-BASED

If after DDE, the PWUD is diagnosed as having "MILD SUBSTANCE-USE DISORDER", he/she shall be referred to the community-based treatment and rehabilitation program pursuant to interventions and approaches specified under Section 10 (Low Risk Drug Dependence) or any or all of the following services:

(1) Case Management with Individual Treatment Plan.

(2) Psycho-social Support.

(3) Recovery Skills.

(4) Life Skills.

(5) Brief Interventions and motivational interviews – Clinical approaches that help people with substance-use disorders and chronic conditions. The approach upholds four principles; expressing empathy and avoiding arguments, developing discrepancy, rolling with resistance and supporting self-efficacy.

(6) Spiritual/Faith-Based structured interventions – Programs with implicit and explicit religious and/or spiritual content which may or may not include traditional psychosocial intervention approaches.

(7) Social Support Activities such as but not limited to:

a. Technical Skills Enhancement.

b. Livelihood Training activities.

c. Educational Programs.

d. Environmental Awareness Activities.

e. Other Socio-Civic Oriented Activities; and

f. Attendance of Support Groups (Narcotics Anonymous, Faith-based organizations and other necessary.

(8) Other activities deemed necessary.

The duration of treatment is left to the discretion of the physician or the case manager. Clients should be provided with an Individual Treatment Card/Book wherein all services they have received are recorded. A corresponding Certificate of Completion shall likewise, be issued to all graduates of the program.

B. MODERATE SUBSTANCE-USE DISORDER/DEPENDENCE/FACILITY-BASED OUT-PATIENT

If assessed to be having "MODERATE SUBSTANCE-USE DISORDER/DEPENDENCE", the client shall undergo detoxification when necessary and shall be referred to an outpatient program accredited by the DOH which may include, but not limited to, the following services:

(1) Structured Out-Patient Modalities (Intensive Out-Patient Matrix Program, Psychotherapy Interventions, Harm Minimization etc.).

(2) Moral or Spiritual/Faith-Based Structured Interventions (counseling, provision of addiction modules/services etc.).

(3) Individual or Group Counselling.

(4) Behavioral Modification Programs.

(5) Social Support Activities such as but not limited to:

(a) Technical Skills Enhancement.

(b) Livelihood Training Activities.

(c) Educational Programs.

(d) Environmental Awareness Activities.

(e) Other Socio-Civic Oriented Activities.

(6) Attendance of support groups (e.g. Narcotics Anonymous, Faith-Based Organizations and other NGOs) meetings.

(7) Other activities deemed necessary; and

(8) Client is processed for admission to an Out-Patient Rehabilitation Program pursuant to DDB Regulation No. 1, Series of 2009 which shall be provided by the nearest DOH-accredited drug treatment and rehabilitation center or local government health center (if capable or capacitated).

The duration of treatment depends on the recommendations of the physician or the case manager. Clients should be provided with an Individual Treatment Card/Book wherein all services they have received are recorded. Similarly, a Certificate of Completion shall be issued to all graduates of the program.

C. SEVERE SUBSTANCE-USE DISORDER/DEPENDENCE/IN-PATIENT

If assessed to be having "SEVERE SUBSTANCE-USE DISORDER/DEPENDENCE", the patient shall undergo detoxification when necessary and shall be referred to an in-patient facility accredited by the DOH which has a biopsychosocial spiritual approach that may include, but not limited to the following programs:

(1) Therapeutic Community Model. – The most common form of long-term residential treatment for substance-use disorder. Following the concept of a "community as a method", the program uses 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.

(2) Minnesota Model. – Based on the Hazelden-Betty Ford 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.

(3) Other evidence. – Based model programs.

The duration of treatment should be at least six (6) months. Patients should be provided with an Individual Treatment Card/Book wherein all services they have received are recorded. A Certificate of Temporary release shall be given to the client after the primary program and a Certificate of Completion shall be given upon completion of an aftercare program.

ARTICLE FIVE
APPLICATION FOR ACCESS TO "OPLAN LINGAP"

SECTION 13. APPLICATION FOR ACCESS TO TREATMENT AND REHABILITATION PROGRAM:

A. In-patient programs

(1) Surrenderers and arrested/apprehended PWUDs with Severe Substance-use Disorders may, by himself/herself or through his/her parents, spouse, guardian or relative within the fourth degree of consanguinity or affinity, file a verified application to the Board or its duly recognized representative for voluntary confinement for treatment and rehabilitation subject to the provisions of Board Regulation No. 3, Series of 2007. The case manager may likewise refer the client to an accredited rehabilitation center to help facilitate admission process.

(2) The recognized representatives of the Board, who may pertain to the City Health Officer; City Social Welfare and Development Officer; City Local Government Operations Officer; City Schools Division Superintendent; City Parole and Probation Officer; and capacitated personnel of the Mandaluyong Anti-Drug Abuse Council (MADAC) shall be designated by the Executive Director.

(3) The recognized representatives of the Board, in the performance of their delegated authority, may seek the assistance of the members of the local chapter of the Integrated Bar of the Philippines (IBP), the Department of Justice, through the Public Attorney's Office unless the applicant PWUD opts to have a private counsel at his/her expense.

(4) The Executive Director and all other authorized representatives shall render a monthly report to the Board on all applicants for voluntary confinement received, the corresponding actions taken, and the status thereof.

(5) Upon receipt of the verified application, the Board or its duly recognized representative shall bring forth the matter to the court by filing petition.

(6) PWUDs with Severe Substance-use Disorder who availed of plea bargaining shall be subject to the jurisdiction and disposition the court.

B. Out-patient, Community-based and general intervention programs

(a) Court mandated

Low or moderate risk PWUDs who availed of (1) plea bargaining or (2) voluntary submission under Section 54 of RA 9165 or (3) compulsory confinement under Section 61 of RA 9165 shall be subjected to DDE upon order of the Court to be conducted by a DOH-accredited physician who, based on his professional discretion, may refer the PWUD to a trained paramedical for screening and assessment under Section 9 of this Ordinance for determination of appropriate intervention. The finding and recommendation of the trained paramedical and/or the DDE shall be approved by the DOH-accredited to be forwarded to the Court for information and issuance of appropriate court order.

(b) Non-Court admitted

Surrenderers with Low or Moderate Substance-use Disorders shall be referred by the trained paramedical for general community-based and out-patient intervention programs pursuant to their Affidavit of Undertaking without need of filing an application.

SECTION 14. ACTION ON THE APPLICATION TO TREATMENT AND REHABILITATION:

1. Patients referred to In-Patient Programs

(a) Upon receipt of the petition/application, the Court will issue an Order directing the PWUD to undergo drug dependency examination by a DOH Accredited-Physician. The Physician requests for a screening done by any trained paramedical. If it is determined that the PWUDs need a DDE then it will be conducted by the DOH-accredited physician.

(b) After the conduct of DDE, the examining physician shall issue a certification stating, among others, that the applicant PWUD or the person in whose behalf the application is filed has severe substance-use disorder/dependence with the recommendation for treatment and rehabilitation in DOH-accredited treatment and rehabilitation center/intervention facility taking into consideration his/her level of drug dependency and the potential danger he/she may pose to himself/herself, his/her family and the community. The certification is submitted by the physician to the court copy furnished the DDB or its duly recognized representative.

(c) If the examining physician recommends the immediate confinement of the PWUD, the Board or its duly recognized representative shall facilitate his/her temporary confinement for a period not exceeding fifteen (15) days in a government or private treatment and rehabilitation center, at the option of the applicant PWUD, at his/her expense, pending the issuance of the commitment order of the Court. Opposition to confinement remains to be subject to Board Regulation No. 3, Series of 2007.

(d) Thereafter, the Court shall issue an Order that the applicant or the person in whose behalf the application is filed to undergo treatment and rehabilitation in Center designated by the Board for a period of not less than six (6) months: Provided, that a drug dependent may be placed under the care of a DOH-accredited physician where there is no Center near or accessible to the residence of the drug dependent or where said drug dependent is below eighteen (18) years of age and is a first-time offender and non-confinement in a Center will not pose a serious danger to himself/herself, his/her family or the community; Provided furthermore that confinement in a Center for treatment and rehabilitation shall not exceed one (1) year, after which time the Court, as well as the Board, shall be apprised by the head of the Center or by the DOH-accredited physician of the status of said drug dependent and determine whether further confinement or treatment will be for the welfare of the drug dependent and his/her family or the community.

(e) Pursuant to the guidelines issued by the DOH, all PWUDs under treatment and rehabilitation will be issued a certificate of enrollment as proof that they are undergoing a program. Similarly, upon completion of the program, the surrenderer shall be issued a certificate of completion which the client can use for whatever purpose it may serve him.

2. Clients referred to Out-patient, Community-based and General Interventions

(a) Court mandated

(1) The DO/case manager/Physician 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. The DO/case manager shall apprise the court on the status of the client's compliance to treatment and recommend immediate emergency actions when necessary.

(2) Depending on the results of the evaluation, the client may be referred to any intervention program mentioned in the previous Sections of this Ordinance and to reformatory facilities like the Balay Silangan, operated by the PDEA and Bahay Pagbabago, operated by the PNP.

(3) For clients screened as having low to moderate risk, trained paramedical staff can already refer the client to general, community-based and out-patient intervention programs.

ARTICLE SIX
AFTERCARE AND REINTEGRATION

SECTION 15. TEMPORARY RELEASE AND AFTERCARE AND REINTEGRATION PROGRAM OF PWUDs ADMITTED IN A CENTER:

Clients referred to General, Community-based and Out-patient intervention Programs shall not require aftercare. However, clients/patients referred to the other programs must comply with the following;

A. For PWUDs requiring In-Patient Programs

Upon certification of the Center that the PWUD undergoing in-patient program may be temporarily released, the Court shall order his/her release on condition that said patient shall report to the DOH for aftercare and follow-up treatment (formulated by the Rehab Center or the City Social Welfare Officer), including urine testing, for a period not exceeding eighteen (18) months under such terms and conditions that the Court may impose and subject to the guidelines on aftercare provided for in Board Regulation No. 1, Series of 2006.

B. For Out-Patient and Community-based Clients

(1) Court Mandated

If the client was referred to the primary program (out-patient or community-based) through a Court Order, then the Court shall order his/her release on condition that said PWUD shall report to the MADAC Office for aftercare and follow-up treatment, including urine testing, for a period not exceeding eighteen (18) months, under such terms and conditions that the court may impose and subject to the guidelines on aftercare provided for in Board Regulation No. 1, Series of 2006.

For plea-bargainers, upon certification of the intervention service provider of program completion, the court have the discretion to allow client to pursue probation, continue his remaining sentence, undergo aftercare or be discharged.

(2) Non-Court Mandated

Upon Certification of the service provider/case manager that the PWUD within the voluntary submission program may be temporarily released, the client shall report to an aftercare and follow-up program prescribed by the service provider/case manager formulated in coordination with the Rehab Center or the City Social Welfare Officer.

SECTION 16. RECOMMITMENT TO THE CENTER OR A PROGRAM:

A. For PWUDs requiring In-Patient Programs

Should the DOH find that during the initial after-care and follow-up program of eighteen (18) months, the PWUD requires further treatment and rehabilitation in the Center, he/she shall be recommitted to the Center for confinement by Order of the Court. Thereafter, he/she may again be certified for temporary release and ordered released for another aftercare and follow-up program.

B. For Out-Patient and Community-based Clients

Should the need for further treatment, the service provider or the case manager may recommend additional interventions in consultation with the client and his family/relatives.

(1) Court Mandated

If the client was admitted through a Court Order, then the Service Provider or Case Manager must seek Court approval for the recommitment to a program.

Consistent with existing jurisprudence, plea-bargainers who fail to comply with the mandated program will no longer be eligible for recommitment to any program. The Court shall order his immediate arrest.

(2) Non-Court Mandated

For clients admitted without court orders, then the Service Provider or Case Manager must recommend the immediate recommitment of the client to a program. With the help of the MADAC Office, the client is encouraged to re-submit himself to further interventions.

SECTION 17. SUPERVISION AND MONITORING OF PWUDs TREATMENT AND REHABILITATION:

A. PWUDs undergoing in-patient treatment and rehabilitation shall be under the supervision of the Center while those placed in an out-patient program, to include but not limited to community-based rehabilitation programs, shall be under the technical supervision of the DOH accredited physician and close monitoring of the MADAC Office to assure compliance with the prescribed intervention.

B. 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 the PWUD's compliance to the program. Such drug testing activity must be recorded in the respective PWUD's records and does not require the official forms from accredited laboratories.

SECTION 18. ESCAPE OR NON-COMPLETION OF THE PROGRAM:

A. For PWUDs requiring In-Patient Programs

(A) Should a PWUD/patient escape from the Center under the Voluntary Submission Program, he/she may submit himself/herself for recommitment within one (1) week therefrom, or his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity may, within said period, surrender him/her for recommitment,

in which case the corresponding order shall be issued by the Board.

(B) When the escapee fails to submit himself/herself or be surrendered after one (1) week, the Board shall apply to the Court for a recommitment order. Upon proof of previous commitment or his/her voluntary submission by the Board, the court may issue an order for recommitment within one (1) week.

(C) If, subsequent to a recommitment, the drug dependent once again escapes from confinement, he/she shall be charged for violation of Section 15 or R.A. 9165 and be subjected under Section 61 of the said Act, either upon order of the Board or upon order of the Court, as the case may be.

(D) If the escapee is a plea bargainer, the Center must immediately inform the Court of the escape or non-completion of the Program for the latter's disposition and action.

B. For Out-Patient and Community-based Clients

(1) Court Mandated

If the client was admitted through a Court Order, then the Service Provider or Case Manager must immediately inform the court of the non-completion of the program. Consistent with existing jurisprudence, court-admitted clients and plea-bargainers who fail to comply with the mandated program will no longer be eligible for re-admission to any program. The Court may order his immediate arrest and has the discretion on what action should be taken against such client.

(2) Non-Court Admitted

For clients admitted without court orders, then the Service Provider or Case Manager must recommend the immediate recommitment of the client to a program. With the help of the MADAC Office, the client is encouraged to re-submit himself to further interventions to also facilitate "de-listing" from the list of surrenderers.

SECTION 19. PWUD NOT REHABILITATED:

A. For PWUDs requiring In-Patient Programs

(a) A PWUD under the Voluntary Submission Program, who is not rehabilitated after the second commitment to the Center, shall, upon recommendation of the Board, be charged for violation of Section 15 of R.A. 9165 and prosecuted like any other offender. If convicted, he/she shall be credited for the period of confinement and rehabilitation in the Center in the service of his/her sentence.

(b) A plea-bargainer PWUD who is not rehabilitated is subject to the jurisdiction and disposition of the Court.

B. For Out-Patient and Community-based Clients

(a) Court Mandated

If the client was admitted through a Court Order, then the Service Provider or Case Manager must immediately inform the court of the clients condition consistent with non-completion of the program. Consistent with existing jurisprudence, court-admitted clients and plea-bargainers who fail to comply with the mandated program will no longer be eligible for re-admission to any program. The Court may order his immediate arrest and has the discretion on what action should be taken against such client.

(b) Non-Court Admitted

Consistent with non-completion of the program, client admitted without court orders who is found to be needing further service, must be recommended to further interventions. The Service Provider or Case Manager must recommend the immediate recommitment of the client to a program. With the help of the MADAC Office, the client is encouraged to re-submit himself to further interventions to also facilitate "de-listing" from the list of surrenderers.

SECTION 20. PWUD REHABILITATED AND DISCHARGED:

Upon the assessment of the case manager and/or the accredited physician (for community-based and out-patient programs) or in-patient center, a certificate of completion shall be issued to the client/patient giving consideration for general well-being parameters. The certification can be used to "de-list" the client or patient in the Barangay Drug Clearing activities pursuant to Board Regulation No. 2, 2007 as amended by Board Regulation No. 2, 2016.

A. For Court Mandated Clients

(1) If, during the period of aftercare and follow-up, the PWUD is certified to be "rehabilitated" by the physician or the case manager, he/she may be discharged by the Court, subject to the provisions of Section 55 of R.A. 9165, without prejudice to the outcome of any pending case filed in court.

(2) A rehabilitated and discharged PWUD shall be exempted from criminal liability under Section 15 subject to the condition that he/she:

(a) has complied with the rules and regulations of the Center, the applicable rules and regulations of the Board, and the After-Care and Follow-Up Program.

(b) has never been charged or convicted of any offense punishable under RA 9165 or RA 6425 or the Revised Penal Code or any special penal laws.

(c) has no record of escape from a Center: Provided, that had he escaped, he surrendered by himself or through his parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, within one week from the date of the said escape; and

(d) poses no serious danger to himself, his family or the community by his exemption from criminal liability.

(3) On the other hand, a PWUD who is discharged as rehabilitated by the Center, but does not qualify for exemption from criminal liability under Section 55 of R.A. 9165, may be charged under the provisions of the said Act, but shall be placed on probation and undergo a community service done in coordination with the Parole and Probation Administration, DSWD and other stakeholders in lieu of imprisonment and/or fine in the discretion of the Court, without prejudice to the outcome of any pending case filed in Court.

(4) For plea-bargainers, upon certification of the intervention service provider of program completion, the courts have the discretion to allow client to pursue probation, continue his remaining sentence, undergo aftercare or be discharged.

B. For Non Court Admitted Clients

If deemed rehabilitated, community-based and outpatient clients who volunteered to the program and were admitted without a court order, a certificate of completion can be issued by the service provider or case manager which can be used by the client for whatever purpose it may serve him/her.

SECTION 21. COMMUNITY SUPPORT, AFTERCARE AND REINTEGRATION (CSAR) PROGRAM

All PWUDs who successfully completed community-based treatment. Out-patient and in-patient rehabilitation programs will be referred to this program which focuses on relapse management and reintegration into community. The program should consist of biopsychosocial spiritual services to include but not limited to legal, medical/dental services, psychological services, and other social services for a period determined by the case manager but may be extended depending on the assessment of the community health team headed by the MADAC Office in close collaboration with other agencies such as DSWD, PNP, and NGOs. Random drug test administration can be performed any time within the duration of the program as an adjunct therapeutic surveillance tool. If found positive, PWUDs shall be referred to a DOH accredited physician for further assessment and appropriate intervention.

ARTICLE SEVEN
MONITORING AND EVALUATION

SECTION 22. MONITORING MECHANISMS:

Programs implemented at various levels must ensure adoption of a quality measurement system to ensure efficient and effective service provision.

1. The Executive Director of MADAC shall ensure enforcement of and compliance with these guidelines. The Executive Director of MADAC and the DILG City Local Operations Officer shall also direct the Punong Barangays of the City to:

   (a) Organize or revitalize their Barangay Anti-Drug Abuse Council (BADACs) and its Committees on Operations and Advocacy and the BADAC Auxiliary Team.

(b) 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 PWUDs.

(c) Submit action and monitoring plans for the above mentioned preventive educational and rehabilitative programs including means to support recovering drug dependents in their respective communities.

(d) Formulate barangay Peace and Order and Public Safety Plan and Barangay Anti-Drug Plan of Action as its component; and

(e) Assist in the monitoring of surrenderer and shall report to the MADAC.

2. All Barangays are required to submit to the City Local Operations Officer within ten (10) days from the approval of their annual budget of the following calendar year, the following documents in summary from:

(a) The BADAC Plan of Action.

(b) The composition, including names, of the members of their BADAC in accordance with DILG-DDB JMC 1 s. 2018.

(c) The amount of Budget allocated for their BADAC.

(d) Preventive, educational, rehabilitative and community support programs.

3. The City Local Government Operations Officer shall document compliance by filling-out BADAC Form 1 and shall report to the National Barangay Operations Office (NBOO) barangays who fail to comply with this directive for proper disposition.

4. The MADAC Office with the City Local Government Operation Officer 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.

5. MADAC Office shall maintain a separate file of drug personalities who voluntarily surrendered to their respective offices. The number of compliant surrenderers shall be noted in the existing City Scorecard.

6. Reports shall be submitted to the DDB using the Integrated Drug Monitoring and Reporting Information System (IDMRIS) and Data on Drug Treatment, Rehabilitation and Aftercare of Drug Dependents. Submission of such reports shall be made quarterly by MADAC Office and public and private treatment and rehabilitation facilities. The DDB shall maintain a centralized database of all surrenderers.

SECTION 23. CONFIDENTIALITY OF RECORDS:

a. All information pursuant to Privacy Act on surrenderers and/or PWUDs shall be confidential in nature.

b. Judicial and medical records of drug dependents under voluntary submission program shall be confidential and shall not be used against him/her for any purpose except to determine how many times, by himself/herself or through his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, he/she voluntarily submitted himself/herself for confinement, treatment and rehabilitation or has been committed to a Center under this program.

c. However, where the drug dependent is not exempt from criminal liability under Section 55 of R.A. 9165, or when he/she is not rehabilitated under the voluntary submission program, or when he/she escapes again from confinement after recommitment, the records mentioned in the immediately preceding provisions, which are necessary for his/her conviction, may be utilized as evidence in court against him/her

ARTICLE EIGHT
PENAL PROVISION

SECTION 24. PENALTY CLAUSE:

a. Persons who violate confidentiality of records shall be charged and be liable under Section 72 of RA 9165 without prejudice to the penalties provided by the Privacy Act;

b. For other violations of this Ordinance, the basis of which is PDB Regulations No. 7 the violator shall be charged and be penalized under Section 32 of R.A. No. 9165, without prejudice to any criminal liability arising from the same Act punishable under other provisions of the R.A. 9165.

ARTICLE NINE
FINAL PROVISION

SECTION 25. SEPARABILITY CLAUSE:

If, for any reason, any section or provision of this Ordinance is declared invalid or unconstitutional, the remainder of this Ordinance shall not be affected by such declaration and shall remain in force and effect.

SECTION 26. REPEALING AND AMENDING CLAUSE:

All Ordinances, regulations and other issuances inconsistent with this Ordinance are hereby superseded, amended or modified accordingly.

SECTION 27. EFFECTIVITY CLAUSE:

This Ordinance shall take effect fifteen (15) days after its publication in a newspaper of general circulation.

ENACTED on this 14th day of April 2023, in the City of Mandaluyong.

I HEREBY CERTIFY THAT THE FOREGOING ORDINANCE WAS ENACTED AND APPROVED BY THE SANGGUNIANG PANLUNGSOD OF MANDALUYONG IN A SPECIAL SESSION HELD ON THE DATE AND PLACE FIRST ABOVE GIVEN.

MA. TERESA S. MIRANDA
Sanggunian Secretary

ATTESTED BY:

ANTONIO DLS. SUVA, JR.
Acting City Vice Mayor &
Presiding Officer

APPROVED BY:

CARMELITA A. ABALOS
Acting City Mayor

Date: APR 14 2023

DISTRICT I

ACTING VICE MAYOR & PRESIDING OFFICER
ANTONIO DLS. SUVA, JR.
Councilor

ANJELO ELTON P. YAP
Councilor

DANILO L. DE GUZMAN
Councilor

RODOLFO M. POSADAS
Councilor

CARISSA MARIZ S. MANALO
Councilor

ESTANISLAO V. ALIM III
Councilor

DISTRICT II

BENJAMIN A. ABALOS III
Councilor

ALEXANDER C. STA. MARIA
Councilor

REGINALD S. ANTIOJO
Councilor

LESLIE F. CRUZ
Councilor

MICHAEL R. OCAMPO
Councilor

MICHAEL ERIC G. CUEJILO
Councilor

DARWIN A. FERNANDEZ
LnB President

AEROL SEDRICK A. MANGALIAG
SK Federation President