

COMMISSION ON HUMAN RIGHTS
REPUBLIC OF THE PHILIPPINES

**POSITION PAPER ON THE ESTABLISHMENT OF
DRUG ABUSE TREATMENT AND REHABILITATION CENTER IN
THE PHILIPPINES**

The Commission on Human Rights of the Philippines (the “Commission” for brevity) has been consistent in denouncing the harms and social cost of drugs and substance abuse to the people, communities, as well to the society. At the same time, we have since expressed support for human rights-based approach to policies and initiatives that prioritize health, rehabilitation, and socio-economic interventions for the treatment and recovery of persons who use and abuse illegal drugs.

In 2012, the Joint United Nations Statement on Compulsory Drug Detention and Rehabilitation Centers has underlined that **drug dependence is globally recognized as a chronic health condition requiring public health interventions** and that additional efforts are required to reform and improve the drug dependence treatment systems across Asia.¹ Where the current apparatus focuses on legal action towards elimination of illicit drugs, reforms are needed to ensure that all people who use and inject drugs are diverted into community based services to receive the care, treatment and support they need.²

As the country’s national human rights institution and pursuant to its Constitutional mandate to “recommend to Congress effective measures to promote human rights,”³ and as a staunch advocate, together with civil society and non-government organizations for a human-right based approach to the treatment and rehabilitation of drug dependents, submits this position paper on the following legislative measures entitled;

“Senate Bill No. 428 “AN ACT PROVIDING FOR THE ESTABLISHMENT AND SUPPORT OF A DRUG ABUSE TREATMENT AND REHABILITATION CENTER IN EVERY PROVINCE THROUGHOUT THE PHILIPPINES AND

¹ http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12_FINAL_en.pdf

² Ibid.

³ PHIL. CONST., Art. XIII, S. 18 (6).

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APPROPRIATING FUNDS THEREFOR” filed by Senator Christopher Lawrence “Bong” T. Go;

“Senate Bill No. 202 “AN ACT STRENGTHENING THE DRUG ABUSE PREVENTION, TREATMENT, AND REHABILITATION, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 9165, OTHERWISE KNOWN AS ‘THE COMPREHENSIVE DANGEROUS DRUGS ACT OF 2002’ AS AMENDED, AND APPROPRIATING FUNDS THEREFOR” filed by **Senator Ronald “Bato” Dela Rosa;** and

“Senate Bill No. 957 “AN ACT STRENGTHENING THE DRUG REHABILITATION PROGRAMS OF THE GOVERNMENT, AMENDING FOR THIS PURPOSE REPUBLIC ACT NO. 9165 OTHERWISE KNOWN AS THE ‘COMPREHENSIVE DANGEROUS DRUGS ACT OF 2002’, AS AMENDED, APPROPRIATING FUNDS THEREOF, AND FOR OTHER PURPOSES” filed by **Senator Grace Poe.**

The proposed measures generally seek to establish a Drug Abuse Treatment and Rehabilitation Center in every province throughout the Philippines. In one of the bills’ explanatory note, it underscores that: *“While it is true that the national government has consistently centered its campaign against drugs on crime prevention and eradication, it has not lost sight of its duty to aid in the recovery of those whose lives have been destroyed by illegal drugs.”*

The Commission notes the intent of the proposed measures in providing care, treatment, and after-care for persons who use drugs and are dependent thereto. Further, it aims to enhance their physical, psychological and social capability to cope with common problems complemented with social reintegration services. The Commission however, reminds the government of the need to ensure that in the delivery of abovementioned services to those who use drugs, or are dependent thereto, **freedom of movement should be ensured** and that **treatment administered are given on voluntary basis**, specifically after informed consent has been obtained.

The **2015 Consensus in the East and Southeast Asia Region**, alongside the joint statements from the United Nations in March 2012 and June 2020, calling for closure of compulsory centers for drug use and emphasized the need to transition to **“evidence-informed system of voluntary community-based treatment and services that are aligned with international guidelines and principles of drug dependence treatment, drug use and human rights”** and investing in voluntary community-based approaches.⁴

⁴ https://www.unodc.org/documents/southeastasiaandpacific//Publications/2022/Booklet_1_12th_Jan_2022.pdf

Notably, drug treatment and rehabilitation remain largely compulsory in the Philippines, with evidence-based initiatives in some communities seen as the exception to general forced treatments that often have little or no scientific basis. As reported by the United Nations Office on Drugs and Crime (UNODC) and UNAIDS, the Philippines continues to detain people who use drugs in closed settings, often against their will, without sufficient human rights safeguards and forces them to undergo rehabilitation for an average duration of ten months.⁵

Compulsory centers are facilities where those known or accused of using drugs are involuntarily admitted for claimed treatment for violating a criminal or civil law, or government policy on drug use. In the Philippine context, the distinction between jails and rehabilitation centers blurs as people are often confronted with the choice to be imprisoned or bargain for lesser penalty that usually comes with a commitment for compulsory rehabilitation.

Data from the UNODC also shows that the number of people in compulsory drug treatment and rehabilitation facilities has stayed the same or increased in most countries in 2012.⁶ Further, the punitive characters of compulsory facilities contravenes human rights, including substandard living conditions and overcrowding.⁷ Additionally, compulsory facilities continue to be run primarily by custodial, military or police personnel rather than medical specialists trained in drug dependence assessment, treatment and mental health services, which results in insufficient provision of evidence-based drug dependence treatment inside these facilities.⁸

RECOMMENDATIONS

1. The treatment and rehabilitation centers should conform to the standards set by the UNODC International Standards for the Treatment of Drug Use Disorders which requires a **coordinated and integrated response of many actors to deliver policies and interventions based on scientific evidence in multiple settings and targeting different groups at different stages with regard to the severity of their drug use disorder.**

Emphasis should be placed on ensuring ethical standards of care in treatment services. This includes responding to the right to enjoy the highest

⁵ United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS. Compulsory drug treatment and rehabilitation in East and Southeast Asia. 2022.

⁶ Id.

⁷ Id.

⁸ Id.

attainable standard of health and well-being and avoiding any form of discrimination and/or stigmatization.⁹

The public health system is the best placed to take the lead in the provision of effective treatment services for people affected by drug use disorders, often in close coordination with social care services and other community services.

Hence, the Commission respectfully recommends to include, either in the proposed measures itself or in the implementing rules and regulations that will be subsequently formulated, the following **standards for the establishment of treatment and rehabilitation centers and facility**:

a. **Available** - The availability of treatment services refers to the physical presence of services capable of treating patients with drug use disorders;

b. **Accessible** - The accessibility of treatment services refers to their reach or physical accessibility for the whole population. Treatment services must be located conveniently and in geographic proximity of public transport (including rural and urban areas). **In addition, access should not be hindered because of attitudes towards certain population groups or other factors;**

c. **Affordable** - The affordability of treatment services refers to patients and the treatment system. Treatment services should be affordable for patients from different socio-economic groups and levels of income. At the same time treatment systems need to be affordable for the health and social system in order to be sustainable;

d. **Evidenced-based** - *The evidence-based approach of treatment services guarantees the quality of treatment services. Given the overall limitations in funding available for the treatment of drug use disorders, treatment interventions should be based on scientific evidence and follow evidence-based guidelines; and*

e. **Diversified** - a diverse range of interventions should be in place in various settings to address the needs of patients with drug use disorders adequately. As recovery remains the ultimate goal of all treatment and care services, sustained recovery management services should be an integral part of it.

2. The Commission stresses that the mandatory nature of rehabilitation breaches a person's right to health, particularly when it comes to the acceptability and quality of intended

⁹ International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing. Geneva: World Health Organization and United Nations Office on Drugs and Crime; 2020. License: CC BY-NC-SA 3.0 IGO.

interventions. In accordance with standards in upholding the right to health, **access to voluntary and evidence-based services must be done, instead of compulsory methods that breach the right to informed consent.**

As observed, the motivations behind gross human rights violations and forcing people to treatment are the same: the dehumanization of people who use drugs and the removal of their autonomy to decide on the treatment approaches that respond to their felt needs.¹⁰ Because treatments are compulsory in nature, the right to health, which includes access to voluntary and evidence-based services, is breached.¹¹

Thus, in order to ensure that confinement to treatment and rehabilitation facilities of drug-dependent individuals, it is respectfully recommended that the proposed measures include in its provisions ***voluntary submission of a drug dependent to confinement, treatment and rehabilitation by the dependent himself or through his parent, guardian or relative, through community-based responses and to treat drug dependence as a health condition through evidence-informed and rights-based approaches.***

We caution against the continued use of a *watch list*, which subjects people who use drugs to surveillance, including **surveillance drug test.** We reiterate that this practice contravenes the fundamental rights to due process and the right to privacy and confidentiality.

3. It must also be stressed that a genuinely person-centered approach towards rehabilitation should seek to recognize the innate rights of people who use drugs, instead of perpetuating stigmatizing perspectives and language that diminish human dignity.

Consequently, the use of the term “**addicts**” and “**victims**” to describe people who use drugs is **disempowering** and can be used as justification to remove their autonomy and coerce them into programs and treatments.

We urge the creation of an enabling environment that will encourage people who use drugs to voluntarily seek treatment and support. It might be necessary to capacitate our educational system to fight stigma and ensure a society that upholds respect for the rights and dignity of all, including persons who use drugs that need our compassion and assistance.

¹⁰ Lasco G, Yarcia LE. The Politics of Drug Rehabilitation in the Philippines. *Health Hum Rights*. 2022 Jun;24(1):147-158. PMID: 35747271; PMCID: PMC9212821.

¹¹ *Id.*

Develop and strengthen, as appropriate, the capacity of health, social and law enforcement and other criminal justice authorities to cooperate, within their mandates, in the implementation of comprehensive, integrated and balanced responses to drug abuse and drug use disorders, at all levels of government.

They should be able to appreciate that drug dependence is a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, among others, effective scientific evidence-based drug treatment, care and rehabilitation programmes, including community-based programmes, and strengthen capacity for aftercare for and the rehabilitation, recovery and social reintegration of individuals with substance use disorders, including, as appropriate, through assistance for effective reintegration into the labour market and other support services.¹²

There is also a need to recognize the important role of the affected population in addressing and countering the drug problems of our country. Thus, we can recommend that people with lived experience of drug use and dependence be consulted and given the opportunity to participate in the formulation, implementation, and monitoring of drug control policies and programs.

CONCLUSION

Given the present context in the country, drug treatment and rehabilitation are considered as the more humane and acceptable alternative as compared to the past administration's "war on drugs". A human rights-based approach in resolving the country's "drug problem" shall mean a commitment to placing priority on human rights over drug policy objectives. The Commission shall continue advocating for the reformation of our policy against the use of illegal drugs through a medical standpoint and human rights lens and in such a way that goes beyond criminal framework.

Therefore, adhering to international standards set for drug treatment and rehabilitation centers, the voluntary confinement of an individual into these facilities using evidence-informed and human rights perspective, and treating drug problem as a health issue and concern rather than a criminal offense, must be appropriately considered in the adoption and passage of these proposed measures.

The Commission is mandated under the Constitution and under the Anti-Torture Act and the Mental Health Act to visit places of deprivation of

¹² Please see <https://www.unodc.org/documents/postungass2016//outcome/V1603301-E.pdf>, last accessed Dec. 26, 2022

liberty, including rehabilitation facilities. The Commission will ensure that inspection to these places of deprivation of liberty are made to ensure that such facilities are managed in accordance with existing laws, regulations, policies and procedures.¹³

To this end, the Commission is ready and willing to work with the proponents of the proposed measures in ensuring that these are consistent with international human rights standards. We continue to hope for a humane, long-term, and sustainable policy shift in the drug campaign to truly address the complexity of the problem.

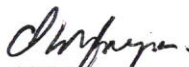
ISSUED this 13th day of February 2023, Quezon City, Philippines.



RICHARD H. PALPAL-LATOC
Chairperson



BEDAA A. LPRES
Commissioner



FAYDAH M. DUMARPA
Commissioner

¹³ Principle 29, Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment; Rule 83 of the Nelson Mandela Rules