



Republic of the Philippines  
Supreme Court  
Office of the Court Administrator  
Manila

**OCA CIRCULAR NO. 222-2023**

**TO : ALL REGIONAL TRIAL COURTS/ FAMILY COURTS HANDLING DRUGS CASES**

**SUBJECT : DANGEROUS DRUGS BOARD: BOARD REGULATION NO. 7 SERIES OF 2019 (RE: CONSOLIDATED REVISED RULES GOVERNING ACCESS TO TREATMENT AND REHABILITATION PROGRAMS AND SERVICES)**

For the **information, guidance, strict observance** of all concerned Regional Trial Courts handling drugs cases and a Person Who Uses Drugs (PWUD), appended hereto is Board Regulation No. 7 Series of 2019 (*Re: Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services*) of the Dangerous Drugs Board, the salient portions of which read:

***Section 6. Determination of Appropriate Intervention***

1. LOW RISK FOR DRUG DEPENDENCE/GENERAL INTERVENTIONS  
xxx
2. MODERATE RISK OF DRUG DEPENDENCE/COMMUNITY-BASED PROGRAMS xxx
3. HIGH RISK<sup>1</sup> xxx

***Section 7. Drug Dependency Examination of PWUDs***

For clients screened as having low to moderate risk, paramedical staff can already refer the client to general, community-based and out-patient intervention programs.

Drug Dependency Examination (DDE) shall be conducted by a DOH-Accredited Physician on the following PWUDs: (a) surrenderers who, after screening and assessment, are found to be of "HIGH" risk; (b) arrested or apprehended individuals who violated Section 15, R.A. No. 9165 and opted to avail of Voluntary Submission pursuant to Section 54 of RA 9165; and (c) individuals who availed of the Plea Bargaining arrangement pursuant to the Supreme Court En Banc decision G.R. No. 226679, dated August 15, 2017.

The accredited physician/provisionally accredited physician (Pursuant to DDB Regulation No.1, Series of 2019), shall use the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or the International

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<sup>1</sup> The PWUD shall be referred for Drug Dependency Examination

Classification of Diseases (ICD) classification of mental and behavioral disorders for DDE.

After evaluation and assessment, all clients/patients can be provided appropriate interventions and techniques (e.g.) brief intervention and motivational interviews.

If the PWUD has co-occurring morbidities (other than substance use disorder), he is referred to a specialty facility for treatment after which the PWUD is again reassessed by the qualified health professional.

#### A. MILD SUBSTANCE USE DISORDER/COMMUNITY-BASED

If after DDE, the PWUD is diagnosed as having "**MILD SUBSTANCE USE DISORDER**", he/she shall be referred to a **community-based treatment and rehabilitation program** pursuant to Board Resolution No. 75, Series of 2015 which may include, but not limited to interventions and approaches specified under Section 6 (Low Risk Drug Dependence) or any or all of the following services:

1. Case Management with Individual Treatment Plan
2. Psycho-social Support
3. Recovery Skills
4. Life Skills
5. Brief Interventions and motivational interviews – Clinical approaches that help 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.
6. 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.
7. Social Support Activities such as but not limited to:
  - a) Technical Skills Enhancement
  - b) Livelihood Training Activities
  - c) Educational Programs
  - d) Environmental Awareness Activities
  - e) Other Socio-Civic Oriented Activities
8. Other activities deemed necessary

The duration of treatment is left to the discretion of the physician or the case manager. Clients should be provided with an individual Treatment Card/Book wherein all services they have received are recorded. A corresponding Certificate of Completion shall likewise, be issued to all graduates of the program.

#### B. MODERATE SUBSTANCE USE DISORDER / DEPENDENCE /FACILITY-BASED – OUT-PATIENT

If assessed to be having "**MODERATE SUBSTANCE USE DISORDER/DEPENDENCE**" the client shall undergo **detoxification** when necessary and shall



be referred to an **outpatient program** accredited by the DOH which may include, but not limited to, the following services:

1. Structured Out-Patient Modalities (Intensive Out-Patient Matrix Program, Psychotherapy Interventions, Harm Minimization etc.)
2. Moral or Spiritual / Faith-Based Structured Interventions (counselling, provision of addiction modules/services etc.)
3. Individual or Group Counselling
4. Behavioral Modification Programs
5. Social Support Activities such as but not limited to:
  - a. Technical Skills Enhancement
  - b. Livelihood Training Activities
  - c. Educational Programs
  - d. Environmental Awareness Activities
  - e. Other Socio-Civic Oriented Activities
6. Attendance of support groups (e.g. Narcotics Anonymous, Faith-Based Organizations and other NGOs) meetings
7. Other activities deemed necessary; and
8. Client is processed for admission to an Out-Patient Rehabilitation Program pursuant to DDB Regulation No. 1, Series of 2009 which shall be provided by the nearest DOH-accredited drug treatment and rehabilitation center or local government health center (if capable or capacitated).

The duration of treatment depends on the recommendations of the physician or the case manager. Clients should be provided with an Individual Treatment Card/Book wherein all services they have received are recorded. Similarly, a Certificate of Completion shall be issued to all graduates of the program.

#### C. SEVERE SUBSTANCE USE DISORDER / DEPENDENCE/IN-PATIENT

If assessed to be having "**SEVERE SUBSTANCE USE DISORDER/DEPENDENCE**" the patient shall undergo **detoxification** when necessary and shall be referred to an **in-patient facility** accredited by the DOH which has a biopsychosocial spiritual approach that may include, but not limited to the following programs:

1. Therapeutic Community Model - The most common form of long-term residential treatment for substance use disorder. Following the concept of a "community as a method", the program uses active participation in group living and activities to drive individual change and to achieve therapeutic goals. Participants take on responsibility for their peer's recovery emphasizing mutual help and social learnings.
2. Minnesota Model- Based on the Hazelden-Betty Ford Foundation Program similar to the principles of Alcoholic Anonymous which outlines a set of guiding principles (12-Steps) outlining a course of action for recovery from substance use disorder. Each participant tries to determine what will work best for

their individual needs while providing support, encouragement and accountability through a sponsorship method.

3. Other evidence - based model programs.

The duration of treatment should be at least six (6) months. Patients should be provided with an Individual Treatment Card/Book wherein all services they have received are recorded. A Certificate of Temporary release shall be given to the client after the primary program and a Certificate of Completion shall be given upon completion of an aftercare program.

**Section 8. Application for Access to Treatment and Rehabilitation Program**

**A. In-patient programs**

Surrenderers and arrested/apprehended PWUDs with Severe Substance Use Disorders may by himself/herself or through his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, file a verified application to the Board or its duly recognized representative for voluntary confinement for treatment and rehabilitation subject to the provisions of Board Regulation No. 3, Series of 2007. The case manager may likewise refer the client to an accredited rehabilitation center to help facilitate admission process.

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Upon receipt of the verified application, the Board or its duly recognized representative shall bring forth the matter to the court by filing a petition.

PWUDs with Severe Substance Use Disorders who availed of plea bargaining shall be subject to the jurisdiction and disposition of the court.

**B. Out-patient, Community-based and general intervention programs**

**a. Court mandated**

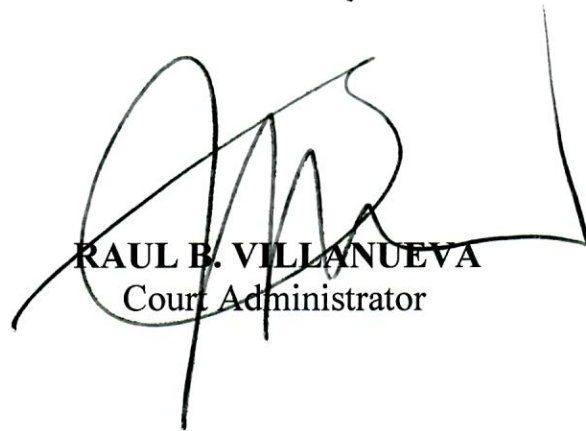
Low or moderate risk PWUDs who availed of (1) plea bargaining or (2) voluntary submission under Section 54 of RA 9165 or (3) compulsory confinement under Section 61 of RA 9165 shall be subjected to DDE upon order of the Court to be conducted by a DOH-accredited physician who, based on his professional discretion, may refer the PWUD to a trained paramedical for screening and assessment under Section 5 of this Regulation for determination of appropriate intervention. The findings and recommendation of the trained paramedical and/or the DDE shall be approved by the DOH-accredited physician to be forwarded to the Court for information and issuance of appropriate court order.

**b. Non- Court admitted**

Surrenderers with Low or Moderate Substance Use Disorders shall be referred by the trained paramedical for general community-based and outpatient intervention programs pursuant to their Affidavit of Undertaking without need of filing an application.”

Please be reminded that, for the best interest of the patients, Orders/Decisions for the treatment and rehabilitation of PWUDs **SHALL BE CONSISTENT** with the appropriate rehabilitative intervention as assessed and recommended by the DOH-accredited physicians.

19 June 2023



**RAUL B. VILLANUEVA**  
Court Administrator