

FURTHER AMENDING BOARD REGULATION NO. 2, SERIES 1987 RE: CONSOLIDATED REGULATIONS GOVERNING TREATMENT AND REHABILITATION FACILITIES FOR DRUG DEPENDENTS

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For the purpose of updating the Consolidated Regulations Governing Treatment and Rehabilitation Facilities and to provide the means with which to attain the purposes of Sections 30, 31 and 32 of Republic Act No. 6425 as amended, The Dangerous Drugs Board, pursuant to its powers under Paragraphs (a), (m) and (n) of the Law, hereby amends Board Regulation No. 2 Series 1987, such that said Board Regulation shall in its entirety read as follows:

Article I

General Provisions

SECTION 1. Legal Bases — The Dangerous Drugs Board is mandated under Section 36 (m) and (n) of Republic Act 6425 as amended, to encourage, assist and accredit public/private centers and promulgate rules and regulations setting the minimum standards for their accreditation to assure their competence, integrity and stability.

Under SEC. 38 of R.A. 6425, as amended, the Board is vested with the power to manage the DDB funds as it deems proper to attain the purposes of this Act.

Under Sections 30, 31 and 32 of the same Act, the Dangerous Drugs Board plays a major role in the treatment and rehabilitation of drug dependents as well as the management of probation cases involving minor offenders who are found guilty of violating Section 8, Article II and Section 16, Article III of the said Act.

The Treatment and Rehabilitation Division functions as the principal arm of the Board in the formulation of policies concerning the treatment and rehabilitation of drug dependents. It is primarily responsible for the planning, execution and supervision of relevant activities including among others, the provision of technical assistance on program development as well as the monitoring and evaluation of programs and services. It serves as the licensing and accreditation arm of the Board as regard facilities handling drug dependency cases.

Article II

Definition of Terms

SECTION 2. As used herein, the term:

- a. Accreditation refers to the recognition by the Board that the center meets the minimum standards for efficient and effective services in the treatment and rehabilitation of drug dependents.
- b. Accreditation Committee is the body created by the Board tasked with the following duties: (1) To process and evaluate applications for license to operate centers and recommend Board approval thereof; (2) To process and evaluate the center programs and services and determine whether they meet the minimum requirements for accreditation; and (3) To process application for accreditation of rehabilitation workers for Board approval.

c. Drug Abuser is a person who uses or administers to himself or allows others to administer dangerous drugs to himself without medical approval. He belongs to any of three categories: (1) The experimenter who, out of curiosity uses or administers to himself or allows others to administer to him dangerous drugs once or a few times; (2) The casual user who from time to time uses or administers or allows others to administer to him dangerous drugs in an attempt to refresh his mind and body or as form of play amusement or relaxation, and (3) The drug dependent who regularly consumes or administers or allows others to administer to him dangerous drugs and has acquired a marked psychological and/or physical dependence on the drugs which has gone beyond a state of voluntary control.

d. Drug Dependence refers to a state of psychic and/or physical dependence on drugs arising in a person following administration or use of the drug on a periodic and continuous basis.

e. Licensing [is the] granting of permit to operate a treatment or rehabilitation center.

f. Monitoring is the regular and periodic contact by the DDB monitoring team with the center staff for the primary purpose of keeping abreast of the center's programs and services as well as the clients' progress and determining whether the center functions within the scope of its classification, treats the clients in a therapeutic and lawful manner, and consistently complies with the rules and regulations of the Board.

g. Program Audit is the periodic program evaluation undertaken at the facility premises either by an external body or by an internal staff to determine the impact of the program including its potentials and weaknesses.

h. Rehabilitation is a dynamic process directed towards the physical, emotional/psychological, vocational, social and spiritual change to prepare a person for the fullest life compatible with his capabilities and potentials and render him able to become a law abiding and productive member of the community without abusing drugs.

i. Rehabilitation Center is a facility which undertakes rehabilitation of drug dependents. It includes institutions, agencies and the like which have for their purpose, the development of skills, arts, technical know-how, or which provides counseling, or which seeks to inculcate civic, social and moral values to clientele who have a drug problem with the aim of weaning them from drugs and making them drug free, adapted to their families and peers, and readjusted into the community as law-abiding, useful and productive citizens.

j. Treatment is the medical service rendered to a client for the effective management of physical and mental conditions related to drug abuse. It deals with physiological and mental complications arising from an individual's drug abuse.

k. Treatment Center is a facility which undertakes treatment as defined in sub section (j) hereof.

Article III

Basic Components of Treatment and Rehabilitation Programs

SECTION 3. Objectives of Treatment and Rehabilitation Programs — Shall be to restore an individual to a state where he is physically, psychologically and socially capable of coping with the same problems as other of his age group and able to avail of the opportunity to live a happy useful and productive life without abusing drugs. Treatment, rehabilitation, after-care and the social reintegration of drug dependent persons are a continuum of services aimed at achieving a drug-free existence, adjustment with families and peers and at re-establishing these persons in the community with a more satisfying way of life. Such measures may differ from each other but are interrelated. Close linkages must, therefore, be established among different programs in the community. Since treatment is often a part of the rehabilitation process, planning for rehabilitation shall take into account the

treatment planning process.

SECTION 4. Minimum Program Components — It is recognized that irrespective of the program approach used, there are basic program components common to any viable treatment and rehabilitation program for drug dependents. The program shall have at least the following components:

a. Identification and case finding. There shall be some means by which the drug dependents can be brought to the attention of the facility. At the same time, the confidentiality of the identity of the clients and the records relative to the dependency shall be protected.

b. Intake is the initial interview of the clients before admission to treatment/rehabilitation center for the purpose of determining his eligibility to the particular kind of service that the center renders. If the client is found eligible, he shall be familiarized with the various functions and activities of the center, the reason for each and the value of such in the client's development. The responsibilities or roles of clients and parents shall also be defined. In case of court-committed client copies of the Court Order must be secured and made part of the patient's files in the center.

c. Client assessment. In the assessment process, the total perspective of the client shall be studied as a basis for determining his rehabilitation plan. This includes the client's personal and family background, home environment, his psychological make-up such as emotional condition, intellectual capacity, vocational potential and motivations for treatment. Social case studies shall be made from the results of home visitations and collateral information. The physical and mental conditions of the client shall be thoroughly examined and effort must be made to determine the extent and effect of drug abuse. Medication and the need for physical and mental restoration shall also be assessed. From these assessments, the total rehabilitation plan shall be formulated. The assessment process may be conducted from two weeks to three months. If the client is a court case, copy of the assessment results must be forwarded to the court for its information and ready reference.

d. Treatment and/or rehabilitation plan. Based on the result of the client's assessment (personal, medical, physical, psychological, educational, occupational and spiritual make-up and the nature and extent of his drug abuse problem), a plan is evolved and formulated. It should consist of the following:

1) Short-range plan while the client is in the Center, shall consist of:

- (i) Physical restoration — coping without drugs and maintaining a healthy existence.
- (ii) Social rehabilitation — coping with problems of family and peers.
- (iii) Vocational training — development of occupational skills towards job placement.
- (iv) On-the-job training on apprenticeship basis for future employment.

2) The long range plan for the client shall cover the following goals:

- (i) The adjustment of the client to achieve a drug-free existence.
- (ii) The client's adjustment to family members and peers.
- (iii) The client's social reintegration in the community through continued schooling or job placement through open, self or sheltered employment.

e. Implementation of the rehabilitation plan. The rehabilitation team shall discuss with client the rehabilitation plan and impress upon him that there must be conscious efforts on his part, his family and the members of the team to achieve the goals of rehabilitation. The plans for the client shall be attainable, measurable within a time

frame, realistic and practical.

f. Evaluation Mechanism. Periodic evaluation shall be conducted to determine whether the treatment and/or rehabilitation plan is being properly implemented and the goals are being achieved. The evaluation must be regularly conducted by members of the rehabilitation team of the center with the cooperation of the client and members of the family. The evaluation of the services shall include determining the progress of the case and whatever other services may be needed to achieve the goals of the client as well as identify problem areas and finding solutions thereto.

g. Discharge is the release of clients from the Center. This may be classified as follows:

1. Permanent

- Discharge after rehabilitation
- Discharge against medical advice for voluntary submission cases.
- Transfer to another institution/treatment and rehabilitation center
- Discharge from overdue pass
- Discharge from escape
- Death

2. Temporary

- Temporary discharge in order to undergo follow-up and after-care
- Referred to other hospital and other institution
- Out on pass

h. Follow-up and after-care services. Upon the temporary release or discharge of the client from a center, he is extended follow-up and after-care services for a period of not more than 18 months by the appropriate center personnel, the Department of Social Welfare and Development or other agencies deputized by the Board. A transfer summary of the case from the rehabilitation facility shall be forwarded to the entity undertaking the follow-up and after-care services. A copy of such summary shall be furnished the Board. The staff concerned of the receiving entity assigned to the case shall maintain a close contact with the client, family, the accredited physician attending to the case, and the police for the purpose of assisting the client maintain his progress towards adjusting to his new environment. He shall also see to it that a periodic laboratory examination of the client's biologic sample is made to ensure that the client remains drug-free. Periodic reports shall be made by the receiving agency or center to the Board and the center of origin on the progress of the follow-up and after-care services rendered to the clients. For compulsory submission cases, the deputized agency or entity shall furnish the court with jurisdiction a copy of said reports. When a follow-up and after-care client relapses, he should be referred back to the rehabilitation center of origin if there is a voluntary submission case. With respect to cases falling under Sec. 32 of R.A. 6425 as amended, the court with jurisdiction shall immediately be informed in writing, copy furnished the Board and the center of origin so that the court may take such actions as it may deem appropriate.

Article IV

Requirements to Govern Specific

Types of Facilities for Treatment,

Rehabilitation, and Social Re-integration
of Drug Dependents

SECTION 5. The Different Types of Centers are the following:

- a. Crisis Intervention Center, Transit and Holding/Diagnostic Center for drug dependents, government or private, with facilities for 1) Crisis management and immediate referral, and/or 2) Temporary shelter, diagnostic and assessment services.
- b. A hospital, government or private, with a psychiatrist, affiliated or not affiliated with a teaching school (medical/nursing) that can provide a ward for the treatment of drug dependents.
- c. Mental hospital with a separate unit or psychiatric/mental hygiene clinic undertaking treatment and/or rehabilitation of drug dependents.
- d. Rehabilitation Center which provides the comprehensive rehabilitation services utilizing, among others, any of the modalities, multidisciplinary, therapeutic community and/or spiritual towards the rehabilitation of the drug dependent.
- e. Half-way Home. This is a rehabilitation facility which provides temporary living accommodation for clients who have undergone rehabilitation prior to their return to their families.
- f. Outpatient Center, Drop-in, Walk-in Centers, Half-way Homes and Sheltered Workshops which shall undertake assessment/diagnosis, referral, follow-up and after-care to ensure that cases are abstinent from drugs among others and for the drug dependent to be reintegrated in the community.

SECTION 6. Crisis Intervention Centers shall conform to the following:

- a. Description. A center which undertakes treatment for complications arising from drug overdose, drug withdrawal, emergencies and psychiatric or medical complications arising from drug use.
- b. Objectives. (1) To reduce suffering and disabilities of the patients and save their lives.
2. To advise and encourage clients to accept and undergo treatment for their drug dependence and its complications.
- c. Clientele. Those in need of emergency assistance directly or indirectly related to drug use.
- d. Services. (1) Intake and emergency assessment which may include laboratory examinations.
2) Emergency assistance — (i) Medical and psychiatric first aid treatment for overdose, withdrawal, emergency treatment of minor trauma and other medical complications as well as mental illness.
(ii) Assistance to families in coping with the crisis.
(iii) When needed, the social services shall provide information regarding requirements for other specialized assistance including emergency needs for shelter, food and clothing.
3) Referral — Immediate referral for those who need — (i) Medical and psychiatric treatment
(ii) Rehabilitation
(iii) Other special services
- e. Staffing

i. Technical Staff

- Physician/s — full time
- Nurse/s
- Social Worker/s
- Chemist and/or medical technologist (If the Center has a drug testing facility)

ii. Administrative Staff

- Center Director/Administrator
- Bookkeeper
- Clerk/s
- Security Guard/s

SECTION 7. Transit And Holding/Diagnostic Center shall conform to the following:

a. Description. The facility which provides temporary shelter to clients while waiting for admission to a treatment and rehabilitation center

b. Objectives . (1) To screen, assess, and diagnose clients.

- To provide the facility which shall handle, with the consent of the appropriate court, youth violators of R.A. 6425 thus ensuring that they are not confined with hardened criminals in the city/municipal jails.

- To handle voluntary submission cases until they can be accommodated in the appropriate treatment and rehabilitation center.

- To provide short-term development services while the client is awaiting placement in the rehabilitation centers.

5. To facilitate the disposition of their case and the placement at the rehabilitation center.

6. To provide follow-up and after-care services upon discharge from the rehabilitation center.

c. Clientele — Drug Dependents

d. Program and services

1) Assessment and diagnostic services

- Medical Evaluation
- Psychiatric Evaluation
- Psychological Evaluation
- Social Case Evaluation

2) Treatment and Case Management Services

- Medical Treatment
- Psychiatric Treatment
- Psychological Counseling
- Case Work by Social Worker

3) Developmental Services (Short-term)

- Residential Services
- Value Reorientation

- Education Services
- Livelihood Project
- Sports and Recreation
- Spiritual Services

e. Staffing

i). Technical Staff

- Center Physician/s (Part time allowed)
- Head Social Worker (Program Coordinator)
- Psychiatrist (Part time allowed)
- Psychologist (On call service allowed)

ii. Administrative Staff

- Center Director
- Bookkeeper
- Clerk/s
- Security Guard/s

SECTION 8. Medical and Psychiatric Hospitals With a Ward for Treating Drug Dependence shall conform to the following:

a. Description. A general hospital or a mental hospital, government or private, with a psychiatrist and able to provide a ward for drug dependents sufficiently staffed and equipped with adequate facility for medical and psychiatric diagnosis and treatment of drug dependents. It should be provided with security measures against escapes.

b. Objectives

- (1) To prevent death from over-dose;
- 2) To treat complications following drug dependency;
- 3) To make them comfortable during the withdrawal period;
- 4) To encourage confirmed drug dependent clients to undergo rehabilitation and other specialized services.

c. Clientele. Drug abusers/suspected drug abusers, individuals who are suffering from drug-induced psychosis and psychotics who abuse drugs.

d. Services. (1) Complete physical and mental examinations and evaluation which may include laboratory examination.

2) Emergency treatment

- i. Overdose management
- ii. Drug withdrawal
- iii. Treatment of trauma, accidents, etc.

3) Treatment of other physical and mental disorders

4) Referral services

e. Staffing

i. Technical Staff

- Physician/s
- Psychiatrist
- Nurse/s
- Social Worker/s
- Psychologist/s

SECTION 9. Rehabilitation Centers shall conform to the following:

a. Description. Rehabilitation centers are specialized rehabilitation facilities different modalities/approaches and providing different services.

b. Objectives

(i) To assist the client to be drug free.

ii. To enable the client to become socially reintegrated in the community and be able to refrain from being involved in anti-social behavior.

iii. To encourage the client to be involved in productive and constructive activities.

c. Clientele — Drug dependent cases

d. Staffing — (1) Facilities utilizing the Multidisciplinary Team approach shall have the following:

i. Technical staff:

- Medical Officer/s
- Psychiatrist (Part time)
- Psychologist/s
- Social worker/s
- Nurse/s
- Dentist/s (Part time)
- Teacher/s (Formal, Non-Formal, Vocational)
- Placement officers
- Recreational/Sports coordinators
- Lawyer (Part time)
- Others

ii. Administrative Staff

- Administrator/s
- Bookkeeper/s
- Finance Officer/s
- Property Custodian
- Clerk/s
- Security Guards

iii. Auxillary

- Houseparent/s
- Nurse Aide/s
- Dental Aid/s

- Institutional Workers

iv. Volunteer Workers

- Priests/Nuns/Ministers
- Others such as parents or other concerned citizens

2. For facilities utilizing the Therapeutic Community/Spiritual Approach

i) Technical Staff:

- Medical Officer/s
- Psychiatrist (Part time)
- Psychologist/s
- Social worker/s
- Paraprofessionals (rehabilitated drug dependents)
- Teachers (Formal/Non-Formal/Vocational)
- Parent Counsellors
- Others

ii) Administrative Staff as required of facilities utilizing Multidisciplinary Team Approach.

SECTION 10. A Residential Treatment and Rehabilitation Center Director must possess the following:

- Must be a degree holder, preferably a Doctor of Medicine or a graduate in the field of behavioral science.
- Must be at least 35 years old.
- Must be a Filipino citizen.
- Must be duly accredited by the Board as a physician or a rehabilitation worker.
- Must have a minimum of three (3) years direct working experience in the field of treatment and rehabilitation of drug dependents.
- Must have no administrative or criminal records and of good moral character.
- Must be physically fit.
- If the center caters exclusively to female clients, the Director shall preferably be a female.

The Board shall have exclusive prerogative to determine whether or not a candidate for the position of a Director of a residential treatment and rehabilitation center possesses the requisite qualifications for the position.

SECTION 11. Services and Approaches —

(a) Medical services provide comprehensive health care services ranging from routine physical examination and screening procedures to diagnose, treatment and follow-up of illnesses and other medical problems.

b. Psychiatric services provide therapy to drug abusers with behavioral and psychiatric disorders through, among others, chemotherapy, individual and group psychotherapy, family therapy and occupational therapy conducted by a psychiatric team. A psychiatric team shall include the psychiatrist, psychologist and psychiatric social worker. This may include an occupational therapist and para-professional worker.

c. Psychological services assist the team in the assessment, diagnosis and management of drug dependents through psychological testing and evaluation as well as in conducting therapy/counseling to clients and their

families.

d. Social services assist the drug dependents help themselves cope with their problems, facilitate and/or promote their interpersonal relationships and adjustment to the demands of a treatment program with the end view of helping the drug dependents' physical, social, moral and spiritual development.

e. Spiritual and religious services. These services include the development of moral and spiritual values of the drug dependent. One of the major causes of drug abuse is spiritual bankruptcy. It has been noted that the spiritual foundation of clients has been very weak that this could not provide support to them to enable them to cope with their problems and conflicts. Strengthening the spiritual foundation would involve, among others, reorientation of moral values, spiritual renewal, bible study and charismatic sessions. It aims to bring them closer to God and better relate to their fellowmen. Various religious and civic organizations can be contacted to provide services. Spiritual counseling shall be helpful in aiding the resolution of individual and family problems.

f. Referral services. The process of identifying accurately the client's problems and sending him to the agency that can provide the appropriate services.

g. Sports and recreation services. These services shall provide facilities for sports and recreation to offer clients the opportunity to engage in constructive activities and to establish peer relationship as an alternate to drug abuse. The emphasis in all activities should be on developing the discipline necessary to improve skills and on gaining respect for good physical health.

h. Placement services. To provide assistance to drug dependents in obtaining work opportunities through open, self, and/or sheltered employment.

i. Volunteer Services are among the major services of the center by individuals or organized groups which shall assist the organic staff of the center to perform rehabilitation treatment services and/or administrative functions but do not receive compensation. Volunteer services include the recruitment, selection and appointment of these individuals and/or organized groups. This also include the training on drug abuse prevention and rehabilitation. The services of volunteers are monitored and evaluated. They are also provided incentives through recognition of their services. Volunteers may include professionals, paraprofessionals, parents and youth organizations. They may perform functions which may include clientele management such as case findings, management, medical, psychiatric, psychological and social services. Paraprofessional services include administrative, sports and recreation including spiritual and moral development services. Organized parents groups may extend peer-parent counseling or supportive encounters. Youth groups volunteers may provide self-help assistance, peer group confrontations and support and/or peer ministries counseling to drug dependents at the center.

j. Residential/Home care services may include provision of basic foods, clothing and shelter.

k. Education. Educational opportunities shall be made available to clients while in the center for the purpose of improving their skills, interests and capabilities on a particular vocational field of their choice. These aim to increase their self-esteem and their chances for employment and a higher income. These may improve their work habits and thus make possible a more satisfactory and rewarding way of life. 1) The educational opportunities can come from a built-in schooling program and vocational training course that takes into account prevailing conditions in the local labor market, the economy of the community, the industrial and commercial needs of the community. The clients are taught vocational courses in preparation for job placement. Improving educational qualifications and occupational skills, the self-esteem of clients are increased and their chances for interesting and rewarding employment or higher education are enhanced.

l. Multidisciplinary team approach. A method in the treatment and rehabilitation of drug dependents which avails

of the services and skills of a team composed of a psychiatrist, psychologist, social worker, occupational therapist and other related disciplines in collaboration with the family and the drug dependent. This approach provides a well integrated and more comprehensive management of the drug dependent.

m. Therapeutic community approach. Provides a remedial environment where residents are assisted to help themselves with emphasis on the here and now situation. The program consists of the use of peer pressure, confrontation and group encounter in modifying conduct of the client towards positive behavior and self-reliance.

n. Primal scream therapy approach is a curative release or catharsis of repressed emotional pain caused by deprivation or non-satisfaction of physical and psychological needs suffered by the clients.

o. Psychotherapy. A form of treatment of problems of an emotional nature in which a trained person deliberately establishes professional relationship with a patient with object of remedying, modifying or retarding existing symptoms, mediating disturbed patterns of behavior, and of promoting positive personality growth and development.

p. Individual therapy. This involves a one to one relationship with the primary aim of helping the client get rid of or reduce his drug abusing behavior so that he may be able to get involved in productive work and develop insights into their condition.

q. Group therapy. This is a form of therapy where the individual is helped through group process. Each member of the group receives immediate feedback from the other members regarding his verbal and other forms of behavior. Group support and encouragement are given to the subject on the premise that these are effective devices which can produce positive results toward behavioral modification.

(q.i)

Unstructured group therapy — The role of the therapist can be assumed by the entire group or group members. In the therapeutic community, group therapy is commonly used, among others, through (a) group encounter, (b) verbal haircut (tongue lashing/reprimand), (c) group games, and (d) family encounters.

r. Family therapy. This form of intervention is based on the recognition that the family, as a primary social unit, can be a source of problem leading to drug use. It can also be a powerful factor in improving behavior of the drug dependent. Family therapy may include restructuring of the family, environmental manipulation, strengthening family communication and discovering potentials of family members to help facilitate the rehabilitation of the drug dependent.

s. Community work projects. These may include among others, environmental and energy conservation projects, training in agriculture, green revolution, tree planting, barangay work, recycling projects and restoration of used goods and other socio-civic religious activities. The participation of clients in community projects can help them to integrate into the local society and can also promote community understanding of their needs and recognition of their remaining potential and acceptance.

t. Sheltered workshop. Provides training for skills development and employment to the drug dependent with appropriate compensation in a controlled environment to increase self-esteem and chances for outside placement.

u. Social reintegration is the process of assisting the client to become socially and economically self-sustaining without the use of drugs upon his return to the community.

SECTION 12. House Rules — The following shall be the house rules in residential treatment and rehabilitation centers:

a. For the Officers/Staff of the Center:

a.1

Physical violence and sexual abuse/exploitation are strictly prohibited.

a.2

Verbal abuse/Tongue lashing, unless a part of modality, shall not be tolerated especially among the non-patient population.

a.3

Punitive measure as part of discipline may be allowed provided that it is done with moderation and under appropriate supervision.

a.4

Utilization of physical restraints in the form of leg chains and handcuffs, and the use of electric rods and direct current as well as hanging of the patient upside-down and similar punishments shall not be permitted.

b. The resident client shall

b.1

Comply with all rules and regulations laid down by the center.

b.2

Join all activities planned for them by the center.

b.3

Completely refrain from taking drugs and alcoholic drinks during their entire stay in the center.

c. The parents of the resident clients shall cooperate during the treatment and rehabilitation processes designed for their drug dependent offsprings and participate actively in the center activities when such participation is deemed necessary.

d. Visitors in the center shall not take alcoholic drinks while in the center.

e. For violations committed by the resident client while confined in the center or out on pass, he shall be liable to any or all of the following penalties:

e.1

Suspension of pass privileges

e.2

Denial of T.V. viewing privileges

e.3

Non-participation in social activities such as parties, excursion, etc.

e.4

Assignment of difficult tasks in the center

f. For drinking alcoholic drinks while on visit on the center, the erring visitor may be penalized with a denial of visiting privileges.

g. Release of patients from the Center shall only be through their parents/spouses or duly designated guardian.

SECTION 13. Out-patient Center/Drop-In/Walk-In Clinic shall conform to the following:

a. Description. It is a non-residential center or facility undertaking a drug free treatment program providing scheduled therapeutic counseling and rehabilitative services to drug abusers by qualified professional or paraprofessional staff. It may be a component of a residential rehabilitation center for follow-up of drug abusers. It may be operated as a private counseling service or it may offer a day care services component.

b. Objective. To assist drug dependents in personality development, work performance, social adjustment and self-improvement so that they may be integrated back to society as responsible, useful and productive individual.

c. Clientele

- 1) Potential drug users
- 2) Drug experimenters and occasional users, and
- 3) Drug dependents given the chance to try the out-patient services.
- 4) Clients discharged from rehabilitation centers.

d. Services

- (1) Intake and assessment;
2. Counseling services including individual or group therapy, educational, vocational, occupational, spiritual and legal counseling;
- 3) Social services;
- 4) Medical services;
- 5) Job placement referral; and
- 6) Outreach/Linkages
- 7) Preventive Education and Information

e. Staffing

i. Technical Staff

- Physician/s
- Psychologist/s
- Trained Counselor/s
- Social Worker/s
- Lawyer (Part time)

ii. Administrative Staff

- Program Coordinator/Administrator
- Clerk/s
- Security Guard/s

iii. Volunteers

SECTION 14. Half-Way Homes — shall conform to the following:

a. Description. A rehabilitation facility which provides temporary living accommodation for individuals. The primary aim of this type of facility is the gradual weaning of the client from supervised settings in full time residential programs and facilitating their reintegration in the community as law-abiding and useful citizens.

b. Objectives.

- 1) To assist the client's return to their former environment and still maintain a drug free existence.
- 2) To assist clients to organize their time while finding work, education, and ultimately achieving their goals of long range individual plan.

c. Clientele. Discharged rehabilitated clients.

d. Services

- 1). Intake
- 2) Counseling services
- 3) Family therapy
- 4) Job placement referrals

e. Staffing

i. Technical Staff

- Physician/s (Part time)
- Psychologist/s
- Social Worker/s— Trained Counselors

ii. Administrative Staff

- Program Coordinator/Administrator
- Clerk/s
- Security Guard/s
- Clerk/s

iii. Volunteers

SECTION 15. Sheltered Workshop shall conform to the following:

a. Description. This is a facility which provides skills training and employment in a controlled environment for drug dependents who are in the process of rehabilitation. The ultimate goal is to make the individual self-reliant through job placement thereby enabling him to become a contributing member of the community.

b. Objectives

1) To provide casual employment to drug dependents whose potentials may be developed only by sheltered employment which is a controlled environment. Under this arrangement, the workshop provides the employment.

2) To provide gainful temporary employment until such time that they may be placed in open or self-employment.

3. To provide specialized on-the-job training or retraining for those who are totally inexperienced or those who while experienced have lost their skills because of long period of idleness or unemployment.

4. To provide work therapy for personal adjustment and development of tolerance and positive attitude towards work.

c. Clientele — Drug Dependents

d. Programs and Services

1) Social and auxiliary services which shall extend integrated social services so that the client may attain maximum experience through work programs.

2) Operation and production services which shall include day to day workshop activities, among which, maybe manufacturing, recycling and sub-contract jobs.

3) Marketing services which shall be responsible for the sales of the products of the sheltered workshop.

4) Administrative services which shall be responsible for personnel, fiscal records and property management.

e. Staffing

i. Technical Staff

- Head Social Worker

ii. Administrative Staff

- Director

- Production Manager

- Sales Manager

- Finance Officer

- Bookkeeper

- Clerk/s

Article V

Administrative, Housing and Other

Requirements Applicable to All

Facilities for Drug Dependents

SECTION 16. Organization — The facility shall be a legally constituted entity. Its organizational structure shall contribute effectively to the goals of the facility. It shall develop broad community and professional acceptance in order to implement its goals effectively.

SECTION 17. Purpose and Function — The purpose and the function of the center shall be clearly defined and stated in a standard operating procedure manual. This should be in accordance with the treatment and rehabilitation goals set forth by the Board which are the following:

- a. The client achieves a drug-free existence
- b. He is involved in productive and constructive activities.
- c. He is socially reintegrated in the community and refrains from being involved in anti-social behavior.

The facility must have a Statement of Purpose which shall include the geographical areas to be served and specific goals to be attained.

SECTION 18. Administrative Services — There must be an active and responsible governing body composed of persons of good moral character. The administrator shall be professionally trained and competent to oversee both the technical and administrative functions of the facility.

SECTION 19. Personnel Management — A sound system of recruitment, selection and appointment of personnel shall be installed to ensure that the staff shall be competent and qualified to perform the services at the center.

SECTION 20. Land Size and Location — The facility shall be located in an area easily accessible to the public. A rehabilitation center with a bed capacity of 100 must be in a land area of at least 10,000 square meters.

SECTION 21. Physical Facilities

- a. The size of the facility must be adequate for the intended use — the building shall be spacious for occupants to be relatively comfortable to allow privacy for the medical treatment area, counseling and group activities. The land area must whenever possible have enough space for sports and recreation and learning activities.
- b. The building should meet construction and safety standards, as well as fire regulation and health and sanitation requirements.
- c. Bathroom and toilets — There shall be at least one bathroom, one toilet, and one lavatory in good working condition for every ten (10) clients. The bathroom and toilets shall not be provided with locks except those for the exclusive use of administrative staff.
- d. Kitchen shall be clean at all times and shall be equipped with adequate basic cooking utensils and food storage facilities.
- e. Dining area shall be clean, well-lighted, protected from insects and vermins, cheerfully decorated and shall be provided with tables and chairs.
- f. For residential facilities with bedrooms, the requirements are:
 - The bed shall be placed at least 92 cm. or three (3) feet apart.
 - If a double decked bed is utilized, this shall have at least one meter space from the ceiling and again between the upper and lower beds.
 - The bedroom shall be clean and orderly at all times.
- g. Isolation room for those who have committed serious offenses in the center and those who are unmanageable. It must be well secured, can accommodate at least three (3) clients and with provision for their personal hygiene and excretory functions.

h. Infirmary shall be spacious enough to accommodate clients who are physically sick.

i. Adequate water supply and electricity must be available to the extent possible, there must be telephone and other means for outside communication.

SECTION 22. Food Menus — Balanced diet shall be provided. Special dietary needs of the patient shall be respected.

SECTION 23. Fiscal Management — The facility shall have a sound plan of financing which gives assurance of sufficient funds to enable it to carry out its defined purposes and provide appropriate services for drug dependents. A new center shall have reasonable assurance of sufficient funds to carry it through the first year of operation. At least 60% of the funds shall be disbursed for direct program services and the rest for administrative requirements. Funds shall be provided for employee benefits required by law.

SECTION 24. Records Management —

a. Custody and safekeeping of records. The records room shall be secured but readily accessible to authorized individuals. Records shall be so kept to allow careful and systematic management.

b. Client's files — Client files shall include referral, social case history, home visit, psychological test evaluation results, laboratory results, medical/psychiatric evaluation and therapy, progress notes, escapes of clients, other forms of misdemeanor, outcome of case conference, recommendation of staff, discharge, follow-up and after-care releases as well as closure reports. Documentation of services shall be part of center record.

c. Administrative files — Administrative files shall include those communications prepared or received, fiscal and management documents, records of all procurement of supplies, furniture and equipment, inventories as well as upkeep of building and other facilities and the outside environment within the compound. Personnel files shall likewise be part of the administrative files. Personnel files shall include complete and up-to-date records of all personnel data, employment agreement, job description, leaves, periodic performance evaluation and medical treatment, transfers, retirement and records of administrative charges, if any.

SECTION 25. General Services/Security — Upkeep and maintenance of facility and equipment including vehicles shall be regularly conducted. The facility must be adequately secured to ensure safety from outside intrusion and to prevent escapes of clientele. There must be a fence built around the area. Visitors shall be properly screened and controlled.

SECTION 26. Security Services For Court-Committed Cases — The employment of security guards shall be an indispensable requirement for facilities handling court-committed clientele.

SECTION 27. Public Relations — Effort shall be undertaken to maintain a continuing liaison between the center and community institutions such as the family, the schools, churches, non-government organizations and government groups as well as the various sectors comprising the criminal justice system and the media to enhance the effectiveness of the facility's programs and services. Regular collaboration with media which may include the print, T.V. or radio broadcast shall be maintained towards the end that the public shall be made to appreciate the need for the services and the methods employed. Care must be exercised to protect the confidentiality of records of drug dependents as required by law.

SECTION 28. Community Linkages — Community involvement shall be encouraged and maximized. The center's efforts towards the client's development shall take into consideration the involvement of the mass media, Speaker's Bureau which should include responsible parents and members of the community; open houses, a news letter and other organized activities.

SECTION 29. Accountability — All facilities must ensure that their financial disbursements and expenditures conform with accounting rules and regulations. They shall be open at reasonable hours to authorized representatives of the Dangerous Drugs Board. In case of private centers, an annual financial statement duly verified and certified to by a Certified Public Accountant shall be submitted to the Board not later than thirty days after the end of each year.

SECTION 30. Auditing — For private agencies, all financial accounts shall be audited by a Certified Public Accountant; and for government agencies, by a COA Auditor at least once a year and a report made part of the Center's record. Copy of the findings of such audit shall be furnished the Board within thirty (30) days from receipt thereof.

Article VI

Procedural Requirements for the Establishment, Operation, and Accreditation of Facilities for D rug Dependents

SECTION 31. The following procedures shall be observed in the establishment and operation of treatment and rehabilitation centers for drug dependents.

a. Agencies, organizations and persons desirous of operating a treatment and/or rehabilitation center/facility for drug dependents shall file with the Board a Notice of Intent to Establish the facility accompanied by a project proposal. For residential facility, an endorsement of the Barangay Captain or the Home Owner's Association is required. The application may be submitted personally or by mail.

b. The Board shall determine whether there is a justified need for the existence of a residential facility in the locality considering: (1) The incidence of drug abuse in the locality and its surrounding areas, (2) Accessibility of the facility to the public, (3) Absence or lack of enough facilities to cater to all patients in the different socio-economic levels in the community, (4) The manner of treatment which should not be contrary to law or public policy and should conform to acceptable principles of treatment and rehabilitation and (5) Attitude of the community towards the establishment of the facility.

c. If the Board approves the application, it shall notify the applicant accordingly in writing indicating therein the minimum requirements for the kind of facility to be established, to be signed by the DDB Executive Director.

d. License (Permit to Operate)

d.i

The facility shall be completed and adequately staffed and equipped within a period of one year from receipt by the applicant of the Board's Notice of Approval. Thereafter, the applicant shall apply for a Permit to Operate the facility and submit, together with such application, the following:

d.ii

Articles of Incorporation, duly registered with the Securities and Exchange Commission for corporations.

d.iii

Constitution and by-laws. In lieu of item and (d-ii) hereof, a government agency shall submit proof that it has an authority under an existing law to operate a treatment and rehabilitation facility.

d.iv

Manual of Operating Procedures. All treatment and rehabilitation centers shall submit their manual of Standard Operating Procedures which contain the implementing details of clients and center management.

d.v

Financial Plan. This should ensure enough funding to carry out at least the first year of operation. It should include source of funds, object of expenditures, and the annual total amount to be spent for rehabilitation.

d.vi

Certificate of clearance from the proper authorities covering basic safety, fire, health and sanitation requirement.

d.vii

A Municipal or City Mayor's permit. Consistent with an undated Memorandum Circular issued by the Secretary of the Department of Local Government, all city and municipal mayors are required to issue the city or municipal permits only upon presentation by the applicant of an approved notice of the intent to establish the center issued by the DDB.

d.viii

NBI clearances for all the staff of the Facility. If the staff of the facility is a professional possessing a Professional Regulation Commission license, a xerox copy of his license to practice his profession shall likewise be submitted. The centers shall see to it that all their employees are drug-free and remain so while employed by them.

d.ix

Upon recommendation of the Accreditation Committee and approval of the Board, the applicant shall be issued a temporary license/Permit to Operate which shall be effective for a period of one year unless sooner revoked by the Board.

d.x

The Center shall operate immediately upon receipt of the license. After one year of operation, the center may apply for accreditation from the Board. Such accreditation should, however, be obtained from the Board during the life of the license, otherwise extension of the license shall not be granted.

d.xi

Except as provided in Sub-section d.x, of this Article, no center shall be allowed to operate without a Certificate of Accreditation duly issued by the Board.

d.xii.

In issuing the license/Permit to Operate, the Chairman/Vice Chairman and the Executive Director of the Board shall sign as approving and attesting officers, respectively.

Article VII

Voluntary Closure, Changes in Modality or Site of Facilities For Drug Dependents

SECTION 32. Reaccreditation shall be obtained from the Board when there is a change in modality or site of the facility. The Notice of Intent to change the modality or site shall be filed with the Board not later than thirty (30) days before the planned change takes place.

SECTION 33. It shall be the duty of the center administrator or owners to inform the Dangerous Drugs Board thirty (30) days before a center is voluntarily closed whether permanently or otherwise. In case of force majeure, the Board shall be informed immediately. The clients shall be released to the custody of their parents. It shall be the duty of the parents that the released client reports to the nearest deputized or Dangerous Drugs Board accredited agency for the continuation of rehabilitation processes.

Article VIII

Accreditation Requirements for Centers/Facilities

SECTION 34. In order to qualify for accreditation as a treatment or rehabilitation or other types of facility, it must, as required in Sec. 30 (d.x) of this Regulation have rendered efficient and effective services towards the attainment of its objectives and complied with the standards prescribed in Articles III, IV and V of this Regulation.

Article IX

Administrative Actions Against Centers

SECTION 35. Grounds for Administrative Sanctions Against Centers — The following shall be grounds for administrative sanctions of Centers and Centers' Staff.

- a. Failure to meet or maintain accreditation standards
- b. Violation of DDB regulations
- c. Mismanagement of facility and clientele (These shall cover cases where the clients are subjected to indignities and harsh physical punishment or restraints).
- d. Exploitation of clientele by the center management
- e. Conviction of Center officials and staff for crimes involving moral turpitude.

f. Escapes of more than 50% of the resident clientele

SECTION 36. Nature of Administrative Sanctions — Subject to the approval of the Board upon recommendation of the Chief, Treatment and Rehabilitation Division of the Board, Administrative Sanctions against centers for offenses/violations/deficiencies cited in Sec. 35 hereof shall take the following forms:

- a. Suspension or revocation of the center's license and accreditation;
- b. Withholding of financial assistance in lieu of the suspension or revocation of the license and accreditation;
- c. A Center official or staff member shall, upon conviction by a competent court for criminal offenses involving moral turpitude, be permanently disqualified from holding any office or position in the center.

SECTION 36. a Prohibition Against Operating a Center Without a License/Permit to Operate — A facility found operating without a License or Permit to Operate shall be immediately closed by the Board and its clients discharged to their parents or guardians. Such facility, however, maybe subsequently granted a License and a Permit to Operate upon full compliance with all requirements for the licensing and operation of treatment and rehabilitation facilities.

Article X

Training and Research

SECTION 37. Training — To achieve an integrated, coordinated and comprehensive treatment and rehabilitation program, all members of the technical staff of the Treatment and Rehabilitation Division as well as of the center facilities including volunteers therein shall undergo training. Such trainees shall include among others, program coordinators, counsellors, physicians, nurses, social workers, psychologists, community leaders, parents, teachers, adolescents, para-professionals and the administrative and support staff. The training shall consist of pre-service training for future members of the staff, continuous in-service or in-house staff training for the administrative, therapeutic and medical staff as well as fellowship observation/study tours and scholarships, national or international, for all staff. The other objectives of the training program are: (1) to keep the staff abreast with current trends in treatment and rehabilitation programs; (2) to ensure the enrichment of knowledge and skills enhancement of staff in the specialized area of rehabilitation and (3) to ensure efficient and effective treatment and rehabilitation services to drug dependent clients.

SECTION 38. Research — Operational research shall also be conducted in the rehabilitation facilities or in the community. Research aims to systematically prove or disprove the models of programs, services, and strategies applicable to the Filipino clientele. It is a scientific process of study which evaluates the effectivity of a given methodology. The records, observations of the practitioners as well as the administrators are important source of data. Findings of research shall be the basis for policy formulation and modification and also program development. Research results should be shared by systematic dissemination and distribution. It shall be utilized to modify programs and services. Copies of such researches must be furnished the DDB.

Article XI

Technical and Financial Assistance to Government and Non-Government Treatment and Rehabilitation

SECTION 39. Financial Assistance — Financial assistance may be granted to accredited and deserving government and non-government treatment and rehabilitation centers subject to the following terms and other conditions as the Board may from time to time deem proper to impose.

a. Applications for the assistance must be fully justified as regard the need thereof and the reasonableness of the amount requested.

b. The amount when given shall be spent only for the purposes for which it was given. No portion thereof shall be spent for salaries, honorarium, vehicles, real estate or buildings in which to house the facility.

SECTION 40. Conditions Under which Financial Assistance Shall Be Granted — Financial assistance when deserved shall be given under the following conditions:

a. Every center receiving financial assistance shall submit monthly reports to the Board within ten (10) days after each month indicating therein the number of patients during the month, the name, address and category of each patient, nature of confinement (whether voluntary or compulsory), the inclusive period of confinement to which each has been subjected, medical opinion on the progress of the treatment, the names of escapees and the date of escapes, amount and date of all contributions, donations received and fees collected from patients, and the manner in which the financial assistance was spent. Proceeds from fund raising campaign shall likewise be reported.

b. Forms to be submitted with application for the direct service to client

1. DDB Form No. 15
2. DDB CCR Form 2
3. DDB Form No. 7

c. In the case of financial assistance for purposes other than the direct services for clients, application therefore must be fully justified as regards needs and the reasonableness of the amount requested considering the expenses anticipated. Upon the grant of assistance and the accomplishment of the objectives for seeking the assistance, the recipient center, if it is a government entity, shall render a full report of disbursement thereon duly verified by the proper COA Auditor. A non-government entity shall submit a statement of expenditures certified and duly signed by the Certified Public Accountant. These reports should be part of annual financial statement to be submitted to the Board.

SECTION 41. Manner of Releasing the Financial Assistance — Financial assistance for direct services to clients once determined to be deserved, shall be made by the Board on a month to month basis, each release, except the first, to be dependent upon the submission of the monthly reports required in Sec. 40-a of this Regulation, and the satisfaction of the Board that releases previously made have been judiciously expended in accordance with the terms under which they have been granted.

SECTION 42. All treatment and rehabilitation centers receiving financial assistance from the Board shall be subject to periodic inspection by the monitoring team for the purpose of determining whether the amount granted as aid was spent in accordance with the conditions therein stipulated. Proper disbursement and liquidation of such assistance shall be the sole responsibility of the Center Official.

SECTION 43. Technical Assistance — For the purpose of program development, the accredited center/facilities may avail of technical assistance from the Dangerous Drugs Board and various agencies, both government and non-government, involved in treatment and rehabilitation. Such technical assistance may be sought during the regular program audits conducted by the Board or through consultations with the Board's direct service staff concerned. It may include matters like Center and case management, case conference and regular evaluation of the input of services on the clientele aimed at raising the effectiveness of the program implementation through staff professional improvement and efficiency.

SECTION 44. Hiring of Consultants both National and International — Consultants with appropriate expertise and competence may be hired for the development of programs, improvement of implementation and other relevant

needs. Such consultants may include those in the field of rehabilitation, psychiatry, special education, psychology, social work and other areas of competence and expertise as needed.

SECTION 45. Monitoring and Program Audit — Monitoring provides the DDB updated information regarding progress of the clients undergoing services. Program audit shall be conducted by the technical staff of the Treatment and Rehabilitation Division once a year.

SECTION 45.a Financial Audit — In the event that discrepancies in the disbursement of the amount granted and/or deficiencies in the matter of documentation of expenses and liquidation are noted, the Financial Management Staff of the Board shall recommend remedial measures which shall be immediately implemented by the center management. Unless and until such remedial measures are effected, release of further financial assistance shall be held in abeyance.

Article XII

Fund Raising Campaigns

Duly accredited treatment and rehabilitation centers may undertake fund raising campaigns. Such activities, if allowed to be undertaken shall be in conformity with Board Regulation No. 2 s. 1984 dated May 23, 1984.

Article XIII

Procedures Governing Voluntary and/or Compulsory Submission of a Drug Dependent to Confinement, Treatment and Rehabilitation

SECTION 46. Procedural Requirements — The following procedural requirements are hereby prescribed for cases involving the voluntary submission of a drug dependent to confinement, treatment and rehabilitation by the dependent himself, or thru his parent, guardian or relative.

a. When an adult voluntarily submits:

- The center shall require the drug dependent to execute an affidavit (Annex "1") regarding his intent to voluntarily submit himself for confinement, and/or treatment and rehabilitation. A copy of the affidavit duly notarized shall be furnished the Dangerous Drugs Board.
- The Center shall immediately upon receipt of the affidavit, have the subject examined for his drug dependency status by accredited physicians. If the subject is found to be dependent on drugs, the Center shall admit the subject person for confinement, treatment and rehabilitation.
- Upon the subject person's admission to a Center, the Center shall prescribe a program for treatment and rehabilitation. If the subject is found to be an opiate abuser, the treatment prescribed shall be for a period of not less than six (6) months. The duration of rehabilitation for patient dependent upon drugs other than opiates shall be solely determined by the attending physician, in consultation with the rehabilitation team but in no case shall the period be less than six (6) months.
- If pursuant to Sec. 30 of Rep. Act 6425 as amended, the Court order the release of the Subject person from the center on condition that he shall report to the Board for after-care and follow-up treatment, it shall be the immediate obligation of the center to inform the Board accordingly.

b. When a minor voluntarily submits:

- A sworn petition shall be executed by his or her parents, guardian or relative within the fourth civil degree of

consanguinity or affinity, or of the Secretary of Health or Secretary of Social Welfare and Development, in that order. Such petition shall be filed with the Regional Trial Courts in the province or city where the minor resides.

c. If the drug dependent, having voluntarily submitted himself to confinement, treatment and rehabilitation, or having been committed to the center upon petition of the proper party, escapes therefrom and does not re-submit himself for confinement or is not surrendered for re-commitment by his parent, guardian or relative within the one-week period prescribed under Section 30 OF R.A. 6425, as amended, the center shall within twenty four (24) hours after the said period expires, inform the Board so that it may apply with the Court for the issuance of a re-commitment order. When the drug dependent has been committed to the center under Sections 31 and 32 of Republic Act 6425 as amended, escapes, it shall be the duty of the center management to inform the Court and the Board of such escapes within twenty four (24) hours and take such measures within its capacity and prerogatives to have the escapee returned to the center.

d. Temporary discharge of clients for follow-up and after-care. Under no circumstances shall a Court-committed case be temporarily discharged from the center for follow-up and after-care unless so ordered by the Court. This prohibition shall also apply to voluntary submission cases who have been confined to the center for treatment and rehabilitation through the Courts. In all such temporary discharges, the Board shall be informed of the Court Order by the center management.

e. List of escapees. All residential treatment and rehabilitation centers shall keep a monthly list of all escapees, copies of which shall be furnished the Board within ten (10) days after each month.

Article XIV

Final Provisions

SECTION 47. Repealing Clause — All rules and regulations inconsistent herewith are hereby repealed or modified accordingly. The repeal or modification becomes effective on the date of effectivity of this Regulation.

SECTION 48. Effectivity — This Regulation shall take effect fifteen days following its publication for two (2) consecutive weeks in a newspaper of general circulation.

Adopted: 27 June 1991

(SGD.) TOMAS P. MARAMBA, JR., M.D., M.H.A.

Undersecretary of Health
for Standards and Regulation
and Vice Chairman,
Dangerous Drugs Board

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