

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

Seventeenth Congress
First Regular Session

HOUSE BILL NO. 4769



Introduced by Representative Michelle M. Antonio

EXPLANATORY NOTE

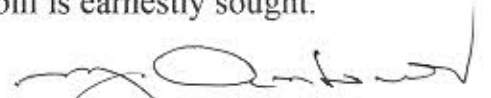
This bill seeks to establish and institutionalize out-patient community-based drug rehabilitation facilities in every province in the country.

The Philippine National Police estimated that there were 715,699 drug personalities, most of whom were users, who voluntarily surrendered to the authorities from July to September 20, 2016. While Republic Act No. 9165, otherwise known as the "*Comprehensive Dangerous Drugs Act of 2002*," provides that the Dangerous Drugs Board shall support the establishment of government operated treatment and rehabilitation centers, it only refers to in-patient rehabilitation facilities. As per data from the 2015 United Nations World Drug Report, only 0.6 to 1% of substance abuse victims who surrendered required in-patient care. Depending on the severity of their addiction, the remaining 99% of drug dependents who surrendered can be accommodated by out-patient treatment and rehabilitation facilities, the establishment of which is not provided by law.

Given the huge number of surrendering drug personalities, it is essential that these out-patient drug rehabilitation facilities be established in every province to enable surrendering individuals to immediately avail themselves of the necessary medical interventions.

This bill therefore seeks to refer qualified drug patients, who generally make up the population of drug dependents who surrender to out-patient drug rehabilitation facilities in their respective communities. It will effectively address the growing number of victims of substance abuse who seek reintegration into the society as productive and reformed individuals, while also de-clogging in-patient rehabilitation facilities to enable them to accommodate clients with severe substance use disorder.

Given the foregoing, immediate passage of this bill is earnestly sought.


MICHELLE M. ANTONIO

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1 **AN ACT**
2 **ESTABLISHING AND INSTITUTIONALIZING OUT-PATIENT DRUG**
3 **REHABILITATION FACILITIES IN EVERY PROVINCE OF THE**
4 **COUNTRY AND APPROPRIATING FUNDS THEREFOR**

5
6 *Be it enacted by the Senate and House of Representatives of the Philippines in*
7 *Congress assembled:*
8

9 **SECTION 1. *Provincial Out-Patient Drug Rehabilitation Centers.***

10 – There shall be an out-patient drug rehabilitation facility in every province of
11 the country under the supervision of the Department of Health (DOH). Existing
12 government drug rehabilitation centers and treatment facilities offering out-
13 patient services shall be maintained.

14 **SEC. 2. *Objectives and Functions.*** – This Act aims to establish out-
15 patient community-based drug rehabilitation facilities and provide institutional
16 mechanisms for the treatment and rehabilitation of drug users or drug
17 dependents who voluntarily surrender to the authorities.

18 **SEC. 3. *Definition of Terms.*** – As used in this Act:

1 a. *Rehabilitation* refers to the processes of medical or
2 psychotherapeutic treatment, for dependence on psychoactive substances such
3 as alcohol, prescription and all prohibited drugs as defined in Republic Act No.
4 9165, otherwise known as the *Comprehensive Dangerous Drugs Act of 2002*;"

5 b. *Treatment* includes development of specific cognitive skills related
6 to thinking, understanding, learning and remembering that help the patient
7 adjust attitudes and beliefs that lead to drug abuse and crime; and

8 c. *Out-patient treatment* refers to individual or group counseling
9 where drug user or drug dependent attend multiple sessions supervised by a
10 behavioral health counselor.

11 SEC. 4. ***Provincial Sites.*** – The Secretary of Health shall, in
12 coordination with the Secretary of Public Works and Highways, determine the
13 location of the rehabilitation centers, taking into consideration their
14 accessibility.

15 SEC.5. ***Organization.*** – The rehabilitation center shall be headed by
16 a director to be assisted by two (2) deputy directors who shall be appointed by
17 the Secretary of Health and vested with powers generally exercised by a chief
18 and assistant chiefs, respectively, of a government hospital.

19 SEC. 6. ***Qualifications.*** – No person shall be appointed director or
20 deputy director unless the appointee possesses the following qualifications:

21 a) At least thirty-five (35) years of age;

22 b) A physician of good reputation; and

1 c) At least five (5) years experience in the care, treatment and
2 rehabilitation of drug dependents.

3 SEC.7. *Personnel and Staff.* – The director shall appoint such other
4 personnel and staff as may be necessary for the effective operation of the out-
5 patient rehabilitation center subject to existing laws, rules and regulations.

6 SEC.8. *Interventions.* – A drug user or drug dependent who
7 voluntarily surrenders to law enforcement agencies shall be assessed by a DOH-
8 accredited inpatient or out-patient drug rehabilitation center, as to the level of
9 severity of drug use or dependence. If found to have either mild or moderate
10 substance use disorder (SUD), the drug user or drug dependent shall be referred
11 to a community-based psychological rehabilitation center as defined by
12 pertinent rules and regulations of the Dangerous Drugs Board (DDB) or an out-
13 patient drug rehabilitation center provided for in this Act where the patient will
14 undergo rehabilitative services which include:

- 15 a. Detoxification;
- 16 b. Structured out-patient modalities such as intensive out-patient
17 matrix program, psychotherapy interventions and harm minimization;
- 18 c. Motivational interviews;
- 19 d. Brief interventions;
- 20 e. Individual or group counseling;
- 21 f. Spiritual or faith-based structured interventions such as counseling,
22 provision of addiction modules and services, among others;

1 g. Behavioral modification programs;

2 h. Social support activities such as technical skills enhancement,
3 livelihood training activities, educational programs, environmental awareness
4 activities and other socio-civic oriented activities;

5 i. Attendance in activities of relevant support groups; and

6 j. Other activities as may be deemed necessary.

7 Patients who are assessed to be having severe SUD shall be referred to an
8 in-patient program of a DOH-accredited rehabilitation center.

9 SEC. 9. *Community Support System.* – All city and municipal
10 mayors shall ensure the organization of the Barangay Anti-Drug Abuse Council
11 (BADAC) within their respective territorial jurisdiction, as a community
12 support mechanism to out-patient clients. To this end, all punong barangays are
13 mandated to organize and revitalize their BADACs and their committees on
14 operations and advocacy and the BADAC auxiliary team. The barangay budget
15 allocation for the BADAC shall be used for preventive and educational
16 programs, as well as for the community-based rehabilitation or treatment
17 facilities of drug dependents, if there are any in their community. The barangays
18 shall also formulate the barangay peace and order and public safety plan and the
19 barangay anti-drug plan of action in coordination with the DDB and the
20 pertinent city or municipal government.

21 Within ten (10) days from the approval of their annual budget of the
22 following calendar year, all barangays are required to submit to their respective

1 city or municipal local government operations officer, the barangay peace and
2 order and public safety plan.

3 SEC.10. *Government Assistance.* – The Secretary of Health is hereby
4 authorized to call upon any department, bureau, agency or instrumentality of the
5 government for such assistance as may be necessary to effectively implement
6 this Act.

7 In cities and municipalities, a focal person shall be designated by the
8 chairperson of the City Anti-Drug Abuse Council (CADAC) or Municipal Anti-
9 Drug Abuse Council (MADAC), as the case may be. The focal person shall be
10 assisted by the BADAC in the monitoring of drug users or drug dependents who
11 surrendered and who are under out-patient rehabilitative care. The focal person
12 shall report the in-community rehabilitation progress of the drug user or drug
13 dependent to the director of the out-patient drug rehabilitation center and shall
14 cause the processing and filing of petitions for confinement of drug dependents
15 for treatment and rehabilitation before the court pursuant to Sections 54 and 61
16 of Republic Act No. 9165.

17 The DOH shall have general technical supervision over the medical
18 interventions to clients and patients.

19 SEC.11. *Public-Private Partnership.* – The director of the out-patient
20 rehabilitation center is hereby authorized, with the approval of the Secretary of
21 Health, to enter into agreements with people's organizations and religious
22 organizations for the implementation of the partner private organization's

1 supplementary rehabilitation programs at no additional cost to the government,
2 coherent with the out-patient rehabilitation center's own technical and scientific
3 approach to providing rehabilitative services to its clients.

4 SEC. 12. *One-Stop Shop Drug Assessment Facility.* – The respective
5 Anti-Drug Abuse Councils (ADAC) shall establish a one-stop shop for drug
6 rehabilitation services in their respective jurisdictions where assessment,
7 interview, referral and processing of applications for petitions for confinement
8 of drug dependents for treatment and rehabilitation and other allied processes
9 may be undertaken.

10 SEC. 13. *Reporting System.* – All offices shall maintain a separate file
11 of drug dependent personalities who voluntarily surrendered in their respective
12 offices. The data and profiles of drug personalities who surrender shall be noted
13 in the existing local government unit scoreboard. A report on their profile,
14 assessment, rehabilitation plan and other related information shall be submitted
15 to the Policy Studies, Research and Statistics Division of the DDB using the
16 Board prescribed forms on a quarterly basis. The DDB shall maintain a
17 centralized database of all drug personalities who surrender to the authorities.
18 All information on surrendering drug personalities shall be considered
19 confidential and must be handled with utmost care and privacy.

20 SEC. 14. *Livelihood training and other civic activity programs.* - All
21 local government units shall coordinate with the Technical Education and Skills
22 Development Authority (TESDA), Department of Agriculture, Department of

1 Education, Commission on Higher Education, Department of Trade and
2 Industry, Department of Environment and Natural Resources, and other
3 government agencies on the implementation of livelihood training, continuing
4 education and vocational instruction programs for the drug users or drug
5 dependents who surrender.

6 SEC. 15. *Implementing Rules and Regulations.* – The Secretary of
7 Health shall promulgate such rules and regulations as may be necessary to
8 secure an effective administration of the rehabilitation centers and the effective
9 implementation of the provisions of this Act.

10 Rules and regulations issued by other departments, bureaus, agencies or
11 instrumentalities of the government including the DDB on the treatment and
12 handling of drug users or drug dependents who voluntarily surrender shall be
13 applied suppletorily in the implementation of this Act.

14 SEC. 16. *Appropriations.* – The sum necessary for the effective
15 implementation of this Act shall be charged against the appropriations for the
16 Department of Health. Thereafter, such amount as may be necessary for the
17 continued operation of the out-patient rehabilitation centers shall be included in
18 the annual General Appropriations Act.

19 SEC. 17. *Repealing Clause.* – All laws, decrees, executive orders,
20 rules and regulations, and other issuances or parts thereof which are inconsistent
21 with the provisions of this Act are hereby repealed, amended or modified
22 accordingly.

1 SEC. 18. *Effectivity.* – This Act shall take effect fifteen (15) days after
2 its publication in the *Official Gazette* or in a newspaper of general circulation.

3 Approved,