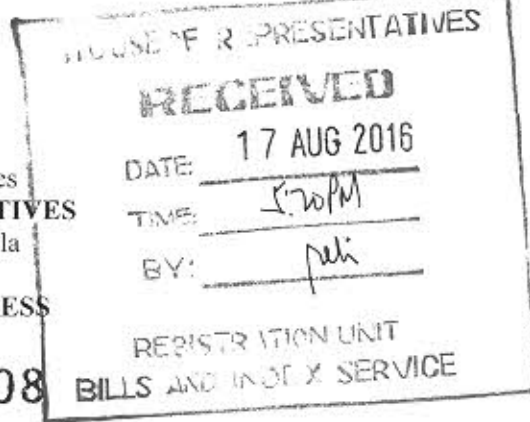


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

SEVENTEENTH CONGRESS
First Regular Session

House Bill No. **3108**



Introduced by **DIWA Party-list Representative Emmeline Y. Aglipay – Villar**

EXPLANATORY NOTE

Efforts to combat drug addiction and drug trafficking in the country have been the focus of the current administration, many of these efforts concentrated on law enforcement action that are an extension of the President's crusade against drugs.

The pernicious effects of drugs cannot, however, be addressed solely through police action. A focus on incarceration, prosecution, and punishment is far from ideal when it comes to those who are victims in their own right, through circumstances of desperation or ignorance. The ideal that we should aim for is not merely a nation which is drug-free, but one where those who were previously under the self-destructive spell of drugs have reformed and returned to being dutiful members of society. A punishment-focused approach forfeits the possibility that some of the damage wrought can be completely undone -- rehabilitation does not.

Addiction is in many ways a disease, caused by a combination of behavioral, environmental and biological factors, where continued release of pleasure-inducing chemicals causes changes in the brain systems involved in reward, motivation and memory.¹ While the initial choice to do drugs is usually just that -- a conscious choice -- once the brain has been changed by addiction, that willpower and the ability to choose becomes impaired.² Addiction is a disease, a treatable and curable disease, and the State must have programs, facilities, and resources that engage it as such -- because our ideal must be to cure, to rehabilitate, to redeem. We must never lose sight of the fact that with help, it becomes possible to achieve the miraculous: to turn back the hands of time and allow one who was lost to find him or herself again.

This is not a new policy for the government: as stated in Republic Act 9165 or the Comprehensive Dangerous Drugs Act of 2002, the State must provide effective mechanisms or measures to re-integrate into society individuals who have fallen victim to drug abuse or dangerous drug dependence through sustainable programs of treatment and rehabilitation. According to the website of the Dangerous Drug Board, the country has forty one residential rehabilitation centers, and three out-patient centers, numbers which are unlikely to provide sufficient venues for rehabilitation given the number of drug users who have been captured or who have surrendered since the President took office. For that reason and to further strengthen the rehabilitation programs of the country, this bill -- filed as a counterpart of Senate Bill No. 718 with the support of its author, Senator Cynthia Villar -- seeks to establish accessible rehabilitation centers in every province and city in the Philippines that will cater to the welfare of drug dependents in order to sustain the government's efforts in achieving drug-free society.


EMMELINE Y. AGLIPAY – VILLAR
Representative, DIWA Party-list

¹ <http://www.centeronaddiction.org/addiction/disease-model-addiction>

² *Id.*

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AN ACT
STRENGTHENING THE GOVERNMENT'S EFFORTS TOWARDS THE
TREATMENT AND REHABILITATION OF DRUG DEPENDENTS BY
ESTABLISHING DRUG REHABILITATION CENTERS IN EVERY PROVINCE AND
CITY IN THE COUNTRY, APPROPRIATING FUNDS THEREFOR AND FOR OTHER
PURPOSES

Be it enacted by the Senate and House of Representatives of the Republic of the Philippines in Congress assembled:

SECTION 1. *Creation.* – In order to complement the intensified drive to eradicate dangerous and/or illegal drugs in the country, there shall be treatment and rehabilitation centers (hereinafter referred to as centers) for drug dependents established in every province and city in the Philippines. These centers shall be supervised by the Department of Health.

Section 2. *Objectives and Functions.* – These centers so established shall have the following objectives and functions:

- (a) To provide care, treatment and accommodation to every person found to be a drug dependent;
- (b) To bring such drug dependent to a state where he is physically, psychologically and socially capable to cope with problems common to his peer group;
- (c) To facilitate and encourage the dissemination and exchange of ideas and information on the prevention, care, treatment and control of drug addiction;
- (d) To provide after-care, follow-up and social reintegration services to every drug dependent in order to assist in his assimilation to his family and community after his release from the center;
- (e) To provide motivation to each drug dependent in order that he could regain self-confidence, rediscover his working abilities and develop a sense of responsibility for himself;
- (f) To encourage the formation of organization and associations composed of parents, guardians and immediate relatives of drug dependents in order to arouse their awareness and enhance their participation in the care, treatment and rehabilitation of their relatives or wards found to be drug dependent patients;
- (g) To undertake continuous training of physicians, nurses, health officers and social workers on the practical and scientific methods of prevention, care, treatment and rehabilitation of persons found to be drug dependents; and

(h) To strengthen the emotional and spiritual make-up of every drug dependent by conducting regular guidance and counseling sessions as well as interdenominational services.

Section 3. Sites of the Centers. – The Secretary of Health and the local chief executives shall determine the location of the centers in their respective provinces and cities in the country.

In the determination and prioritization of the sites where centers will be established, consideration shall be given to the following:

- a.) Existence (or the lack) of national and local government-operated or -accredited rehabilitation centers;
- b.) Density of the population and rate of incidence of drug dependence; and
- c.) Locations that will provide peaceful and quiet environments in order to ensure a focused and uninterrupted treatment and rehabilitation of the drug dependents but at the same time reasonably accessible to the prospective clientele;

Pending the establishment of centers in some provinces, the Secretary of Health should initiate drug rehabilitation programs in existing government hospitals in the province.

Section 4. Affordability of Rehabilitation and Treatment. – The Secretary of Health shall establish a socialized scheme for the payment of the expenses of rehabilitation and treatment of drug dependents with the end in view that it is the government's duty to ensure that drug dependents are rehabilitated and reintegrated into society; Provided, that drug dependents who are indigents and whose immediate next of kin are likewise indigent shall not be required to pay; Provided further, that expenses of rehabilitation and treatment may be chargeable to Philhealth by drug dependents who are likewise its members in good standing; and Provided finally, that drug dependents shall not be required to pay a deposit as a condition for their admittance to any government-operated center or government hospitals.

Section 5. Director of the Center. – Each of the Centers shall be headed by a Director, who shall be appointed by the Secretary of Health and vested with powers generally exercised by a chief of a government hospital.

The appointment of the directors of the centers should follow a reliable and stringent selection process, to be adopted by the Department of Health. In no case shall a person be appointed as Director of a Center unless he or she possesses the following qualifications, among others: shall be of good moral character; shall be of sound mind; shall not have been convicted by a court of competent jurisdiction of any offense involving moral turpitude; shall be a holder of the degree of Doctor of Medicine or its equivalent conferred by a college of medicine duly recognized by the government; and shall have at least five (5) years experience in the care, treatment and rehabilitation of drug dependents.

Section 6. Personnel and Staff. – The Secretary of Health, in consultation with the Director of the respective centers, shall appoint such other personnel and staff as may be necessary for the effective operation of the Center, subject to existing laws, rules, and regulations.

In line with the local government units' role of assisting in the rehabilitation or treatment of drug dependents provided under Section 51 of Republic Act 9165 or the Comprehensive Dangerous Drugs Act of 2002, as amended, local government units may detail personnel, as may be necessary, to perform tasks

and functions that are supportive to the complete and effective rehabilitation of drug dependents being treated in the centers.

It is mandatory that the officials, personnel and staff to be employed and/or detailed at the centers will undergo integrity tests and trainings, from time to time, as measure to prevent infiltration by drug syndicates into our drug rehabilitation centers and system.

Section 7. *Government Assistance to the Center.* – The Secretary of Health is hereby authorized to call upon any department, bureau, agency or instrumentality of the government for such assistance as may be necessary for the effective implementation of this Act.

Section 8. *Rules and Regulations.* – The Secretary of the Department of Health, in coordination with the Department of Social Welfare and Development, the Department of Interior and Local Government, the Philippine National Police, the Philippine Drug Enforcement Agency, concerned non-governmental organizations, and other stakeholders, shall promulgate such rules and regulations as may be necessary to secure an effective administration of the centers and the effective implementation of the provisions of this Act, within sixty (60) days from the approval of this Act.

Section 9. *Appropriations.* – The sum necessary for the effective implementation of this Act shall be charged against the appropriations for the Department of Health under the General Appropriations Act.

Thereafter, such amount as may be necessary for the continued operation of the centers shall be included in the annual General Appropriations Act.

Section 10. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any two newspapers of general circulation.

Approved,