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## **BOARD REGULATION No. 1 Series of 2006**

**SUBJECT: GUIDELINES IN THE IMPLEMENTATION OF THE  
AFTERCARE PROGRAM FOR RECOVERING DRUG  
DEPENDENTS**

Pursuant to the powers vested in the Dangerous Drugs Board under Section 81(h) , Article IX of RA 9165 otherwise known as the Comprehensive Dangerous Drugs Act of 2002 in relation to Section 56 thereof, and in consultation and coordination with the Department of Health (DOH), Department of Social Welfare and Development (DSWD) and other agencies in drug control, treatment and rehabilitation, the following Guidelines in the implementation of the Aftercare Program for Recovering Drug Dependents are hereby prescribed.

### **ARTICLE I GENERAL PROVISIONS**

**SECTION 1. Legal Bases.** Section 2 of RA 9165 provides that the State shall adopt as its policy to safeguard the integrity of its territory and the well-being of its citizenry particularly the youth from the harmful effects of dangerous drugs on their physical and mental well-being and to defend them against acts of commission detrimental to their development and preservation.

It shall likewise provide effective mechanisms or measures to re-integrate into society individuals who have fallen victims to drug abuse or dangerous drug dependence through sustainable programs of treatment and rehabilitation.

### **ARTICLE II DEFINITIONS OF TERMS**

**SECTION 2. As used herein, the following terms shall mean as indicated:**

- a. "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 a 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.

- b. "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.
- c. "Rehabilitation" is a dynamic process directed towards the physical, emotional/psychological, vocational, social and spiritual change to prepare a drug dependent 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.
- d. "Rehabilitation Center" is a facility which undertakes rehabilitation and aftercare of drug dependents. It includes institutions, agencies and the like which have for their purpose the development of skills, arts and technical know-how, or which provide counseling, or which seek 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.
- e. "Treatment" is the medical service rendered to a client for the effective management of physical and mental conditions arising from an individual's drug abuse.
- f. "Aftercare" is a broad range of community-based service supports designed to maintain benefit when the structured treatment has been completed. It may involve a continuation of individual or group counseling and other supports, but usually at a lower intensity and often by other agencies or organizations.
- g. "Center" refers to the Treatment and Rehabilitation Center, whether public or private, for drug dependents.
- h. "Community service" is a free public labor or work with therapeutic purpose performed for the benefit of the community designed as an after-care intervention program for the rehabilitation of a drug dependent.

### **ARTICLE III AFTERCARE PROGRAM**

#### **SECTION 3. What is an Aftercare Program-**

An Aftercare Program (ACP) refers to services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment and rehabilitation. It provides an opportunity to address important issues and problems associated with abstinence and recovery. Aftercare provides a safe environment for continued support till it is no longer needed.

Aftercare and follow-up is an integral component of the treatment and rehabilitation process. It is a continuation of the rehabilitation process within the community after discharge from a treatment facility. The aftercare and follow-up

program facilitates the client's reintegration to the community and prevents relapse into drug dependency.

The ACP is composed of medical, psycho-social, and economic programs which are focussed on reviewing and consolidating the gains made during treatment. The program aims at imparting new skills for sustaining recovery which would include:

- handling everyday responsibilities
- managing family, peer, workplace and other relationships,
- expanding the social circle
- reintegration to work or referrals to agencies which facilitate employment or livelihood,
- sustaining and developing new insights into the client's psychological and emotional functioning.

Aftercare is a concern even during the stages of admission to the rehabilitation center, and planning for discharge. Prior to discharge, the ACP shall be carefully planned and initiated together with Drug Rehabilitation Center team, family and employer, if applicable. The conduct of social preparation to the family and community is a prerequisite of the program. The Criteria for entry into ACP and for completion should be clearly defined for each client.

#### **SECTION 4. GOAL OF AFTERCARE PROGRAM**

**The focus is for the client to achieve a “wholistic recovery” and provide support and guidance to prevent relapse into drug use.**

#### **SECTION 5. OBJECTIVES**

##### **General:**

To provide a program for recovering drug dependents who have been discharged from rehabilitation centers for reintegration and independent functioning within their families and communities and to prevent the recurrence of drug abuse or relapse.

##### **Specific Objectives:**

1. To help recovering drug dependents cope and manage their cravings for prohibited drugs after discharge and to aid them in acquiring knowledge and skills to prevent or manage relapse;
2. To develop for the recovering drug dependents new social networks and peer-group programs using new approaches that will operate in a self-help orientation under professional supervision;
3. To provide services designed to increase the recovering drug dependent's self-reliance and integration into society through educational, vocational, and social programs;
4. To help patients identify and alleviate high risk factors of addiction and develop coping skills to deal with them;
5. To assist recovering drug-dependent persons develop positive social support system; and

6. To develop community-based self-help support groups to assist drug-dependent persons in the recovery process, social reintegration, and maintenance of abstinence.

### **SECTION 6. Duration**

The program is given to recovering drug dependents for at least eighteen (18) months.

### **SECTION 7. Who may Offer ACP**

ACP may be offered by the original TRC as an outpatient or by trained aftercare program givers, under the supervision of a DOH- accredited physician.

## **ARTICLE IV GENERAL GUIDELINES FOR AFTERCARE**

**SECTION 8.** The staff and the client should formulate a set of goals which would assist the latter to achieve its objectives and eventually, its goals. The following flow of program services shall be observed when providing aftercare based on patient's needs:

- a. Prior to the completion of the treatment and rehabilitation program, the DOH-accredited physician shall evaluate the patient to determine his/her capacity to undergo aftercare.
- b. Aftercare program maybe provided by the staff of the TRC or by another provider, so long as they are accredited by the DOH. In the case of the latter, the TRC should ensure that the new program provider is kept abreast of the history, the treatment, the progress and the potentials for reintegration of the client,; in short the client's capacity to undergo aftercare should be stated.
  1. The accredited physician shall consult the Treatment and Rehabilitation Center (TRC) Director as well as other personnel (Social Worker, Program Director, parents/guardians, etc) for the above purpose.
  2. The Center shall also form a Technical Evaluation Committee (TEC) for the purpose of evaluating the patients and developing the aftercare plan.
- b. The TRC through its Technical Evaluation Committee (TEC) shall evaluate the clients and develop the aftercare plan.
- c. The clients, parents and or guardians of the clients shall be advised and oriented on the process, services of the aftercare, and expected responsibilities of clients and family or guardian.
- e. Family Services shall also be prescribed/extended by the TRC and/or the accredited physician
- f. Upon completion of the treatment and rehabilitation program, the client shall undertake an aftercare program as determined by the accredited physician or the Center TEC.

- g. The TRC shall refer the patient for aftercare to support groups, self-help groups and other agencies providing aftercare-related services determined to be suitable for the client's needs (Example: Barangay Anti-Drug Abuse Councils, Narcotic Anonymous, Provincial Social Workers and others).
  - 1. Examples of support and self-help groups, and other agencies providing aftercare-related services determined to be suitable for the client's needs should be given to the clients.
- h. The Center shall also provide aftercare services (see Section 9 for the details) which may consist of any of the following services:

**1. Social Services**

- a) Case Work and Individual Counseling
- b) Group Work and Group Counseling
- c) Recovery Training Session
- d) Faith-Based Session
- e) Family Counseling
- f) Referral Services
- g) Conduct of Parent Recovering Dependent Dialogue

**2. Psychological Services**

- a) Psychological assessment through administration of test and evaluation of client
- b) Provision of psychological counseling to improve client's positive attitude
- c) Psychotherapeutic management
- d) Group therapy session with psychiatrists
- e) Referral of client for further psychiatric treatment

**3. Other Services**

- a) Narco-Urine Test
- b) Coordination with GO's/NGO's re: other support services

- 1. During this period, the patient shall be required to attend the services prescribed by the accredited physician or the Center TEC.
- h. The Treatment and Rehabilitation Center and/or the accredited physician shall monitor the progress of the client and shall report any deviation from the prescribed aftercare plan.
- i. A pre-discharge conference shall be conducted to determine if the client can already be issued a Certificate of Completion for the aftercare program.

**Section 9. INTERVENTIONS AND SERVICES**

The following is a list of the most commonly employed interventions and services. The TRC and the ACP provider shall offer one or a combination of these interventions to the client and the family following a complete assessment

of the history, treatment, progress and potential of the client and his or her support systems.

**1. Group Sessions**

A group of recovering drug dependents shall meet together at least once a week, led by a professional facilitator to confront behavior problems, deal with social integration issues such as drug cravings, social pressure to use, family issues, etc., and acquire knowledge and new strategies on how to overcome drug cravings and prevent relapse incident among the RDDs. Ideally the group should not exceed twelve participants. The duration will depend on the degree of progress and full recovery of the client.

The modules will also deal knowledge and skills in identifying personal high-risk factors, and develop specific coping strategies to prevent or manage relapse.

**2. Individual Therapies and Counseling sessions maybe pursued as necessary.**

**3. Family Counseling**

The primary purpose of the conduct of family counseling is to keep the solidarity and harmony in the RDD's family. The counseling session, aim to develop healthy interpersonal relationships within the family and to establish open positive communication between family members and significant others. The conduct of family counseling session shall be done regularly to help family members gain deeper understanding of their role in the treatment process. Family members shall be oriented of their roles in the reintegration of drug dependents to the community. Assessment of possible substance abuse by other members of the family or significant others shall be a component of this service.

**4. Attendance to Support Groups**

The activities shall include attending self-help programs like Narcotics Anonymous (NA) / Alcoholic Anonymous (AA) meetings, regular follow-up at treatment center, individual and group counseling sponsor/sponsee meetings, alumni association meetings, etc. This shall be for a period not exceeding eighteen (18) months and shall be undertaken by the appropriate center personnel for sharing inspirational experiences from the successful rehabilitated drug dependents who were able to overcome drug dependency and are achieving success in life through continuous studies, their profession, marriage and business.

**5. Marital Enhancement Seminar**

This will allow the RDDs and their respective spouses to learn techniques and strategies on the proper and

effective ways of resolving marital conflicts. Likewise, it will strengthen husband-wife relationship and family life.

## **6. Effective Parenting**

It is a week-long course on parenting skills enhancement and the promotion of family solidarity to support the client, and increase parenting skills of the parents and / or guardians of the recovering drug dependents. The session shall aim to provide and / or enhance the knowledge and skills of the parents / parent substitutes on the care and management of clients with

particular focus on enhancing family unity, consciousness and well-being.

## **Section 10. Educational Assistance**

Based on the assessment of the social worker on the educational needs, skills and qualifications, arrangement shall be facilitated for the client's re-entry to school or work.

## **Section 11. Employment Assistance/Skills Training / Livelihood Assistance**

This is to augment the income of the client and his/her family either in the form of livelihood assistance or micro-credit entrepreneurship. It shall be geared towards generating income from projects that are feasible with the resources available for the livelihood of families. These small entrepreneurial activities such as garment sewing, having a sari-sari store, food vending, etc will serve as an ideal project.

Referrals can be made to agencies which either generate or facilitate employment such as the Department of Labor and Employment, or link potential employees to specific programs such as those provided by government and the private sectors through job markets.

Assistance in basic skills needed in securing a job such as writing a biodata, appearing before a job interview, reviewing sources of job vacancies, skills training for self-employment and entrepreneurship, etc.

## **Section 12. Faith-Based Development**

This views faith as an inspiration to change and well being of the individual. The individual's personal conviction and faith encourage the patients to turn away from prohibited drug abuse and make him aspire to be more productive. Appropriate pastoral counseling shall be facilitated if such is requested.

## **Section 13. Other Services**

Narco-urine testing: These shall be done during the period of aftercare, done on a random basis, or when there are signs of relapse, or any "just cause". If found positive to dangerous drugs for two consecutive drug testing, assessment of risks, counseling, and follow-up of the client shall be undertaken immediately. Otherwise recommitment to the center for further treatment and rehabilitation shall be prescribed if the results of assessment so indicate. Thereafter, the client may again be certified for temporary release and ordered released for another aftercare and follow-up program. A close working relationship shall be maintained by the rehabilitation team with the client and the family.

*13.1 Additional services such as assessment and the provision of follow-up services to clients with co-occurring psychiatric problems shall be provided when necessary.*

## **ARTICLE V TERMINATION OF THE GENERAL AFTERCARE PROGRAM**

**SECTION 14.** The client's case shall be terminated only after strict adherence to the aftercare program plan and follow-up schedule and upon completion of the eighteen (18) months period of aftercare program as prescribed in R.A. 9165 and/or achievement of the following seven (7) indicators for a recovered drug dependent:

- a. Negative results of at least three (3) consecutive random drug testing;
- b. Has improved in terms of adequate coping skill, regained self-esteem, and in over-all functioning;
- c. Assumption of social responsibility, e.g. reintegration to previous employment, or manifestation of a serious desire to learn skills and search for employment or self-employment, resumption of school activity either formal or non-formal, and the absence of any involvement in criminal activity;
- e. No social deviancy, e.g. drug-related criminal or gang activity, social evil vices, etc., and maintaining good standing in the community;
- f. Existence of positive social support system or meaningful drug-free social relationship; and
- g. Endorsement of concerned and responsible person/agency attesting to the client's successful social reintegration.

The accredited physician or the TRC shall issue a Certificate of Completion for the aftercare program for the patient for whatever purpose it may serve him/her.

**ARTICLE VI**  
**ROLES AND RESPONSIBILITIES OF GOVERNMENT AGENCIES**

**SECTION 15.** The following agencies shall have the respective responsibilities as indicated:

**A. Department of Health (DOH)**

1. Conduct training of accredited physician on Aftercare Program;
2. Develop and implement a comprehensive aftercare and follow up program in coordination with DSWD and LGUs in order to complete the eighteen (18) months period;
3. Recommend, to the court the release of a drug dependent;
4. Inform the Provincial DOH Representative on the random drug testing results for monitoring purposes;
5. Develop data-banking system;
6. Provide technical assistance and conduct of monitoring on program implementation;
7. Develop standards and guidelines in the implementation of after care program;
8. Conduct on-going evaluation and improvement of Aftercare and Follow-up Program; and
9. Accredit NGOs providing aftercare services for drug dependents in coordination with DSWD.

**B. Department of the Interior and Local Government (DILG)** (Through the Provincial/City/Municipal Social Welfare Development Office and the respective Provincial/City/Municipal/Barangay Anti-Drug Abuse Councils)

1. Conduct follow-up aftercare including direct provision of services based on DOH guidelines;
2. Conduct advocacy activities;
3. Document best practices on after care interventions; and
4. Submit report to DOH on status of clients served.

**C. Department of Social Welfare and Development (DSWD)**

1. Conduct capability building and/or provide technical assistance to LGUs in the provision of aftercare services and other relevant psycho-social services;
2. Conduct advocacy activities; and
3. Accredit NGOs providing aftercare services (RA 9165, Sec. 57);

**D. Dangerous Drugs Board (DDB)**

1. Direct the Parole and Probation Administration to recommend drug dependents to undergo community service as part of his/her aftercare and follow up program; and
2. Design and develop a national treatment and rehabilitation program for drug dependents including a standard aftercare and community service program for recovering drug dependents, in consultation and coordination with the DOH, DSWD and other agencies involved in drugs control, treatment and rehabilitation, both public and private.

**E. Department of Justice (DOJ) [Through the Parole and Probation Administration (PPA)]**

1. Take charge of provisions accordingly promulgated in consonance with Section 57 and Section 70 of RA 9165 and the applicable provisions of Pres. Dec. No. 968, (the Probation Law of 1976), as amended and RA No. 9344 (Juvenile Justice and Welfare Act of 2006);
2. Provide follow-up aftercare services based on DOH/DDB approved guidelines;
3. Conduct advocacy and training activities specific for the above-mentioned provisions and target population;
4. Document best practices on after care interventions; and
5. Submit report to DOH/DDB on status of clients served.

**F. Department of Labor and Employment (DOLE)**

1. Provide training on aftercare in the context of the training for the Assessment team of the Drug-Free Workplace training course.
2. Document success stories and best practices as well as failures in reintegration.
3. Provide referrals to employment programs, training for new skills, entrepreneurship and links to resources.

**G. Non-Governmental Organizations (NGOs)**

1. Assist the Government Agencies in effectively implementing provisions of the aftercare guidelines;
2. Assist in providing support structures for aftercare clients;
3. Assist in monitoring aftercare services rendered;
4. Advocate aftercare activities at the community level;
5. Provide technical and logistical support to aftercare services; and
6. Acquire adequate skills for program implementation, when the NGO is directly involved in providing aftercare services.

**ARTICLE VII  
FINAL PROVISIONS**

**SECTION 16. Penalty Clause.** Violation of this Regulation shall be immediately reported to the Board or to PPA for appropriate administrative sanctions without prejudice to Section 32, Article II of RA 9165.

**SECTION 17. 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 18. Effectivity** – This Regulation shall take effect fifteen (15) days after its publication in two (2) newspapers of general circulation and after registration with the Office of the National Administrative Register (ONAR), UP Law Center, Quezon City.

**APPROVED AND ADOPTED** this 6<sup>th</sup> day of June, in the year of Our Lord 2006 in Quezon City.



**Secretary ANSELMO S. AVENIDO, JR.**  
Chairman, Dangerous Drugs Board

Attested:



**Undersecretary EDGAR C. GALVANTE**  
Secretary of the Board