



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



EIGHTEENTH (18th) CONGRESS
First Regular Session

HOUSE BILL NO. 5805

Introduced by Representative EDGAR R. ERICE

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides that "the State shall protect and promote the right to health of the people and instill health consciousness among them." Pursuant to this mandate, this bill aims to mainstream an alternative, holistic and long-term approach to illicit drug use by institutionalizing a community-based drug rehabilitation program in the Philippines. This program ultimately broadens the treatment and rehabilitation options for persons who use drugs (PWUDs).

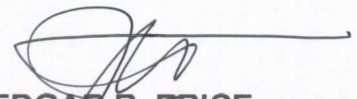
Drug use in the Philippines has generally been understood and treated as a criminal issue, rather than as a health concern. This has resulted to the heightened stigma on seeking appropriate professional interventions by health care providers. According to a study conducted in 2018¹ on Filipino drug users:

"Rather than addressing illicit drug use from a criminal justice perspective, UNODC advocates that it should be treated as a health condition with community-based treatment offered as an alternative to incarceration when possible. In contrast to center-based residential rehabilitation, community-based treatment is primarily outpatient rehabilitation. Community-based treatment programs ascribe to the following key principles: minimal disruption to stakeholder support systems, comprehensive continuum of care, evidence-based practices, acceptance of program implementers, and culturally appropriate (UNODC, 2014)."

¹Hechanova, M., Alianan, A., Calleja, M., Melgar, I., Acosta, A., Villasanta, A., Cue, M. (2018). The Development of a Community-Based Drug Intervention for Filipino Drug Users. *Journal of Pacific Rim Psychology*, 12, E12. doi:10.1017/prp.2017.23

This bill establishes a community-based rehabilitation program that will carry out a consolidated model of treatment in the community with services ranging from general interventions to relapse intervention. It also provides for the guidelines, facilities, and personnel necessary for the full operation of the program. This bill further enumerates the rights of all persons who avail of services under the community-based rehabilitation program and establishes a referral system with the City or Municipal Anti-Drug Abuse Office.

In view of the foregoing, the immediate passage of this measure is earnestly sought.



EDGAR R. ERICE
Representative
2nd District, Caloocan City



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HOUSE BILL NO. 5805

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AN ACT

**INSTITUTIONALIZING A COMMUNITY-BASED DRUG REHABILITATION
PROGRAM IN EVERY MUNICIPALITY AND CITY IN THE PHILIPPINES**

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

Section 1. Short Title. This Act shall be known as the "*Community-Based Drug Rehabilitation Program Act.*"

Sec. 2. Statement of Principles. In the implementation of this law, the following principles shall be applied:

1. Accessibility. Services must be available and that people are able and willing to access them.
2. Compassionate. People delivering the services are sensitized to the needs and situations of people who use drugs and can work with them without discrimination or moral judgment.
3. Array of options. Provides or integrates an array of options that are responsive to the various needs of people accessing the services at any point
4. People-centered. Goals should respond to where the person is coming from, where the person is at, and depend on what the person needs and wants

Sec. 3. Definition of Terms. For purposes of this Act, the following terms are defined:

- a. *Anti-Drug Abuse Office* refers to the body created through the Department of Interior and Local Government Memorandum Circular No. 2018-125.
- b. *After-Care* refers to the broad range of community-based service supports designed to maintain benefit when the structured treatment has been completed or as defined in the Dangerous Drugs Board Regulation No. 1, Series of 2006;
- c. *Barangay Anti-Drug Abuse Council (BADAC)* refers to the main body in charge of implementing the Program in the barangay-level, as created through the Department of Interior and Local Government Memorandum Circular No. 2018-125;
- d. *Diversion Program* refers to the process of determining the responsibility and treatment of persons who use drugs on the basis of his/her social, cultural, economic, psychological or educational background without resorting to formal court proceedings.
- e. *Persons Who Use Drugs (PWUDs)* refers to persons who use any regulated, prohibited, illegal, or dangerous drugs by injecting, consuming, or otherwise introducing into the physiological system of the body;
- f. *Program* refers to the Community-Based Drug Rehabilitation Program as instituted by this Act.
- g. *Low-level possession of drugs* refers to a person's level of possession of drugs that may be deemed as only for purposes of personal use for days, which amount shall be determined by the Department of Health.

Sec. 4. Rights of PWUDs. Every PWUD shall have the following rights, including but not limited to:

1. *Right to Appropriate Medical Care and Humane Treatment.* Every person has a right to health and medical care corresponding to his state of health, without any discrimination and within the limits of the resources, manpower and competence available for health and medical care at the relevant time. The PWUD has the right to appropriate health and medical care of good quality. In the course of such, his/her human dignity, convictions, integrity, individual needs and culture shall be respected.
2. *Right to Informed Consent.* The PWUD has a right to a clear, truthful and substantial explanation, in a manner and language understandable to the PWUD, of all proposed procedures, whether diagnostic, preventive, curative, rehabilitative or therapeutic, wherein the person who will perform the said procedure shall provide his name and credentials to the PWUD, possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success and reasonable risks involved.

If a PWUD is a minor, consent shall be obtained from his parents or legal guardian.

3. *Right to Privacy and Confidentiality.* The privacy of the PWUDs must be assured at all stages of treatment. The PWUD has the right to be free from unwarranted public exposure. The PWUD has the right to demand that all information, communication and records pertaining to his care be treated as privileged and confidential. Any health care provider or practitioner involved in the treatment of a PWUD and all those who have legitimate access to the PWUD's record has no authority to divulge any information to any third party.
4. *Right to Information.* In the course of treatment, the PWUD, or the parent or legal guardian, in case of a minor, has the right to be informed of the result of any evaluation of the nature and extent of his/her condition and any other additional or further treatment, including additional medicines to be administered and their generic counterpart including the possible complications and other pertinent facts, statistics or studies, and any change in the plan of care before the change is made.
5. *Right to Self-Determination.* The PWUD has the right to choose and avail any recommended diagnostic and treatment procedures.
6. *Right to Religious Belief.* The PWUD has the right to refuse medical treatment or procedures which may be contrary to his religious beliefs.
7. *Right to Medical Records.* The PWUD is entitled to a summary of his medical history and condition, including the right to view the contents of his medical records, except psychiatric notes and other incriminatory information obtained about third parties, with the corollary right to an explanation of the same from the attending physician.
8. *Right to Refuse Participation in Medical Research.* The PWUD has the right to be advised if the health care provider plans to involve him in medical research, including, but not limited to experiments with human participation, which may be performed only with the written informed consent of the PWUD: *Provided, That, an institutional review board or ethical review board in accordance with the guidelines set in the Declaration of Helsinki be established for research involving human experimentation: Provided, further, That the Department of Health shall safeguard the continuing training and education of future health care provider/practitioner to ensure the development of the health care delivery in the country: Provided, furthermore, That the PWUD involved in the human experimentation shall be made aware of the provisions of the Declaration of Helsinki and its respective guidelines.*
9. *Right to Correspondence and to Receive Visitors.* The PWUD has the right to communicate with relatives and other persons and to receive visitors subject to reasonable limits prescribed by the rules and regulations of the health care institution.
10. *Right to Express Grievances.* The PWUD has the right to express complaints and grievances about the care and services received without fear of discrimination or reprisal and to know about the disposition of such

complaints. Such a system shall afford all parties concerned with the opportunity to settle amicably all grievances.

11. *Right to be Informed of Rights and Obligations as a Client.* A PWUD has the right to be informed of rights and obligations as a client. It shall be the duty of health care institutions to inform of their rights as well as of the institution's rules and regulations that apply to the conduct of the client while in the care of such institution.

Sec. 5. *Community-Based Drug Rehabilitation Program.* Every City or Municipality shall establish a Community Based Drug Rehabilitation Program, referred to as the "Program," which will serve PWUDs determined fit by the DOH accredited health service provider, for free.

The Program shall be a comprehensive government program that will carry out a consolidated model of treatment in the community with services ranging from general interventions to relapse intervention. The Program involves various services which shall cater to meet clients' needs.

The Department of Health (DOH), the Department of Interior and Local Government (DILG), the Philippine Drug Enforcement Agency (PDEA), and the Dangerous Drugs Board (DDB) shall craft the guidelines for the Program. The program shall include, but shall not be limited to the following elements:

1. Drug use level screening of PWUDs using appropriate and evidence-based tools;
2. Creation of a confidential database system of screened PWUDs for monitoring and support;
3. Development of individualized treatment plans by qualified professionals, such as psychologists and psychometricians;
4. Participatory implementation of treatment plan with family and community involvement with values formation component;
5. Regular monitoring of the treatment plan by qualified professionals like psychometricians;
6. Integration of after-care and support services for PWUDs and their family like legal services and social services (e.g. livelihood, scholarship); and
7. Involvement of civil society organizations (CSOs) and religious organizations as volunteer support and resource persons.

Sec. 6. *Clients of the Community-Based Drug Rehabilitation Program.* The Program shall be open to all persons, whether referred by the Anti-Drug Abuse

Office as provided for in Section 9 or those who walk in to avail of the services of the Program.

All clients who graduate from the Program shall be protected from prosecution on drug use; *Provided*, that the client follows the aftercare program.

Sec. 7. *Hiring of a Staff Complement to Run the Program.* An ideal staff complement of a City or Municipality shall be composed of the following commensurate to a ratio prescribed by the Department of Health and Department of Social Welfare and Development:

- a. DOH-accredited psychiatrist or physician;
- b. Psychologists or psychometricians;
- c. Social workers for case management and screening; and
- d. One (1) paralegal for legal issues.

Sec. 8. *Referral to the Municipal or City Anti-Drug Abuse Office (ADAO).* Any person arrested for possession of drugs in low quantities, as may be determined by the DOH, shall be referred to the nearest Municipal or City Anti-drug Abuse Officer for drug use screening for the purpose of Section 10 of this Act; *Provided*, That minors arrested shall be referred to a local social welfare and development officer for an intervention in accordance with the best interest of the child; *Provided further* that notwithstanding, such arrest an employee shall remain protected by the Guidelines for the Implementation of a Drug-Free Workplace Policies and Programs set by the Department of Labor and Employment.

Any data collected from the abovementioned process shall be considered sensitive personal information under the Data Privacy Act.

Sec. 9. *Diversion Protocol.* PWUDs determined fit by DOH accredited health service provider shall undergo a community-based drug rehabilitation program.

Sec. 10. *Violation of the Provisions of this Act or Rules or Regulations in General.* Any person who violates any provision of this Act shall be punished by a fine of not less than One hundred thousand pesos (P100,000.00) but not more than Two Hundred thousand pesos (P200,000.00) or suffer imprisonment of not less than eight (8) years but not more than ten (10) years, or both such fine and imprisonment at the discretion of the court, unless a higher penalty is provided for in the Revised Penal Code or special laws. The penalty provided herein is distinct for public officers

or employees, who shall, in addition to such fine and/or imprisonment, be held administratively liable.

Sec. 11. *Appropriations.* The budget allocation which shall be deemed necessary for the effective implementation of this Act shall be lodged with the DOH, which shall be the agency responsible for disbursing said funds directly to the local governments, for their specific programs in compliance with this Act. For this purpose, the DOH shall be in close coordination with the LGUs, in particular with their respective ADAOs in determining budgetary requirements to be included in the general annual appropriations of the DOH.

Sec. 12. *Implementing Rules and Regulations.* To fully implement the provisions of this Act, DILG, DOH, PDEA, and DDB, within six (6) months, shall conduct the necessary stakeholder consultations, and issue rules, regulations, and guidelines necessary to carry out the intent and purpose of this Act.

Sec. 13. *Mandatory Review on the Implementation of this Act.* – The DOH and the DILG shall submit to Congress a report on the implementation of this Program at the end of the second year from the date of the effectivity of this Act and every two years thereafter.

Sec. 14. *Separability Clause.* If any portion or provision of this Act shall be declared unconstitutional or invalid, the remaining provisions not affected thereby shall continue to be in full force and effect.

Sec. 15. *Repealing Clause.* All laws, executive orders, proclamations, rules, regulations and other issuances or parts thereof which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

Sec. 16. *Effectivity.* This Act shall take effect fifteen (15) days following its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,