

REPUBLIKA NG PILIPINAS
LUNGSOD NG ORMOC
SANGGUNIANG PANLUNGSOD

Excerpt from the Minutes of the 49th Regular Session of the Sixteenth Sangguniang Panlungsod held on June 06, 2023 at the Sangguniang Panlungsod Session Hall, 3rd Floor, Ormoc City Hall Building, Aunubing St., Cogon Ormoc City, Leyte.

ORDINANCE NO. 116
Series of 2023

AN ORDINANCE ESTABLISHING DRUG REHABILITATION AND SUPPORT SERVICES IN ORMOC CITY THEREBY INSTITUTIONALIZING THE AGAKON OG GIYAHAN ATONG KAIGSU-ONAN (AGAK) REFORMATION UNIT UNDER THE CITY HEALTH DEPARTMENT, DEFINING ITS FUNCTIONS, AND COMPOSITION AND APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Authored by: SP Member EDMUND B. KIERULF
Co-Authored by: SP Members NOLITO M. QUILANG

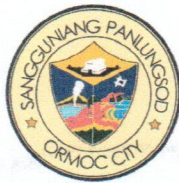
EXPLANATORY NOTE

Much has been said about the drug menace and its capacity to destroy and wreak havoc on the lives of its victims. Measures are being taken to address the importance of fighting the proliferation of drug-related crimes. Many such measures are directed towards subduing the criminals responsible for these crimes. However, the elimination of drug-related crimes is merely one aspect of the two-pronged approach that must be taken in dealing with the effects of dangerous drugs.

Apart from the fight for the safety and security of the city against the menace of illegal drugs, attention must also be directed towards the rehabilitation and recovery of its victims. Drug dependents are victims of drug criminals and syndicates. They are people who have been preyed upon by opportunists seeking to take advantage of the downward spiral that inevitably takes place once drug addiction begins. Thus, drug dependents should be treated as victims in dire need of medical, psychological, and spiritual help, with a chance of being successfully reintegrated into society as a healthy and productive citizen.

The Department of the Interior and Local Government (DILG) issued Memorandum Circular (MC) No. 2009-09 SUBJECT: Unified Actions Against Illegal Drugs and other substances which mandates that it is a principal responsibility of local authorities to support all government efforts to address illegal drugs and other substances.

In response to the unprecedented influx of Drug Users who surrendered to authorities under the government Anti-Drug Clearing Program, DOH issued an Administrative Order No. 2017-0018 otherwise known as "Guidelines for Community-Based Treatment and Support Services for Persons who used Drugs in Primary Health Settings". DOH establish a task force that developed algorithm on dealing with surrenderers (Client flow for wellness and recovery from substance-related issues), which was subsequently approved by the Dangerous Drugs Board (DDB).



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The City Government of Ormoc is proactively responding to Anti-Drug Abuse policies as partner agency of the National Government Agencies, supports all the programs, projects and activities of the National Government.

To strengthen the City's program in helping to rehabilitate the Person Who Used Drugs (PWUDs) and to give more quality service to our people in need of a treatment and rehabilitation for more proactive and better prepared local government unit, the City recognizes the "Balay Silangan" reformation program and ensures that its Anti-Drug Abuse Council, thru AGAK Drug Rehabilitation and Support Services, adopt the program of instruction as provided by under DDB Regulation No.2, S.2018 and is integrated into our existing AGAK Drug Rehabilitation and Support Services.

Our existing AGAK started the Community-Based Rehabilitation Program (CBRP) in February 2017. Many clients graduated from the said program. In fact, as of May, 2023, 1,702 clients categorized as low and moderate risk users graduated from the same.

In mid-2018, the Regional Trial Courts in Ormoc started communicating to the AGAK to conduct Drug Dependency Screening for inmates and bailed clients who sought to plea bargain with the courts. From year 2018-2023 AGAK administered Court-ordered drug dependency screening and rehabilitation services to 463 Ormocanon inmates and 215 Court-ordered drug dependency screening for non Ormocanon-residents.

The city has not fallen short on its efforts to reintegrate into society individuals who have fallen victim to drug abuse or dangerous drugs. Sustainable programs of treatment and rehabilitation has always been an integral part of the unrelenting campaign against illegal drugs in the city. Legislative measures are currently being taken to aid in the war against the drug menace. This measure, however, aims to show that there is an equally passionate desire to address the drug problem on all fronts, even those avenues where compassion and care serve as the best weapon.

The city recognizes drug menace as threats to public health and security, which can undermine the social, economic, and political functions of the city.

This proposed ordinance aims to institutionalize the A.G.A.K Drug Rehabilitation and Support Services aligned with the pertinent provisions of Section 81 (h) Article V of Republic Act (RA) 9165 otherwise known as the Comprehensive Dangerous Drug Act of 2022 in relation to Section 56 thereof, and in consultation and coordination with the Department of Health (DOH), Department of Social Welfare and Development (DSWD) and other agencies in drug control treatment and rehabilitation.

Further the City recognizes the need to improve its Drug Rehabilitation and Support Services for a more proactive and better prepared local government unit. There is therefore the call to strengthen the A.G.A.K by institutionalizing AGAK Unit under the City Health Department. The strengthening includes putting in place an organizational structure and human resource that will institutionalize rehabilitation and support services and financial resources to fund the operations of the unit.

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Section 2 of RA 9165 provides that the State shall adopt as its policy to safeguard the integrity of its territory and the well-being of its citizenry particularly the youth from the harmful effects of dangerous drugs on their physical and mental well-being and to defend them against acts of commission detrimental to their development and preservation.

This local legislative act is guaranteed under the Local Government Code of 1991, which provides that "every local government unit shall exercise the powers expressly granted, those necessarily implied therefor, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare". The LGUs are also under obligation to ensure and support, among other things, the promotion of public health and public safety.

BE IT ORDAINED by the 16th Sangguniang Panlungsod in its session duly assembled, that:

SECTION 1. TITLE. This local legislation shall be known as the "**A.G.A.K DRUG REHABILITATION AND SUPPORT SERVICES ORDINANCE OF ORMOC CITY**"

SECTION 2. PURPOSE. This ordinance aims to set up a unit that would give the necessary tools and capabilities in the implementation and monitoring of the Drug Rehabilitation and Support Services in Ormoc City.

SECTION 3. DEFINITION OF TERMS. As used in this Ordinance, the following terms shall mean:

- a) **AFTERCARE** - refers to a broad range of community-based service supports designed to maintain benefit when the structured treatment has been completed. It may involve a continuation of individual or group counseling and other support services, but usually at a lower intensity and at times by other competent agencies or organizations.
- b) **AGAK** - an acronym of the Visayan words "Agakon ug Giyahan Atong Kaigsuonan".
- c) **ALCOHOL, SMOKING, SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)** - is a tool designed by the World Health Organization (WHO) to be used in primary healthcare settings which determines risk-score for substance use and related problems. (1) This screening tool is used to detect and manage substance use and related problems in primary health care and general medical care setting. The tool was translated to Filipino with consent from the WHO for use in the Philippine setting.
- d) **BADAC - Barangay Anti-Drug Abuse Council** -of local barangay officials and representatives of various community organizations tasked to spearhead the planning and implementation, and monitoring of all local anti-drug abuse programs, projects and activities in barangay level.

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The Barangay Anti-Drug Abuse Council (BADAC) shall be composed of Punong Barangay; Sangguniang Barangay Member or Kagawad, who is the Chairperson Committee on Women and Family; Sangguniang Barangay Member or Kagawad, who is the Chairperson Committee on Health; Sangguniang Kabataan; Public School Principal or representative; Executive Officer/Chief Tanod; at least two (2) representatives of NGOs/Civil Society Representative of Faith-Based Organization; and the City Chief of Police or representative.

- e) **COUNSELING/COACHING** - refers to a collaborative process of identifying goals and potential solutions to problems that 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, and group counseling.
- f) **COURT MANDATED/COURT MANDATED CLIENT** - any person who has orders emanating from any court of law.
- g) **DRUG DEPENDENCE** - it is a cluster of psychosocial, behavioral and cognitive phenomena of variable intensity, in which the use of psychoactive drug takes on a high priority thereby involving, among others, a strong desire or a sense of compulsion to take the substance and the difficulties in controlling substance-taking behavior in terms of its onset, termination or levels of use.
- h) **DRUG REHABILITATION PROGRAM** - a dynamic process or intervention emphasizing on aftercare and follow-up treatment, directed towards attaining change in physical, psychological, social, and spiritual life of the PWUDs.
 - i) **Medical Rehabilitation** - refers to the process of helping substance/drug addicted individuals stop compulsive/drug seeking and use, which may involve a series of bio-psycho-social interventions provided by health professionals to remove toxins in the body and modify behavior of the substance/drug dependent.
 - ii) **Reformatory Rehabilitation** - refers to rectifying of modifying negative attitude and behavior to enable the person to be more productive and acceptable member of the society, which may include facilitating the reintegration of the individual back to his family and eventually to the society.
 - iii) **Community-based Drug Rehabilitation Program** - is an integrated model for drug users with 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 the client's need. It is composed of two core components namely Community-based treatment and Community-based Support Service.
- i) **HIGH RISK CATEGORY** - PWUDs who are experiencing severe problems in health, social, financial, legal, and relationship as a result of current pattern use and are likely to be dependent. PWUD assessed to be having substance use disorder/dependence scoring of 27 above in ASSIST tool.

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- j) **LOW RISK CATEGORY** – client is at low-risk category when he or she is at low-risk of health problems in current pattern of use.
- k) **MODERATE RISK CATEGORY** – client is at moderate risk category when there are health problems in current pattern of use.
- l) **PERSONS WHO USED DRUGS (PWUDS)** – refer to persons who use any dangerous drugs by injecting intravenously or intramuscularly, or consuming, either by chewing, smoking, sniffing, eating, swallowing, drinking, or otherwise introducing into the physiological system of the body, as defined in RA 9165. This include but not limited to surrenderers and court ordered plea bargainers.
- m) **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;
 - i. Spiritual/Faith-Based structured interventions
 - ii. Family and community support services
 - iii. 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.

SECTION 4. SCOPE AND COVERAGE. - This Ordinance prescribes the components of Agakon og Giyahan Atong Kaigsounan (AGAK) Drug Rehabilitation and Support Unit under the City Health Department covering the critical phases of drug treatment, management and rehabilitation/reformation programs of PWUD's in Ormoc City as provided for in Section 9 and its sub-sections. This shall also apply to all institutions and organizations involved in the provision of Drug Rehabilitation and Support Services, including the intended beneficiaries or PWUD's being managed or assisted by the City.

SECTION 5. INSTITUTIONALIZATION OF AGAK. — There shall be institutionalized Agakon og Giyahan Atong Kaigsounan (AGAK) Drug Rehabilitation and Support Unit, under the supervision of the City Health Department, in the City of Ormoc. A Drug Abuse Treatment and Rehabilitation Unit with a holistic approach in rehabilitating PWUDs and aims on the healing of the body, mind and soul through counseling and other therapeutic sessions, and to restore and reconnect the PWUD with his/her family through various intervention.

SECTION 6. OBJECTIVES AND FUNCTIONS - The AGAK Unit, which also acts as Balay Silangan, shall have the following objectives and functions:

- b) To bring PWUDs to a state where he is physically, psychologically, and socially capable of coping up with problems common to his peer group;
- c) To facilitate and encourage the dissemination and exchange of ideas and information on the prevention, care, treatment and control of drug addiction;



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- d) To provide after-care, follow-up, and social reintegration services to enable the PWUDs to adjust to family and community life after his release;
- e) To provide each PWUDs the motivation to regain self-confidence, rediscover his working abilities, and develop a sense of responsibility for himself;
- f) To encourage the formation of organizations and associations composed of parents, guardians, and immediate relatives of PWUDs in order to arouse their awareness and enhance their participation in the care, treatment, and rehabilitation of their relatives found to be drug dependents;
- g) To encourage the participation of the private sector, non-government organizations, and faith communities in the rehabilitation and reintegration process;
- h) To undertake continuous training of physicians, nurses, health officers, and social workers on the practical and scientific methods of prevention, care, treatment, and rehabilitation of PWUDs; and
- I) To strengthen the emotional and spiritual make-up of an PWUDs by conducting regular guidance and counselling sessions as well as interdenominational services provided by civil society organization.

SECTION 7. STAFF COMPOSITION OF THE AGAK- The AGAK Unit shall be composed of the following manpower complement:

Position	Designation	Item No.	Salary Grade
City Government Assistant Department Head I	Drug Rehab Program Manager	759	23
Nurse III	Drug Rehab Program Coordinator	434	17
Administrative Aide I	Drug Intervention Worker	410	1

There is hereby an updated organizational structure of the City Health Department, which institutionalizes the A.G.A.K Drug Rehabilitation and Support Services Unit, providing its organizational chart and defining its core functions. The organizational chart or structure of A.G.A.K is hereto attached and made part hereof as Annex "A".

A) DUTIES AND FUNCTIONS OF THE DRUG REHABILITATION PROGRAM MANAGER - the Drug Rehabilitation Program Manager shall perform the following duties and functions:

- Oversee the provision of General Interventions to the client for the diagnosis and treatment of drug dependents
- Manage in providing brief intervention and or referral to all drug surrenderers who is considered as follows:
 - a) Low Risk Level
 - b) Moderate Risk Level

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- c) High Risk Level of Drug Abuse and Dependence with:
 1. Mild Substance use Disorder
 2. Moderate Substance use Disorder
 3. Severe Substance use Disorder

- Oversees the aftercare and follow-up of recovering drug dependent
- Makes the necessary referral to those cases identified needing more extensive treatment to a residential rehabilitation/mental institution
- Attends to court hearing if summoned with subpoena
- Approves part in the evaluation and Issuance of Certificate of Completion
- Performs Drug Dependency Examinations

B) DUTIES AND FUNCTIONS OF THE DRUG REHABILITATION PROGRAM COORDINATOR - the Drug Rehabilitation Program

Coordinator shall perform the following duties and functions:

- Assist the Drug Rehabilitation Program Manager in the implementation of the program.
- Provides Technical Support in the management of PWUDs undergoing treatment
- Coordinates with other agencies agency/organization/group which can provide inline services drug surrenderers
- Consolidates the collected data of Drug Surrenderers to provide weekly and/or monthly report to the Program Manager
- Performs other duties and functions as required by the Program Manager.

C) DUTIES AND FUNCTIONS OF THE DRUG INTERVENTION WORKER-

the Drug Intervention Worker shall perform the following duties and functions:

- Follows the Program Manager instructions in program implementation
- Assist in Facilitating Psychosocial Processing
- Ensures properly accomplished social case profiling
- Filing of PWUDs records of each treatment sessions individual progress reports of low-risk drug surrenderers
- Performs other duties and functions as required by the Program Manager and or Program Coordinator.

SECTION 8. OTHER MANPOWER REQUIREMENTS OF THE AGAK UNIT UNDER THE CITY HEALTH DEPARTMENT - For the effective operations of the

said Unit, the City Mayor may hire additional personnel whose positions and qualifications are based on stipulations and policies of the Qualification Standards of Civil Service Commission (CSC) M.C. No. 1 s. 1997 or augment the personnel of the said Unit through any or a combination of the following options:

- A. Hiring other necessary personnel with casual and/or JO status;
- B. Designation or assignment of personnel to the AGAK in concurrent capacities with their existing positions; and



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c. Full-time or part-time detail of existing personnel to the AGAK.

SECTION 9. GUIDELINES FOR THE REFORMATION OF DRUG PERSONALITIES – The AGAK Unit shall perform the following procedure:

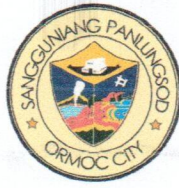
A) SURRENDERER PROFILING AND SCREENING

1. Solicit sufficient information from the PWUDs using Social Case Profiling Tool. This shall be implemented with proper documentation of every surrender Individual Treatment Card for record keeping and monitoring which shall be strictly kept as confidential records.
2. Administer screening by using Alcohol, Smoking, and Substance Involvement Test (ASSIST) and Self Reporting Questionnaire (SRQ) for adult PWUD and CAR, Relax, Alone, Forget, Friends, Trouble + Nicotine (CRAFFT+N) for minor, to determine the most appropriate course of action for particular client based on his/her needs.
3. Discuss the results of the screening to the PWUDs. The screening shall yield the following results:
 - a. Low Risk for Drug Abuse and Dependence (ASSIST Score of 0-3)
 - b. Moderate Risk for Drug Abuse and Dependence (ASSIST Score of 4-26)
 - c. High Risk of Drug Abuse and Dependence (ASSIST Score of 27 and above)
4. Accommodate and assist the surrenderers during the process of rehabilitation until reintegration.
5. Provide Brief Intervention to all surrenderers. Also discuss the benefits of undergoing rehabilitation, the community-based drug rehabilitation program and other interventions the surrenderer may avail depending on the results of the screening.
6. Administer the Affidavit of Undertaking and Waiver to the PWUDs for signature. In case of a minor, the said affidavit must be executed with the concurrence of any of his or her parents or legal guardian. This in respect to human rights and dignity, including confidentiality, before the surrenderer undergoes screening.
7. refer PWUDs who is under 18 years old to a licensed social worker in accordance with DDB Board Regulation No. 4 Series of 2019.
8. coordinates with other office/department in verifying if the PWUDs is included in the Target List, Wanted List and Watch List Personalities of law enforcement agencies such as but not limited to Philippine Drug Enforcement Agency (PDEA), Ormoc City Police Office (OCPO). If its verified that the surrenderer has a pending warrant of arrest or criminal case, the AGAK shall refer the PWUDs to the law enforcement agency in which he/she has pending case/s.

B) REFERRAL OF PWUDS TO APPROPRIATE PROGRAM INTERVENTIONS:

1. AGAK unit shall oversee the provision of General Interventions to Low Risk PWUDS. General Interventions shall include, but not limited to, the following activities

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- a. Brief Interventions
 - b. Family Relationship Restoration Counseling
 - c. Health and Psychoeducation
 - d. Psychosocial support/Psycho-social-spiritual
2. AGAK unit shall enroll the PWUDs who yield Moderate Risk Level to CDBRP interventions and shall consist of, but not limited to:
- a. Community-based Treatment
 - b. Psychoeducation
 - c. Counseling/ Coaching (Individual/Group)
 - d. Education/Employment Support
 - e. Relapse Management
 - f. Family Programs
 - g. Psychosocial support/Psycho-social-spiritual
 - h. Early Recovery Skills
 - i. Civic and Environment Awareness Interventions.
3. For High Risk PWUDs, AGAK shall refer the surrenderer to a DOH Accredited Physician for the Drug Dependency Examination (DDE) and yield the following results:
- a. Mild Substance use Disorder
 - b. Moderate Substance use Disorder
 - c. Severe Substance use Disorder
4. For Mild Substance Use Disorder PWUDs, AGAK shall enroll the PWUDs to CDBRP interventions that consist of, but not limited to:
- a. Community-based Treatment
 - b. Psychoeducation
 - c. Counseling/ Coaching (Individual/Group)
 - d. Education/Employment Support
 - e. Relapse Management
 - f. Family Programs
 - g. Psychosocial support/Psycho-social-spiritual
 - h. Early Recovery Skills
 - i. Civic and Environment Awareness Interventions.
5. For Moderate Substance Use Disorder, AGAK shall refer the PWUD to an outpatient program or facility accredited by the DOH.
6. For Severe Substance Use Disorder, AGAK shall refer the PWUD to an in-patient facility accredited by DOH.

C) PROCESS FOR ENROLLMENT TO THE COMMUNITY-BASE DRUG REHABILITATION PROGRAM

- 1. The PWUD accompanied by their families, shall submit themselves to AGAK Unit for registration and recording.

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2. The PWUD and a family member shall sign a Conditions of Admission or a Consent Form, Affidavit of Undertaking and Waiver agreeing that the patient will undergo this kind of treatment and that unannounced drug testing will be conducted within the rehabilitation process.
3. Once the PWUD has accomplished these steps, he/she must pledge his/her commitment to finish the rehabilitation program.

D) ORIENTATION OF THE REHABILITATION PROGRAM

1. A general orientation of the program will be given to both the patients and their families. They will be given an overview of the coverage of the rehabilitation program. The presence of the family is very important to make the patients feel that they will not be alone as they go through the process.
2. Once done with the general orientation, the patients will be given a more in-depth orientation of the program. The mechanics will be discussed and the expectation from the patients will be set.
3. Simultaneous to the patient's orientation, the families will also be oriented of what is expected from them. AGAK must encourage the families to be the strongest support group of the patients during this time of needs.

E) COMMUNITY-BASED REHABILITATION PROGRAM PROPER

1. The Community-Based Rehabilitation Program (CBRP) will run for 1 month for low Risk with 1 session for orientation, 4 session and 2 supplemental activities; and Moderate Risk run for 3-4 months with one session for orientation, 24 proper rehabilitation session and 2 supplemental activities. Weekdays shall be dedicated for counselling/therapy sessions while weekends shall be dedicated for community service and mass/worship services for PWUDs depend on what religion they prefer.

2. IMPLEMENTATION OF THE CARE PROGRAMS:

Patient's Care

- Sessions involving the understanding of the individual patient
- Sharing of Experiences
- Lectures/Seminars on the effects of drug abuse, HIV/AIDS and the like
- Individual/Group counseling
- Skills training
- Physical Activities
- Community service

Family Care

- Counseling
- Family therapy
- Parenting and family development programs



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Community Care

- Community awareness seminars
- Recruitment of volunteers for the CRN
- Mobilization of the Basic Ecclesiastical Communities, Religious and Civic Organizations and other institutions
- "Adopt a Drug Patient" where an individual and a family may serve as sponsors for the needs of the patients such as foods and other materials

F) EVALUATION – After accomplishing the Care Programs, drug recovering patients will undergo an unannounced drug test. This is also the period where the patients will be assessed/evaluated on how well they fared with the activities done. Those with negative results shall be awarded the Certificate of Program Completion issued by the AGAK.

G) AFTER CARE PROGRAM - After completing the rehabilitation session, the recovering PWUDs shall undergo **a continuing Aftercare Program of not less than 6 months** to be conducted by the concerned agencies (CSWD, CHD, PNP/PDEA). In this phase, they shall undergo programs which will help them and their families to be reintegrated back to their respective communities as God-fearing and productive individuals.

1. Random Drug Test Administration can be performed any time within the duration of the program for signs of relapse. This shall complement the history taking and physical examination results performed by primary health care facilities (public and private). If found positive, PWUDs shall be referred to a capable physician for further assessment and appropriate intervention.
2. PWUDs shall be provided with an Individual Treatment Card/Book. All services received by the PWUDs and results of the drug test shall be recorded in the treatment card/book.

H) COMPLETION AND NON-COMPLETION OF REHABILITATION PROGRAMS

1. Upon the clients' successful completion of General Intervention or CDBRP, a Certificate of Community Program Completion shall be used to the client.
2. The completion and non-compliant PWUDs of the program shall follow the conditions provided by DDB BR 7 s.2020.
3. Upon the clients' non-completion of General Intervention or CDBRP, AGAK shall recommend the immediate recommitment of the client to the program. The client is encouraged to re-submit himself for further interventions. If the client was admitted through a court of the non-completion of the client's prescribed program.
4. **POST-PROGRAM MONITORING** – AGAK shall conduct annual-post program monitoring of CDBRP graduates to prevent relapse and identify if further intervention is needed for rehabilitation and/or reintegration.



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SECTION 10. SUPPORT OF BARANGAY ANTI-DRUG ABUSE COUNCIL (BADAC) - The BADAC shall ensure active participation in the implementation of the program and shall recommend to the barangay council appropriate substantial portion in their respective barangay budget to assist or enhance the enforcement of this ordinance, giving priority to program advocacy, community awareness, preventive interventions and the rehabilitation or treatment and recovery of a person with substance-use disorder.

SECTION 11. SUPERVISION AND MONITORING - The City Health Department of Ormoc City will spearhead the monitoring of this ordinance, supervision of the procedures of the Community-Based Rehabilitation Program assuring that this ordinance is implemented and activated in all barangays of this City, monitor, secure and preserve the confidentiality of the PWUDs. Other leading agencies that would accompany the implementation of this activity are; City Social Welfare Department (CSWD), Department of Health (DOH), Ormoc City Police Office (OCPO), Department of Interior Local Government (DILG), Philippine Drug Enforcement Agency (PDEA), Socio-Civic Organizations, Religious Organizations, City Anti-Drug Abuse Council (CADAC), Barangay Anti-Drug Abuse Councils (BADAC).

SECTION 12. APPROPRIATION - The amount needed to carry out the provisions of this Ordinance for the year 2023 shall be sourced from the City Health Department, Special Health Fund, and other source of fund subject to the rules and guidelines on the uses of said funds and for the succeeding years it shall be included in the Annual Budget of AGAK unit under the City Health Department, subject to the availability of funds.

SECTION 13. SEPARABILITY CLAUSE - If any provision of this Ordinance is held invalid, the provisions unaffected shall remain in full force and effect.

SECTION 14. REPEALING CLAUSE - All Ordinances and or Resolutions, or portions thereof, inconsistent with this Ordinance are hereby repealed or modified accordingly.

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

ENACTED, June 06, 2023.

RESOLVED FURTHER, to furnish copies of this Ordinance one each to the City Mayor Lucy Torres Gomez; the City Administrator; the City Legal Officer; OCPO; CSWD; CHD; HRMO; the President, Liga ng mga Barangay ng Ormoc; PDEA; CADAC; BADAC; the City Local Government Operations Officer; and other offices concerned;

CARRIED UNANIMOUSLY.

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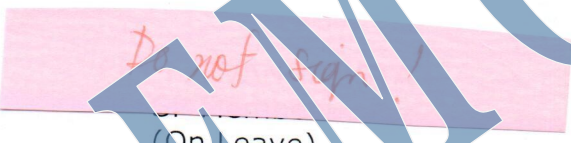
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WE HEREBY CERTIFY to the correctness of the above ordinance.


MARIA ANTONIETA G. CO HAT
Secretary to the
Sangguniang Panlungsod


ROILAND H. VILLASEÑICO
SP Member


NOLITO M. QUILANG
SP Member
Majority Floor Leader

Do not sign!



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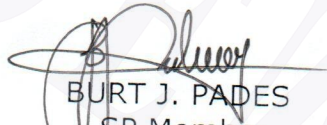

PETER M. RODRIGUEZ
SP Member


GREGORIO G. TRASTORZA III
SP Member
Presiding Officer "Pro-Tempore"


JASPER M. LUCERO
SP Member
1st Asst. Majority Floor Leader


MARIA CARMEN JEAN T. RAMA
SP Member



EDMUND B. KIERULF
SP Member



BURT J. PADES
SP Member
2nd Asst. Majority Floor Leader


LALAINA A. MARCOS
SP Member



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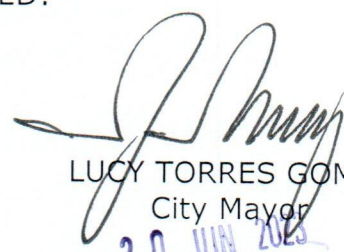

ESTEBAN V. LAURENTE
Ex-Officio SP Member
Chapter President
Liga ng mga Barangay ng Ormoc


JOAN MARBIE C. SIMBAJON
Ex-Officio SP Member
Chapter President
Panlungsod ng Pederasyon
ng mga Sangguniang
Kabataan ng Ormoc

ATTESTED:


LEO CARMELO J. LOCSIN, SR.
City Vice Mayor & Presiding Officer

APPROVED:


LUCY TORRES GOMEZ
City Mayor

20 JUN 2023

(Date)