AMENDMENT OF BOARD REGULATION NO. 3-B, SERIES OF 1984, TO FURTHER UPDATE THE CONSOLIDATED REGULATIONS GOVERNING TREATMENT AND REHABILITATION FACILITIES FOR DRUG DEPENDENTS.

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Pursuant to the provisions of Paragraphs (m) and (n), Section 36 of Republic Act No. 6425, as amended, otherwise known as the Dangerous Drugs Act of 1972, Board Regulation No. 3-B, Series of 1984, is hereby amended to further update the consolidated regulations governing treatment and rehabilitation facilities for drug dependents.

ARTICLE I
General Provisions

SECTION 1. Philosophy — The Dangerous Drugs Board, a policy-making and coordinating body in matters concerning the prevention and control of drug abuse, is charged by law with responsibility and leadership in the development of programs and services to attain such ends. This responsibility is shared by both public and private sectors. Greater participation and involvement from private agencies and organizations are essential to ensure efficiency and effectivity of service, and the law provides that all agencies involved in the treatment and rehabilitation of drug dependents shall be registered, licensed and accredited by the Dangerous Drugs Board.

SECTION 2. Legal Bases — The Dangerous Drugs Board is mandated under Section 36, paragraphs (m) and (n) of R.A. 6425, as amended, to encourage, assist and accredit private centers, promulgate rules and regulations, and set the minimum standards for accreditation to ensure their competence, integrity and stability.

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

SECTION 3. Definition of Terms — As used herein, the term:

a. Accreditation is the issuance of a certificate of recognition allowing facilities to operate which meet the minimum standards set by the DDB for efficient and effective services in the treatment and rehabilitation of drug dependents.

b. Accreditation Committee is a body that studies and recommends to the Board, approval of applications for accreditation of physicians and facilities based on criteria and the minimum standards set by the DDB.

c. Additive Effects is when two substances with similar properties are taken simultaneously, the effect produced is the same as that which would have been produced had the dose of one substance been increased.

d. Antagonistic Effects is when the effects of one substance may neutralize those of the other.

e. Assessment is the process of diagnosing the case, or the process of determining the client's potential, strengths, weaknesses, and resources.

f. Detoxification is the medically supervised elimination of drugs from the system of any addicted person.

g. Drug Dependence means a state of psychic or physical, or both, dependence on a dangerous drug, arising in a person following administration or use of that drug on a periodic or continuous basis.

Cross-Dependence is the ability of one-drug to suppress the manifestations of physical dependence by another drug and thus maintain the physically dependent state. This cross-dependence may be partial or complete; the degree is more closely related to the pharmacological effect than to chemical similarities.

Complete Cross-Dependence is manifested among potent morphine-like opioids.

Partial Cross-Dependence is seen between alcohol and barbituaries whereby in man, alcohol can substantially but not completely suppress the symptoms or barbiturate withdrawal.

h. Drug Abusers are those who administer dangerous drugs to themselves without medical approval. They may be divided into three categories: the experimenter, the occasional consumer, and the addict, drug abuser, or drug-dependent person. A person in this last category consumes drugs regularly and is either psychologically or physically dependent, physical dependence developing particularly in the case of opiates or barbiturates.

i. Experimenter One who tries addictive substances once or even several times, but does not continue to use them.

j. Intake is the initial contact with the client. It is the process of determining the extent of his abusing drugs, the kind of drug used, the reasons why he abuses drugs and the problem which he is causing to himself, the family and the community.

k. Licensing is the issuance of a temporary permit by the Dangerous Drugs Board to qualified applicants to operate a treatment and/or rehabilitation facility for drug dependents.

l. Monitoring is the regular and periodic contact by the DDB monitoring team with center staff to keep abreast with the facilities' programs and services. This provides the DDB the updated information regarding progress of the clients undergoing services.

m. 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 the 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.

n. Multiple Drug Abuse involves either the simultaneous use of a number of substances or the use of one substance and then another. When two or more substances are taken simultaneously, or in rapid sequence, their interactions may give rise to addictive effects, synergistic effects, or antagonistic effects.

o. Occasional Consumer is one who uses drugs recreationally, from time to time.

p. Physical Dependence is when regular and repeated drug administration leads to a state where the organism has so adapted itself to the presence of the drug that interruption in its continuity provokes abstinence (withdrawal) symptoms. This may be painful and severe, sometimes even fatal, as has happened in the case of withdrawal from barbiturates and opiates.

q. Primal Scream Therapy is a curative release of catharsis of repressed emotional pain caused by deprivation or non-satisfaction of physical and psychological needs suffered by the client.

r. Family Therapy is treatment of a family in conflict. The whole family meets as a group with the therapist and explores its relationships and processes. The focus is on the resolution of current reactions to one another, rather than on individual members.

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s. Group Therapy is a form of treatment in which carefully selected emotionally ill persons are placed into a group, guided by a trained therapist for the purpose of helping one another effect personality change.

t. Individual Therapy is a one-to-one process which assists the client to communicate with his family and peers, and meet his immediate needs and problems.

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

v. Program Audit is the process of periodically undertaking program evaluation at the facility by either external (Accreditation Committee) or internal staff to determine the potentials and weaknesses of the program.

w. 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. The team shall include the psychiatrist, psychologist and psychiatric social worker. This may include an occupational therapist and para-professional worker.

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

y. Registration includes the filing with the Dangerous Drugs Board of a notice of an intent to establish and operate a treatment and rehabilitation facility for drug dependents by a person or a group of persons or organizations and approval of such intent by the Dangerous Drugs Board.

z. 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 potentialities, and capable of becoming a productive member of the community.

aa. 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.

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

cc. Synergistic Effects When the effects of multiple drug abuse not only add up, but are increased to several powers.

dd. Therapeutic Community provides a remedial environment where residents are assisted to help themselves with emphasis on the here and now. 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.

ee. Tolerance is when the individual fails to experience the same pleasure after repeated administration of drugs and other substances and is obliged to resort to ever greater doses in order to obtain the desired effect.

ff. Cross Tolerance is the ability of one drug to act at the same receptor site and produce the same effect as another drug (A) to which the subject is tolerant (or dependent) such that a higher dose of the former drug (B) may be needed to produce the desired effect of the latter drug (A).

gg. Treatment provides medical services to a client for the effective management of physical conditions related to drug abuse. It deals with physiological, psychological, and mental complications arising from an individual's drug abuse. It also refers to measures which assist the drug user to control or manage his drug use in order to facilitate social reintegration.

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hh. Treatment and Rehabilitation Center is any establishment, center, hospital, facility, clinic, home and the like, organized or established for the purpose of helping, treating, counselling, or in anyway dealing with drug dependents. The term includes "drug centers", "drug clinics", "drug counselling" and similar establishments of like nature.

ii. Rehabilitation Center is a facility which undertakes rehabilitation as defined in Section 3 (y) hereof. It includes institutions, agencies, facilities and the like which have for their purposes, the development of skills, arts and technical knowhow, or which provides drug counselling, or which seeks to inculcate civic, social and moral values in clientele who may have a drug problem at any stage with the aim in view of weaning them from drugs and making them normal, law abiding, and productive citizens.

ARTICLE II

Procedural Requirements for the Establishment and Operation of Treatment and Rehabilitation Facilities for Drug Dependents

SECTION 4. Registration — Notice of Intent to Establish a Facility:

a. Agencies, organizations and persons desirous of operating a treatment and/or rehabilitation center/facility for drug dependents shall file with the DDB a Notice of Intent to Establish a Center. The application may be submitted personally or by mail.

b. The Board shall satisfy itself through a feasibility study that there is a justified need for the existence of a treatment and rehabilitation center/facility due to: (1) incidence of drug abuse, (2) absence of a facility in the community, and (3) that the form of treatment is acceptable to the public and it is with scientific basis.

The DDB, thus satisfied, shall inform the applicant of the approval of the Intent and that the agency may proceed to establish the center which should conform to the minimum requirement thereof.

c. The notice of approval shall indicate all the requirements for the establishment and operation of the facility and shall be signed by the Chairman and the Executive Director of the Dangerous Drugs Board.

SECTION 5. License:: Temporary Permit to Operate —

a. Upon receipt of the Notice of Approval of the Board, the applicant should proceed to establish the Center within a period of six (6) months. After having established the Center, the applicant shall apply for a temporary permit to operate and submit together with such application the following:

1. Article of Incorporation, duly registered with the Securities and Exchange Commission.

2. Constitution and by-laws. In lieu of 1 and 2, and in case of government agencies, sufficient proof of legal authority to establish and operate the facility shall be presented.

3. Manual of Operating Procedures.

4. Financial plan (among other things, this should ensure enough funding to carry out at least the first year of operation)

5. Certificate of Clearance with basic safety, fire, health and sanitation requirements from the proper authorities.

6. The Mayor's Permit, pursuant to the National Internal Revenue Code of 1977, as amended.

7. Heads of such agencies shall submit NBI, NISA, Police Clearance and License to Practice his profession.

b. Upon recommendation of the Accreditation Committee and upon approval of the Board, the agency may be issued the temporary License to Operate which shall be in effect for not more than one year until suspended or

revoked by the Board.

c. If the Center fails to meet certain requirements and in the opinion of the Accreditation Committee, these uncomplied requirements may be waived temporarily without prejudice to interests of the patients or to the attainment of the purpose for which the Center is allowed to function, the Board may then issue a Temporary License for a certain period not to exceed one year. Within the period stipulated in the Temporary Permit, the administration of the Center shall comply with all the requirements, failing in which, the Temporary Permit shall be withdrawn.

d. The agency whose Temporary License has been withdrawn may reapply for Temporary License after sufficiently complying with all the requirements.

e. The Chairman and the Executive Director shall sign the Temporary License.

SECTION 6. Accreditation: Meeting Minimum DDB Standards for Efficient and Effective Service —

a. The facility/center which has been granted a Temporary Permit to Operate shall apply for accreditation after a period of six (6) months of operation but not beyond one year. If such facility fails to meet the minimum accreditation standards as herein provided, within one (1) year, the Temporary Permit to Operate shall be revoked.

b. Consultation and technical assistance shall be regularly extended to ensure that minimum standards are maintained.

c. Accreditation may be granted by the Board upon recommendation of the Accreditation Committee.

d. The Chairman of the Board and the Executive Director shall sign the Certificate of Accreditation.

e. Accreditation shall be renewed every three (3) years.

SECTION 7. Grounds for Suspension and Revocation of Temporary License Other Than For Failure to Meet Accreditation Standards — The following shall be considered grounds for immediate suspension or revocation of temporary license:

a. Violation of the Rules and Regulations of the DDB.

b. Mismanagement.

c. Exploitation of clientele.

d. Conviction of a crime involving moral turpitude.

e. Unethical/unprofessional conduct of personnel.

SECTION 8. Special Provisions — A new temporary permit to operate and Accreditation shall be obtained from the Board when a change in modality is contemplated. In case of other changes such as ownership, name of the center and site, a new accreditation from the Board is required.

ARTICLE III
Minimum Standards for Accreditation: Administrative and Support Services (Common To All Facilities)

SECTION 9. Types of Centers —

a. Any specialized center for drug dependents, government or private, with facilities for rehabilitation.

b. A hospital, government or private, with a psychiatrist, affiliated or not affiliated with a teaching school

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(medical/nursing) that can provide a ward for the treatment of drug dependents.

c. Mental hospital with a separate unit for drug dependents.

d. Psychiatric or mental hygiene clinic.

e. Other rehabilitation centers.

SECTION 10. Purpose and Function — The purpose or the function of the Center shall be clearly defined and stated in writing. 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 becomes adjusted to the family and peers.

c. Socially integrated in the community, and

d. The client is not involved in socially deviant behavior.

This Statement of Purpose shall include the geographical area to be served and specific goals to be attained.

SECTION 11. Organization — The organizational structure of the facility shall contribute effectively to the goals of the Center. The facility shall be a legally constituted entity in accordance with legal requirements affecting its organization. It shall develop broad community and professional acceptance in order to implement its goals effectively.

SECTION 12. Administrative Services — There must be an active and responsible governing body composed of persons of good standing in the community. The administrator shall be a professionally trained and competent person in the area of the services to be rendered by the facility.

SECTION 13. Personnel Complement — The Center Staff shall be composed of Psychiatrist, Physicians, Nurses and Nurses' Aides, Occupational Therapist, Psychologist, Social Worker, Clerk-Typist (Receptionist) and Security Guards, depending upon the services rendered. The staff of the facility shall be competent and qualified in the particular service. There shall be adequate provisions for the continued development of its staff in order to enable them to meet the needs of the service.

SECTION 14. Site and Location — The facility shall be located in an area readily and easily accessible to clientele in need.

SECTION 15. Physical Facilities —

a. It shall provide adequate security to the clientele and staff of the organization.

b. The size must be adequate for the intended use — the building shall be relatively comfortable with adequate space for medical treatment area, recreation, learning, counselling, group administration and other operational activities. It shall allow privacy of movement by staff and clients. It should meet construction and safety standards, fire regulations, and sanitation requirements.

c. Bathroom and toilets. There shall be at least one bathroom, one shower, one lavatory in good working condition for every ten (10) clients. Privacy in the use of the bathroom and toilets shall be assured. The bathroom shall be separated from the laundry area.

d. Kitchen shall be clean at all times and shall be equipped with basic cooking utensils and food storage facilities.

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e. Dining area shall be clean, well-lighted, protected from insects, cheerfully decorated and shall be provided with tables and chairs.

f. For residential facility with bedrooms, the requirements shall be:

1. The beds shall be placed at least 92 cm. or three (3) feet apart.

2. If a double deck bed is utilized this shall be not less than one and half meter space from the ceiling and again between the upper and lower beds.

3. The bedroom shall be clean and orderly at all times and

4. There shall be enough windows or openings to allow sufficient circulation of air.

SECTION 16. Budget — 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.

SECTION 17. Records —

a. Allocation of personnel and records facilities. Supplies, equipment and personnel must be allocated for careful handling and security of client, staff and all records. The records room must be secured yet readily accessible to authorized individuals. Records shall be brief and pertinent.

b. Clients' records. Client records shall contain appropriate referral, social case history, medical evaluation and therapy, visits and treatment recommendation, progress notes, escapes of clients and other forms of misdemeanor, discharge, follow-up and after-care, releases as well as closure reports. If the client is referred from the courts, the records of the five pillars of justice must be incorporated. These include records of the police, fiscal, judge, probation, correctional, the rehabilitation center and the after-care worker.

c. Confidentiality of client's records. Records of identity, diagnosis, prognosis, treatment, rehabilitation, and after-care of any client which are maintained in connection with the performance of any drug abuse function shall be confidential.

d. Personnel records. Personnel records shall include complete and up-dated records of all personnel, covering data, employment agreement, job description, leaves, periodic performance evaluation, and medical records. These shall also include record transfer, discharge or retirement and records of administrative charges, if any.

e. Administrative records. Administrative records shall include those of communications prepared or received, fiscal and management documents, records of all procurement of supplies, furniture and equipment, inventory, as well as upkeep of building and other facilities and the outside environment within the compound.

SECTION 18. System of Intake, Admission, Discharge — The Center shall develop and practise a system of client intake, admission, and discharge procedure. Intake must be accomplished on a standard format (DDB Form # 1, s. 1980), and all cases shall be reported to the Dangerous Drugs Board on a monthly, quarterly, and yearly basis.

SECTION 19. 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 absconding of the clientele. Visitors shall be properly screened and controlled.

SECTION 20. Public Relations — Efforts shall be undertaken to maintain a continuing liaison between the program and other community agencies such as the family, the schools, churches, non-government organizations and government groups and the criminal justice system and the media for the effectiveness of the facility program and services. Regular collaboration with media which may include the print, TV or radio broadcast shall be

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maintained to interpret to the public especially the potential drug dependent client, the family, and the community, for them to appreciate the treatment and rehabilitation services.

SECTION 21. Community Linkages — Community participation and involvement in the facility's program and services is beneficial in all stages of proper development. Use of Boards of Visitors, Mass Media, Speakers' Bureau, Open House, a News Letter and other organized activities are helpful but face-to-face contact is also preferred. The facility should seek to maintain links with various elements of the community and spend efforts to cultivate their continued interest in the program.

SECTION 22. Accountability — All facilities functioning within these regulations must ensure that their financial disbursements and expenditure conform with accounting rules and regulations. They shall be open at all reasonable times 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 23. 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.

ARTICLE IV
Technical and Financial Assistance to Government and Non-Government Treatment and Rehabilitation Facilities

SECTION 24. Financial Assistance — Only accredited and deserving government and non-government treatment and rehabilitation centers shall be entitled to financial assistance from the Board subject to certain conditions and the availability of funds. Financial assistance shall be given as follows:

a. On a per capita (patient) basis;

(1) Three pesos (P3.00) per day per out-patient (one who is a drug dependent and is allowed to go home in the evening to return the next day).

(2) Ten pesos (P10.00) per day per in-patient (one who is a drug dependent and is allowed to go home in the evening to return the next day).

b. On a case-to case- basis.

c. Procedural pre-requisite for the grant of financial assistance: when applying for financial assistance, a properly filled-up form (DDB Form No. 1573) shall be filed in triplicate with the Dangerous Drugs Board.

SECTION 25. Conditions Under Which Financial Assistance Shall Be Granted — Financial assistance when deserved shall be given under the following conditions:

a. The amount given as assistance shall be used exclusively for or in connection with the treatment and rehabilitation of patients. No amount thereof shall in any manner or for any reason be spent for the purchase of equipment or motor vehicle.

b. Every center receiving financial assistance for daily subsistence of patients shall submit monthly reports to the Board, indicating therein the number of patients during the month properly classified into in-patient and out-patient categories, 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 escape, amount and date of all contributions, donations received and fees collected from patients, and the manner in which the financial assistance was spent.

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c. Forms to be submitted with application for the daily subsistence of patients are as follows:

(1) DDB Form No. 14-73
(2) DDB Form No. 14-73a
(3) DDB Form No. 14-73b

d. In the case of financial assistance for purposes other than to meet daily subsistence of patients, application therefor must be fully justified as regards need 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 and verified by the proper COA Auditor. A non-government entity shall submit a statement of expenditures certified and duly signed by a Certified Public Accountant. These reports should be part of annual reports mentioned in Sec. 23, Art. III of this regulation.

SECTION 26. Manner of Releasing the Financial Assistance — Financial assistance for daily subsistence of patients 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 Section 25. b, 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 27. All private treatment and rehabilitation centers receiving financial assistance from the Board shall be subject to periodic inspections by duly authorized agents or representatives of the Board for the purpose of determining whether the amount granted as aid was spent in accordance with the conditions herein stipulated.

SECTION 28. Technical Assistance — The accredited center/facilities may avail of technical assistance from the Dangerous Drugs Board and various agencies, both government and non-government, involved in drug control. Technical assistance may be extended for program development based especially on regular program audits. Consultation with the direct service staff responsible may include case management, case conference and regular evaluation of the input of services on the clientele; the aim of which is for program effectivity through staff professional improvement and efficiency. The atmosphere in providing technical assistance is that of encouragement and collaboration rather than confrontation, imposition and compulsion.

SECTION 29. Monitoring and Program Audit — Monitoring provides the DDB updated information regarding progress of the clients undergoing services. Program audit may be once a year or every six months, depending upon the need. The report shall be the basis for technical consultations and advice from the DDB. All program audit reports shall be discussed with the staff of the facility prior to release of reports and shall be kept confidential.

ARTICLE V
Training and Research

SECTION 30. Training — To achieve an integrated, coordinated and comprehensive treatment and rehabilitation program, all members of the staff and volunteers involved must undergo training. Such training 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 deserving 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

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and effective treatment and rehabilitation services to drug dependent clients.

SECTION 31. Research — Operational research shall also be conducted in the rehabilitation facilities or in the community. Research done by Counsellors, Physicians, and Administrative Staff can aid them in better understanding their role in the community and develop better, newer techniques for accurate data accumulation and utilization . Commissioned research in collaboration with colleges and universities should be encouraged. 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 VI
Basic Program Components: Treatment and Rehabilitation

SECTION 32. Objectives of Treatment and Rehabilitation Program are to bring an individual to a state where he is physically, psychologically and socially capable of coping with the same problems as others of his age group and can avail of the opportunity to live a happy, useful and productive life.

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 reestablishing these persons in the community with a more satisfying way of life. Such measures may differ from each other; they are interrelated; and, above all, close linkages must be established among different programs in the community.

Thus, while treatment will often be part of the rehabilitation process, planning for rehabilitation shall take account of the treatment planning process.

SECTION 33. Minimum Program Components — Irrespective of which program approach is used, there are basic program components common to any viable treatment and rehabilitation program for drug dependents. In general, programs shall at least have the following components:

> a. Identification or 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. If the client is found to be eligible for service, orientation is given to him about the facility. This includes informing him of his duties and responsibilities while at the Center. The responsibilities and role of parents is also defined. Contract for rehabilitation between the client, family and the agency is entered into. If the case is a referral from the Court, records of the Court order must be secured.
>
> c. Assessment. In the assessment process, the total perspective of the client is studied as a basis for determining his rehabilitation plan.
>
> This includes the client's personal and family background, his psychological make-up such as emotional condition, intellectual capacity, vocational potential and own motivations for treatment. Also, indicated is the client's own personality make-up and environment which caused drug abuse. Physical condition of the client is thoroughly examined which includes the effect of drug abuse on him physically, the kind of drug, and the extent of drug is determined. This medical examination shall be conducted by two accredited physicians. Medication and the need for physical restoration is also assessed. The process of assessment determines the formulation of the rehabilitation plan.

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Assessment must be considered a vital process by the members of the rehabilitation team as it becomes the determining factor for the short and long range client's plan. This includes his plan while at the Center and long range plan after his discharge. The assessment process may be conducted from two weeks to two months. If the client is a court case, copy of the assessment results must be forwarded to the Court for their information and ready reference.

d. Referral. The results of this process must be entered in the client's records. For court-referred cases, transfer from one center to another must have the prior approval of the Court.

e. Formulation of the plan. Based on the results of the client's assessment: personal, medical, physical, vocational, occupation and spiritual make-up and the nature and extent of his drug abuse problem, a plan is evolved and formulated. As previously mentioned, there are two plans: the short term plan while at the Center and the long term/range plan after discharge. Effective plan is supposed to be attainable, measurable, within time frame, realistic and practical. Rehabilitation plan may either be the following:

1. Short range plan while in the Center may include:

i. Physical restoration — coping without drugs and through maintenance of a healthy existence.

ii. Social rehabilitation — coping with problems of family and peers.

iii. Vocational training — development of creative skills towards job placement.

iv. On the job training — placement of jobs in apprenticeship basis.

2. Long range plan:

i. The adjustment of the client to achieve a drug-free existence; existing without the use of drugs.

ii. Adjustment to family members and peers.

iii. Social reintegration to the community through continued schooling; job placement through open, self and sheltered employment.

In the formulation of the rehabilitation plan, involvement of the client, the family and the community are of primary consideration.

f. Implementation of the rehabilitation plan. Conscious efforts on the part of the client, the family and the members of the team are important factors in the implementation of the rehabilitation plan. In this process, the application of the different professional technologies of the members of the rehabilitation team are put to test, whether they can be important factors which contribute to the success of the client's rehabilitation. In a therapeutic community, the contribution of peers is vital. The client and his family and their understanding of their duties and responsibilities in the process are required. Team work among members of the rehabilitation team is an important factor in the implementation of the plan.

g. Evaluation of the individual plan. Periodic evaluation has to be conducted to determine whether the plan is being implemented and the goals are achieved. The evaluation must be regularly conducted with members of the rehabilitation team and with the client and members of the family.

The evaluation of the service extended includes the presentation of the progress of the case, what other services may be needed to achieve the goal of the client. There might be problems encountered by the client and solutions can be formulated with members of the team. This evaluation is necessary to determine whether the plan needs to be modified. Periodic evaluation shall be conducted upon assessment and formulation of the plan, the progress on the implementation of the plan, and preparation for discharge.

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h. Types of Discharge:

- Discharge against advice
- Discharge after completion of program
- Discharge for medical reason
- Transfer to other institution/treatment and rehabilitation center
- Out on pass
- Escape

i. After-care and follow-up is an essential part of the rehabilitation program. It is complementary to residential care and is regarded as a continuation of the rehabilitation process within the community after release from the Center. Progress made by a resident in a Center is not necessarily an indication of success. The crucial test comes when the discharged resident seeks reintegration into the community. The designated DSWD social workers who are deputized by the Dangerous Drugs Board provide after-care services. It is preferable that a transfer summary of the case from the Rehabilitation facility be forwarded to the DSWD social workers for their background information on the case. The DSWD social workers maintain close contact with the family, accredited physician and the police for regular laboratory check-up to ensure that the client is drug free. Periodic report is submitted to the DDB for their information on the progress of the case. For court cases, the DSWD social workers should submit progress report to the courts for their information and ready reference. This concept is reflected in the law which makes eighteen (18) months period of aftercare mandatory.

ARTICLE VII
Specialized Services and Support Requirements for Specific Facilities for Treatment, Rehabilitation, and Social Reintertation

SECTION 34. Crisis Intervention Centers —

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 including family crisis.

b. Objectives.

1. Reduce suffering and disabilities and save lives.

2. To advise and encourage clients to accept and undergo treatment for their drug dependence.

c. Clientele. Those in need of emergency assistance directly or indirectly related drug use.

d. Services

1. Intake and emergency assessment which may include laboratory examinations.

2. Emergency assistance such as:

i. Medical and psychiatric first aid treatment for overdose, withdrawal, emergency treatment of minor trauma, and other medical complications.

ii. Families shall be assisted to cope 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:

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i. Medical and psychiatric treatment

ii. Rehabilitation

iii. Other special services

e. Administrative support. The minimum standards as stipulated in the specific requirements in the accreditation shall be complied with by the Center except: Staffing the personnel of the Crisis Intervention Center shall include:

1. Physician — full-time or part time

2. Professional worker preferably a social worker and a psychologist.

3. Chemist and Medical Technologist

SECTION 35. Medical and Psychiatric Hospitals —

a. Description. A general hospital or a mental hospital, government or private, with a psychiatrist, that can provide for a unit for drug dependents with adequate provisions for security, facility for detoxification, medical and psychiatric diagnosis, and treatment.

b. Objectives.

1. To prevent death from overdose;

2. To treat complications following drug dependency;

3. To make them comfortable during the withdrawal period;

4. To restore the physical, emotional and social well-being of the drug abuser; and

5. If needed, to encourage client to undergo rehabilitation and other specialized services which may include social and occupational therapy.

c. Clientele. Drug abusers/suspected drug abusers, individuals who are suffering from drug-induced psychosis and psychotics who abuse drugs. This may include the different categories of clientele.

d. Services.

1. Thorough physical examination 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

5. Others such as social, spiritual, and occupational therapy.

e. Administrative support staffing — The Staff shall include the multi-disciplinary team of clinician, psychiatrist, nurse and nursing aides, preferably the services of the social worker, psychologist, and records clerk.

SECTION 36. Residential Rehabilitation Centers —

a. Description. Rehabilitation Centers are specialized facilities which provide medical, social, psychological,

spiritual and vocation services for the restoration of the drug dependent to his maximum usefulness. This may include home care services.

b. Objectives.

1. To assist the client to maintain a drug free existence;

2. To enable the client to adjust to self, family, peers and people in the community;

3. To encourage clients to pursue an education or to be involved in gainful occupation;

4. To prevent acts of social deviancy by the client.

c. Clientele. Drug and chemical abusers/dependents and non-psychotic cases.

d. Basic programs and services. The basic program components which are stipulated in Article VI shall be made available to the clients

e. Staffing

1. Multidisciplinary — (i) Technical Staff — Medical Officers, (preferably psychiatrist, physician); psychologist; social worker; nurse; educators; institutional workers; security guard.

The aforementioned may be on full-time, part-time basis or [on] consultancy or voluntary [basis].

(ii) Supportive — priests/nuns/ministers; volunteer workers

2. Therapeutic Community — Technical — psychiatrist; social worker; paraprofessionals (rehabilitated drug dependents); educators; parent counselors

SECTION 37. Psychological, Behavioral and Social Services — This is the first step in the more difficult process of helping the individuals to remain in a drug free state. The goals of these services are the development of the clients ability to function effectively, especially his adjustment with family and peers, and involvement in productive activities, thereby preventing relapse to drugs. These may include:

a. Individual therapy. In the process, the cause of drug abuse is studied, clients strengths and weaknesses are identified and his total personhood is thoroughly assessed, the purpose of which is to help him reduce his abusing drugs and be able to be involved in productive work.

b. Group therapy. 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 effective devices which produce positive results toward behavioral modification.

Unstructured group therapy. The role of the therapist can be assumed by the entire group or a group member. 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.

c. Family therapy. This form of intervention is based on a recognition that while the family can be a source of problems leading to drug use, as a primary social unit 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 the drug dependent resolve his conflicts.

d. Spiritual and religious services. This service includes 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

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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 counselling shall be helpful in aiding the resolution of individual and family problems.

e. Medical services. Provide comprehensive health care services ranging from routine physical examination and screening procedures to diagnosis, treatment and follow-up of illnesses and other medical problems.

f. Residential/home care services.

g. Vocational training/education. Clients will be taught in a particular vocational field (e.g., Trade Arts and Crafts) to improve their skills, increase their self-esteem, their chances for employment and better their income. This may improve their work habits and thus make possible a more satisfactory and rewarding way of life. Course designs must take account not only of prevailing conditions in the local labor market and the economy of the community. In case the aforementioned are not available, arrangements shall be made to establish linkages.

Better educational qualifications and skills will increase the self-esteem of clients and their chances for interesting and rewarding employment or higher education.

Built-in schooling and placement program in the Center with special curricula should be designed to increase the client's qualifications up to a level at which he can enter the regular educational stream or enable the client to enter specific vocational training program adapted to the client's educational levels and their career goals.

h. Sports, recreation, and athletics. These services shall provide facility for sports, recreation, and athletics 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 is on developing the discipline necessary to improve a skill and on gaining respect for good physical health.

i. Placement services. Because of their limited contact with society, most drug dependent persons require assistance in finding work opportunities and gaining employment.

The skills and goals of each client should be matched to the Job specification.

The services of a placement office should be provided to intervene when problems arise on the part of either the client or the employer.

Such a program can be linked to vocational training programs. Placement services may include open employment, job placement in sheltered workshop and self-employment.

j. Community work projects. 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.

Such projects vary from one community to another. These may include, among others, environmental and energy conservation projects, green revolution, tree planting, barangay work, recycling projects and restoration of used goods, other socio-civic religious activities.

SECTION 38. Rules Governing Clients in Residential Treatment and RehabilitationCenters —

a. The resident clients shall follow all rules and regulations laid down by the center.

b. The resident clients shall join in all activities planned for them by the center.

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c. The clients, members of the staff, and visitors shall not be allowed alcoholic drinks.

d. No resident client who is not a voluntary submission case shall be discharged from the center unless certified rehabilitated by the proper center staff and the Dangerous Drugs Board.

e. In cases of escapes or abscondence by voluntary submission cases, the provisions in the 4th and 5th paragraphs of Section 30 of R.A. 6425, as amended, shall apply. Should the client escape for the third time, the center shall inform the Board of the same within 24 hours and the Board shall then charge the escapee in the proper court with violation of Section 8, Article II or Section 16, Article III of the Act, as the case may be.

f. If a compulsory submission case escapes, the center shall make a written report to the proper court within 24 hours, furnishing the Board a copy thereof.

SECTION 39. Out-Patient Center/Drop-in/Walk-in Clinic —

a. Description. It is a non-residential center or facility undertaking a drug free treatment program providing scheduled therapeutic counselling 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 counselling service or it may offer a day care services component.

b. Objective. To assist clients to socialize with their peers outside of illicit drug-using circles and to minimize or remove their pressure to engage in drug abuse.

c. Clientele.

1. Potential drug users/High-Risk individuals;

2. Drug experimenters and occasional users, and

3. Clients discharged from rehabilitation centers.

d. Services.

1. Intake and assessment;

2. Counselling services including individual or group therapy, telephone, educational, vocational, occupational, spiritual and legal counselling;

3. Social services;

4. Medical services;

5. Job placement referral; and

6. Outreach/Linkages.

e. Administrative support staffing. The personnel shall be composed of a program coordinator, a clerk, trained counselor, preferably a social worker or psychologist and a physician on a part time basis. A volunteer corps shall be maintained.

SECTION 40. Half-way homes —

a. Description. A rehabilitation facility which provides temporary living accommodation for individuals with limited supervision from rehabilitation workers or individuals as a means toward gradually weaning them from supervised settings in full-time residential programs to facilitate their reintegration into the community.

b. Objectives.

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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. Former drug users.

d. Services:

1. Intake

2. Counselling services

3. Family Therapy

4. Job Placement referrals

e. Administrative support staffing: The personnel shall be composed of a program coordinator, clerk, trained counselors, preferably a social worker or psychologist and physician on part time basis. A volunteer corps shall be maintained. Half-way House staff should coordinate closely with DSWD social workers in the field providing after-care services.

ARTICLE VIII
Procedures Governing Voluntary Submission of a Drug/Chemical Dependent to Confinement, Treatment, and Rehabilitation by the Dependent Himself or Through His Parent, Guardian, or Relative

SECTION 41. Procedural Requirements. — The following procedural requirements are hereby prescribed for cases involving the voluntary submission of a drug or chemical dependent to confinement, treatment, and rehabilitation by the dependent himself, or through his parent, guardian, or relative.

a. When an adult voluntarily submits [himself]:

1. The Center shall require the drug or chemical dependent to execute an affidavit (Annex "1"), regarding his intent to voluntarily submit himself for treatment and/or confinement and rehabilitation. A copy of the affidavit shall be furnished the Dangerous Drugs Board.

2. The Center, shall immediately upon receipt of the affidavit, have the subject examined on his drug or chemical dependency status by an accredited physician. If the subject is found to be dependent on drugs or volatile substances, the Center shall admit the subject person for confinement, treatment, and rehabilitation.

3. Upon the subject person's admission to a Center, the Center shall prescribe a program for treatment and rehabilitation and, through a memorandum or otherwise, advise the Dangerous Drugs Board of such program. Where the subject is found to be an opiate abuser, the treatment prescribed is for a period of not less than six (6) months.

4. The Center shall submit to the Board quarterly progress reports on the treatment to which subject persons are subjected.

5. A pre-discharged evaluation period shall be submitted by the Center for the Board's approval.

6. Should the drug or chemical dependent escape before completion of the prescribed treatment period, the Center shall advise the Board accordingly. However, should the escapee re-submit himself within a period of one (1) week from his escape, he should be re-admitted and his re-admission immediately reported to the Board.

7. Should the escapee fail to re-submit himself within one (1) week from his escape, the case shall be referred

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to the legal staff of the Dangerous Drugs Board, which shall thereupon prepare the proper petition in Court for his recommitment.

8. A central list of escaped volunteer drug or chemical dependents shall at all times be kept in the office of the Dangerous Drugs Board. Such list shall be categorized according to the frequency of escape and shall have specific directions for disposition. Copies thereof shall be furnished the different accredited government and private centers for reference purposes.

b. When a minor voluntarily submits himself:

1. 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, and such petition shall be filed with the Regional Trial Courts.

2. The Center shall advise the persons surrendering the drug dependent minor to comply with the provision in the second paragraph of Sec. 30 of R.A. 6425, as amended.

3. After medical examination of the subject person is made by two (2) accredited physicians of the Board and the subject person is found to be a drug or chemical dependent and the Court, after due hearing, makes a finding of drug or chemical dependency and the subject person is admitted to the Center upon an order issued by the Court, the Center, shall, through a memorandum or otherwise, advise the Dangerous Drugs Board of the program prescribed for his treatment and rehabilitation and thereafter shall comply with the requirements of pars. a.4 to a.8 of this Section.

ARTICLE IX
Final Provisions

SECTION 42. Effectivity. — This Regulation shall take effect fifteen days following its publication in the Official Gazette.

SECTION 43. Repealing Clause. — All rules regulations inconsistent herewith are hereby repealed or modified accordingly. The repeal or modification becomes effective on the date effectivity of this Regulations.

Adopted: 20 Feb. 1987

(SGD.) ALFREDO R.A. BENGZON, M.D.
(Secretary of Health)
Chairman

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