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FOR EDUCATIONAL PURPOSES ONLY NOT FOR SALE

The Substance Abuse Beat, one of the strategies of DDAPTP-RPMU to raise the awareness to the general public, particularly on substance abuse. It covers the effects of drugs, current status of drug abuse in the Philippines and in Southeast Asian countries, and the roles of the Department of Health in drug prevention and treatment.

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The burden of cases of drug abuse and addiction has been a problem of our country, from the families of each drug user to the whole of society. A contributing factor in the rising statistics of illegal drug consumption is the public's marked lack of awareness on substance abuse and its effects on the health of users and their communities. These issues on drug abuse continue to plague both the Philippine health sector and economy.

The Department of Health (DOH), through the Dangerous Drugs Abuse Prevention and Treatment Program (DDAPTP), continues to refine and fortify strategies to help build societal awareness and understanding of the vast implications and consequences of drug abuse. The DDAPTP remains relentless in its pursuit of helping the country eradicate drug abuse. This Substance Abuse Beat (SAB) Publication was launched as part of the DDAPTP’s efforts to campaign against drug abuse by way of public education.

The contents of this SAB Publication comprehensively elucidate and discuss (1) facts about drug abuse, (2) drug abuse statistics in the country, (3) global perspective on illegal drugs, and (4) the ASEAN stance against drug use. Moreover, it presents the roles that the DOH fulfills in the country’s drug abuse prevention and treatment initiatives, detailing the DDAPTP Development Plan for Universal Health Care, Drug-Free Workplace Program, Substance Abuse Helpline, Walking With Partners initiatives, Community Based Drug Rehabilitation Program, Inpatient and Outpatient Services, and Aftercare and Reintegration Services for Persons Who Use Drugs (PWUDs). With the wide array of topics that underscore the implications of drug consumption and abuse presented herein, it is our fervent hope that this publication will have considerable positive impact on the multitude of issues caused by the lack of awareness.

I commend the DDAPTP for their initiative in creating this publication, and for actively collaborating with all concerned agencies. Your efforts contribute greatly to the Department’s drive to promote awareness on drug abuse and its multifaceted detriments to society. The entire DOH community is looking forward to the fruits of this publication which can pave the way towards an improved public health response and a drug-free life for all Filipinos.

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health
Congratulations to the Dangerous Drugs Abuse Prevention and Treatment Program for completing its first publication, the Substance Abuse Beat. DDAPTP is one of the specialized programs within the Department of Health (DOH) and it is in charge of directing, coordinating, and monitoring public health issues related to drug abuse prevention, treatment and rehabilitation in the Philippines.

The DDAPTP-Research and Performance Management Unit, in coordination with the Health Promotion Bureau, created the Substance Abuse Beat to provide a comprehensive overview of substance abuse at the global and national level. The DOH maintains that substance abuse is a treatable condition, we recognize that providing accurate information regarding this condition is part and parcel of the objectives of the FOURmula One Plus or Fl+ Framework. Substance Abuse Beat will provide a multi-pronged contribution to the collective efforts of the national government against substance abuse.

We hope that this publication will fulfill its objectives and usher in a deeper view on substance abuse among the general public, as well as update other stakeholders on the drug abuse situation of our country. At this point in time, we must ensure that we provide lasting efforts towards treating Persons Who Use Drugs and the importance of advocacy, through addressing stigma and providing key information at early stages.

Through all this, the Department will not cease its participation in the national government’s campaign. The Health Facilities and Infrastructure Development Team will always support your advocacies that are geared towards integrity and excellence in public service.

Mabuhay!

LILIBETH C. DAVID, MD, MPH, MPM, CESO I
Undersecretary of Health
Health Facilities and Infrastructure Development Team
A drug refers to a medicine or other substance which has a physiological effect when ingested or introduced into the body through other means. From its origin, drugs have been globally used for various purposes, primarily in treatment to address medical conditions. However, using drugs that are available for recreational use resulted in negative effects exacerbated by misuse. This resulted in some countries prohibiting certain drugs from public consumption. These illegal drugs include depressants, stimulants, and hallucinogens such as alcohol, tobacco, cannabis, methamphetamine, cocaine, opioids, and inhalants.

There are certain risk and protective factors that contribute to active engagement in illegal drug use. Risk factors are behaviors that may lead to the illegal use of drugs while there are some protective factors which prevent people from possible drug addiction.
WHAT IS DRUG ADDICTION?

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a neurological disorder because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs.

These changes in the brain are demonstrated with the positron emission tomography (PET) scans shown below, comparing the brain of an individual with a history of cocaine use disorder (middle and right) to the brain of an individual without a history of cocaine use (left). The person who has had a cocaine use disorder has lower levels of the D2 dopamine receptor (depicted in red) in the “striatum”, one month (middle) and four months (right) after stopping cocaine use compared to the non-user. The level of dopamine receptors in the brain of the cocaine user is higher at the 4-month mark (right) but has not returned to the levels observed in the non-user (left).

Addiction is like a heart disease. Both disrupt the healthy functioning of an organ in the body, have harmful effects, and are, in many cases, preventable and treatable. If left untreated, they can last a lifetime and may lead to death.

The term addiction is equivalent to a severe substance use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013).

Moreover, abrupt cessation from prolonged use may result in mild to severe withdrawal symptoms that may lead the user to relapse.
When a person is trying to stop using drugs they can make mistakes, feel bad, and start using again. This behavior of returning to drug use is considered a relapse. This is common and normally happens to majority of people recovering from drug addictions. Along the way, people will often have one or more relapses. It takes time and practice on learning how to live, without depending on drugs.

Cessation from drug use is like trying to diet and lose weight. It’s difficult to learn to do things differently, like eat less, exercise regularly, and avoid some favorite foods. It’s easy to slip up, eat too much, and to gain back the weight. But then you need to try again.

It’s the same with quitting drugs. People who engage in drug addictions might achieve treatment, slip up, and then go back to treatment multiple times before it works. If that happens, the person should resume the treatment immediately as possible.

Relapse is the return to drug use after an attempt to stop. Relapse indicates the need for more or different treatment. But relapse doesn’t mean treatment failure. The diagram revealed the comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses.

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**Figure 3. Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illness**

#### COMPARISON OF RELAPSE RATES BETWEEN
**DRUG ADDICTION AND OTHER CHRONIC ILLNESSES**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Patients Who Relapse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Addiction</td>
<td>40 to 60%</td>
</tr>
<tr>
<td>Type I Diabetes</td>
<td>30 to 50%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50 to 70%</td>
</tr>
</tbody>
</table>

Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

*Source: McLellan et al., JAMA, 2000.*

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While relapse is a normal part of recovery, for some drugs, it can be very dangerous — even deadly. If a person uses as much of the drug as they did before quitting, they can easily overdose because their bodies are no longer adapted to their previous level of drug exposure. An overdose happens when the person uses enough of a drug to produce uncomfortable feelings, life-threatening symptoms, or death.

**BEHIND DRUG ADDICTION AND REWARDS**

For the brain, the difference between normal rewards and drug rewards can be likened to the difference between someone whispering into your ear and someone shouting into a microphone. Just as we turn down the volume on a radio that is too loud, the brain of someone who misuses drugs adjusts by producing fewer neurotransmitters in the reward circuit, or by reducing the number of receptors that can receive signals. As a result, the person’s ability to experience pleasure from naturally rewarding (i.e., reinforcing) activities is also reduced.

This is why a person who misuses drugs eventually feels flat, without motivation, lifeless, and/or depressed, and is unable to enjoy things that were previously pleasurable. Now, the person needs to keep taking drugs to experience even a normal level of reward — which only makes the problem worse, like a vicious cycle. Also, the person will often need to take larger amounts of the drug to produce the familiar high—an effect known as tolerance.

Figure 4. Process How Drugs of Abuse Target the Brain's Pleasure Center
Most drugs affect the brain’s reward circuit by flooding it with the chemical messenger dopamine. Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy activities, leading people to repeat the behavior again and again.

Over time, the brain adjusts to the excess dopamine, which reduces the high that the person feels compared to the high they felt when first taking the drug—an effect known as tolerance. They might take more of the drug, trying to achieve the same dopamine high.

### COMMONLY ABUSED DRUGS

#### ALCOHOL

**Long-term effects of regular use/abuse:** Brain damage, Heart Disease, Liver cirrhosis, Jaundice, Diabetes, Immune system dysfunction, Stomach ulcers, Hemorrhaging, Gastritis, Thiamine (and other) deficiencies, Testicular atrophy for male, Ovarian atrophy for female, Harm to fetus during pregnancy, Increased risk for different types of cancer

#### TOBACCO

**Long-term effects of regular use/abuse:** Aneurysm, Cataracts, Cancer (lung and other types), Obstructive pulmonary diseases, Heart disease (stroke, heart attack), Vascular disease, Harm to fetus during pregnancy, low weight at birth, Chronic bronchitis, Emphysema, Asthma symptoms

#### INHALANTS

**Long-term effects:** Liver and kidney damage, Hearing loss, Bone marrow damage, loss of coordination and limb spasms, delayed behavioral development, brain damage

#### CANNABIS

**Long-term effects of regular use/abuse:** Increase in activation of stress-response system, Amotivational syndrome, Changes in neurotransmitter levels, Psychosis in vulnerable individuals, Increased risk for cancer (lung, head and neck), Respiratory illnesses and lung infections, Immune system dysfunction, Harm to fetus during pregnancy.
COCAINE

Long-term effects of regular abuse/use:
- Snorting: loss of smell, nosebleeds, frequent runny nose, and problems with swallowing
- Smoking: cough, asthma, respiratory distress, and higher risk of infections like pneumonia
- Consuming by mouth: severe bowel decay from reduced blood flow
- Needle Injection: higher risk for contracting HIV, Hepatitis C, and other bloodborne diseases, skin or soft tissue infections, as well as scarring or collapsed vein

Other long-term effects: Weight loss, Anorexia (decrease appetite), Malnourishment, Skin problems, Stroke, Seizures, Parkinson's Disease, Headaches, Depression, Anxiety, Irritability, Anger, Memory loss, Confusion, Attention problems, Insomnia, Hypersomnia, Fatigue, Paranoia, Hallucination, Panic Reaction, Suicidal ideation.

METHAMPHETAMINE

Long-term effects of regular abuse/use: Extreme weight loss, Addiction, Severe Dental problems ("meth mouth"), Intense itching (leading to skin sores from scratching), Anxiety, Changes in brain structure and function, confusion, Memory loss, Sleeping problems, Violent behavior, Paranoia and Hallucinations (sensations and images that seen real though they aren’t)

OPIOIDS

Long-term effects of regular abuse/use: Not easy reversible changes in the physical structure and physiology of the brain, Fetal overdose, Collapsed veins, Infectious disease, Higher risk of HIV/AIDS and hepatitis, Infection of the heart lining and valves, Pulmonary complication & pneumonia, Respiratory problems, Abscesses, Liver disease, Low birth weight and developmental delay, Spontaneous abortion, Cellulitis.
Psychoactive drugs are substances that, when taken in or administered into one's system, affect mental processes, e.g. perception, consciousness, cognition or mood, and emotions. Psychoactive drugs belong to a broader category of psychoactive substances that include also alcohol and nicotine. “Psychoactive” does not necessarily imply dependence-producing, and in common parlance, the term is often left unstated, as in “drug use”, “substance use” or “substance abuse”.

The following classification is based on the psychoactive effects of drugs. It is intended as a general guide to better understand relative drug effects, harms, and potential withdrawal features.

### Table 1. Classification of Psychoactive Drugs and its Effects

<table>
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<tr>
<th>CLASSIFICATION</th>
<th>DRUG EFFECT</th>
<th>NAME OF DRUGS</th>
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</thead>
</table>
| **Depressants** | Slow down the Central Nervous System and body functions, such as heart rate, breathing, blood pressure, etc. and behavior e.g., slow/uncoordinated movements, slurred speech, etc. | - Alcohol (high dose)  
- Benzodiazepines  
- Opioids  
- Solvents  
- Barbiturates  
- Cannabis (low doses) |
| **Stimulants** | Speed up the Central Nervous System and body functions. It can be noticed on mood – happy, excited, euphoria; cognitive performance – better concentration, increased alertness; and behavior – insomnia, fast movements/speech, etc. | - Alcohol (low dose)  
- Amphetamine  
- Methamphetamine  
- Cocaine  
- Nicotine  
- Khat  
- MDMA |
| **Hallucinogens** | Alter states of perception and feelings, there are 3 types.  
**Psychedelics**: feelings new ways of relating with their inner mind.  
**Dissociative**: feelings of being separated from one’s body and environment.  
**Delirants**: confusional state and problems to focus attention. | - LSD, DMT  
- Mescaline  
- PCP  
- Ketamine  
- Cannabis (high dose)  
- Magic Mushrooms  
- MDMA |

*Source: World Health Organization, 1989*
Can Drug Addiction Be Treated and Cured?

Yes, addiction is a treatable disorder. Research on the science of addiction and the treatment of substance use disorders has led to the development of research-based methods that help people to stop using drugs and resume productive lives, also known as being in recovery.

Like other chronic diseases such as heart disease or asthma, treatment for drug addiction usually isn’t a cure. But addiction can be managed successfully. Treatment enables people to counteract addiction’s disruptive effects on their brain and behavior and regain control of their lives.

These images showing the density of dopamine transporters in the brain illustrate the brain’s remarkable ability to recover, at least in part, after a long abstinence from drugs—in this case, methamphetamine.

Figure 5. Brain Recovery with Prolonged Abstinence

More good news is that drug use and addiction are preventable. Results from National Institute on Drug Abuse (NIDA)-funded research have shown that prevention programs involving families, schools, communities, and the media are effective for preventing or reducing drug use and addiction. Although personal events and cultural factors affect drug use trends, when young people view drug use as harmful, they tend to decrease their drug taking. Therefore, education and outreach are key in helping people understand the possible risks of drug use. Teachers, parents, and health care providers have crucial roles in educating young people and preventing drug use and addiction.
Drug addiction is a chronic, relapsing disorder which is characterized by the uncontrollable use of addictive substances despite adverse consequences. It is considered a brain disorder because it affects the normal function of the brain circuits which are involved in stress, self-control and reward.

Addiction to drugs and alcohol is progressively becoming a worldwide development in lifestyle, prevalent in rich and in third-world countries. Addiction to alcohol, drugs and cigarette smoking is now considered as a major public health problem. Other forms of addiction including computer games, gambling, sex and food, all have severe consequences on the health of the individual and to the dynamics of society as well.

Person who use drugs (PWUDs) are more likely to experience negative health concerns such as drug use disorders, more risk of contracting infectious diseases such as Human Immunodeficiency Virus (HIV) and Hepatitis C. Moreover, an association exists between drug use disorders and co-occurring or comorbid mental health disorders including depression, psychosis and anxiety.

Based on the World Drug Report 2021, an estimated 275 million people worldwide aged 15–64, or 1 in every 18 people in that age group, have used drugs at least once in the previous year (range: 175 million to 374 million) in 2019. This corresponds to 5.5 % of the global population aged 15–64 (range: 3.5 % to 7.4 %)
Among the estimated 275 million past-year users of any drug, around 36.3 million (range: 19.6 million to 53.0 million), or almost 13 per cent, are likely to suffer from drug use disorders, meaning that their drug use is unsafe to the point where they may experience drug dependence and/or require treatment. This corresponds to a prevalence of drug use disorders of 0.7 per cent (range: 0.4 % to 1.1 %) globally among the population aged 15–64.
CANNABIS: THE MOST COMMONLY ABUSED DRUG

Globally, there was an estimated 200 million past-year users of cannabis in 2019, corresponding to 4.0% of the global population aged 15–64. The annual prevalence of the use of cannabis remains highest in North America (14.5%), the sub region of Australia and New Zealand (12.1%), and West and Central Africa (9.4%).

Over the past 10 years, the consumption of cannabis, particularly within the younger generation was reported as stabilizing or declining in countries with established cannabis markets, such as in Western and Central Europe, North America and parts of Oceania (Australia and New Zealand). However, that trend was offset by increasing consumption in many countries in Africa and Asia. The global number of past year cannabis users increased by 18% between 2010 and 2019.

Figure 8. Use of Cannabis, by Region and Subregion, 2019
OPIOIDS: UTMOST HARM TO THE HEALTH OF USERS

Opioids are a major alarm in many countries because of the severe health concerns associated with their use, including non-fatal and fatal overdose. In 2019, the use of opioids accounted for over 70% of the 18 million “healthy” years of life lost due to disability and premature death attributed to drug use disorders, as well as for all deaths that were attributed to drug use disorders.

In 2019, 62 million people were estimated to have used opioids (i.e., opiates and pharmaceutical and/or synthetic opioids) for non-medical reasons at the global level. This corresponds to 1.2% (range 0.7% to 1.6%) of the global population aged 15–64. The subregions with the highest past-year prevalence of use of opioids were North America (3.6%), the Near and Middle East/South-West Asia (3.2%) and Oceania (2.5% essentially in Australia and New Zealand). Although the prevalence of past-year opioid use in Asia is at a comparable level to the global average, more than half (58%) of the estimated global number of opioid users reside in that region.

Figure 9. Use of Opioids, by Region and Subregion, 2019

Source: World Drug Report, 2021
Among users of opioids in 2019, approximately 31 million were past-year users of opiates (heroin and opium), corresponding to 0.6% of the global population aged 15–64. The subregions with the highest prevalence of use of opiates were the Near and Middle East/South-West Asia (1.8%), South Asia (1.1%), North Africa (1.1%) and Central Asia and Transcaucasia (1%). Nearly 70% of the estimated global number of opiate users reside in Asia.

Figure 10. Use of Opiates, by Region and Subregion, 2019

AMPHETAMINE: PROGRESSIVELY IN NORTH AMERICA AND ASIA

In 2019, there was an estimated 27 million past-year users of amphetamines, corresponding to 0.5 per cent of the global population aged 15–64. The highest past-year prevalence among the population aged 15–64 was in North America (2.3%) and the subregion of Australia and New Zealand (1.3%).

The type and form of this drug usage varies from region to region like in North America, most common is non-medical use of pharmaceutical stimulants and methamphetamine; in East and
South-East Asia and Oceania (Australia), it is crystalline methamphetamine; and in and in Western and Central Europe and the Near and Middle East, it is amphetamine, which in the Middle East is mainly referred to as "captagon".

### Figure 11. Use of Amphetamines, by Region and Subregion

Approximately 20 million people around the world were past-year users of cocaine in 2019, corresponding to 0.4% of the global population aged 15–64. The prevalence of past-year use of cocaine is comparatively high in Oceania (2.7%, mainly reflecting the situation in the subregion of Australia and New Zealand), North America (2.1%), Western and Central Europe (1.4%) and South America (1.0%).

Earlier to 2010, stable trends were reported in the use of cocaine in Central America, South America and Europe, while diminishing cocaine use was reported in North America. More recently, in Western and Central Europe, wastewater analysis and survey results in some countries submit an increase in cocaine consumption and prevalence of use in the subregion. In North America,
cocaine use in the United States has been changing, with a stable trend over the last few years. Although survey data reported from South America are limited, some countries in the subregion have reported mixed trends in cocaine use in recent years. Meanwhile, in parts of Asia and West Africa, increasing amounts of cocaine have reportedly been seized, this indicates that cocaine use could potentially increase, especially among the affluent, urban segments of the population in subregions where such use had previously been low.

Figure 12. Use of Cocaine, by Region and Subregion, 2019

COVID-19 IMPACT ON DRUG DEMAND

The coronavirus disease (COVID-19) crisis has taken its toll on public health, the global economy and our way of life. Since the beginning of 2020, the world has experienced an unprecedented public health emergency that has caused a dramatic loss of human life and led many nations to introduce measures to contain the spread of the virus. These measures have affected almost all aspects of daily life, from freedom of movement to how and where free time is spent and how work is organized.
Figure 13. Impact of COVID19 on Drug Demand

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<th>Contactless services</th>
<th>Delivery systems</th>
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<td>Audio-only assessments and prescriptions</td>
<td>Mail services for needles and syringes and naloxone</td>
<td>Mobile outreach programmes</td>
</tr>
<tr>
<td>Remote consultation</td>
<td>Mobile outreach programmes</td>
<td>Administration of treatment medication without face-to-face meetings</td>
</tr>
<tr>
<td>Service hotlines</td>
<td>Vending machines for sterile needle and syringes</td>
<td>Multi-day and multi-week take-home doses of treatment medication</td>
</tr>
<tr>
<td>Mobile telephone-enabled outreach programmes</td>
<td>Vending machines for drug treatment medications</td>
<td>Methamphetamine agonist treatment</td>
</tr>
<tr>
<td>Internet-based services and training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: World Drug Report, 2021
The Pandemic greatly affects the health system worldwide, hence disrupts and limits health services people with drug use disorders. Here are the most common reasons for service disruptions: (a) drug treatment services being initially designated as non-essential services and stopped, (b) lack of manpower on service delivery, worsened by lack of personal protective equipment (PPE), (c) closure of services to minimize the transmission of COVID-19 among clients, (d) problems faced by people with drug use disorders in availing services as a result of stay-at-home orders, curfews and mobility restrictions, (e) hesitancy by people with drug use disorders to access service, having fear to be infected by COVID-19, and (f) shortages in the supply of medication used in opioid agonist treatment like methadone and buprenorphine.

On the contrary, the implementation measures to contain the virus have a negative impact on drug use and aggravated health risks for people who use drugs (PWUDs). Based on the data gathered, the lockdown measures implemented to prevent the transmission of COVID-19, with subsequent unemployment, stress, physical/social distancing, isolation, have contributed to some measurable changes in drug use behavior. Consumption of certain drugs has been more prone to change compare to others, and the subpopulations of PWUDs have been affected differently, depending on the length and severity of lockdown measures, its impact on drug availability and the preferred manner on consuming certain drugs.

Around April to May of 2020, a global survey was conducted by addiction medicine professionals, revealed that there had been some perceived changes in overall drug use during the early stages of the COVID-19 Pandemic, but that changes had not been similar across other countries or substances. Increase in the alcohol consumption and the non-medical usage of sedatives, particularly benzodiazepines and barbiturates, and pharmaceutical opioids were reported by health professionals in the majority of the countries surveyed. Also, an increase on cannabis use was also noticeable, but the trends in other substances reported by addiction medicine professionals varied, as shown on the illustration below.

**Figure 14. Trends in Drug Use During Early Stage of the COVID-19 Pandemic, April-May 2020**
Mid-year of 2020, a global online survey was conducted in May and June 2020, self-selected sample of 55,000 people from more than 50 countries. Majority of the samples came from the most developed countries in Western and Central Europe, the Americas and Oceania. It revealed that there is an increase in the frequency of use in cannabis and benzodiazepines, while the frequency of use of MDMA (commonly known as ecstasy) and cocaine decrease.

Figure 15. Global Trends in the Frequency of Drug Use Among People Who Reported Having Used Drugs
In general, the Association of Southeast Asian Nations (ASEAN) the Member States jointly formulated the 2019 Drug Monitoring Report to present the current status of the illegal substance use on its members. The drug situation remains a burden with an influx of illegal drug productions of methamphetamine tablets and crystal methamphetamine. ASEAN is situated closely to areas where the cultivation, manufacturing, and trafficking of drugs is prevalent: The Golden Triangle, a mountainous area of Burma, Laos and Thailand, is notorious worldwide for as a narcotic producing area.

Across ASEAN's 2019 total population, there was a noted 65.6 drug users who were admitted per 100,000 populations, which was decreased by 14.5% from 76.7 in 2018. Per 100,000 populations, Indonesia has seen the lowest admission rate at 5.3 and Thailand being the highest with 331.6. The trends in admission are found to have increased in most of the countries. Upon comparison in 2018 data, Brunei Darussalam and Vietnam have decreased rate while the Philippines remained...
almost stable. The rest of the ASEAN countries have a notably increased admission rate. Among the stated admission rate 73.8% of these were Amphetamine type stimulants (ATS) users, opiates/opioid users accounted for 15.1%, while 5.1% were cannabis users, and 1.5% were new psychoactive substances (NPS) users. The admission in 2019 was higher than in 2015 at a 63.6% increase rate.

Figure 17. Admission by Drug Types of ASEAN Member States, 2019

For 2019, there are eight drug types found in the ASEAN: amphetamine-type stimulants which is the most common illegal substance used by those admitted for rehabilitation, Opiates/opioids, Cannabis, New Psychoactive Substances, Cocaine, CNS Depressants, Hallucinogens, and others.

In 2019, Thailand had the highest number of ATS admissions, followed by Malaysia, Viet Nam, Cambodia, Indonesia, the Philippines, Laos PDR, and Singapore. Treatment of opiates/opioids was the highest in Malaysia, followed by Viet Nam, Myanmar, and Thailand. Treatment of cannabis was the highest in Thailand, followed by Malaysia, Indonesia, and the Philippines. While a few were recorded in Vietnam, Singapore, and Myanmar. Admission for hallucinogens, CNS depressants, cocaine, and NPS, were small. Treatment for hallucinogens was reported in Thailand, Indonesia, the Philippines, and Brunei Darussalam.

ASEAN LEVEL RANKING ON SPECIFIC SUBSTANCE

CANNABIS

In 2017, 2.3 per hundred thousand populations is the overall admission rate of the illegal substance cannabis in the ASEAN region. Its new admission ranges from 84.5% in Malaysia to 100% in the countries of Indonesia, Myanmar, Lao PDR, and Brunei Darussalam. For 2017, Vietnam has the most number of re-admission (72.6%) followed by Malaysia (15.5%). Lao PDR, Brunei Darussalam, Indonesia, and Myanmar have no case of re-admission. In terms of sex, the male is the most
prevalent user with over 98.3% with a range from 94.3% in the Philippines to 100% in Myanmar, Lao PDR, and Brunei Darussalam.

A total of 18,000 cannabis cases were reported in 2017, with rates of Brunei Darussalam and Myanmar increased compared to the decrease in the Philippines and Indonesia.

From 2017 to 2018, cannabis user’s admission remained stable. However, there is a notable increase of 47% from 2018 to 2019. In the first half of 2019, a massive 164% increase in cannabis users was found but decreased by 59% in the second half of the year.

**Figure 18. Trend of Cannabis Admission by ASEAN Member States, 2017-2019**

![Cannabis Admissions Graph](source: Asean Drug Monitoring Report 2019)

**OPIUM**

According to the total admission data of ASEAN in 2017, over 2,600 (0.8%) were opium users. This number decreased by 42% and 27% in 2015 and 2016, respectively. Of note is that Singapore has no opium admission case in both 2016 and 2017. The overall admission rate for opium users in ASEAN in 2017 was 0.41 per hundred thousand populations. The proportion of the new admission was 65.5%, higher than 2015 and 2016. This may be considered as a warning sign that opium is a returning serious problem in the region.

In 2017, 5,950 opiates/opioids received treatment. The number increased by 38% from 2017 to 2018, and 51% from 2018 to 2019. The number of opiates/opioids users increased to over sixty thousand in 2019 (109% from 2017).

**Amphetamine Type Stimulants**

Across ASEAN, there are several variations of ATS like amphetamine, methamphetamine (tablet, crystal, powder, liquid, ecstasy, ephedrine, hydrochloride, and pseudoephedrine. Admission of ATS users has an overall increase. From 164,497 users treated in 2017, it increased to 40% in 2018 and then 38% in 2019. In summary, from 2017 to 2019, there was a 93% (317,403) increase in admission of ATS users.
**METHAMPHETAMINE (tablet)**
According to the admission data of ASEAN Drug Monitoring Report 2017, 50.4% of 57.8% of ATS admission accounts to methamphetamine tablet. Over 160,000 methamphetamine users received treatment. The ASEAN has an overall admission rate of 25.5 per hundred thousand populations with a proportion of 87% for new admission.

**CRYSTALLINE METHAMPHETAMINE**
ASEAN has 5.4 per hundred thousand populations as its overall admission rate according to ASEAN Drug Monitoring Report 2017. The proportion of new admission to old was 90% which was a remarkable increase from that of 2015 and 2016. Male dominates the crystalline methamphetamine users, accounting for 90% of its total case. The re-admission rate ranges from 0% in Vietnam, Indonesia, and Cambodia to 30.9% in Singapore.

**OTHER DRUGS**
Based on the data from ASEAN Member States, the non-medical use of pharmaceutical drugs is increasing. Pharmaceutical opioids misused in ASEAN included methadone, morphine, Tramadol, alphaprodine, buprenorphine and fentanyl as well as other pharmaceutical products were also misused. This may reflect another emerging threat to the region.

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**WHAT ARE WE DOING IN THE PHILIPPINES?**

For the year 2017, reports from the treatment and rehabilitation facilities showed that a total of 4,045 admissions were registered. A significant decrease in the admission of 33% was noted versus the previous year (ASEAN DRUG MONITORING REPORT, 2017). The decline is presumed due to putting too much emphasis on the efforts by the law enforcement and the help of the local government units in an all-out campaign of identification of PWUDs enrolled in community-based treatment and rehabilitation programs in the level of City/Municipal, and Barangay Anti-Drug Council. The national government provides continuous cry to include treatment and rehabilitation, available facilities and services for individuals with substance abuse disorders, and interventions that assist both the drug user and their families.

The Philippines dwell on the premise that policies are needs-based and evidence-based. Hence, continuous conduct of researches and improvement of the data collection system is being implemented. In 2006, Board Regulation No. 7 was issued institutionalizing the Integrated Drug Abuse Data and Information Network (IDADIN). Thirteen forms were then developed for uniformity and clarity of reporting. One of the forms being enhanced is form 1-06 for Treatment and Rehabilitation Centres now renamed as Treatment and Rehabilitation Admission Information System (TRAIS). The TRAIS is a web-based information system that establishes a venue where Drug Abuse Treatment and Rehabilitation Centers (DATRCs) can provide and share data on drug abuse treatment and drug dependent profiles. Pieces of information collected from the DATRCs are packaged into statistical and management reports that will enable the assessment
of the government’s drug demand and supply reduction efforts, program planning, prioritization, and evaluation. The system will capture the uploading of the information details of accredited DATRCs, patient’s profile, admission and discharges, follow-up, and aftercare. A web-enabled system to collect, manage and analyze data and information on drug abuse prevention will monitor the implementation of anti-drug policies and programs of different national agencies, local government units, and partner groups and organizations. It will serve as a venue for reporting drug abuse prevention and control programs for program implementers. The use of this system will result in more informed and evidence-based decision-making. The Dangerous Drugs Board also maintains a Geographic Information System which is an online map that displays data, statistics, and information on the different anti-drug programs and locations of treatment and rehabilitation centers across the country. Another system that is currently being developed for data collection and monitoring is the Integrated Drug Monitoring and Reporting Information System (IDMRIS). It is also a web-enabled system that will collect, manage, and analyze data and information on drug abuse prevention. It has subsystems that include the Anti-Drug Advocates Registration System (ADARS), Anti-Drug Advocates’ Activities Reporting System (ADA-ARS), Anti-Drug Abuse Council Reporting System (ADAC-RS), Philippine Anti-Drug Strategy Implementation Monitoring System (PADS-IMS), and Program Implementation Monitoring system (PIMS). (ASEAN DRUG MONITORING REPORT, 2017).

On October 29, 2018, the Philippine Anti-Illlegal Drugs Strategy (PADS) was established. This establishment aims to strengthen the drug abuse prevention and control campaign of the government in a nationwide level. For its part, the Philippine Drug Enforcement Agency (PDEA) along with other law enforcement agencies (OLEAs) and concerned agencies, particularly the members of the Inter-Agency Committee on Anti-Illlegal Drugs (ICAD), raised their anti-drug efforts notches higher in cognizance of the marching order of President DUTERTE to stop the drug problem, Efforts to reduce the supply of and demand for illegal drugs were intensified. (2019 ASEAN DRUG MONITORING REPORT 2019).

Philippines has institutionalized Community-based Drug Abuse Interventions. In the country, treatment and rehabilitation interventions to the PWUDs includes medication-assisted treatment, detoxification, counselling, home-based care and therapy, health services, wellness promotion programs, and other psychosocial interventions. As a continuing treatment, Reintegration programs are being performed in the country and includes services like relapse prevention, life skills development, literacy and educational programs, vocational skills training, livelihood, employment and other support for income generation, spirituality and moral recovery programs, family support, housing and shelter assistance, and involvement in community service work.

In 2019 ASEAN Drug Monitoring Report, the Philippines showed its other programs. Programs include Balay Silangan Program which is planned to reform and reintegrate drug offenders with different interventions like non-formal educations, skills and development and family relations development and Alternative Development Programs which are initiated to provide adequate and sustainable means of support for recovering drug dependents.
Since taking office on June 30, 2016, President Rodrigo Roa Duterte has carried out an all-out “war on drugs” campaign in aims to eliminate the staggering numbers of drug abusers and traffickers. Notwithstanding the rampant rumors that this is a crime versus humanity, the President is in no point of holding back on this campaign of having a drug-free country. In July 2017, there has been 1,208,087 surrenders, 94% of which are users.

In 2015, the lead anti-drug enforcement agency in the country, the Philippine Drug Enforcement Agency (PDEA) reported that 20% of barangays (8,629) had drug-related crimes (INL, 2016). From July 2016 to March 2019, there are 12,099 drug-cleared barangays nationwide with 20,810 yet to be drug-cleared. In its 2016 anti-drug operations conducted, there a total of 127,379 operations with 182,061 drug personalities arrested.

The NSO projected 81,713,276 of the population aged 10-69 years by the year 2019. Using this age range and population sample, the Dangerous Drugs Board through their 2019 National Household Survey on the Pattern and Trends of Drug Abuse, revealed that lifetime users (respondents who used drugs at least once in their lifetime) decreased from 6.1% during the 2015 survey, to 5.8% comprising 4.7 million Filipinos. Current users, respondents who use drugs repeatedly, is 2.05% (1.67 million) or two 2 out of 100 hundred Filipinos; a 0.2% higher than the previous nationwide survey.
Aged 10-69 years are the most common years where Filipinos used or tried an illicit drug. Adolescent years are years of immature decision-making, making teenagers vulnerable to drug trying. 18-59 years old age has been identified as the age where with the highest lifetime users and 22 years old being the age where most lifetime users initiated dangerous drugs.

Compare to the 2015 Nationwide Survey, men are more common to use illegal substances or drugs compared to women. Moreover, in terms of socioeconomic status, prevalence is more likely to those on Class E (2.11%) and the likeliness for Upper C is the lowest (0%) for lifetime users.
Prevalence is also high on people who underwent vocational education at least but no distinct data whether prevalence is inversely or directly proportional to the income level.

In the latest DDB Survey, Region 3 has the highest perceived regional estimate of the number of current drug user followed by NCR, Region 4A, Region 6 and then Region 7.
Methamphetamine Hydrochloride (commonly known as Shabu) and Cannabis (known as Marijuana) are the most widely known illegal substances in the Philippines, mentioned by 47.9% and 35% respectively by the respondents. Marijuana still tops the most used or chosen illegal substance with 57% rate versus 35% rate of Shabu.

On the survey of DDB, TV tops as the most mentioned medium of awareness for the illegal substance. Among others are radio, neighbors, friends, and school. Since the internet is being dominant in our country, the DDB found out that 9.3% said that they had been aware of illegal substances due to it.
THE NATURE OF DRUG ABUSE IN OUR COUNTRY

The majority of the illegal drugs target our brain’s “reward circuit”, triggering an unexplained elation or euphoria and flooding it with dopamine, the happy hormone. Once flooded with this happy hormone, eventually it overrides the entire system, despite its unhealthiness, to crave more of the pleasure, leading the users to take it over and over again. However, most of Filipinos still have no idea how these illegal substances affect them negatively.

In the survey, lifetime users narrated that their attempt were due to: Peer Influence (57%) and Curiosity (24%). 36% of the 541 respondents remain on usage for the reasons of: Help Users to Sleep, To Forget problems, and Other Reasons (43%).

Figure 26. Reasons for trying Dangerous Drugs/Substances (n=541)

Figure 27. Perceived Negative Effects of Drug Use (n=9,341)

*multiple responses
Note: The numbers shown above the bars are in percentages.

Source: 2019 National Household Survey on the Patterns and Trends of Drug Abuse, DDB
Alike the 2015 DDB Nationwide Survey, existence of health problems are the most common perceived negative effects of using an illegal substance. Twenty-four percent (24%) experiencing hallucination, twenty-two percent (22%) had been separated from their family, and twenty-one point six percent (21.6%) damage on self-image among others.

Ever since the campaign of the national government against drugs, the community is still aware that the approach on PWUDs is multi-sectoral in nature, being the household as primary source of support among the affected individuals. Police or law enforcement is second on the list, followed by LGUs. Only 19.6% of the respondents’ view health centers as a sector that would help them, this still speaks that the Philippines should be more focused on treating drug addiction as a health crisis since it is indeed a health problem.
Since there are different kinds of people, there are various ways to avert from taking dangerous drugs. According to the survey, the top 5 ways to avoid using dangerous drugs/substances are: looking for productive leisure activities, keeping oneself busy, staying at home, thinking about the impact on family, and praying.

More often than not, people tend to use illegal substances together with tobacco and alcohol. In the 2019 Survey these are the found link between Smoking, Drinking Alcohol, and Trying Drugs:

» Among the 4.7 million lifetime users, about 3.5 million have tried drugs, smoked, and drunk alcohol all at the same time.
» Among the 4.7 million lifetime users, 600,000 Filipinos aged 10-69 years old tried both illegal substances and alcohol concomitantly.
» Among the 4.7 million lifetime users aging 10-69 years old, there was a 142,000 Filipinos who tried illegal substance together with smoking at least once in their lifetime.
Republic Act 9165 also known as “Comprehensive Dangerous Drugs Act of 2002” was approved on January 23, 2002 and signed into law by President Gloria Macapagal-Arroyo to address the priority concern of the administration which was to eradicate the dangerous drugs in the country (Congress of the Philippines, 2002).

It mandates the Department of Health to regulate, oversee and monitor the integration, coordination, and supervision of all drug rehabilitation, intervention, aftercare, and follow-up programs, projects, and activities as well as the establishment, operations, maintenance, and management of Drug Abuse Treatment and Rehabilitation Centers nationwide.

**Under the Republic Act 9165 also known as the Comprehensive Dangerous Drugs Act of 2002. The Duties and Responsibilities of the Department of Health shall:**

- **Oversee and monitor the integration, coordination and supervision of all drug rehabilitation, intervention, after-care and follow-up programs, projects and activities as well as the establishment, operations, maintenance and management of privately-owned drug treatment rehabilitation centers and drug testing networks and laboratories throughout the country in coordination with DSWD and other agencies.**

- **License, accredit, establish and maintain drug test network and laboratory, initiate, conduct and support scientific research on drugs and drug control.**

- **Encourage, assist and accredit private centers, promulgate rules and regulations setting minimum standards for their accreditation to assure their competence, integrity and stability.**

*Source: Republic Act 9165, Comprehensive Dangerous Drugs Act of 2002*
As the principal health agency of the government, Department of Health, through Dangerous Drugs Abuse Prevention and Treatment Program (DDAPTP), aims to promote the health and well-being of every Filipino, prevent and control drug abuse and its health-related ill effects, protect individuals, families, and communities from health risks due to substance/drug abuse and assess, treat, manage and rehabilitate individuals affected by substance or drug abuse/drug-use disorders.

An Inter-Agency Task Force for the Establishment and Support of Drug Abuse Treatment and Rehabilitation Centers (DATRCs) is created through Executive Order No. 4, S 2016 which aims to provide effective mechanisms and measures to reintegrate into society individuals who have fallen victim to drug abuse or dangerous drug dependence, through sustainable programs of treatment and rehabilitation.

It is composed of seven agencies where the Department of Health (DOH) is the Vice-Chair - together with the Dangerous Drugs Board. All DATRCs established pursuant to this Executive Order are operated, maintained, and managed by DOH – with support from all other member agencies and LGUs

An Inter-Agency Committee on Anti-Ilegal Drugs (ICAD) is also created through Executive Order No. 15, S 2017. The ICAD was created by President Rodrigo Duterte to spearhead the fight against illegal drugs. This ensures compliance of all member agencies to all policies, laws and issuances under the anti-illegal drug campaign of the Philippines. The ICAD is headed by Philippine Drug Enforcement Agency (PDEA) as the chairperson.

It is divided and will function into four clusters: enforcement, justice, advocacy, and rehabilitation. The Enforcement Cluster is in-charge in conducting anti-illegal drug operations nationwide. The Justice Cluster must ensure that efficient prosecution of all drug cases is being executed. This cluster is tasked to provide legal assistance in cases such as voluntary surrender or warrantless arrests during anti-drug operations. The Advocacy Cluster, wherein Department of Health (DOH) is a member, is mandated to do a nationwide support campaign focused on anti-illegal drug policy of the government. Moreover, the main role of the Rehabilitation and Reintegration Cluster, on which the Department of Health (DOH) is the Co-Chair, is to put into effect rehabilitation programs and to also guarantee the reintegration to the society of former victims of drugs.

To understand the drug situation of the country from a health perspective, it has been estimated that there are around 4 Million Filipinos who abuse illicit drugs. (Real Numbers 2017) It ranges from 3.6 Million who are mildly afflicted, 160,000 who have moderate SUD and around 40 thousand who have severe Substance Use Disorders (SUDs).
The Department of Health addresses the issue on drugs with a comprehensive drug abuse treatment approach. Depending on the condition of a Person Who Use Drugs (PWUD), he may be brought to a Community Based Drug Rehabilitation Program (CBDRP), an Out-Patient Program of which the Department may have a free-standing facility or an institution-based facility or to a residential Drug Abuse Treatment and Rehabilitation Center (DATRC). Furthermore, included in the network are services from hospitals and other providers such as DSWD, DepEd, TESDA. Even networks within the Law Enforcement Agencies, should be available especially in cases where physical or sexual abuse is considered.

### Table 3. Drug Abuse Treatment and Rehabilitation Program

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>SYSTEM</th>
<th>PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary Health Facilities (ie. BHS, RHU)</td>
<td>• Screening and Assessment</td>
<td>• Barangay Health Worker</td>
</tr>
<tr>
<td>• Other Health Facilities</td>
<td>• Brief Intervention</td>
<td>• Nurse / Midwife</td>
</tr>
<tr>
<td>• Recovery Clinic</td>
<td>• Psychoeducation</td>
<td>• DOH Accredited Physician</td>
</tr>
<tr>
<td>• Free-Standing Outpatient Clinic</td>
<td>• Referral to Treatment</td>
<td></td>
</tr>
<tr>
<td>• Institution-based Outpatient Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Complete Medical Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Matrix Intensive Outpatient Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2019 National Household Survey on the Patterns and Trends of Drug Abuse, DDB
Institutionalization of the CBDRP is anchored on two specific DOH issuances namely, AO 2017-0018 and AO 2019-0021. Signed last July 23, 2019, the AO 2019-0021 outlines the guidelines for the implementation of the healthcare treatment services in the Community-based Drug Rehabilitation Program (CBDRP).

The 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. This program increases community support and empowerment thereby reducing the discrimination
and social marginalization of a PWUD.

It may be performed at any primary health facility such as the barangay health stations, rural health units, even school clinics or company clinics. It provides services for screening and assessment, brief interventions and referrals to treatment if needed. Any trained health professional may provide this service. These include Midwives, BHWs, Nurses, Physicians and other trained Health Care Workers (HCWs).

### Table 4. Community-Based Drug Rehabilitation Program

<table>
<thead>
<tr>
<th>PUBLIC HEALTH COMPONENT</th>
<th>SERVICES</th>
<th>INFRASTRUCTURE</th>
<th>HUMAN RESOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion</td>
<td>Health Education and Advocacy</td>
<td>BHS Other Service Providers (e.g Schools, Workplace) Other Health Facilities (e.g DATRC, Recovery Facilities, Hospitals)</td>
<td>Midwife Barangay Health Workers (BHW)</td>
</tr>
<tr>
<td>Prevention</td>
<td>Screening and Referral</td>
<td>BHS RHU / Health Center Other Health Facilities</td>
<td>Nurse Midwife Barangay Health Workers (BHW)</td>
</tr>
<tr>
<td>Treatment</td>
<td>Interventions: • Brief Intervention • Psychoeducation • Medical Services</td>
<td>RHU / HC Other Health Facilities</td>
<td>Physician / Other trained HCWs</td>
</tr>
<tr>
<td></td>
<td>Referral: • Assessment / DDE • mhGAP</td>
<td>RHU / HC Other Health Facilities</td>
<td>DOH- Accredited Physician Other trained HCWs</td>
</tr>
</tbody>
</table>

### OUTPATIENT TREATMENT AND REHABILITATION PROGRAM

It 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 counselling as the main services provided, or may be an aftercare service facility. From time to time, it may provide temporary shelter for patients in crisis for not more than twenty-four (24) hours. The outpatient or non-residential DATRC may be stand-alone facility or a hospital attached facility.

RECOVERY CLINIC in particular is an outpatient treatment facility built within or near a local government hospital or health center that will treat drug use patient who voluntarily enroll in the clinic program in order that specialized consultations (e.g., psychiatric symptoms) or evaluations
DOH-Dangerous Drugs Abuse Prevention and Treatment Program (DDAPTP) piloted six (6) model outpatient Substance Use Disorder (SUD) clinics called Recovery Clinics for Moderate to High risk PWUDs who do not meet the severity criteria for compulsory confinement in DATRCs. DDB issued Board Resolution No. 4 series of 2018: Establishment and Operation of Pilot Community-Based Treatment Drug Abuse Recovery Facilities (Recovery Clinics and Homes) as basis to establish and operate Pilot Recovery Facilities in the following areas:

1. Lagawe, Ifugao
2. Tarlac City, Tarlac
3. Pasay City, Metro Manila
4. Calapan City, Oriental Mindoro
5. Mandaue City, Cebu, and
6. Nabunturan, Compostela Valley

### Table 5. List of Non-Residential Treatment & Rehabilitation Centers (NRTRCS)

<table>
<thead>
<tr>
<th>REGION</th>
<th>NAME OF NRTCs</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCR</td>
<td>RC PASAY*</td>
<td>Recovery Clinic</td>
</tr>
<tr>
<td>CAR</td>
<td>BGH – OUTPATIENT DRUG TREATMENT CENTER AND REHABILITATION CENTER</td>
<td>Institution-Based (Outpatient Center)</td>
</tr>
<tr>
<td></td>
<td>RC IFUGAO*</td>
<td>Recovery Clinic</td>
</tr>
<tr>
<td>III</td>
<td>RC TARLAC</td>
<td>Recovery Clinic</td>
</tr>
<tr>
<td>IV B</td>
<td>RC MINDORO*</td>
<td>Recovery Clinic</td>
</tr>
<tr>
<td>VII</td>
<td>RC MANDAUE CITY, CEBU*</td>
<td>Recovery Clinic</td>
</tr>
<tr>
<td>XI</td>
<td>CHD XI OUTPATIENT AND AFTERCARE CENTER</td>
<td>Institution-Based (Outpatient Center)</td>
</tr>
<tr>
<td></td>
<td>RC COMPOSTELA VALLEY*</td>
<td>Recovery Clinic</td>
</tr>
</tbody>
</table>

Legend: * Ongoing accreditation application

Note: a total of 8 Non-Residential Treatment & Rehabilitation Centers (NRTRCs)

**INPATIENT REHABILITATION PROGRAM**

It provides comprehensive rehabilitation services, including aftercare and follow-up program, utilizing any of the accepted modalities towards the rehabilitation of a drug dependent on a residential basis. Inpatient or Residential DATRCs provide rehabilitation programs such as the Therapeutic Community program (TC), 12 Steps programs, and other programs wherein a very intensive management is provided to PWUDs with Severe Substance Use Disorder.
Table 6. Department of Health – Residential Treatment and Rehabilitation Centers

<table>
<thead>
<tr>
<th>REGION</th>
<th>Residential Treatment and Rehabilitation Centers (RTRCs)</th>
<th>Authorized Bed Capacity (ABC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCR</td>
<td>BICUTAN</td>
<td>550</td>
</tr>
<tr>
<td></td>
<td>LAS PIÑAS CITY</td>
<td>100</td>
</tr>
<tr>
<td>I</td>
<td>SAN FERNANDO, LA UNION</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>DAGUPAN, PANGASINAN</td>
<td>300</td>
</tr>
<tr>
<td>II</td>
<td>ILAGAN, ISABELA</td>
<td>50</td>
</tr>
<tr>
<td>III</td>
<td>PILAR, BATAAN</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>MEGA TRC, NUEVA ECIJA</td>
<td>225</td>
</tr>
<tr>
<td>IV - A</td>
<td>TAGAYTAY</td>
<td>84</td>
</tr>
<tr>
<td>V</td>
<td>SAN FERNANDO, CAMARINES SUR</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>MALINAO, ALBAY</td>
<td>50</td>
</tr>
<tr>
<td>VI</td>
<td>POTOTAN, ILOILO</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>ARGAO, CEBU</td>
<td>100</td>
</tr>
<tr>
<td>VI</td>
<td>MANDAUE CITY, CEBU</td>
<td>50**</td>
</tr>
<tr>
<td>VIII</td>
<td>DULAG, LEYTE</td>
<td>100</td>
</tr>
<tr>
<td>X</td>
<td>CAGAYAN DE ORO</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>MALAYBALAY, BUKIDNON (NMWRC)</td>
<td>*</td>
</tr>
<tr>
<td>XI</td>
<td>MALAGOS, DAVAO</td>
<td>*</td>
</tr>
<tr>
<td>XII</td>
<td>ALABEL, SARANGANI (SOCCSKSARGEN)</td>
<td>182**</td>
</tr>
<tr>
<td>XIII</td>
<td>CARAGA</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>SAN FRANCISCO, AGUSAN DEL SUR</td>
<td>30</td>
</tr>
</tbody>
</table>

Legend: * Ongoing application of ABC to HFSRB  
** Ongoing upgrade of ABC to HFSRB

Note: a total of 20 DOH – Residential Treatment & Rehabilitation Centers (RTRCs)

**AFTER CARE TREATMENT PROGRAM**

As PWUDs graduated from the primary treatment program, the law requires them to enter into the Aftercare program as the end of the treatment. Aftercare Program refers to follow up treatment...
from a period not exceeding 18 months unless otherwise mandated by the court. It provides various services like provision of sessions like Social Support Sessions and Relapse Prevention, counselling, and community reintegration services. Aftercare services may be provided by either an Inpatient or Outpatient Facility.

CLIENT FLOW FOR WELLNESS AND RECOVERY FROM SUBSTANCE-RELATED ISSUES

The journey to recovery begins at any facility within the networks of health care. There is a “no wrong door policy” and people are navigated to the appropriate treatment and care. All PWUDs will be screened for risks, assessed for drug dependency level, and provided appropriate intervention.

Screening determines the RISK of a patient for substance use. Low or moderate risks are provided with immediate intervention at the community level. While those that are of HIGH risk for substance abuse, they will undergo a more thorough examination called the Drug Dependency Examination (DDE). The DDE is a medical examination which determines Drug Dependency, its severity, complications, and co-morbid conditions. The DDE will help the health professional navigate a Person Who Use Drugs (PWUD) to the appropriate intervention.

The implementation of the Client Flow for Wellness and Recovery from Substance-Related Issues is anchored on DDB Board Regulation No. 4.1, s 2019, “Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs”. It shall adhere to the twelve (12) Principles of Community-based Treatment as prescribed by the United Nations Office on Drugs and Crime (UNODC).

Source: Dangerous Drugs Board Reg.7, Series 2019
Republic Act (RA) No. 11223, otherwise known as the “Universal Health Care Act”, in its declaration of policies and principles, emphasized primary health care (PHC) concepts to promote the right to health of all Filipinos, and instill health literacy among them. This is a people-centered approach for the delivery of health services, centered on people’s needs and well-being, cognizant of differences in culture, beliefs and values. UHC also provides a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach in developing, implementing, monitoring, and evaluating health policies, programs and plans.

Universal Health Care (UHC) Act or RA 11223 guarantees that all Filipinos get equitable access to quality and affordable health-care goods and services, including drug abuse treatment and rehabilitation while being protected against financial risk. As stated also in Section 76 of Republic Act (RA) No 9165 or the “Comprehensive Dangerous Drugs Act of 2002”, the Department of Health (DOH) is mandated to “oversee and monitor the integration, coordination, and supervision of all drug rehabilitation, intervention, aftercare, and follow-up programs, projects, and activities, as well as the establishment, operations, maintenance, and management of privately-owned drug treatment and rehabilitation centers and drug-testing networks nationwide. Executive Order no. 273, s. 2004 solidified the department’s mandate to fully take over the administration and management of the program and the transfer of existing facilities under the National Bureau of Investigation (NBI) and Philippine National Police (PNP) to the Department.

As aligned to principles articulated in Section 18 of the UHC Act towards the formation of health care provider networks (HCPNs), Drug Abuse Treatment and Rehabilitation (DATR) facilities shall be organized into networks, providing services within and across HCPNs. HCPNs may be composed of integrated local health systems (the province-wide or city-wide health systems), networks of private health care providers to complement the health services provided by public health facilities, or mixed public-private networks of health service providers. In addition, the DOH is mandated to identify apex or end-referral hospitals for patients needing specialized care not available within the HCPNs. Currently, DDAPTP is on the process of drafting guidelines on the establishment of health care delivery network for Drug Abuse Prevention, Treatment and Rehabilitation ensuring continuous service for PWUDs from primary to tertiary levels of care. This includes identifying Primary Care Provider Network (PCPN) providing primary care services and regional/subnational DATRCs delivering secondary and tertiary health care.
In support of this, the Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP) has four core strategies to achieve this: policy formulation and standards development, provider and institutional capacity building, accreditation of providers and facilities, and support to field operations. The table below further elaborates DDAPTP’s goals and objectives.

<table>
<thead>
<tr>
<th>KEY RESULT AREA</th>
<th>STRATEGIC GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy formulation and standards development</td>
<td>Implement or strengthen existing drug abuse prevention programs and provide quality service to drug dependents across levels of intervention, everywhere, and at all times</td>
</tr>
<tr>
<td>Provider and institutional capacity building</td>
<td>All providers and institutions will be able to offer appropriate and acceptable services related to dangerous drugs abuse prevention and treatment to their clients</td>
</tr>
<tr>
<td>Accreditation of providers and facilities</td>
<td>All providers and facilities will be able to offer quality services related to dangerous drugs abuse prevention and treatment to their clients</td>
</tr>
<tr>
<td>Support to field operations</td>
<td>Resources for operation of government facilities available and accessible at all times</td>
</tr>
</tbody>
</table>

DDAPTP has been developing policies and clinical practice guidelines to become basis for financing schemes, conducting a service capability and availability mapping study with the end goal of synchronizing the program with the whole-system approach of UHC through the development of a long term development plan and a resource stratified framework that is anchored on the gains achieved in the Philippine Health Facility Development Plan 2020-2040.
Alcohol and opium were first introduced and available in the Philippines early before the Spanish era. By the American era, Cannabis has been introduced. This led to gradual fame in the country and that by the year 1640’s the first Drug Rehabilitation has been established. From the 1970s to the 1990s, there has been an increase in Drug Rehabilitation Centers under the name of NBI and PNP. To further combat illegal substance usage, RA 6425 or the Dangerous Drugs Act of 1972 has been made and eventually repealed. The Comprehensive Dangerous Drugs Act of 2002 is a consolidation of Senate Bill No. 1858 and House Bill No. 4433. It was enacted and passed by the Senate and House of Representatives of the Philippines on 30 May 2002, and 29 May 2002, respectively. President Gloria Macapagal Arroyo signed it into law on 23 January 2002. Under this Act, the Dangerous Drugs Board (DDB) remains as the policy-making and strategy formulating body in the planning and formulation of policies and programs on drug prevention and control.

The enactment of RA 9165 reorganized the Philippine drug enforcement system with the new Dangerous Drugs Board (DDB) that serves as a policy and strategy formulating body. The DOH, as the lead agency in health, is continuously and actively participating in the country’s fight against drug abuse in partnership with the Dangerous Drugs Board, PDEA, Dep Ed, DSWD, other government agencies, LGUs, non-governmental organizations, and other stakeholders. Under RA 9165 and EO 273 s2004, the Transfer of PNP and NBI Treatment and Rehabilitation Centers to DOH has been amended. The existing government DATRCs including the PNP DATRCs in Bicutan, Iloilo, Albay, NBI TRCs in Tagaytay, Cagayan de Oro, and Cebu, along with the corresponding logistics (Maintenance Operating and Other Expenses, Personnel Services and equipment) are transferred to the DOH. There are newly constructed DATRCs in the span of 2016 to 2019 among the DOH-managed DATRCs and they are seen in the table below:

<table>
<thead>
<tr>
<th>DATRC</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mega TRC</td>
<td>Nueva Ecija</td>
</tr>
<tr>
<td>SOCCSKARGEN DATRC</td>
<td>Saranggani</td>
</tr>
<tr>
<td>DOH DATRC Agusan Del Sur</td>
<td>Agusan Del Sur</td>
</tr>
<tr>
<td>DOH DATRC Las Piñas</td>
<td>Las Piñas City</td>
</tr>
</tbody>
</table>
Table 9. List of Additional DATRCs Under Construction

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>REGION</th>
<th>FUND SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bauko, Mountain Province</td>
<td>CAR</td>
<td>DOH-HFEP</td>
</tr>
<tr>
<td>Mexico, Pampanga</td>
<td>Region 1</td>
<td>DOH-HFEP</td>
</tr>
<tr>
<td>Trece Martirez, Cavite</td>
<td>Region 3</td>
<td>JICA</td>
</tr>
<tr>
<td>Cortez, Bohol</td>
<td>Region 7</td>
<td>Kaibusan Foundation</td>
</tr>
<tr>
<td>Pasalobong, Zamboanga City</td>
<td>Region 9</td>
<td>DOH-HFEP</td>
</tr>
<tr>
<td>Zamboanga Del Norte</td>
<td>Region 9</td>
<td>DOH-HFEP</td>
</tr>
<tr>
<td>Zamboanga Sibugay</td>
<td>Region 9</td>
<td>DOH-HFEP</td>
</tr>
</tbody>
</table>

To pursue the fight against the drug menace, DATRCs are being constructed in other regions. This move is all in accordance with bringing the health service to each Filipino as promised by the Universal Health Care Law. As of 2020, there are 7 ongoing constructions and they are:

Across the Philippines, there are a total of 66 accredited DATRCs in the country, operated by the government and private institutions. There are 22 DOH-managed DATRCs—2 of which are Non-Residential DATRCs and 20 are DOH-managed DATRCs—and 6 Recovery Facilities. These facilities are envisioned to be world-class in terms of managing PWUDs. Their mission is to provide evidence-based treatments and be the haven of hope for the recuperating PWUDs.
A Drug Abuse Treatment and Rehabilitation Center (DATRC) shall be exclusively for the treatment and rehabilitation of drug dependents. The Center shall not provide services to patients with primary psychotic behavior. Patients with manifestations of psychosis, as a result, or consequence of dangerous drug use, shall be referred to a psychiatric facility. A clearance from a psychiatrist, certifying that the patient is free from psychosis, shall be presented to the center’s management before his/her admission to a drug abuse treatment and rehabilitation center.

A DATRC is being classified according to its Ownership, Institutional Character, and Service Capability. A DATRC is classified according to ownership as either government-owned or private owned. A DATRC may also be classified according to its Institutional Character. A DATRC may be institution-based or a free-standing facility. Institution-based DATRCs are those that operate within the premises of an institution while Freestanding DATRCs are those that operate separately from any other institution.

DATRCs may also be classified according to their Service Capability. A DATRC may be a Non-Residential Treatment and Rehabilitation Center (Outpatient Center) or a Residential Treatment and Rehabilitation Center (Inpatient Center) and a Residential Treatment and Rehabilitation Center with Outpatient Service Capability.

- **Non-residential Treatment & Rehabilitation Center (Outpatient Center)** - 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, or maybe an aftercare service facility.

- **Residential Treatment and Rehabilitation Center (Inpatient Center)** - a health facility that provides comprehensive rehabilitation services, including aftercare and follow-up programs, utilizing any of the accepted modalities.

- **Residential Treatment and Rehabilitation Center with Outpatient Service Capability** - a health facility that provides both outpatient and inpatient services.
Pursuant to Republic Act 916, otherwise known as the Comprehensive Dangerous Drugs Act of 2002, the Dangerous Drugs Board prescribe the guidelines for the formulation and implementation of a drug-free workplace and the conduct of authorized drug testing for offices, bureaus, agencies of the national and local governments, government-owned and controlled corporations and other institutes of learning including state colleges and universities.

The Drug – Free Workplace Program (DFWP) is the drug abuse policy in the workplace which shall serve as a legal document that communicates the organization's position in the use of illegal drugs as well as outlining the responsibilities of the employer, the employees and the employees’ unions. The policy must be developed through a process where consensus is achieved regarding its contents.

This DFWP shall include the following components: a. Advocacy, Education and Training; b. Drug Testing for Personnel; c. Management, Treatment and Referral; and, d. Monitoring and Evaluation.

DFWP IN THE DEPARTMENT OF HEALTH

Drug abuse is a major public health and social problem with far reaching adverse effects. This may lead to criminal acts, poverty, homelessness, and even serious disease like HIV/ AIDS. It can also result to impaired job performance frequently exhibited by tardiness, absences, making unsafe and poor decisions. These negative behaviors limit productivity, affecting both employees and employers alike.

Towards this, the Department of Health (DOH) issued Department Order No. 2019-0078 – Guidelines on the Institutionalization of a Drug – Free Workplace Program in the Department of Health. This is in compliance with Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2002, Civil Service Commission Memorandum Circular No. 13 s. 2017, Dangerous Drugs Board Regulation No. 13 s. 2018, and other relative national issuances.

The DFWP aims to safeguard the health, safety, and welfare of the DOH personnel as well as reducing the health and safety risks of the public. This shall ensure accessibility of quality health services and facilities to personnel with drug-related issues, utilizing service delivery as a health initiative, aligned with the Universal Health Care Act and the strategic framework of FOURmula One Plus for Health.
SALIENT POINTS

a) This covers all personnel without distinction as to rank, status, and salary of the DOH Offices as well as those outsourced by the Department.

b) The DFWP shall emphasize the promotion of a safe and healthy drug-free environment. It shall not be used for purposes of harassment.

c) The DFWP shall be implemented in accordance with existing laws on confidentiality and privacy such as the Data Privacy Act of 2012.

d) The cost of drug testing for DOH Central Office Personnel shall be funded by the Dangerous Drugs Abuse Prevention and Treatment Program.

e) Personnel committing violations to the Drug Testing guidelines shall be charged with administrative offenses according to Civil Service Rules and Regulations and if applicable, shall be recommended for termination after undergoing due process of law.

IMPLEMENTATION

The implementation of the DFWP in the DOH Central Office is being overseen by DDAPTP in coordination with the Personnel Administrative Division (PAD) and other concerned offices. The ensuing activities of the DFWP are aligned with its components.

a) **Advocacy, Education and Training**

The DDAPTP in coordination with the Disease Prevention and Control Bureau (DPCB), Health Promotion and Communication Service (HPCS), and PAD shall:

- Plan and implement advocacy and communication activities including the development of relevant materials that may include the following among others:
  - DOH policies and programs on drug-free workplace
  - Adverse effects of drug abuse and/or misuse of dangerous drugs on the person, workplace, family and the community
  - Preventive measures against drug abuse
  - Salient features of RA 9165

- Sustain advocacy and communication activities to ensure maximum and long term commitment to participate in the Drug-Free Workplace initiative.

- Provide appropriate activities on detection of psychosocial issues of co-employees who are experiencing stressful situation brought about by their drug use, abuse or addiction.
b) **Drug Testing**

The drug testing methods and activities follow the prescribed DOH Standard Operating Procedures to be conducted by any DOH – Accredited Drug Testing Laboratory.

![Figure 35. Drug-Free Workplace Program at the DOH Central Office, June 7, 2021](image)

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**c) Referral for Treatment and Rehabilitation**

Personnel found positive for drug use and after undergoing Drug Dependency Examination by a DOH – Accredited Physician may undergo the following treatment services appropriate for his/ her level of dependency:

- **Outpatient Service** – offers services that includes diagnosis, treatment and management of drug dependents in a non-residential Drug Abuse Treatment and Rehabilitation Center (DATRC) or outpatient basis.

- **Residential Treatment and Rehabilitation Service** – a comprehensive treatment and rehabilitation services utilizing any accepted modalities within a duration of six (6) to twelve (12) months.

- **Aftercare Service** – refers to services that help recovering drug dependent persons to adapt to everyday community life, after completing earlier phases of treatment, and rehabilitation for a duration of eighteen (18) months.

These treatment services can be availed at:

- Local Government Units
  - Anti-Drug Abuse Councils
  - Municipality/ City/ Provincial Health Offices
d) Monitoring and Evaluation

The DDAPTP shall monitor the compliance of this policies and guidelines. Annual reports shall be submitted to the DOH Executive Committee and the Dangerous Drugs Board on the drug testing activities conducted.

TECHNICAL ASSISTANCE

The DOH through the DDAPTP conducts relevant trainings on the management of drug abuse to personnel of Centers for Health Development (CHDs), DATRCs, Local Government Units, and other stakeholders. The goal is to provide standard health services to every Filipino with drug-related issues in all the regions, provinces, cities, and municipalities in the country.

- Development of Standard Module on Community-Based Rehabilitation Program to CHDs
- Training on Basic Course on Assessment and Management of Drug Dependence for Physicians
- Training for Psychiatrists and Addiction Specialists on the Management of Drug Dependence
- Basic Training Course on Life Coaching for the Person Who Use Drugs (PWUDs)
- Orientation on the Drug-Free Workplace Program to other government agencies and private institutions
- Seminar Workshop on the Manual of Operations (MANOPS) for Screening Drug Testing Laboratories – Training for Analysts, in coordination with the National Reference Laboratory – East Avenue Medical Center (NRL-EAMC)

ACCOMPLISHMENT REPORT OF THE IMPLEMENTATION OF DFWP IN THE DOH CENTRAL OFFICE

Orientation on the DOH-DFWP and Drug Testing of Personnel

The Orientation on the DFWP was first conducted to the Administrative Officers of the DOH Central Office on May 30, 2019 and was followed by a series of Orientation on August 19, and 28, 2019.

Succeeding Orientations on the DFWP and drug testing were simultaneously conducted to the personnel of DOH Central Office on the following dates: October 28, 2019; November 5, 6 & 11, 2019; December 2, 2019; and February 12, 2020.

The following table shows the summary findings of drug testing of personnel in the DOH Central Office.
Figure 36. Summary Findings of Drug Testing of Personnel in the DOH Central Office

<table>
<thead>
<tr>
<th>Employees</th>
<th>Target Population</th>
<th>Total No. of Employees Tested</th>
<th>Screened Positive</th>
<th>Confirmed Positive</th>
<th>Percentage of Positive Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>THC</td>
<td>METH</td>
<td>THC</td>
</tr>
<tr>
<td>Permanent</td>
<td>693</td>
<td>511</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Job Order</td>
<td>841</td>
<td>782</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Outsourced</td>
<td>293</td>
<td>188</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,827</strong></td>
<td><strong>1,481</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

Figure 37. Conduct of Orientation on the DFWP to the Administrative Officers of the DOH Central Office in preparation for the conduct of drug test.
Stigma surrounds substance abuse and drug addiction due to misunderstandings. Most people believe addiction is a choice, but drug addiction is a chronic brain disease. The stigma discourages one to seek help for his substance use/abuse concerns. Calling a substance abuse helpline is often the first step toward recovery for many individuals and a conduit in building a supportive attitude from their loved ones and relatives.

In this time of COVID-19 outbreak, which led to a national public health emergency, PWUDs feel isolated due to restrictive physical distancing policies. Reaching out by telephone, such as the Substance Abuse Helpline 1550, helps them combat loneliness and anxiety that can trigger substance use.

**A LITTLE BIT OF HISTORY.**

DOH-SAH 1550 project was started in 2017 by the Office of the President through Asec. Aurora “Baby” Ignacio. Its objective is to provide information, brief intervention and referral to treatment of Persons Who Use Drugs (PWUDs) and their relatives. It was initially given the telephone number 155. However, during its trial period, there were numerous problems on the number such as wrong numbers and crossline callers. Numerous corrections were made with the Telephone Companies which were unsuccessful, eventually leading to its change to 1550 with the approval of the National Telecommunications Commission.

**SAH 1550 GRAND LAUNCH.**

The DOH-Substance Abuse helpline 1550 Grand Launch was done virtually due to the physical distancing and mass gathering restrictions due to the COVID-19 outbreak. It was attended by stakeholders from all over the country via zoom online conferencing and was viewed via Facebook live streaming by thousands of viewers.

Undersecretary of Health and Head of Health Facilities and Infrastructure Development Team, Usec. Lilibeth C. David warmly welcomed the guests. Messages of support were given live by Senator Roland “Bato” M. Dela Rosa, Chairperson of Senate Committee on Public Order and
Dangerous Drugs; Pres. and CEO of Social Security System Ms. Aurora “Baby” C. Ignacio; and World Health Organization (WHO) Acting Head of Country Office Dr. Rabindra Abeyasinghe. A video message was sent by Dangerous Drugs Board Chairman, Sec. Catalino S. Cuy. The keynote video message was sent by the Department of Health Sec. Francisco T. Duque III. The closing message was given live by Undersecretary of Health Head of Public Health Services Team, Usec. Myrna C. Cabotaje.

In line with the promotion of the SAH 1550 Grand Launch, webinars were held. In the first of two series of webinars, Substance Abuse Situation in the Philippines was discussed by Dangerous Drugs Abuse Prevention and Treatment Program (DDAPTP) Manager, Dr. Bienvenido M. Leabres and the Effectiveness of Substance Abuse Helpline for Immediate Access and Intervention by Dr. Robert Ali. In the 2nd webinar, Mental Health Psychosocial Skills for Responders in times of COVID-19 Crisis was discussed by Dr. Robert Ali, an internationally renowned substance abuse guru, and discussion on the Substance Abuse Helpline Brief Intervention: Screen then Intervene was delivered by Dr. Clara H. Fuderanan, a Medical Specialist, Head of DDAPTP Health Systems Development and Management Support Unit. The series of webinars were held via Zoom online conferencing attended by more than 100 participants and viewed via Facebook live streaming by more than 60 thousand viewers in each webinar.

Figure 38. Official Logo of the Substance Abuse Helpline 1550
FREQUENTLY ASKED QUESTIONS

○ What is substance abuse helpline 1550?
The Department of Health established Substance Abuse Helpline 1550 (SAH 1550) for the specific purpose of providing information related to addiction, screening for risk of substance use, providing brief intervention, and referral to treatment of Persons Who Use Drugs (PWUDs) such as inpatient, outpatient and community-based rehabilitation and other care options. Parents or loved ones can call and find out more about addiction in order to understand the PWUDs better and to strengthen their motivation for their behavior change.

○ Is the SAH 1550 open 24/7?
The Department of Health Substance Abuse helpline 1550 (DOH-SAH 1550) is available 8am to 5pm daily except holidays and are staffed with caring and knowledgeable helpline agents who want to help.

○ When I call, is the conversation confidential?
Calls are confidential and you may not provide detailed personal information if you feel uncomfortable doing so. Confidentiality may not be absolute because information can be shared, but with the knowledge and consent of the caller, if there is a need to refer the caller for further intervention.

○ Will I be scolded or arrested if I admit that I am a drug user?
SAH 1550 is staffed by supportive personnel. You will not be scolded, judged, or reprimanded or arrested for drug use information you will share with the SAH 1550 agents.

○ Are the SAH 1550 agents trained in handling calls?
Yes. The training of SAH1550 agents was provided by an Australian international trainor, Dr. Steve Allsop, who was contracted by the World Health Organization (WHO). The training manual was crafted by an Australian guru on substance abuse, Dr. Robert Ali, in collaboration with the World Health Organization through the funding of UK Embassy. The agents were taught on how to do screening, brief intervention and referral of PWUDs to proper treatment appropriate to their level of substance use. They were also trained on how to handle challenging calls with empathy and reflective listening.

○ Are my calls to SAH 1550 toll free?
If you dial 1550 from a landline in Greater Manila Area, then it is toll-free. If you use your mobile phone, then regular data charges will apply.

○ Can I be helped if I am from outside Greater Manila Area?
Yes, we can help you find a DOH-accredited drug abuse treatment and rehabilitation facility, anywhere in the country, for proper intervention.
In pursuit of the vision for a drug-free country, the Department of Health forged strong ties with various international agencies on different projects. These collaborations both pave the way in curbing the rate of use of illegal substances and in promoting prevention and treatment in the country.

**WORLD HEALTH ORGANIZATION (WHO)**

The WHO is an international body worldwide that promotes health, keeps the world safe, and serves the vulnerable. With their Triple Billion target of ensuring that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being, the WHO partnered with DOH on the following projects:

1. Development of Pilot Recovery Clinics
2. Development and launching of the Substance Abuse Helpline 1550 last June 26, 2020
3. On-going development of Electronic Medical Records (EMR) for Drug Abuse Treatment and Rehabilitation Facilities (joint project with KMITS)
4. Training for Infection Prevention and Control (IPC) for the DATRCs and the Outpatient DATRCs August 10-19, 2020

<table>
<thead>
<tr>
<th>Table 10. Pilot Recovery Clinics</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>REGION</th>
<th>RECOVERY CLINICS</th>
<th>UNIQUE MODELS (Social Acceptability, Cultural, and Geographical Adaptability)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCR</td>
<td>Pasay Recovery Clinic</td>
<td>Under the anti-drug abuse council</td>
</tr>
<tr>
<td>CAR</td>
<td>Ifugao Recovery Clinic</td>
<td>Reflection camp</td>
</tr>
<tr>
<td>III</td>
<td>Tarlac Recovery Clinic</td>
<td>Workplaces</td>
</tr>
<tr>
<td>IV-B</td>
<td>Mindoro Recovery Clinic</td>
<td>Islanders</td>
</tr>
<tr>
<td>VII</td>
<td>Mandaue Cebu Recovery Clinic</td>
<td>Harm reduction</td>
</tr>
<tr>
<td>XI</td>
<td>Davao De Oro Recovery Clinic</td>
<td>Multi-cultural</td>
</tr>
</tbody>
</table>
The Japan International Cooperation Agency is a governmental agency that coordinates Official Development Assistance for the government of Japan. JICA has been a development partner of the Philippines since the 1960s.

1. CONSOLIDATED REHABILITATION OF ILLEGAL DRUG ABUSE (JICA-CARE) Project
   - Project Duration: 5 years (ends 2020, for extension possibly until 2022 due to COVID-19)

The Government of the Philippines has requested the support of the Government of Japan through the Japan International Cooperation Agency (JICA) to contribute towards the funding of the Program for the establishment and/or upgrading/expanding existing Drug Abuse Treatment and Rehabilitation Centers (DATRCs) and strengthening of policies of treatment and rehabilitation of illegal drug users. This was realized through a Grant Agreement of one billion eight hundred and fifty million Japanese Yen (JPY 1,850,000,000) reflected under the signed Program Document on the “Programme for Consolidated Rehabilitation of Illegal Drug Users (CARE)” last February 2018.

The said Program Document described the rules and procedures with indicated expected outputs and timelines of their delivery for submission to JICA. The following are the expected deliverables of the Department of Health for the JICA CARE Project:
   - Establishment of a Drug Abuse Treatment and Rehabilitation Center (DATRC);
   - Updated Operational and Design Standard of a DATRC;
   - Operational Standard of a Halfway House;
   - Establishment of a Monitoring and Evaluation Framework of Services;
   - Information, Education and Communication Materials for LGUs; and
   - Medium-term Strategic Plan for DOH Dangerous Drugs Abuse Prevention and Treatment Program (DDAPTP)

2. INTRODUCING EVIDENCE-BASED RELAPSE PREVENTION PROGRAMS TO DRUG DEPENDENCE TREATMENT AND REHABILITATION CENTERS (INTERLAPP) Project

The Department of Health (DOH) of GOP requested JICA for technical cooperation in strengthening relapse prevention programs at Treatment and Rehabilitation Centers (TRCs) in May 2017. Based on a series of field visits by the project formulation mission team and discussions between the authorities of DOH and JICA, a new technical cooperation project entitled “Project for Introducing Evidence-based Relapse Prevention Program to Drug Dependence Treatment and Rehabilitation Centers (IntERlaPP)” was officially endorsed in December 2017.

The Project is to be implemented by DOH spearheaded by the Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP) with the technical assistance of JICA for five years between December 2017 and December 2022. It aims to strengthen the GOP’s capacity to effectively
deliver facility-based drug dependence treatment and rehabilitation services through introducing an evidence-based relapse prevention program.

As part of the Project implementation structure, the Joint Coordinating Committee (JCC) was established as the highest supervisory body of the Project. JCC is to be chaired by the Secretary of Health and held at least once a year to oversee the implementation status of the Project.

JICA INTERLAPP developed the module for the inpatient program, Intensive Treatment and Rehabilitation Program for Residential and Rehabilitation Centers for Drug Dependents (INTREPRET), which is already near its end on pilot testing. For outpatient program, they're creating the module Enhanced Treatment Program for Outpatient Services for Drug Users (ENTREPOSE) and is targeted to begin its pilot testing phase by late 2021.

USAID - RENEW HEALTH

The USAID RenewHealth project supports the Philippine Anti-Illlegal Drugs Strategy. A strategy that aims to have a comprehensive and balanced approach to supply and demand of drugs. It supports the Dangerous Drugs Board’s strategy on the use of evidence-based and culturally appropriate interventions. The project also works with the Department of Health, Department of Interior and Local Government, and other relevant agencies, and the local government units.

- Project Duration: 5 years (2019-2024)
- Development of Training Programs for Community Based Drug Rehabilitation (CBDR)
- Training of Trainors for CBDR
- Trainings for CBDR
- Support for DDAPTP in the development of CBDR Monitoring and Evaluation Framework
- Collaboration on reproducing DDAPTP IEC materials
- Expansion of services provided by the Substance Abuse Helpline 1550 to Online / Social Media platforms

US- INTERNATIONAL NARCOTICS LEAGUE (INL)

INL programs build partner capacity to identify and exploit vulnerabilities at each level of the international supply chain. They seek to help other countries in combating drug abuse. Their projects in the Philippines are:

1. Development of Online/Blended Training Programs for the Accreditation of DOH-Accredited Physicians
2. Formulation of trainings via electronic platforms for DATRCs and Outpatient Drug Treatment and Rehab Centers on the Management of Special Populations
For two decades, the United Nations Office on Drugs and Crime (UNODC) has been one of the leading bodies that make the world safer from drugs, organized crime, corruption, and terrorism. They are “committed to achieving health, security, and justice for all by tackling these threats and promoting peace and sustainable well-being as deterrents to them”. Exploratory discussion on further development and expansion of Recovery Clinics.

China provided grant aid projects in the Philippines through the Department of Health in order to build treatment and rehabilitation facilities in the Mindanao region. These facilities are the following:

1. China Grant Aid Project on Treatment and Rehabilitation Center in Sarangani
   - 100% total project accomplishment
   - Provided and procured medical, mechanical, kitchen, dormitory, and furniture and fixtures

2. China Grant Aid Project on Treatment and Rehabilitation Center in Agusan Del Sur
   - 100% total project accomplishment
   - Provided and procured medical, mechanical, kitchen, dormitory, and furniture and fixtures
CROSS WORD Puzzle

ACROSS
1. Drug rehabilitation program for mild risk and moderate dependence PWUDs
3. Philippines, Brunei Darussalam, Thailand, Singapore
4. Speeds up the CNS and Body functions
5. Most commonly used drug in the Philippines
8. RA 11223
9. Screening Tool to identify individuals who may be using alcohol or illicit drugs/prescription medications in ways that are harmful to their health

DOWN
2. Normal part of drug recovery
3. Chronic, relapsing disorder characterized by compulsive drug seeking and use.
6. Continuation of the rehabilitation process within the community after discharge from a treatment facility.
7. Persons Who Use Drugs
10. 1550
TODAY IS GOING TO BE AWESOME