

**[DDB BOARD REGULATION NO. 1, SERIES OF
2009, March 26, 2009]**

**GUIDELINES FOR THE REHABILITATION OF FIRST TIME
OFFENDERS UNDER SECTION 15 OF RA 9165 WHO ARE NOT
DRUG DEPENDENTS**

WHEREAS, it is a declared policy of the State to 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;

WHEREAS, under RA 9165, the Dangerous Drugs Board is the policy-making and strategy-formulating body in the planning and formulation of policies and programs on drug prevention and control and is empowered, among others, to promulgate such rules and regulations as may be necessary to carry out the purposes of the said Act;

WHEREAS, the Dangerous Drugs Board is likewise empowered to design and develop, in consultation and coordination with the DOH, DSWD and other agencies involved in drugs control, treatment and rehabilitation, both public and private, a national treatment and rehabilitation program for drug dependents including a standard aftercare and community service program for recovering drug dependents;

WHEREAS, under Section 76 of the Act, the Department of Health (DOH) is tasked to oversee and monitor the integration, coordination and supervision of all drug rehabilitation centers, interventions, aftercare, and follow-up programs, projects and activities;

NOW THEREFORE, be it **RESOLVED**, as it is hereby **RESOLVED**, to provide the following guidelines on the rehabilitation of first time offenders under Section 15 of RA 9165 who are determined to be not drug dependents after a drug dependency examination.

SECTION 1. Scope - This Regulation covers all government drug treatment and rehabilitation centers.

SECTION 2. Definition of Terms

- a) Center – any government drug treatment and rehabilitation center;
- b) Board – refers to the Dangerous Drugs Board;
- c) Court – refers to the Regional Trial Court of the Province/City;
- d) Drug Offender – a person convicted under Section 15 of RA 9165 and sentenced to be rehabilitated in a government center for a period of not less than six (6) months;

e) Community service - is a free public labor or work with therapeutic purpose as a sanction for an offense committed, performed by an offender for the benefit of the community designed as an after-care intervention program for the rehabilitation of a drug offender;

f) 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;

g) Drug Dependency Examination – a procedure 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 the criteria for drug dependency, mental and physical status and the detection of dangerous drugs in body specimens through laboratory procedures;

h) Rehabilitation – is a dynamic process directed towards 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;

SECTION 3. Rehabilitation Programs for Non-Drug Dependent Drug Offenders -

A. Upon the determination that a drug offender is not a drug dependent, after a drug dependency examination, and he/she does not pose a serious danger to himself/herself, his/her family or community, the center shall formulate the appropriate rehabilitation program for the drug offender, which does not require confinement, and shall include, but not limited to, any or a combination of the following therapeutic activities:

1) Individual therapy – involves a one to one relationship between the counselor and the patient with the primary aim of helping the client to get rid or reduce his drug abusing behavior so that they may be able to get involved in productive work and develop insights into his conditions;

- also integrates coping skills-training techniques with abstinence-based addiction counseling. The primary goals of treatment are to enhance and sustain patient motivation for change, establish and maintain abstinence from all psychoactive drugs, and foster development of (non-chemical) coping and problem solving skills to thwart and ultimately eliminate impulses to “self-medicate” with psychoactive drugs. The approach combines cognitive-behavioral, motivational, and insight oriented techniques according to each client’s individual needs. The therapeutic style is emphatic, client centered, and flexible. Strong emphasis is