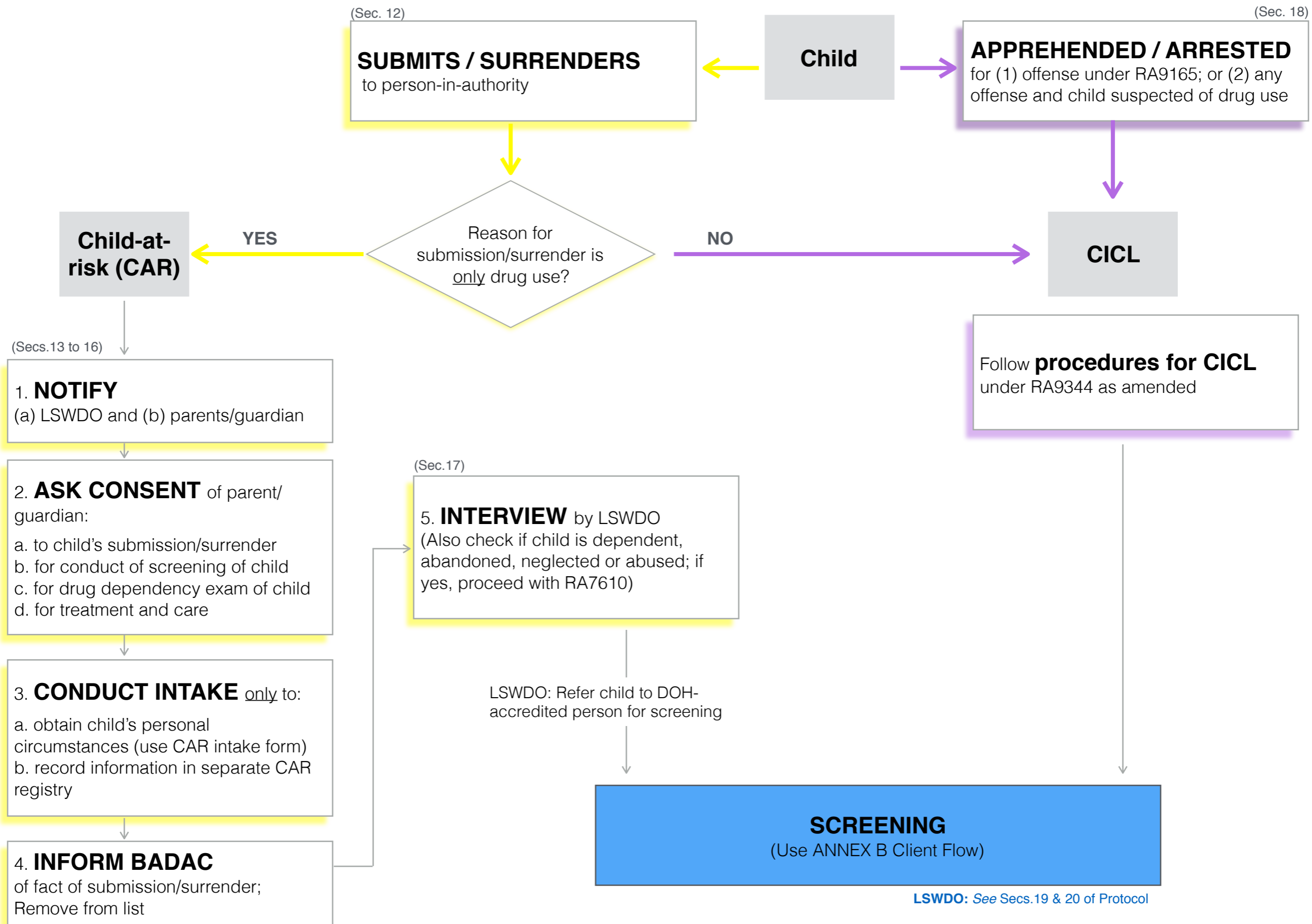
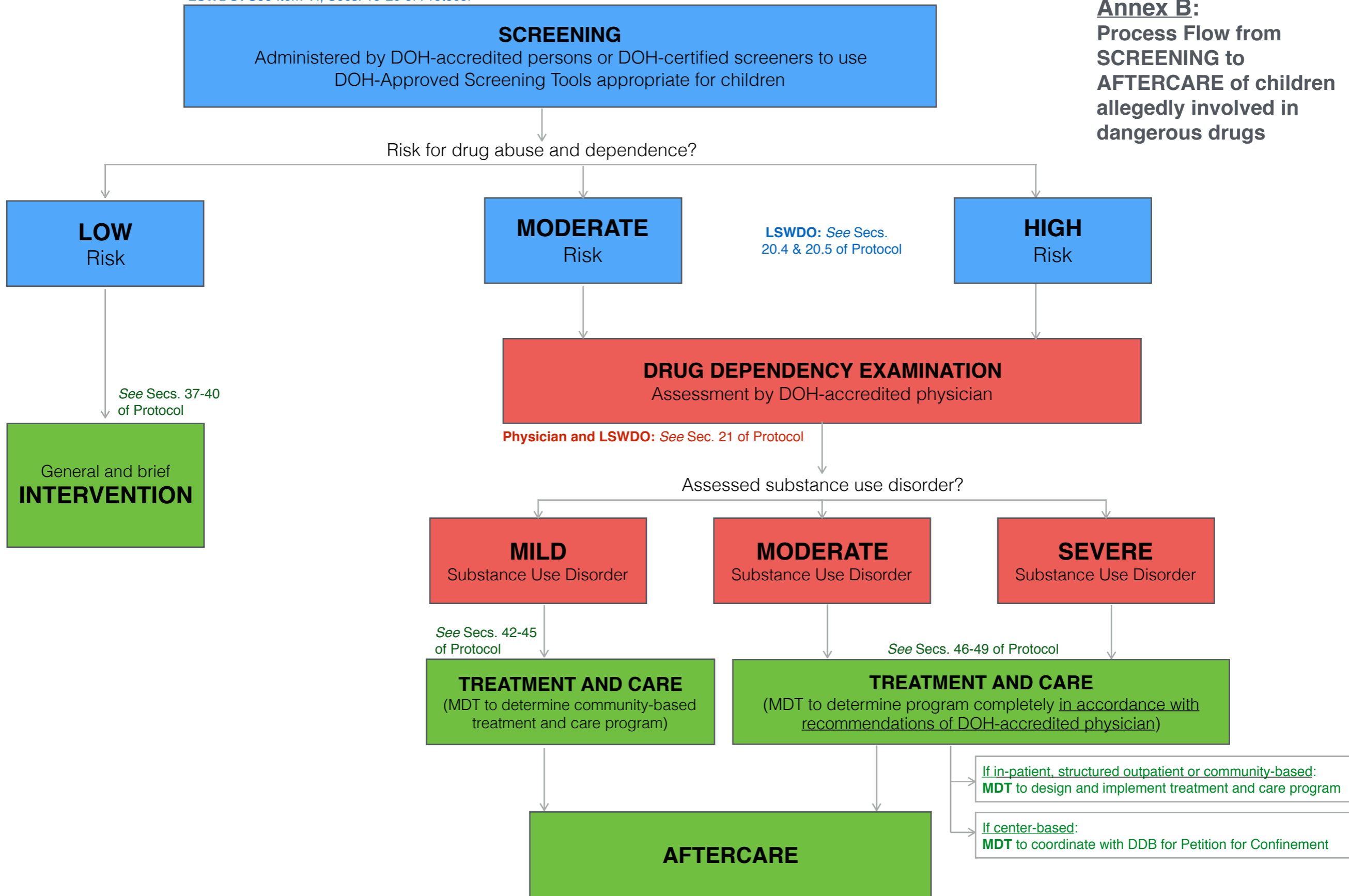


Annex A: Process Flow on HANDLING CHILDREN ALLEGEDLY INVOLVED IN DANGEROUS DRUGS



LSWDO: See Item VI, Secs. 19-20 of Protocol

Annex B:
Process Flow from
SCREENING to
AFTERCARE of children
allegedly involved in
dangerous drugs



ANNEX C INTAKE FORM

BCPC Form No. 1

Republic of the Philippines
Province of _____
City/Municipality of _____
Barangay _____

INTAKE FORM FOR BARANGAY COUNCIL FOR THE PROTECTION OF CHILDREN (BCPC)

I. Profile of the Child:

Name: _____ Nickname/Alias: _____ Age: _____
Sex: _____ Gender: _____ Date of Birth: _____
Place of Birth: _____
Address: _____
Highest Education Attainment: _____

II. Family Background

Name	Relationship	Sex	Age	Civil Status	Educational Attainment	Occupation/ Income	Remarks

III. Status of the Case:

Category of child involved: Children in Conflict with the Law (CICL)
 Child at Risk (CAR) [Check whichever is applicable]
_____ Neglected _____ Abandoned
_____ Orphaned _____ Abused

Place and data of alleged offense committed:

Case/Offense: _____
Name of Apprehending Officer: _____
Office of Apprehending Officer: _____
Contact Number: _____
Place of Apprehension: _____ Date and Time: _____

**ANNEX C
INTAKE FORM (page 2)**

Done this _____ day of _____, 20_____.

Complainant's Signature

Name and Signature of CICL

Name and Signature of Parent/Guardian

Received and filed this _____ day of _____, 20_____.

Name and Signature of Punong Barangay

ANNEX D
SCREENING TOOLS FOR CHILDREN

RISK LEVEL	ASSIST	INTERVENTION/TREATMENT
LOW	0-3 EXCEPT 0-10 Alcohol	• General Intervention (Item VII, Secs. 37-40 of Protocol)
MODERATE	4 – 26 EXCEPT 11-26 Alcohol	• Referral to DOH-Accredited Physician for DDE • Treatment program determined by MDT (Item VII, Secs. 42-48 of Protocol)
HIGH	27 +	

RISK LEVEL	CRAFT-N	INTERVENTION/TREATMENT
LOW	0 - 1	• General Intervention (Item VII, Secs. 37-40 of Protocol)
MODERATE	2 - 4	• Referral to DOH-Accredited Physician for DDE • Treatment program determined by MDT (Item VII, Secs. 42-48 of Protocol)
HIGH	5 - 6	

SRQ (Self reporting Questionnaire)

---to screen for presence of

(+) Somatoform/neurosis (SRQ 20)--- score : 8 or more

(+) Psychosis (SRQ 21 to 24)----- score 1 or more

(+) Convulsion/ seizure D/O (SRQ 25) score of 1

Annex E

Principles for a substance abuse treatment system

The nine principles of drug dependence treatment, as outlined by a UNODC-WHO 2008 discussion paper, provide guidance for gradually implementing quality treatment to those in need:

Principle 1: Availability and accessibility of dependence treatment

Treatment services need to be available, accessible, affordable and evidence-based to deliver quality care for all people in need of support.

Principle 2: Screening, assessment, diagnosis, and treatment-planning

Comprehensive assessments, diagnosis and treatment planning are the basis for individualized treatments that address the specific needs of each patient, and that will also help to engage them into treatment.

Principle 3: Evidence-informed dependence treatment

Evidence-based good practice and scientific knowledge on dependence should guide interventions.

Principle 4: Dependence treatment, human rights, and patient dignity

Treatment interventions should comply with human rights obligations, be voluntary and provide the highest attainable standards of health and well-being.

Principle 5: Targeting special subgroups

Several groups within the larger population of those affected by dependence require special attention, including adolescents, women (including pregnant women), individuals with co-morbid disorders (either mental or physical), sex-workers, ethnic minorities and homeless people.

Principle 6: Dependence treatment and the criminal justice system

Dependence should be seen as a health care condition, and dependent individuals should be treated in the health care system rather than the criminal justice system with community-based treatment offered as an alternative to incarceration where possible.

Principle 7: Community involvement, participation, and patient orientation

Community-based treatment responses to drug and alcohol abuse and dependence can promote community change and active involvement of local stakeholders and support for community funding models.

Principle 8: Clinical governance of dependence treatment services

It is important that treatment services have clearly defined policies, treatment protocols, programs, procedures, a definition of professional roles and responsibilities, supervision, and financial resources.

Principle 9: Treatment systems: policy development, strategic planning and coordination of services

A systematic high-level policy approach to substance use disorders and individuals in need of treatment, as well as a logical, step-by-step sequence that links policy to needs assessment, treatment planning, implementation, and to monitoring and evaluation is most beneficial.

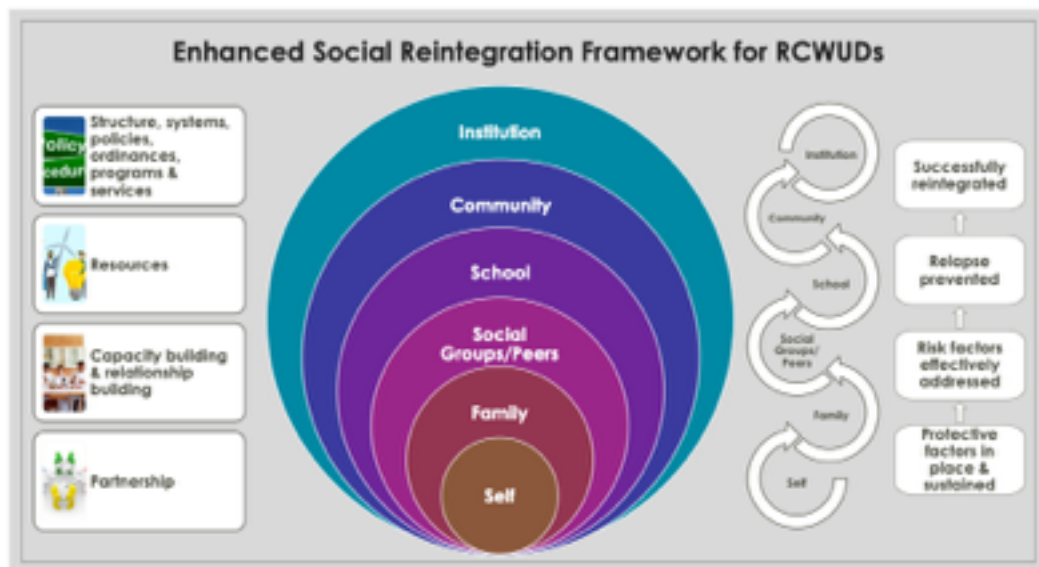
ANNEX F
DSWD Yakap Bayan Program
Framework for Recovering Children Who Use Drugs

The Yakap Bayan Program (YBP) developed by DSWD shall serve as an overarching framework in providing Aftercare and Reintegration Services for recovering children who use drugs. YBP is a holistic intervention to assist Recovering Children Who Use Drugs (RCWUDs) in their recovery journey and to facilitate their social reintegration.

The RCWUD framework of the Yakap Bayan Program adopts the General System Approach, which states that human behavior is shaped by multiple systems of influence - family, school, peers, community/neighborhood. Further, it considers the development of every person as related to each other and organizations.

The framework considered that not only parents influence children but children also influence their parents. Change can arise at any level of the family system and change at any level can stimulate change in an individual member.¹ The FST views adolescence functioning as a reciprocal condition and a product of patterns and interactions in which drug use is embedded. A family systems orientation examines the emotional connections, harmony and communication among families that influence and are influenced by adolescent drug use.

The ultimate goal is to swap problematic or disagreeable behaviors with more positive, desirable behaviors.² In the case of the RCWUDs, behavior change may stem from their interaction with, and the quality of support from the various sub-systems (family, peers, school, church, community, and institution) identified in the framework.



¹ Binoy Paul and Victor Paul. Factors of Reintegration of Children in Conflict with Law in Journal of Dharma 45, 1 (January-March 2020), 105-124 © 2020 Journal of Dharma: Dharmaram Journal of Religions and Philosophies (DVK, Bangalore)

² Cocchimglop, Sarah (May 13, 2021). What Is Behavior Modification? Psychology, Definition, Techniques & Applications. Retrieved from <https://www.betterhelp.com/advice/behavior/what-is-behavior-modification-psychology-definition-techniques-applications/>

The framework proposes that change begins with the RCWUDs themselves, and that change is facilitated with the help of the family, the social groups/peers, the school, the community, and the institution. If the protective factors in all dimensions are in place and sustained, and if the risk factors also in all dimensions are effectively addressed, then relapse would be prevented, and eventually the RCWUD would be successfully reintegrated socially and psychologically into their social environment.