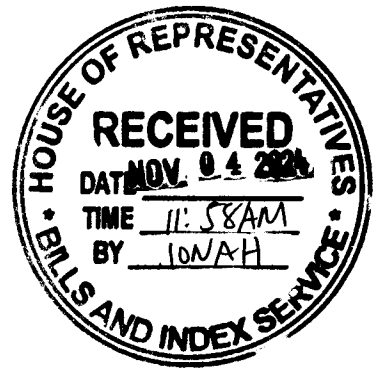




Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
Third Regular Session

HOUSE BILL NO. 11004

Introduced by
Akbayan Representative Percival Cendaña

AN ACT ESTABLISHING A HUMAN RIGHTS BASED APPROACH TO PHILIPPINE DRUG POLICY, ESTABLISHING AND IMPLEMENTING COMMUNITY- BASED HEALTH AND SUPPORT PROGRAM FOR PEOPLE WHOSE LIVES INCLUDE DRUGS, AND PROHIBITING HARMFUL AND DISCRIMINATORY INTERVENTIONS AND PRACTICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

Prefatory Statement

The Rapporteur for the United Nations Joint Programme for Human Rights in the Philippines (UNJP) made a very clear statement against the “War on Drugs”. In her Outcome Report, the former administration’s anti-drugs campaign was critiqued for “primarily targeting street-level, mostly non-violent, persons who use drugs or sell minimal amounts of drugs and resorts to the mass incarceration of low-level actors in the trade, instead of focusing on the most dangerous actors who are the primary drivers of corruption, violence, and the drug trade.”

The Outcome Report is the culminating document for the three-year program entered into by the Philippine Government and the United Nations to implement the Human Rights Council (HRC) Resolution 45/33 adopted on 7 October 2020. It provides for a multi-sectoral view of the human rights-based approach to drug policy as articulated by different stakeholders in the Philippines: government agencies, civil society organizations, development partners, the academe, and the community of people whose lives include drugs. It offers a policy direction from punitive and ineffective towards evidence-based and public health-focused. Most importantly, the Outcome Report advocates for a rights-based approach, a drug policy that is not dependent on the existing legal framework but centered on established principles of human rights.

The Rapporteur made use of the International Guidelines on Human Rights and Drug Policy as framework for the discussions. In these Guidelines, the foundational principles that a human rights-based drug policy must encapsulate were enumerated, viz: human dignity, equality and non-discrimination, universality and interdependence of rights, meaningful participation, and accountability and right to an effective remedy. Another document, the Report of the Special Rapporteur on the Right to Health was cited as it specifically mentioned harm reduction as a key element in promoting public health while decriminalization of drug use as a way to protect human rights. Meanwhile, recommendations from the UNODC Regional Report on Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia were also made part of the Outcome Report as it explicitly prescribed transition from compulsory rehabilitation to voluntary community-based treatment, harm reduction, and social support services. It likewise recommended the decriminalization of drug possession and related offenses and diversion mechanisms of people who use drugs away from the criminal justice system.

For the Philippine context, the recommendations in the Outcome Report primarily identified the silos of programmatic changes that need to be made for a better drug policy:

- The Department of Health (DOH) must institutionalize evidence-based prevention and treatment programs, service-delivery, and training of health care workers in substance use management. In addition, evidence-based drug policy should prioritize harm reduction and must include needle and syringe programs, safe consumption sites, and overdose prevention measures. Drug testing must be free, safe, voluntary, and linked with the provision of care and not used for prosecution for a criminal charge. It must also include drug checking to determine component of the substances and their harms in order to promote safe use. Furthermore, relapse should be treated as part of the recovery process. In a public-health focused drug policy, access to healthcare programs should not be through the criminal justice system.
- Local government units must work with people whose lives include drugs to implement voluntary community-based interventions as alternatives to incarceration. Family consultations, child-parent communication, peer-led counseling, reintegration programs, mental health services, livelihood, housing, education, and other harm reduction and social protection measures must be part of the program.
- Law enforcement agencies must intensify operations in those areas where rampant and active players are residing and heighten combat against entry of illegal drugs from customs zones, airports, and no-signal zones in prisons. They should target drug traffickers who sell or manufacture large amount of illicit substances. Meanwhile, drug use and low-level offenses, such as possession for personal use and selling of small amounts of drugs should be decriminalized and diverted to voluntary harm reduction and social support services in their

communities. For those who completed their sentences or rehabilitation programs, their criminal records must be expunged. In order to institute reforms and prevent human rights violations, police operations such as Oplan *Tokhang* must be abolished and certain provisions of the Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2022 must be amended.

These recommendations find theoretical support in the provisions of the Enhanced Philippine Anti-Illegal Drugs Strategy (EPADS) issued by the Dangerous Drugs Board. The EPADS adds health, social, and developmental services as pillars to a new drug policy:

- Improvement of existing healthcare packages for people who use drugs by instituting continuum of care, case management to address social and relationship issues, holistic health interventions, family support and aftercare components of drug use treatment and rehabilitation programs.
- Greater and closer collaboration between civil society, law enforcement, and the health sector where every sector of the community shall be part of the service planning and delivery.
- Evidence-based interventions shall be provided by the government. The government intends to guarantee that the implementation of these interventions in the Philippine setting will not only be effective but will also adhere to high-quality, pharmacological, and psychosocial standards.
- Informed and voluntary participation in treatment shall be guaranteed.
- Acceptance that relapse is part of the treatment process and will not stop anyone from re-accessing treatment services.
- The government guarantees that the health, social, and developmental pillars will guarantee respect for human rights, dignity, and confidentiality as part of the three non-negotiable governing principles.

The current legal framework primarily governed by Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2022 is limited to criminal prosecution and facility-based rehabilitation. It is supplemented by numerous administrative issuances that implemented random urine testing in various settings, compulsory treatment, creation of drug lists, police visit of private residences, warrantless arrests, drug clearing operations, and various coercive measures which violated right to privacy, due process, and the right to health. The International Guidelines on Human Rights and Drug Policy, Report of the Special Rapporteur on the Right to Health, Regional Report on Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia, the EPADS, and the Outcome Report of the UNJP which included the Department of Justice, Dangerous Drugs Board, Department of Health, and other pivotal national and local government agencies, the UNODC and other development partners, civil society organizations, community of people whose lives include drugs, and other relevant stakeholders all recommend a shift to a new and better drug policy—one that protects human rights by removing criminal penalties

imposed on drug consumption as well as low-level and non-violent drug offenses and guarantees the highest attainable standard of health for people whose lives include drugs by diverting them to voluntary community-based interventions which offer evidence-based treatment, harm reduction, and social support services.

For a drug policy that is based on public health and human rights, the passage of this bill is earnestly sought.



REP. PERCIVAL CENDAÑA
Akbayan Partylist

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HOUSE BILL NO. 11004

Introduced by
Akayan Representative Percival Cendaña

AN ACT ESTABLISHING A PUBLIC HEALTH APPROACH TO PHILIPPINE DRUG POLICY, ESTABLISHING AND IMPLEMENTING COMMUNITY- BASED HEALTH AND SUPPORT PROGRAM FOR PEOPLE WHOSE LIVES INCLUDE DRUGS, AND PROHIBITING HARMFUL AND DISCRIMINATORY INTERVENTIONS AND PRACTICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

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

ARTICLE I
General Provisions

SECTION. 1. *Title.* – This Act shall be known as the “Public Health Approach to Drug Use Act of 2024”.

SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. It shall also be declared the policy of the State to address drug-related issues under the public health framework. The State shall:

1. Ensure that a scientific, effective, and evidence-based approach shall be the foundation of national drug-related policies, programs, and practices for people whose lives include drugs, including their family and relevant others. The State shall ensure access to essential medicines, including for drug dependence, pain treatment, and palliative care.
2. Guarantee that its drug policy shall be based on the relative harm of psychoactive substances according to scientific studies and updated academic researches. State shall ensure that scientific research, including that on

1 controlled drugs, can be undertaken and communicated and are not subjected
2 to censorship and government restrictions.
3

4 3. Establish a national system to effectively monitor drug dependence treatment
5 practices to ensure access to healthcare and harm reduction for people who use
6 or are dependent on drugs in the community and in closed settings.
7

8 4. Prohibit human rights violations as a result of drug policies, programs and
9 practices. The State shall ensure that adequate, appropriate, and effective
10 remedies and means of redress are available, accessible, and affordable for all
11 individuals and groups whose rights have been found to be violated. *Provided*
12 *further*, that the State shall guarantee that people arrested, detained, or
13 convicted for drug-related offenses can benefit from the application of non-
14 custodial measures, such as but not limited to bail, reduction of bail, release
15 on recognizance, commutation of sentence, parole and probation, Good Conduct
16 Time Allowance, community service, plea bargaining, and other alternatives
17 to detention.
18

19 Toward this end, the State shall endeavor to establish a public health approach to
20 drug use. *Provided that*, the State will ensure that the policies, programs, and
21 practices mandated in this Act are effectively implemented and sufficiently funded in
22 communities, and that relevant stakeholders, including people whose lives include
23 drugs, are included in this endeavor.
24

25 **SECTION 3. *Rules of Interpretation.*** In interpreting and implementing provisions of
26 this Act, the following human rights principles shall be upheld:
27

- 28 1. No drug policy, program, or practice should have the effect of undermining or
29 violating the dignity of any person or group of persons.
- 30 2. In no case are human rights forfeited due to a person's involvement in drug-
31 related crime.
- 32 3. No person shall be deprived of their right to life based on actual or perceived
33 drug use or involvement in illicit drug trade.
- 34 4. All persons have the right to equality and freedom from discrimination. All are
35 equal before the law and are entitled to equal protection and benefit of the law,
36 including the enjoyment of all human rights without discrimination on a range
37 of grounds such as health status, which includes drug dependence.
- 38 5. Everyone has the right to an effective remedy in the event of actions and
39 omissions that undermine or jeopardize their human rights, including where
40 these actions or omissions relate to drug policy.
- 41 6. Everyone has the right to enjoy the highest attainable standard of physical and
42 mental health; In particular, people whose lives include drugs have the right
43 to scientific knowledge and technologies and their applications including
44 evidence-based, scientifically proven interventions to treat drug dependence,

1 to prevent overdose, and to prevent, treat, and control HIV, hepatitis C, and
2 other diseases.

- 3 7. Everyone has the right to freedom of association and peaceful assembly. This
4 includes the right to plan, organize, promote, and advertise peaceful marches,
5 protests, and other types of gatherings to express views and advocate for or
6 against changes in drug policies, programs, and practices, and the right to form
7 and join organizations that advocate on matters related to drug policies,
8 programs, and practices or are dedicated to working with individuals or groups
9 affected by drugs and drug control efforts.

10
11 **SECTION 4. *Definition of Terms.*** – For purposes of this Act, the following terms shall
12 be defined as follows:

- 13
14 A. “*Controlled drugs*” pertains to those drugs listed in the Schedules annexed to
15 the 1961 Single Convention on Narcotic Drugs, as amended by the 1972
16 Protocol, and in the Schedules annexed to the 1971 Single Convention on
17 Psychotropic Substances.
18
19 B. “*Drug dependence*” is a cluster of physiological, behavioral and cognitive
20 phenomena of variable intensity, in which the use of psychoactive drug takes
21 on a high priority thereby involving, among others, a strong desire or a sense
22 of compulsion to take the substance and the difficulties in controlling
23 substance-taking behavior in terms of its onset, termination, or levels of use.
24
25 C. “*Diversion programs*” refers to measures that provide alternatives to criminal
26 sanctions or incarceration for people who are charged with drug-related
27 offences.
28
29 D. “*Harm Reduction*” refers to policies, programs, and practices that aim
30 primarily to reduce the adverse health, social, and economic consequences of
31 the problematic use of legal and illegal psychoactive drugs without focusing on
32 drug consumption alone.
33
34 E. “*Psychoactive substances*” are substances that, when taken in or administered
35 into one's system, affect mental processes, e.g. cognition or affect.
36
37 F. “*Person Deprived of Liberty*” includes persons held in jails, prisons, and other
38 closed settings and places of detention for drug-related reasons, including
39 police stations, immigration centers, and compulsory rehabilitation facilities.
40
41

42 **ARTICLE II.**

43 ***Community-Based Health and Social Support Program***
44

SECTION 5. *Community-Based Health and Social Support Program* – The Department of Health, in coordination with local government units, shall establish a community-based health and social support programs designed for the assessed needs of people whose lives include drugs in the community. The program shall be based on strong evidence of effectiveness according to scientific, medical research, and practice. The following, but not limited to, interventions and strategies shall form integral part thereof:

- a. Education and outreach.* – Development and dissemination of drug education campaign materials to raise the level of public awareness on drugs and drug-related issues from a social, health, rights, and evidence-based framework. This education campaign shall also include human rights principles of non-violence and non-discrimination against people whose lives include drugs and their full protection from stigma. This could include, but is not limited to, counselling, HIV and hepatitis C prevention measures such as safe injecting techniques, overdose prevention, and proper condom use.

Outreach pertains to face-to-face contact with people whose lives include drugs in the communities they live in, and the provision of harm reduction tools, such as condoms, syringe, and bleach kits, as well as administering other support services to the people whose lives include drugs based on their identified needs.

- b. Referral to health and social services.* - Facilitate access to medical and social services in a comprehensive, non-judgmental, non-discriminatory manner, as determined by the specific needs of each person whose lives include drugs. Social services include support to improve the person's quality of life, such as provision of employment, shelter, and skills training, among others.

- c. Peer support and mentorship program.* - Establishing community-based core groups composed of people whose lives include drugs with the purpose of providing psychosocial support.

- d. Integrative Psychotherapy.* - Provision of person-centered psychosocial support and counselling based on assessed needs of person whose lives include drugs.

Other health interventions and strategies for drug use may be developed and included in the program by the DOH in consultation with the civil society, the academe, and people whose lives include drugs, based on latest scientific evidence and research.

Each LGU shall implement a Community-Based Health and Social Support Program for people whose lives include drugs, with adequate and qualified personnel, equipment, and supplies to be able to respond to the assessed needs of people whose lives include drugs, which include, but not limited to, consultation, case management,

1 psycho-education, counselling, health and social support, relapse management, and
2 other evidence-based health interventions and strategies. *Provided* That, the
3 national government shall provide additional and necessary funding and other
4 necessary assistance for the effective implementation of this provision.

5
6 The manufacture, delivery, or possession for delivery of equipment, instrument,
7 apparatus, and other paraphernalia necessary for the implementation of the
8 Community-Based Health and Social Support Program by local government officials,
9 public health officers, barangay health workers, and other health personnel and
10 social workers, including peer and outreach workers, shall be exempt from any
11 criminal, civil, or administrative liability.

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18 **ARTICLE III.**
19 ***Diversion***
20

21 **SECTION 6. People Whose Lives Include Drugs.** The State shall not impose any
22 criminal, civil, and administrative liability to any person who uses drugs and
23 continue to use any controlled substances after treatment or incarceration. Drug
24 testing to determine use, relapse, compliance with a drug dependence treatment,
25 under all circumstances and for whatever purpose, shall be prohibited.

26
27 The State shall allow use, possession, purchase, or cultivation of controlled
28 substances for personal consumption, cultural, spiritual, religious, or medical
29 purpose without incurring any criminal, civil, and administrative liabilities. Provided
30 that, use, possession, purchase, or cultivation of less than ten (10) grams of any of the
31 controlled substances shall be prima facie evidence of personal consumption or
32 cultural, spiritual, religious, or medical use. Provided further, regardless of the
33 amount or volume of the controlled substances, personal, cultural, spiritual, religious,
34 or medical use can be established by other pieces of evidence such as, but not limited
35 to, prescription by a licensed medical professional or testimony of a religious or
36 cultural leader or expert.

37
38 **SECTION 7. Law Enforcement Assisted Diversion.** The police officer, prosecutor, or
39 any law enforcer shall not apprehend, arrest, detain, list, profile, or subject to
40 surveillance persons who use or possess, purchase, or cultivate controlled substances
41 for personal, cultural, spiritual, religious, or medical purpose but shall divert them to
42 a community-based health and social support program.
43

1 **SECTION 8. Economic Alternatives.** The Department of Social Welfare and
2 Development, in coordination with local government units, shall develop specific
3 viable and sustainable economic alternatives for individuals and communities who
4 are particularly vulnerable to exploitation in the illicit drug economy and people who
5 are dependent thereon.

6
7 The State shall ensure that interventions, such as crop eradications, does not take
8 place until small-farmer households dependent on illicit drug crop economies have
9 adopted viable and sustainable alternative livelihoods.

10
11 **ARTICLE IV.**

12 ***Harm Reduction and Integrated Social Support***

13
14 **SECTION 9. Harm Reduction Services.** The State shall provide scientific, evidence-
15 based information, facilities, goods, and services on drug use prevention, overdose
16 prevention and response, as well as harm reduction services, including tools to reduce
17 harms of overdose, HIV, viral hepatitis, and other infections and injuries which may
18 or may not be associated with drug use.

19
20 **SECTION 10. Informed Consent.** Treatment for drug dependence shall be
21 undertaken only with informed consent of patient or client and where medically
22 indicated, under no circumstances extends beyond the period determined by health
23 professionals. There shall be no penalties charged to a client or patient for failure to
24 complete treatment or any program related to drug dependence.

25
26 **SECTION 11. Voluntary Community-Based Programs.** Compulsory drug
27 rehabilitation centers and treatment rehabilitation facilities shall be converted to
28 voluntary, community-based, and evidence-based health and social support
29 programs.

30
31 Law enforcement shall be prohibited from establishing and operating rehabilitation
32 or reformation centers for people involved in drug-related offenses. Existing
33 rehabilitation or reformation centers shall be converted to voluntary, community-
34 based, and evidence-based health and social support program which shall be under
35 the supervision and guidance of the Department of Health.

36
37 **SECTION 12. Integrated Social Support.** People who use drugs, people dependent on
38 illicit drug economies, people in prisons and other places of detention or closed
39 settings, and people who have been arrested for, charged with, or convicted of drug-
40 related offences, as well those enrolled in the community-based health and social
41 support programs have the right to social security, including access to public and
42 private insurance.

1 The State shall ensure people whose lives include drugs are not denied the right to
2 universal access to health care and social assistance on the basis of drug use, drug
3 dependence, and involvement in drug-related offences.

4
5
6 **ARTICLE V.**
7 ***Protection of Vulnerable Groups***
8

9 **SECTION 13. Children.** The State shall ensure that children have the right to receive
10 accurate and objective information about drugs and drug-related harms, the right to
11 protection from harmful misinformation, and the right to privacy.

- 12
13 A. The Department of Education and the Commission on Higher Education,
14 and other educational institutions, as well as the *Sangguniang Kabataan*
15 shall undertake evidence-based and human rights-compliant
16 prevention measures in schools, in the communities, and in other places of
17 learning.
- 18 B. Subjecting children to Oplan Tokhang, drug testing, sniffer dogs, strip
19 searches, or inclusion in a drug list or drug registry and other similar
20 activities shall be prohibited. Expulsion, suspension, and other forms of
21 discipline against children and students due to drug use and other risk-
22 taking behavior shall likewise be prohibited.
- 23 C. The Department of Health shall provide evidence-based, age-appropriate
24 drug prevention, drug dependence treatment, and harm reduction
25 information, programs, and services and that access thereto shall give
26 primacy to the best interest of the child and their evolving capacities.
- 27 D. The Department of Social Welfare and Development shall ensure that a
28 parent's drug use or dependency is never the sole justification for removing
29 a child from prenatal care or for preventing reunification after treatment
30 or incarceration. Efforts should be directed primarily towards enabling the
31 child to remain in or return to the care of their parents, including drug-
32 dependent parents in carrying out their child care responsibilities.
- 33 E. Exploitation of children in the illicit drug trade shall not be a basis for
34 persecution, surveillance, investigation, arrest, and filing of a criminal
35 charge against children involved thereto.
- 36 F. The Department of Social Welfare and Development, the Department of
37 Education, the Department of Interior and Local Government, and the local
38 government units shall provide children-at-risk (CAR) and children in
39 conflict with the law (CICL) with community-based programs ensuring
40 their continued education in schools, alternative learning systems,
41 vocational studies, internship and other learning opportunities as well as
42 access to age-appropriate, gender-sensitive, and evidence-based health,
43 harm reduction, and mental health services.
- 44

1 **SECTION 14. Women.** The State shall ensure that women who use drugs, involved
2 in the drug trade, or dependent on illicit drug economies, shall have the right to access
3 health care, including sexual and reproductive care, on a nondiscriminatory basis.
4

- 5 A. The Department of Health shall provide access to non-discriminatory,
6 evidence-based gender-sensitive prevention, treatment, harm reduction,
7 and other health care services for women who use drugs, including
8 appropriate drug dependency treatment for pregnant women.
9 B. The Department of Social Welfare and Development shall ensure that a
10 woman's drug use or dependency is never the sole justification for removing
11 a child from her care and custody or preventing reunification with her child
12 after treatment or incarceration.
13 C. The Department of Justice shall provide alternative penalties, including
14 non-custodial sentences, for women deprived of liberty involved in drug-
15 related crimes who are pregnant or by reason of any other reproductive
16 health concern. Alternatives to incarceration shall also be provided to
17 women in consideration of its caretaking responsibilities to her small child
18 or children, lack of criminal history, and the relative non-severity and
19 nature of the criminal conduct by reason of which she is detained.
20 D. All healthcare service providers shall ensure that any medical treatment or
21 diagnostic intervention for women are conducted with her voluntary and
22 informed consent. Use or dependence on controlled substances alone shall
23 be considered as grounds for detention or deprivation of the right of the
24 woman to withhold consent.
25 E. The Department of Social Welfare and Development shall develop specific,
26 viable, and sustainable economic alternatives for women who are
27 particularly at risk of exploitation in the illicit drug economy, including
28 women who use drugs, poor women, and women from indigenous and ethnic
29 minority communities.
30

31 **SECTION 15. Persons Deprived of Liberty.** All persons deprived of their liberty must
32 be treated with humanity and with respect for the inherent dignity of the person.
33 They shall have the right to a standard of health care equivalent to that available to
34 the general population.
35

- 36 A. The State, through the Department of Justice, shall adopt the United
37 Nations Standard Minimum Rules for the Treatment of Prisoners or the
38 Nelson Mandela Rules as well as the international standards relating to
39 specific groups deprived of their liberty, including women (the Bangkok
40 Rules), and children (the Beijing Rules) as well as other protocols and
41 guidelines issued by the United Nations on persons deprived of liberty.
42 B. The Department of Health shall ensure that all persons deprived of liberty
43 have access to voluntary and evidence-based health services, including
44 harm reduction and drug treatment services, as well as essential medicines,

1 including HIV and hepatitis C services, at a standard that is equivalent to
2 that in the community. The same shall be continued and sustained through
3 transitions, entering and exiting detention facilities, including transfers
4 between institutions and jurisdictions.

- 5 C. The State, through the Department of Justice, Department of Health,
6 Department of Social Welfare and Development and the local government
7 units shall establish and implement a social reintegration program for
8 persons deprived of liberty who upon release shall have guaranteed access
9 to livelihood and employment opportunities, health services, education,
10 family and community reunification, and other support programs and
11 services.

12
13 **SECTION 16. Indigenous Peoples.** Indigenous peoples have the rights to self-
14 determination and to freely pursue their economic, social, cultural, traditional, and
15 spiritual development within their ancestral domain in accordance with the
16 Indigenous Peoples Rights Act (IPRA).

- 17
18 A. The State shall ensure that drug control measures shall not deprive
19 indigenous peoples their rights to own, use, develop, and control their lands,
20 territories, and resources within their ancestral domain.
21 B. The relevant local government unit shall require a comprehensive
22 environmental impact assessment, with participation of relevant
23 indigenous peoples, in order to assess the environmental, economic, social,
24 cultural, traditional, and spiritual impact of drug control activities on an
25 ancestral domain prior to their commencement. Relevant indigenous
26 peoples shall have the right to be consulted and to give or withhold their
27 free, prior, and informed consent before any drug control measures may be
28 undertaken affecting their ancestral domain.
29 C. Indigenous Peoples shall have the right to use and cultivate plant-based
30 substances that have psychoactive effects as part of their cultural, spiritual,
31 religious practices, including their traditional sources of nutrition,
32 medicines, livelihood, ceremonies, that form part of traditional and
33 spiritual health practices and ethnic identity. Drug control measures that
34 interfere with Indigenous Peoples' exercise of their cultural, spiritual, and
35 religious practices, shall be prohibited.

36
37 **ARTICLE VI**
38 ***Prohibited Acts***
39

40 **SECTION 17. Mandatory Drug Testing.** Mandatory drug testing in schools,
41 workplaces, and other public or private places are hereby prohibited. No drug
42 testing shall be conducted as requirement for admission or enrolment in schools and
43 other alternative learning institutions, as well as made a condition for employment
44 or for renewal of business permit, license, or franchise.

1
2 **SECTION 18. Violation of Privacy and Unlawful Interference.** Arbitrary and
3 unlawful interference with the privacy, family life, home, and correspondence of
4 people whose lives include drugs shall be prohibited. It shall likewise be prohibited
5 to disclose an individual's personal health data, including drug test results and drug
6 dependence treatment histories, without his or her free and informed consent.
7

8 **SECTION 19. Torture and Cruel Punishment.** Torture and other cruel, inhuman, or
9 degrading treatment or punishment during the arrest, questioning, and detention of
10 persons alleged to have committed drug-related crimes or otherwise implicated
11 during an investigation are prohibited. The withholding of drugs from those who need
12 them for medical purposes, including for drug dependence treatment and pain relief,
13 whether in a public or private facility or program, is considered a form of torture.
14

15 **SECTION 20. Corporal punishment.** Corporal punishment for drug-related offences
16 or as part of drug dependency treatment shall be prohibited.
17

18 **SECTION 21. Involuntary Treatment and Compulsory Detention.** Any person shall
19 not be subjected to involuntary treatment and compulsory detention for their drug
20 use or drug dependence.
21

22 **SECTION 22. Traumatic Physical and Psychological Intervention.** Any intervention
23 which inflicts physical or psychological trauma to people whose lives include drugs
24 are prohibited, including, but not limited to, deprivation of food and water, dosing of
25 cold water, blindfolding, confinement in enclosed spaces, verbal abuse, flogging,
26 whipping, electroshock, forced evangelization or participation in religious practices
27 and similar violent and harmful interventions.
28

29 **SECTION 23. Non-Disclosure of Effects of Medications and Treatment.** Physicians
30 and medical practitioners are prohibited from not disclosing relevant information
31 regarding medication and treatment to people whose lives include drugs which will
32 assist the patient or client and his family to make informed choices as regards
33 medication and treatment plans.
34

35 **SECTION 24. Denial of Health Services by Virtue of Health Status.** It is prohibited
36 to deny any health service to a person whose lives include drugs by virtue of his or
37 her or their health status, including, but not limited to, HIV/AIDS or Hepatitis C
38 status, or drug dependence.
39

40 **SECTION 25. Denial of Health Services by Virtue of Drug Use.** It is prohibited to
41 deny any health service to a person by virtue of his or her or their past or present
42 history of drug use.
43

1 **SECTION 26. Prohibition of Arrest of a Good Samaritan.** Any person who assists a
2 person whose life include drugs who needs urgent medical attention shall not be
3 arrested or prosecuted for any drug-use related activity.
4

5 **SECTION 27. Information Misrepresentation.** It shall be prohibited to withhold or
6 intentionally misrepresent information about matters to drug policies, programs, and
7 practices, including information regarding health services for people whose lives
8 include drugs, including harm reduction interventions, the composition of controlled
9 drugs; the value, meaning, and benefits of traditional, cultural, and religious uses of
10 substances; the human rights of people who use drugs or are otherwise involved in
11 drug-related activities; and reforms to such laws, policies, and practices.
12

13 **SECTION 28. Penalties.** Any public officer who is guilty of committing any of the
14 prohibited acts will be administratively liable for suspension for six (6) months
15 without pay for the first time, suspension for 12 months without pay for the second
16 time, and removal from office and perpetual disqualification for the third time.
17

18 Any physician, medical practitioner, or health personnel who is guilty of committing
19 any of the prohibited acts will be administratively liable for suspension of license to
20 practice for six (6) months for the first time, suspension of license to practice for nine
21 (12) months for the second time, and revocation of license of the third time.
22

23 The penalties provided for in this act is without prejudice to any civil damages that
24 may be imposed by law to the liable public officer, physician, medical practitioner, or
25 health personnel as well as to the private person, natural or juridical, who violated
26 provisions of this Act.
27

28 **ARTICLE VII**

29 ***Final Provisions***

30

31
32 **SECTION 29. Congressional Oversight Committee.** A Joint Congressional Oversight
33 Committee (COC) is hereby constituted which is mandated to review the
34 implementation of this Act. The COC shall be composed of five (5) members from the
35 Senate and five (5) members from the House of Representatives to be appointed by
36 the Senate President and the Speaker of the House of Representatives, respectively.
37 The COC shall be jointly chaired by the Chairpersons of the Senate Committee on
38 Health and Demography and the House of Representatives Committee on Health.
39

40 The Secretariat of the COC shall be drawn from the existing secretariat personnel of
41 the standing committees composing the Congressional Oversight Committee and its
42 funding requirements shall be charged under the appropriations of both the House of
43 Representatives and the Senate of the Philippines.
44

1 **SECTION 30. Appropriations.** The amount needed for the initial implementation of
2 this Act shall be charged against the appropriations for the DOH. Thereafter, such
3 sums as maybe necessary for the continued implementation of this Act shall be
4 included in the annual General Appropriations Act.

5
6 **SECTION 31. Implementing Rules and Regulations.** The DOH shall promulgate the
7 Implementing Rules and Regulations (IRR) for this Act within ninety (90) days from
8 its constitution. Failure to promulgate the IRR shall not affect the implementation of
9 the self-executory provisions of this Act.

10
11 **SECTION 32. Separability Clause.** If any provision or section of this Act is held
12 invalid, the other provisions and sections not affected thereby shall remain in full
13 force and effect.

14
15 **SECTION 33. Repealing Clause.** All laws, presidential decrees, executive orders and
16 their implementing rules inconsistent with the provisions of this Act are hereby
17 repealed, amended, or modified accordingly.

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19 **SECTION 34. Effectivity.** This Act shall take effect fifteen (15) days after its
20 publication in at least two (2) national newspapers of general circulation.

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24 **Approved,**