

ANNEX F. Definition of Terms

- A) Aftercare – 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 support services, but usually at a lower intensity and at times by other competent agencies or organizations.
- B) Alcohol, Smoking, Substance Involvement Screening Test (ASSIST) – is a tool designed by the World Health Organization (WHO) to be used in primary healthcare settings which determines risk-score for substance use and related problems. (1) This screening tool is used to detect and manage substance use and related problems in primary health care and general medical care setting. The tool was translated to Filipino with consent from the WHO for use in the Philippine setting.
- C) Assessment – process of diagnosis for substance use, it's severity, and other co-occurring medical and/or mental disorders, that includes the determination of biological, psychological, social, spiritual and legal factors that are associated with the diagnosis. Includes the process of Screening and Drug Dependency Examination.
- D) Brief Intervention — refers to practices that aim to investigate a potential problem and motivate an individual to begin to do something about his/her substance-related problem, either by natural, client- driven or provider-driven means. (1) These are Evidenced-Based practices designed to motivate individuals at risk of substance use disorder and associated health problems, to change their behavior. At risk individuals are made to understand how their substance use puts them in danger with the aim of reducing or totally giving up their substance use, and maintaining these changes. The FRAMES (Feedback, Responsibility, Advice, Menu Options, Empathy and Self-Efficacy) and motivational interviewing models may be used.
- E) Case management –maybe considered a part of the treatment modality that assists and supports individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services. This also includes providing linkages and training for the client served on the use of basic community resources, and monitoring of overall service delivery (9). Case managers work with the client, other members of the treatment team, and other services or organizations in selecting the mix of interventions and support. The selected mix of interventions and services is based on research evidence. Questions could include: how appropriate a method is to the client's individual situation, how acceptable it is to the client, whether trained staff are available, and whether it is culturally appropriate or not. The main purpose of case management is to link clients to the range of services that suit their individual needs.
- F) Child/Children – refers to person below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.
- G) Client – refers to an individual who is involved with alcohol, smoking and substance use. They are PWUDs referred to out-patient, community-based and/or general interventions.
- H) Comorbid/comorbidity/co-occurring disorders - two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both.

- I) Community – refers to a group sharing a common geographical space or a common territory such as a barangay (village), municipality or a city;
- J) Community-based Drug Rehabilitation Program (CBDRP) is an integrated model for drug users with mild severity of addiction. It provides a continuum of care from outreach and low threshold services through active coordination among a number of health, social, and other non-specialist services needed to meet client’s needs. (1) This constitute the following:
- a. Community-based treatment – holistic model of treatment in the community which provides a continuum of care from outreach through integration including maintenance pharmacotherapy, and coordination of services and assistance from a number of health, and non-health specialists to meet the PWUD needs. (3)
 - b. Family and Community support services – Social Support Activities includes but not limited to the following activities: (4)
 - c. Technical Skills Enhancement
 - d. Livelihood training activities
 - e. Educational Programs
 - f. Civic and Environmental Awareness Activities
 - g. Job Placement / Employment
Family assessment and support
- K) Counseling/ Coaching – It is a collaborative process of identifying goals and potential solutions to problems which cause emotional problems, seeking to improve communication and coping skills, strengthening self-esteem, and promoting behavior change and optimal mental health. Examples are individual, family, or group counseling.
- L) Court mandated/ Court mandated client – any person who has orders emanating from any court of law.
- M) Diagnostic Statistical Manual of Mental Disorders (DSM) – a classification of mental disorders with associated criteria designed to facilitate more reliable diagnoses of these disorders, which includes Substance Use Disorder.
- N) DOH-accredited physician – is a physician with background experience on psychological/behavioral medicine whose application has been approved and duly authorized by the Health Facilities and Services Regulatory Bureau (HFSRB) of the DOH to conduct Drug Dependency Examination and treatment on persons believed to be using dangerous drugs as stated in Board Regulation No. 1 series of 2019
- O) Drug – Any chemical substance which alters the mood and behavior as a result of alterations in the function of the brain (World health organization)
- P) Drug Dependence – also known as substance use disorder. It is a condition described as a set of cognitive, behavioral and physiological symptoms with a central characteristic of having a strong desire to take psychoactive drugs. It is not necessarily a heavy drug use but a complex health condition with a social and psychological-dimensions. (1) It occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work school and, home. (2) Term used in the Diagnostic Statistical Manual of Mental Disorders which combines categories of substance use, abuse and dependence into a single disorder measured on a continuum from mild to severe. Each specific substance is addressed as a separate disorder (e.g. alcohol use disorder, cocaine use disorder) and are diagnosed based on the same overarching eleven behavioral

criteria. Clinicians can also add "in early remission", in "sustained remission", "on maintenance therapy" and "in controlled environment" in describing their diagnosis.

- Q) Drug Dependency Examination (DDE) – is a medical examination conducted by a DOH-Accredited Physician to evaluate the extent of drug abuse of a person and to determine whether he/she is a drug dependent or not, which includes history taking, intake interview, determination of a criteria for drug dependency, mental and physical status, medical and psychiatric complications and co-morbidities, and the detection of the dangerous drugs in body specimens through laboratory procedures. (1) It contains an assessment of the extent of drug dependency, medical complications, and presence of co-morbidities, and recommend appropriate intervention.
- R) Drug Officer – Person in-charge of actual cases/clients/patients/surrenderers (preferably social welfare officers) who may also act as case managers
- S) Early recovery skills– are modules/interventions/techniques designed to give patients an essential set of knowledge and abilities for initiating and maintaining abstinence from drugs and alcohol
- T) Education/Employment support. – These are services provided to enable individuals to be productive members of the community that may include but not limited to alternative learning system, livelihood, vocational skills, food processing, bread and pastry making, job replacement / education.
- U) Facility-based Out-patient Facility – A health facility that provides diagnosis, treatment and management of drug dependents on an outpatient basis. It may be a drop-in/walk-in center, recovery clinic, or any other facility with consultation and counseling as the main services provided. It may also be an aftercare service facility. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty-four hours. Patients diagnosed with moderate substance use disorder are oftentimes referred to this center.
- V) Facility-based In-patient Center – A health facility where clients are admitted, that provides comprehensive rehabilitation services utilizing any of the accepted modalities as described in the Manual of Operations towards the rehabilitation of a person with substance use disorder. Patients diagnosed with severe substance use disorder are oftentimes referred to this center.
- W) Family Assessment/ Family-centered Assessment – is a process designed to gain a greater understanding of how a family's strengths, needs, and resources affect a person's safety, permanency, and well-being. The assessment should be strengths-based, culturally sensitive, individualized, and developed in partnership with the family. The strengths identified will provide the foundation upon which the family can make changes
- X) Family interventions/Family and Individual Programs – These are programs given to the PWUD and his/her family which aims to give information about drug use, effects associated with it, and the services that are available to help the client and his/her family. It includes orientation and briefing, seminars, brief intervention, family counseling, individual counseling.
- Y) Focal Person – ADAC designated coordinator for the drug program, charged with program oversight and recommending policies to the Local Government Executives. The Focal Person is directly answerable to the LGEs of the municipality/city/province.

- Z) Healthcare workers (HCW)/ Service Providers – refers to people engaged in the protection and improvement of client’s health within their respective communities which include but not limited to physicians, nurses, midwives, social workers and Barangay Health Workers (BHWs) and are duly trained by DOH.
- AA) International Classification of Diseases (ICD) – is a classification of Mental and Behavioral Disorders. It is also an assessment tool that provides clinical description and diagnostic guidelines for mental health and substance use disorders much similar to DSM.
- BB) Life skills - are psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.
- CC) Motivational Interview/Motivational Interviewing – a clinical approach that helps people with substance use disorders and other chronic conditions. The approach upholds four principles; expressing empathy and avoiding arguments, developing discrepancy, rolling with resistance and supporting self - efficacy.
- DD) Non-drug user – person who has not used drugs.
- EE) Orientation – initial educational activity that aims to increase the level of awareness and access to promotion, prevention, treatment and rehabilitation, care and support as contained in the client flow.
- FF) Patients – PWUDs referred to In-Patient programs
- GG) Person Who Use Drugs (PWUD) – refers to an individual who is using any drug.
- HH) Preventive Education – is a program which seeks to discourage users and impending abusers from experimenting with illicit substances or continuing to abuse them.
- II) Psychoeducation – These are interventions which aim to provide knowledge on the effects of drugs use on the health of a person through drug awareness lecture which may include topics on diseases related to substance abuse and dependence, its triggering factors, as well as family values. The legal consequences of drug use may also be discussed during these sessions. (DDB) It is designed to educate clients about substance abuse, and related behaviors and consequences.
- JJ) Psychosocial support/ Psycho-socio-spiritual Support – It is the use of spiritual doctrines, assistance from other people, and mental support to influence the well-being of the client. It includes technical skills enhancement, livelihood training activities, educational prevention programs, civic and environmental awareness activities, job placement/employment, recollection, retreat, mental health wellness programs, self-help activities and other similar activities;
- a. Spiritual / Faith-Based structured interventions
 - b. Family and community support services
 - c. Spiritual / Faith-Based structured interventions – Programs with implicit and explicit religious and/or spiritual content which may or may not include traditional psychosocial intervention approaches. Implemented by a secular service provider who make no explicit reference to God nor any ultimate value or by a religiously affiliated provider who use standard nonreligious techniques and approaches without religious content or by an exclusively faith-based provider who rely on religious content and technologies to the exclusion of traditional nonreligious

approaches or a holistic provider who combine religious and non-religious content and approaches.

KK) Rehabilitation Practitioner – A person working for the treatment and rehabilitation, aftercare and follow-up of people who use drugs and also provides behavioral interventions and services to drug dependents

LL) Referral – is done to identify appropriate programs and services, and to facilitate engagement of the client in accessing these. Referral can be a complex process involving coordination across different types of services

MM) Reintegration – any social intervention with the aim of facilitating re-entry of a former or recurrent drug users in to the community.

NN) Relapse Prevention Skills Training– are interventions/techniques designed to alert clients to the pitfalls of recovery and precursors of relapse. Also give clients the strategies and tools to use in sustaining their recovery. (10) It involves avoiding a return to drug use and building a healthier self by engaging in activities that do not include drug use, which is realized through Early Recovery Skills and Life skills

OO) Screening – is a process that requires skillful probing and a meaningful interaction with the client which determines the risk factors for drug dependency; and this may include the use of appropriate tool, such as ASSIST, to quantify the level and nature of risk. This may serve as an entry to the case management process.

PP) Self-help group/Mutual-help group – – A group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence or problems, or from the effects of another’s dependence, without professional therapy or guidance. Prominent groups in the alcohol and other drug field include Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon (for members of alcoholics’ families), which are among a wide range of twelve-step groups based on a non-denominational, spiritual approach. Mutual-help group more exactly expresses the emphasis on mutual aid and support.

QQ) Self-Reporting Questionnaire (SRQ) - The Self-Reporting Questionnaire (SRQ) was developed by the WHO and translated into Filipino as an instrument to screen for mental disorders, including depression, anxiety-related, post traumatic, and psychotic disorders. (14) SRQ may be self-administered or interviewer assisted. It is an instrument designed by to screen psychiatric issues that may be associated with substance abuse which may be self-administered or interviewer assisted.¹

RR) Severity – Term used in the Diagnostic Statistical Manual that measures the continuum of pathology from mild to severe. This includes the following:

- a. Mild Substance Use Disorder (SUD) — a minimum of two to three criteria has been met. Similar to experimental and occasional users
- b. Moderate Substance Use Disorder (SUD)— Four to five criteria met which would be similar to regular and habitual use
- c. Severe Substance Use Disorder (SUD) — If six or more criteria has been met which is about the equivalent to an abuser and substance dependent individual

SS) Social Worker – a practitioner who by accepted academic training and social work professional experience possesses the skill to achieve the objectives as defined and set

¹ Please refer to Annex C

by the social work profession, through the use of the basic methods and techniques of social work (casework, group work, and community organization) which are designed to enable individuals, groups and communities to meet their needs and to solve the problems of adjustment to a changing pattern of society and, through coordinated action, to improved economic and social conditions, and is connected with an organized social work agency which is supported partially or wholly from government or community solicited funds.

TT) Specialized Facility - refers to any Treatment and Rehabilitation center with specialized services, such as mental health facility/center, tertiary hospitals, detoxification facilities, infectious disease units, etc.

UU) Surrenderers – Persons who submit themselves to interventions which may include PWUDs and other drug personalities/offenders