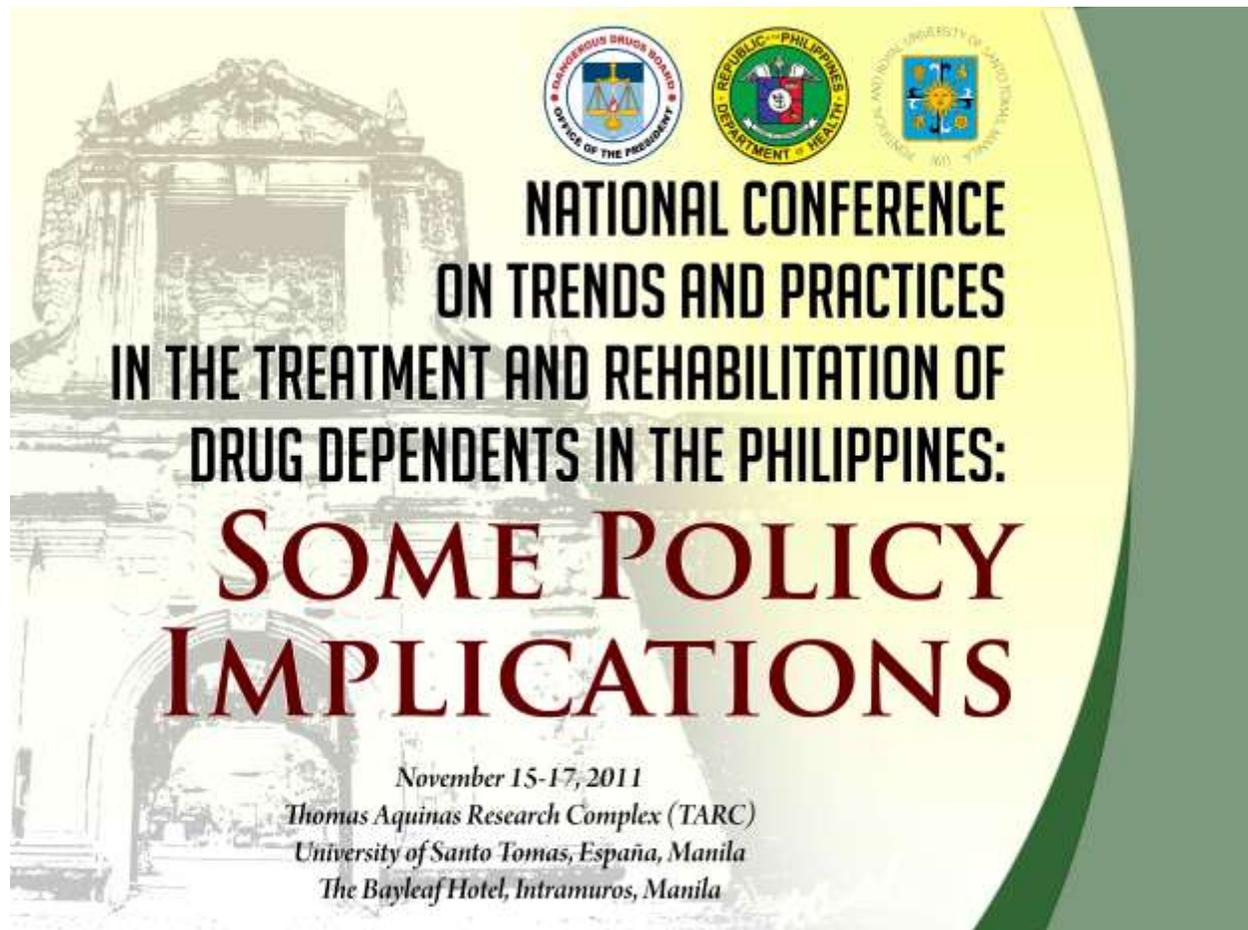


EXECUTIVE SUMMARY



The cover features a background illustration of a classical building facade with arches and columns. At the top right, there are three circular logos: the Dangerous Drugs Board Office of the President, the Department of Health of the Philippines, and the University of Santo Tomas. The main title is centered in bold, black, uppercase letters, with the subtitle 'SOME POLICY IMPLICATIONS' in a larger, red, serif font. Below the title, the date and location are listed in a smaller, italicized font.

**DANGEROUS DRUGS BOARD
OFFICE OF THE PRESIDENT**

**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH**

**UNIVERSITY OF SANTO TOMAS
601 PARRA ST. MANILA**

**NATIONAL CONFERENCE
ON TRENDS AND PRACTICES
IN THE TREATMENT AND REHABILITATION OF
DRUG DEPENDENTS IN THE PHILIPPINES:
SOME POLICY
IMPLICATIONS**

*November 15-17, 2011
Thomas Aquinas Research Complex (TARC)
University of Santo Tomas, España, Manila
The Bayleaf Hotel, Intramuros, Manila*

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I. Project Background and Objectives

This “National Conference on Trends and Practices in the Treatment and Rehabilitation of Drug Dependents in the Philippines: Some Policy Implications” which is jointly organized by the Dangerous Drugs Board (DDB), the Department of Health (DOH), and the University of Santo Tomas (UST), have a scientific, symbolic, and inspirational objectives.

Scientific Objective

In April of 2010, an international collaborative research project entitled “Studies on Policies and Practices in the Field of Drugs Use/Abuse: The Catholic University in Dialogue with Political and Social Actors” was launched under the auspices of the International Federation of Catholic Universities (IFCU). Participating in this study are five Catholic universities in Asia and five Catholic universities in Latin America. Each of the participating universities was to contribute to the over-all research topic by conducting localized studies on the subject in their respective countries. The expected final output of this collaborative research is a cross-countries comparative description of drug policies and practices. As a participant in this collaborative research, UST is conducting a multi-dimensional study of the Philippine drug policies and practices with the following five research objectives:

- To describe the evolution of the Philippine drug policies from pre-colonial period to the present;
- To make an accounting of the Philippine policy provisions on drugs;
- To explore the social representation of the drug issue as reflected by media
- To survey the youth opinions on the drug issue;
- To describe the operational execution of policies relative to treatment and rehabilitation, drug testing, and enforcement.

This conference is linked to the last of these five research objectives. At the end of this conference, through the exposition of our distinguished paper presenters and through the mutual sharing of our experiences, we hope to have gained a better understanding of the status of drug treatment and rehabilitation in the Philippines.

Symbolic Objective

The goal of this Conference, however, goes beyond this research interest. This Conference is also in celebration of the Drug Abuse Month, an event annually held under the auspices of the Dangerous Drugs Board and the Department of Health, in order to bring into the awareness of the people the importance of abiding community vigilance in the battle against illicit drugs.

Inspirational Objective

Finally, it is also the expectation that, after this conference, those who are in the forefront of the treatment and rehabilitation efforts in this country will have a keener appreciation of the reality that, despite the diversity in their philosophies, programs, and services, they are there for a common purpose – the personal restoration and social reintegration of the drug dependent individual.

Conference Specific Objectives”

- (1) Identify the institutions involved in the treatment and rehabilitation for drug dependents in the Philippines;
- (2) determine the existing philosophies of the treatment and rehabilitation centers (TRCs) on drug use/abuse and drug dependents and how does it influence their programs and services;
- (3) determine the resources available to treatment and rehabilitation institutions relative to their operations;
- (4) Identify mechanisms employed by treatment and rehabilitation centers in determining success of programs and services, and
- (5) Identify issues and concerns affecting maintenance and operations of treatment and rehabilitation centers for drug dependents emanating from existing illicit drug policies in the Philippines.

II. Preparatory Meetings

A. Preparatory Meetings

Several meetings were held in preparation for the Conference. The initial consultation meeting with Mr. Eddie Castillo, president of the Philippines Federation of Therapeutic Communities (PFTC) was held at the RCCESI Office in UST on August 10, 2011. The primary objective of the initial meeting was to present to the partner organizations the rationale behind the idea of holding a national conference, its target participants and the budget requirements if pursued. This was followed by another meeting at UST on August 17, 2011, this time with the representatives from the Dangerous Drugs Board (DDB) Ms. Ofelia M. Legaspi (PETID) and Ms. Rebecca Arambulo (PSRSD) in attendance and Mr. Eddie L. Castillo. Seagulls Flight Foundation, Inc. where Eddie Castillo serves as Executive Director hosted a follow up meeting on September 7, 2011 at their office in Alabang where Ms. Lourdes Sare and Mr. Francis Galera of the Dangerous Drugs Abuse Preventive Treatment Program of DOH participated. A proposal presentation was made before Usec. Edgar C. Galvante, Executive Director of DDB on September 23, 2011 at the DDB Board Room. A follow up meeting to do the necessary revisions to the proposal was held at UST on October 13, 2011. The final proposal and updates on initial preparations was presented to Usec. Galvante in another meeting at DDB on October 17, 2011. Ocular visits were also made by Ms. Lourdes Sare and Mr. Francis Galera and Mr. Crescencio M. Doma Jr. (Conferece Convener, UST-RCCESI) on separate occasions at The Bayleaf Hotel in Intramuros as the final venue of the Conference. The Working Committee had another meeting on October 28, 2011 at UST.

Student Volunteers from the Sociology Section of the Faculty of Arts and Letters of UST were also identified to extend technical assistance in the Conference. They were tasked to assist paper presenters and the documentation of the conference proceedings. An orientation meeting was conducted for the student volunteers at UST on November 9, 2011 while final instructions were given to them on November 14, 2011, a day prior to the opening of the Conference. Initial physical arrangements for the venues of the Conference (Opening Ceremonies and Photo Exhibit at UST and Parallel Sessions at the Bayleaf) were finalized also with the help of the student volunteers.

B. Call for Participation

Three major approaches were utilized in disseminating information about the Conference especially in the call for participation and paper presentation. First was seeking assistance from the organizers: Dangerous Drugs Board (DDB) and Department of Health (DOH) in informing network organizations in the field of treatment and rehabilitation of drug dependents in the Philippines. The directory of DOH accredited TRCs in the Philippines was very helpful in this sense. Second is by sending target participants invitations through electronic mail (e-mail), third is by telephone calls and lastly, by sending them official invitations through a major courier (LBC) in the country. It was also decided that even non-accredited TRCs operating in the country be invited so their voice could also be heard and learn from their experiences/situations and at the same time the latter also learning from the experiences of accredited TRCs.

C. Logistics

Based on the approved budget for the Conference, the following important details were established: (1) Registration for the Conference is free. This was made to encourage more participants from various parts of the country. Since DOH is the one in-charged of accreditation, it was suggested that all units should be encouraged to participate, (2) each TRC is entitled to 2 participants in the Conference, (3) speakers/resource persons from outside NCR will be provided transportation subsidy (plane fare), (4) only participants coming from outside of the National Capita Region (NCR) will be given free board and accommodation during the Conference (starting November 14, 2011 up to November 17, 2011), (5) the rest of the participants were also provided snacks and lunch during the Conference. (6) Participants staying at the Bayleaf Hotel will also be provided transportation to UST for the Opening Ceremonies and back to the Bayleaf Hotel and (7) all registered participants will be given Conference Kit.

The Conference Kit consisted of a bag, official program booklet, conference ID with specially designed lace and ball pen. The program booklet contained the details of the conference in terms of schedule of activities, resource persons and significant data pertaining to the drug abuse situation in the Philippines and an updated list of accredited TRCs in the Philippines which also included a locator map. Contact details of pre-registered Conference participants were also included under Directory of Participants. The DDB also provided education and information materials to the participants at the Conference venue. Each TRC represented in the Conference also received a compact disc containing all presentations in the Conference during the closing ceremonies.

III. Conference Proper

A. The Participants

A total of 100 participants registered for the Conference. The objective of reaching TRCs from most parts of the country was realized as shown by the presence of participants from Luzon, Visayas and Mindanao. While there were more private institutions in the conference there was also a significant number of TRCs from the government particularly those under the DOH represented. As expected, the participants consisted mostly of program or center directors and support staff.

B. Opening Ceremonies

The Opening Ceremonies of the Conference was held at the Thomas Aquinas Research Complex Auditorium in UST on November 15, 2011. Participants staying at the Bayleaf Hotel were fetched by a UST bus from the hotel and were brought to UST. Aside from the Conference participants, the opening ceremonies was also attended by representatives from the various departments/offices of the organizing institutions; the DDB, DOH and UST. The Department of Education also sent representatives. Rev. Fr. Florentino A. Bolo, O.P. , Secretary General of the University of Santo Tomas, welcomed the participants of the Conference and the guests who extended support to the project. In his address, he commended the organizers of the Conference for a note worthy endeavor which he hoped would find viable solutions to the he problem of drug abuse which he referred to as the one “destroying human lives and crushing human spirit”. Inspirational messages from the Chairman of the Dangerous Drugs Board of the Philippines, Sec. Antonio A. Villar Jr. and Asst. Secretary Elmer G. Punzalan of DOH were read by Assec. Rommel Garcia of DDB and Dr. Criselda G. Abesamis, Director of SGTC-DOH respectively. Usec. Edgar Galvante, DDB Executive Director also addressed the participants. Atty. Hector A. Villacorta, Chief of Staff of Sen. Vicente Sotto III gave the Keynote Address in behalf of Sen. Sotto. In his address, he challenged the participants by coming up with a unique way of addressing the problem of drug abuse among Filipinos that really gets into the mindset of the Filipino. “Something that is culture based. Something that requires looking into the heart and mind of every person and rehabilitation may be on the way because of love” he emphasized. The AB Chorale which led the invocation and the singing of the National Anthem rendered some special numbers during the opening ceremonies.

C. Poster Exhibit

A Poster Exhibit was one of the features of the Conference. Some participating

TRCs brought posters showing profile of their institutions and their programs and services. The DDB and DOH also participated in the poster exhibit which was formally opened for public viewing at the lobby of TARC in UST. Atty. Villacorta and Assec. Rommel Garcia cut the ceremonial ribbon during its formal opening for public viewing. after the Opening Ceremonies of the Conference. Light merienda followed shortly before the participants were brought to The Bayleaf Hotel. Said exhibit was later transferred to the Bayleaf Hotel in Intramuros, Manila which stayed on display throughout the duration of the Conference.

D. Plenary/Paper Presentations

A total of 5 Plenary Sessions and 2 workshops were held during the Conference. Plenary Sessions consisted of paper presentations mostly on the practical aspect of treatment and rehabilitation programs and services as stipulated in the call for papers while the other papers were theoretical in nature. Each presenter was given a maximum of thirty minutes to deliver their paper. Presenters for the first category were program directors of TRC in the Philippines. Their presentations focused on the following areas: (1) the existing philosophies of their treatment and rehabilitation center on drug use/abuse and drug dependents and how does it influence their programs and services; (2) resources available to treatment and rehabilitation institutions relative to their operations; (3) mechanisms employed by treatment and rehabilitation centers in determining success of programs and services, and (4) issues and concerns affecting maintenance and operations of treatment and rehabilitation centers for drug dependents emanating from existing illicit drug policies in the Philippines. Presenters for this category were Mr. Martin Infante of SELF Enhancement for Life Foundation, Inc., (Batangas), Dr. Alfonso Villaroman, DOH-TRC (Bicutan), Mr. Gonzalo Jesus R. Garcia III of Springwells of Hope (Laguna), Mr. Ed Castillo, Seagulls Flight Foundation, Inc. (Tagaytay City), Mr. James Santos, HELP International (Cainta, Rizal), Dr. Ernesto A. Palanca, *Ang Dalangpan* Drug Rehabilitation Center (Victoria City, Negros Occidental), Mrs. Marie Angeli L. Rafanan, Bureau of Jail Management and Penology (Muntinlupa), Mr. Bob Garon and Ms. Alexandra Garon, Nazareth House (San Jose, Batangas), Ms. Ma. Teresa Inigo, DOH-TRC (Malinao, Albay) and Mr. Reniel B. Cristobal, The Family Wellness Center, Foundation (Makati). Based on the presentations, it can be established that the Therapeutic Community (TC) modality/approach is widely applied or utilized in the country. There were a few that are faith based but undeniably also refers to some TC principles. Among the important issues and concerns raised were on securing court order as a requirement for admission, implementation of the Follow Up and After-Care Services for released clients and the budgetary constraints faced by TRCs in their operations.

On the other hand, the second category of presentations consisted of special papers on the following topics: "Court-Based Treatment: Perspectives from the

Literature” discussed by Prof. Armando de Jesus, Ph.D. , of UST, “Drug Induced Psychosis, its Management, Statistics, Current Trends and the like” by Dr. Rosalie del Valle from the National Center for Mental Health, “Detoxification Guidelines Relative to the Management of Substance Abusing Clients” by Dr. Joselito Pascual of the National Poison Management and Control Center, UP-PGH, and “Harm Reduction Approaches in IV- Using Drug Dependents: A Challenge to the Philippine Drug Abuse and HIV Aids Problem ” presented by Dr. Teresita Marie Bagasao, Country Coordinator, UNAIDS – Philippines.

E. Open Forum

An open forum was held every after a parallel session to entertain comments and clarifications from the other participants. The session moderator facilitated the open forum which provided further information on the topics discussed by the resource persons. Some of the major issues/concerns raised in the open forum included the following (1) the concept of success or failure in the treatment and rehabilitation process, (2) the use of the term client or patient to refer to people seeking treatment and rehabilitation services, (3) creating concrete measures by which family members; especially parents who as co-dependents should be obliged as part of their responsibility to participate in the treatment and rehabilitation activities of the client/resident, (4) establishing clear indicators of success given the various modalities applied by existing TRC in the country, (5) the need for detoxification facilities in the TRCs, (6) compliance with court orders as a requirement for admission of a client to a TRC, (7) need for further education among judges on the interpretation and implementation of certain provisions of the Comprehensive Dangerous Drugs Act of 2002 and (8) the issues facing harm reduction approaches in drug abuse problem.

F. Policy Review and Recommendations Workshop

Two separate workshops on Policy Review and Recommendations were conducted as an important part of the Conference. Participants were divided into 2 workshop groups. The first group consisted of participants coming from the government TRCs while the second group was composed of treatment and rehabilitation workers from the private institutions. The workshop used the following guidelines: (1) Identify existing policies on treatment and rehabilitation that you think need immediate attention, (2) identify the factors that contribute to its successful implementation, (3) identify the challenges that TRC face in relation to a given policy and (4) Recommend concrete steps or measures by which those challenges can be addressed.

Workshop results showed the following significant issues and concerns:

A. Government TRCs

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
Court Order	Resident will be forced to finish the program.	<ul style="list-style-type: none"> Some judges would interfere in prematurely releasing the patients thru coercion/ manipulation of parents and petitioners. 	<ul style="list-style-type: none"> Dialogue with the judges coordination with O.C.A For regular updates
15 days TCO	The parents will facilitate the fast release of the court order in coordination with DDB representative.	<ul style="list-style-type: none"> Certain judges do not honor the board resolution # 3 S. 2006 	<ul style="list-style-type: none"> Initiate a dialogue with the court administrator by region example: implementation of Board Resolution No. 3 Revision of Amendment of 15 days T.C.O.
Issuance of TCO w/o DDE	Not a policy of R.A. 9165	<ul style="list-style-type: none"> Patients admitted not properly screened 	<ul style="list-style-type: none"> Coordination with judges thru O.C.A.
Issuance if DDE certificates by DOH accredited doctors	Proper diagnosis of DD's and proper treatment plan	<ul style="list-style-type: none"> DDE certificates issued by Non-DOH accredited doctors 	<ul style="list-style-type: none"> Provide Court Administrators (O.C.A) with list of DOH accredited doctors for dissemination to judges
Discharges -medical -surgical -humanitarian leave	Progress and final reports allow centers to update courts	<ul style="list-style-type: none"> Slow response from courts 	<ul style="list-style-type: none"> Coordination with courts thru O.C.A. Formulation of guidelines
Escape	Allows patients a	<ul style="list-style-type: none"> Courts often 	<ul style="list-style-type: none"> Formulation of

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
-they should return the patient 5-6 days in case the patient didn't return to the rehabilitation	chance to make-up for infraction	consider this action more of a felony rather than a barometer for management <ul style="list-style-type: none"> • The center may be cited for contempt if it fails to report escape 	guidelines with court administrators and other stake holders
Coordination with parents/guardians	Allows families to be involved in patients treatment as well as allow families to be treated as well	<ul style="list-style-type: none"> • Uncooperative petitioners often affecting patients program 	<ul style="list-style-type: none"> • Stipulate in court order involvement of families • In coordination with O.C.A.
Early discharge-upon recommendation center	Allow problems that cannot be handled in center to be addressed earlier	<ul style="list-style-type: none"> • Slow response by courts 	<ul style="list-style-type: none"> • Coordination with O.C.A/ courts thru phone, fax, email
Clients with TCO diagnosed communicable disease –do not admit	Prevents possible spread of communicable diseases in center	<ul style="list-style-type: none"> • Center forced to admit patients with court orders 	<ul style="list-style-type: none"> • Communicate closer with courts
Admission of patients with communicable/co-morbid diseases	Opportunity to manage co-morbid cases, broadening scope of center's services	<ul style="list-style-type: none"> • Adds risk of transmitting communicable diseases/affecting center programs 	<ul style="list-style-type: none"> • Establishment of added services eg. D.O.T.S • Opening of dorms for co-morbid, dual dx. cases
Article V DDB Regulation #1 – Termination of Aftercare Program	The implementation of the policy was successful, however the identified challenges in the 3 rd column are the	<ul style="list-style-type: none"> • Duration of the program, cases of those who got out • Completion of the program 18 months AND/OR the seven 	<ul style="list-style-type: none"> • Place a standard "Indicator" on what provision to be followed by all rehabilitation center in

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
	challenges met in its implementation	parameters <ul style="list-style-type: none"> • Not clear of which to follow or what should really be done either/or/both 	termination of ACP <ul style="list-style-type: none"> • Inform the courts concerned • Make it AND not AND/OR • In Art V sec. 14 DDB Board Reg. No. 1
URINE TESTING	Provides objective evidence of presence of tested substance in the body	<ul style="list-style-type: none"> • Official proof that the urine drug testing conducted for ACP client is valid and official (THE ONE DOING THE DRUG TESTING AT TRCs NOT ACCREDITED) • Requires CONFIRMATORY TEST ALSO? • Budgetary constraints-personnel • May lead to legal issues 	<ul style="list-style-type: none"> • Put up a DTL and accredit them (TRC) • Send specimen to DTL • Train a staff in the rehab center to be accredited by DOH
7 Indicators for Termination of ACP		Parameters (all subjective) <ul style="list-style-type: none"> • What are the standards for each parameter , how can each be validated • Prone to bias 	<ul style="list-style-type: none"> • Formulate Measurable and objective indicators to be included in the parameters for more accurate assessment
Detention of drug dependencies in jail	Nothing is successful yet	<ul style="list-style-type: none"> • Fast turn-over 	<ul style="list-style-type: none"> • Transfer to TRC of drug dependencies
Out-patient drug	Allows access of service to majority of	<ul style="list-style-type: none"> • Inadequacy of budget of OPD-TRC 	<ul style="list-style-type: none"> • Regular finding for the operation of

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
treatment services	substance abusers		the out-patient
Court mandation for out-patients	Greater compliance expected from patients	<ul style="list-style-type: none"> No clear guidelines, courts sometimes slow on reply 	<ul style="list-style-type: none"> Make clear guidelines in handling OPD/operation, coordination with O.C.A.
Accreditation of BJMP TRC's	Would allow access of drug treatment services in jails	<ul style="list-style-type: none"> Continuing services in correction facilities long term, lack of guidelines for TRC's in jails 	<ul style="list-style-type: none"> Guidelines for accreditation of BJMP/implementation of guidelines for accreditation
Detoxification service to all TRCs	Allows patients to avail of more comprehensive management (one-stop shop)	<ul style="list-style-type: none"> Lack of equipments/skills of TRC staff to do detoxification 	<ul style="list-style-type: none"> Training for staff
Dual diagnosis and co-morbid patients	Will lessen interagency/inter-hospital referrals/transfers	<ul style="list-style-type: none"> Adds to center policies and management protocols, spreading staff and resources thinly 	<ul style="list-style-type: none"> Added staff training and funding

B. Private TRCs

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
Evaluation Criteria		<ul style="list-style-type: none"> • No common or standard criteria in determining success in treatment and rehabilitation of drug dependents. • Success is normally measured in terms of number 	<ul style="list-style-type: none"> • Consider qualitative measures or designs in determining success in treatment and rehabilitation covering the four elements: <ol style="list-style-type: none"> (1) Intake / screening, (2) assessment, (3) treatment planning and (4) discharge procedure
Court order	<ul style="list-style-type: none"> • Current law helped prevent people from “hiding” in TRCs to escape from criminal liabilities • Not successful : some TRCs do not observe the Law 		<ul style="list-style-type: none"> • Amend provisions on court order procedures: <ul style="list-style-type: none"> - Increase number of drug courts in strategic location near TRCs • Increase grace period of 15 to 30 days of temporary admission at TRC while awaiting for the court order. • Parents/guardian

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
	<ul style="list-style-type: none"> • Ongoing education program on drug courts by DOH and DDB • Accreditation of doctors who handle drug dependence examination (DDE). 		<p>endorsement be used in the absence DDE (given limited accredited doctors to do DDE.</p> <ul style="list-style-type: none"> • Continue existing education program among judges ; further training • Provide stricter provisions on family/parents' accountability in the treatment and rehabilitation of a family member • Accreditation of doctors be more accessible
	<ul style="list-style-type: none"> • Institutionalized requirements in granting TRC accreditation 	<ul style="list-style-type: none"> • Requirement of full-time staff even for new TRCs with a few residents • The same accreditation requirements/ procedures for new TRCs apply even for a mere transfer of location of a previously accredited TRC 	<ul style="list-style-type: none"> • Flexibility in some requirements relative to the nature of a facility/TRC

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
Nature and Duration of Treatment	<ul style="list-style-type: none"> 6 months to 1 year of primary care 	<ul style="list-style-type: none"> Concerns on “abuse of clients” extended stay at TRC 	<ul style="list-style-type: none"> Always consider comprehensive assessment of client’s condition as basis of treatment plan / length of stay Standardization of basic components of a treatment and rehabilitation program regardless of the modality used by a TRC Explore additional treatment modalities Consider program for other forms of addiction/dependence
Follow-up and Aftercare Services	<ul style="list-style-type: none"> 18 months of aftercare after primary program Some TRCs provide extended/lifetime aftercare services for free 	<ul style="list-style-type: none"> Parents/family neglect responsibilities/participation/involvement in the aftercare program Foreign clients have very short (2 mos.) visa 	<ul style="list-style-type: none"> Create provisions in the current Law on family involvement in the treatment and rehabilitation program of a member Increase length of stay for treatment purposes to one

Existing state policies (e.g., on court-ordered treatment, eligibility, evaluation criteria, accreditation procedures)	Successful state policies & Reasons for Success	Challenges in Implementing Existing State Policies	Proposed State Policy Changes/ Strategies
			year; renewable
Counseling Law	<ul style="list-style-type: none"> Grandfather's clause (16 years of practice) 	<ul style="list-style-type: none"> Experience vs. degree Certification of Addiction Counselors 	<ul style="list-style-type: none"> Pursue/ support the National Certification of Substance Abuse Counselors Course being proposed by DOH

Representatives from DDB, DOH and DSWD-Manila were invited to give their comments on the workshop results presented by the two groups. They also entertained questions from the participants which further clarified issues and concerns particularly on Court Order including availability of judges who respond to court order requests, the possibility of covering treatment services for drug dependents as part of PhilHealth Services. The need to really come up with standard indicators for success determination in the field of treatment and rehabilitation was suggested alongside with the need to require detoxification facilities in TRCs. One of the significant questions raised from the audience was the next step after the Conference considering that in the past, several attempts have been made to amend some aspects of RA 9165 but no significant result has been implemented so far. Members of the panel, particularly Atty. Posada of DDB and Dr. Benjamin Reyes of DOH promised that immediate action will be given to the concerns raised by the participants and thanked them for being vocal in sharing their situations in their respective institutions. They also encouraged the participants to get in touch with them when issues arise so that they can be extended the necessary assistance.

G. Closing Ceremonies

A simple Closing Ceremonies was conducted after the last (6th) Plenary session which was devoted to the presentation of the results of the workshop of the

government TRCs and private TRCs. The DDB Chorale graced the occasion by leading the invocation and the singing of the National Anthem. They also rendered musical numbers in the program. Individual Certificates of Participation were awarded to the Conference participants. Two participants were requested to give their response/feedback on the Conference. Dr. Benjamin Reyes (DOH) gave the Closing Remarks while Prof. Armando F. de Jesus (UST-RCCESI) extended gratitude to the participants, DDB and DOH and to the Secretariat. In behalf of the Dangerous Drugs Board, Ms. Virginia Balmes also expressed gratitude to the participants, DOH and UST for a successful Conference.

IV. Post Conference Meeting/Evaluation

A post conference meeting was held at the UST RCCESI Extension Office at the University of Santo Tomas, Manila on November 25, 2011. Results of the Evaluation Survey conducted during the last day of the Conference and based on the thirty-one submitted/returned instruments showed positive evaluation of the entire conference. Using a scale of 1 to 4, with 4 being the highest, participants rated selected segments of the Conference for the organizers to know the strengths and weaknesses of the selected aspects of the Conference which can be used for future endeavors.

Evaluated Areas	Mean
A. Conference In General	
Information dissemination about the Conference	3.48
Significance/Relevance of the Conference	3.72
Appropriateness of the Conference as an approach to gather data on the state of treatment and rehabilitation for drug dependents in the Philippines	3.58
Speaker's mastery of the topic	3.45
Speaker's clarity of presentation	3.45
Time allotted to each speaker	3.00
Time allotted for Open Forum	2.83
B. Conference Venue, Food and Accommodation	
Venue's conduciveness for the event	3.71

Workshop Venue	3.71
Food	3.35
Accommodation (for live-in participants only)	3.88
C. Secretariat	
Ability to respond to participants' concerns prior to the Conference	3.88
Ability to respond to participants concerns during the Conference	3.58

Some participants also suggested that the introductory part of the presentation of the speakers should not have been included anymore since these are only basic information about their TRCs. They were expecting that more time should have been allotted on the aspect concerning policy issues affecting the operations of their respective institutions.

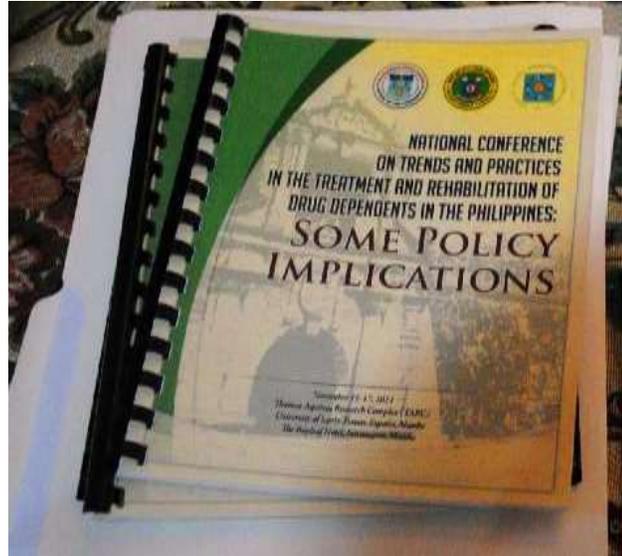
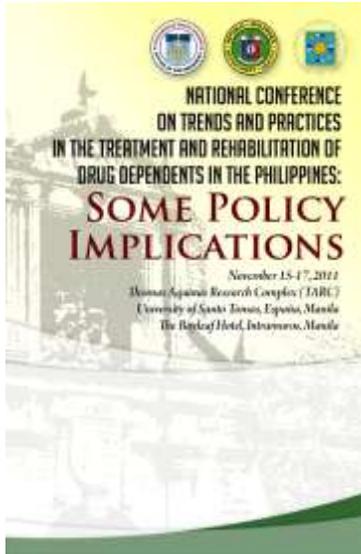
Meanwhile, the Working Committee also made an internal evaluation of the entire process and the following observations were presented: In terms of participation from target TRCs, it was observed that more participants could have attended the conference if even the non-registered TRRs were reached by invitation. Final date of the Conference was also decided a bit close to the Conference date and this could have also affected Conference information dissemination. With regard to the resource persons/speakers, it was also noted that some speakers did not focus their presentation on the important parts they should have covered. This may have been a result of the failure of the Secretariat to implement a strict implementation of the screening of papers submitted by the resource prior to the Conference. The choice of the venue for the Conference was also highly appreciated by the Committee noting its accessibility, proximity to important locations in the City of Manila helpful especially to live-in participants, food was very good and just enough. Accommodation was considered to be very good. Technical assistance from the management and staff was excellent; noting in particular prompt response to requests and their being polite to the participants and the Secretariat.

Based on the results of the Conference, it was recommended that a follow-up activity based on the recommendations forwarded by the participants be further studied. They also requested that a presentation of the overall IFCU Project be presented by Prof. Armando de Jesus to the DDB Board for them to have a more detailed idea on the significance of the project which may be of help to the current as well as future program of DDB and other government agencies working in the area of drug abuse in the Philippines.

V. Appendices

Official Conference ID

Program Booklet



Plaque of Appreciation and token for Sen. Sotto as Keynote Speaker

