[DDB BOARD REGULATION NO. 5, June 21, 1991]

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

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.