



SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

'17 FEB -6 A10 :20

SENATE

S. B. No. 1313

RECEIVED BY:

Introduced by Senator **Ana Theresia "Risa" Hontiveros-Baraquel**

AN ACT MAINSTREAMING THE PUBLIC HEALTH APPROACH TO PHILIPPINE DRUG POLICY, ESTABLISHING AND IMPLEMENTING COMMUNITY- BASED PROGRAMS AND STRATEGIES FOR DRUG-RELATED ISSUES AND CONCERNS, AND PROHIBITING HARMFUL AND DISCRIMINATORY INTERVENTIONS AND PRACTICES, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Seven months since the Oplan Double Barrel was issued and implemented, Filipinos have yet to see our drug problem anywhere near being solved. Drug trade carries on. Drug use persists. Our experience echoes that of different anti-drug campaigns waged all over the world. These wars were not able to suppress the demand and supply for drugs. If they have changed anything at all—they have caused the overcrowding of our prisons with people who do not have the means to live a decent life let alone afford an effective legal defense.

War on drugs campaigns have not only failed to achieve its goals, it has also fuelled poverty, undermined health, and exacerbated the marginalization of the poor. It has done more harm than drug abuse itself, killed more people than overdose mortalities did. This is why global policy is now taking a pivot. The public health approach to drug use is now the dominant framework of new drug policies adopted by Vietnam, Malaysia, France, Australia, Hong Kong, China, Iran, Portugal, Czech Republic, The Netherlands, Switzerland, the United States, Thailand, Myanmar, among others.

According to the Dangerous Drugs Board, only about nine per cent (9%) of over a million drug users who expressed their willingness to access treatment needed to be committed in rehabilitation centers. Ninety one per cent (91%) did not need institutionalized intervention. Without any government program to address their needs, they remain in the "Kill List." The government response is currently limited to criminal prosecution and facility-based rehabilitation. These are clearly inadequate.

The suspension of Oplan Double Barrel is a recognition that the crime and punishment approach is simply ineffective. Drug use remains to be a public health issue. That is why institutionalizing public health interventions for drug use is necessary for an effective drug policy. This will be our alternative to the strictly punitive and very violent campaign that has been senselessly claiming the lives of people we could have saved and kept alive. People who could use a second chance.

Nobody is beyond redemption.

So, we should explore alternatives beyond Oplan *Tokhang* and compulsory rehabilitation. We should shift our policy from punishment to treatment. We should offer hope not death.

The enactment of this bill is earnestly sought.

ANA THERESIA "RISA" HONTIVEROS-BARAQUEL
ANA THERESIA "RISA" HONTIVEROS-
BARAQUEL



SEVENTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

'17 FEB -6 AIO :20

SENATE

S. B. NO. 1313

RECEIVED BY: _____

Introduced by Senator **Ana Theresia "Risa" Hontiveros-Baraquel**

AN ACT MAINSTREAMING THE PUBLIC HEALTH APPROACH TO PHILIPPINE DRUG POLICY, ESTABLISHING AND IMPLEMENTING COMMUNITY- BASED PROGRAMS AND STRATEGIES FOR DRUG-RELATED ISSUES AND CONCERNS, 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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

SECTION. 1. *Title.* – This Act shall be known as the “Public Health Intervention for Drug Use Act of 2017.”

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 ensure that a scientific, effective, and evidence-based approach shall be the foundation of national drug-related policies and programs for people who use drugs (PWUD), including their family and relevant others.

The State shall ensure that its drug policy shall be based on the relative harm of psychoactive substances according to scientific studies and updated academic researches.

The State affirms that there are various psychosocial factors affecting the use of drugs. In this light, the State upholds an integrative approach to drug interventions taking into account the context and circumstances of the person who use drugs in designing public health and social programs for them.

Toward this end, the State shall endeavor to mainstream the public health approach to drug use, such as but not limited to harm reduction in key government agencies with roles on drug-related interventions. *Provided that,* the State will ensure that the public health intervention for drug use is effectively implemented and sufficiently funded in communities, and that relevant stakeholders are included in this endeavor.

1 It shall also be the policy of the State to prohibit discriminatory and harmful drug-
2 related interventions and practices which violate the right to health of people
3 involved with drugs.

4
5 **SECTION 3.** *Definition of Terms.* – For purposes of this Act, the following terms
6 shall be defined as follows:
7

- 8 A. “*Dangerous drugs*” pertains to those drugs listed in the Schedules
9 annexed to the 1961 Single Convention on Narcotic Drugs, as amended
10 by the 1972 Protocol, and in the Schedules annexed to the 1971 Single
11 Convention on Psychotropic Substances.
12
- 13 B. “*Drug dependence*” is a cluster of physiological, behavioral and cognitive
14 phenomena of variable intensity, in which the use of psychoactive drug
15 takes on a high priority thereby involving, among others, a strong desire or
16 a sense of compulsion to take the substance and the difficulties in
17 controlling substance-taking behavior in terms of its onset, termination, or
18 levels of use.
19
- 20 C. “*Diversion programs*” refers to measures that provide alternatives to
21 criminal sanctions or incarceration for people who are involved with drug
22 use and drug-related offences.
23
- 24 D. “*Harm Reduction*” refers to policies, programs, and practices that aim
25 primarily to reduce the adverse health, social, and economic
26 consequences of the problematic use of legal and illegal psychoactive
27 drugs without focusing on drug consumption alone.
28
- 29 E. “*Psychoactive substances*” are substances that, when taken in or
30 administered into one’s system, affect mental processes, e.g. cognition or
31 affect.
32
33

34 **ARTICLE II**
35 ***Health Intervention for Drug Use***
36

37 **SECTION 4.** *Health Intervention for Drug Use Bureau.* – A Health Intervention for
38 Drug Use Bureau (Bureau) shall be established under the Department of Health
39 (DOH) and shall receive annual budgetary appropriations under the department.
40

41 The Bureau shall plan and implement an integrated and comprehensive public
42 health approach to drug-related issues in the Philippines. It shall be the lead
43 policy-making and advisory body of the government, which shall be tasked to
44 design, implement, coordinate, monitor and evaluate the programs and action
45 plans of the government in order to ensure the mainstreaming of the public health
46 intervention for drug use in key government agencies.
47

48 The Bureau shall be headed by a Director to be appointed by President upon
49 recommendation of the Secretary of Health. The Director must be a Filipino
50 citizen, a resident of the Philippines, and must have proven expertise on public
51 health and drug policy.
52

53 The Bureau shall be composed of staff as required for the full implementation of
54 the National Health Intervention for Drug Use Program. The Secretary of Health
55 shall also appoint civil society organizations and members of the academe
56 working on drug policy and public health as policy consultants of the Bureau.
57

58 **SECTION 5.** *National Health Intervention for Drug Use Program.* – Within six (6)
59 months from the effectivity of this Act, The DOH shall develop and implement an

1 integrated and comprehensive National Health Intervention Program for Drug
2 Use and other drug-related issues in the Philippines.

3
4 The DOH shall likewise design, implement, coordinate, monitor and evaluate the
5 programs and action plans of the government in order to ensure the
6 mainstreaming of health interventions for drug use in key government agencies
7 and the private sector.

8
9 The National Health Intervention for Drug Use Program shall absorb the existing
10 programs of the DOH on drug abuse prevention and treatment.

11
12 **SECTION 6.** *Components of the National Health Intervention for Drug Use*
13 *Program.* – The program shall include, but not be limited to, the following
14 components:

- 15
16 (a) National public health priorities for persons who use drugs;
17 (b) Policy recommendations and policies;
18 (c) Compliance with international commitments and guidelines;
19 (d) Research and development agenda on public health and drug policy;
20 (e) Information management;
21 (f) Information, education, and awareness programs on public health and drug
22 policy;
23 (g) Comprehensive advocacy and communication plan;
24 (h) Monitoring and evaluation protocols;
25 (i) Community mobilization strategies
26 (j) Public health and drug policy integration in key government agencies
27 (k) Human resource training
28 (l) Standards implementation of health intervention programs for drug use
29

30 **SECTION 7.** *Health Interventions and Strategies.*—The selection of health
31 interventions and strategies shall be based on strong evidence of effectiveness
32 according to scientific, medical research and practice. The following, but not
33 limited to, health interventions and strategies shall be integral part of the
34 Community-Based Health Intervention for People Who Use Drugs:

- 35
36 a. *Education and outreach.* – Development and dissemination of drug
37 education campaigns materials to raise the level of public awareness on
38 drugs and drug-related issues from a social, health, rights, and evidence-
39 based framework. This education campaign shall also include human
40 rights principles of non-violence and non-discrimination against people
41 who use drugs and their full protection from stigma and hate. This could
42 include, but is not limited to, counselling, HIV and hepatitis C prevention
43 measures such as safe injecting techniques, overdose prevention, and
44 proper condom use.

45
46 Outreach pertains to face-to-face contact with people who use drugs in the
47 communities they live in, and promotion of harm reduction in their
48 communities, distribute condoms and bleach kits, and other support to the
49 communities based on identified needs.

- 50
51 b. *Referral to health and social services.* - Facilitate access to medical and
52 social services in a comprehensive, non-judgmental, non-discriminatory
53 manner, as determined by the specific needs of each person involved with
54 drugs. Social services include support to improve the person's quality of
55 life, such as provision of employment, shelter, and skills training, among
56 others.

1 c. *Peer support and mentorship program.* - Establishing community-based
2 core groups composed of people involved with drug use with the purpose
3 of providing psychosocial support to people involved with drugs.
4

5 d. *Integrative Psychotherapy.* - Provision of person-centered psychosocial
6 support and counselling based on assessed needs of people who use
7 drugs.
8

9 Other health interventions and strategies for drug use may be developed
10 and included in the program by the DOH in consultation with the civil
11 society and the academe based on latest scientific evidence and research.
12

13 **SECTION 8.** *Community-Based Health Intervention for People Who Use Drugs.* –
14 The DOH, in coordination with LGUs, shall establish a community-based health
15 intervention program for people who use drugs designed for the assessed needs
16 of each community. The development of the community-based health
17 intervention program shall include the following stages:
18

19 a. *Bringing Key Stakeholders Together.* – Convening people involved with
20 drugs in the community and linking them with local officials, civil society
21 organizations, and the private sector, to identify preventable drug-
22 related harm.
23

24 b. *Creating a Leadership and Organizational Structure.* - Establishing a
25 core group involving the Municipal or City Health Officer, barangay
26 health workers, social workers, and people who use drugs.
27

28 c. *Identifying Key Community Partners and Inventory of Local Services.* -
29 Mapping the community resources and organizational partners towards
30 public health and local drug policy.
31

32 d. *Community Diagnosis and Needs Mapping.* -- Conducting a detailed
33 needs assessment to determine the gaps in health interventions and
34 strategies for people who use drugs.
35

36 e. *Development of a Locally-Driven Health Intervention or Strategy.* --
37 Developing a comprehensive plan based on the needs and resources
38 of the community.
39

40 f. *Training of Human Resources and Implementation of Health*
41 *Intervention and Strategies for Drug Use.* – Rolling out of the locally-
42 driven plans with constant provision of technical support and funding
43 assistance.
44

45 g. *Monitoring and evaluation.* - Conduct of studies to ensure that the local
46 plans are consistent with the National Health Intervention for Drug Use
47 Program and improving services based on feedback.
48

49 h. *Data Gathering* - Collecting of data and information relevant to drug
50 policy development on a regular basis and publishing of the same.
51

52 Each LGU shall implement a Community-Based Health Intervention Program for
53 People Who Use Drugs, with adequate and qualified personnel, equipment, and
54 supplies to be able to provide intervention programs to respond to the assessed
55 needs of people who use drugs, which include, but not limited to, consultation,
56 case management, psycho-education, counselling, health and social support,
57 relapse management, and other evidence-based health interventions and
58 strategies. *Provided That*, the national government shall provide additional and

1 necessary funding and other necessary assistance for the effective
2 implementation of this provision.

3 **SECTION 9. *Exemption from Liability.*** – The manufacture, delivery, or
4 possession for delivery of equipment, instrument, apparatus, and other
5 paraphernalia necessary for the implementation of health intervention for drug
6 use program by public health officers, barangay health workers, and other health
7 personnel shall not be considered a violation of Section 10, 12 and 14 of R.A. No.
8 9165. Any public health officer, barangay health worker or other health personnel
9 implementing the aforementioned program shall be exempted from liability and
10 shall not be charged under R.A. No.9165.

11 **SECTION 10. *Promotion, Prevention, and Public Awareness.*** – The DOH and the
12 LGUs shall initiate and sustain a nationwide multimedia-campaign to raise the
13 level of public awareness on drugs and drug-related issues from a social, health,
14 rights, and evidence-based framework. This education campaign shall also
15 include human rights principles of non-violence and non-discrimination against
16 people who use drugs and their full protection from stigma and hate.

17
18 Education and information materials to be developed and disseminated for this
19 purpose shall be reviewed regularly to ensure their effectiveness and relevance.
20

21 **SECTION 11. *Referral System.*** — The police officer, prosecutor, or any law
22 enforcer shall not arrest, incarcerate, list, profile, or put under surveillance a
23 PWUD but shall refer him or her to a public health officer or properly designated
24 local health officer within their local government unit to undergo Community-
25 Based Health Intervention Program for People Who Use Drugs.
26

27 **SECTION 12. *Screening and Assessment.*** — Each PWUD, with his or her
28 consent, may undergo a screening and assessment procedure to determine the
29 level of drug use and the necessary evidence-based intervention that he or she
30 can avail of. The health personnel who did the screening and assessment shall
31 institute a referral system, linking the PWUD to the service provider of the
32 intervention or strategy he or she may choose to access.
33

34 **SECTION 13. *Provision of Diversion Programs.*** – Each LGU shall design and
35 implement diversion programs for PWUDs in their community. These programs
36 shall facilitate their reintegration to family and community life.

37 **ARTICLE III**
38 ***Voluntary Treatment and Rehabilitation***
39

40 **SECTION 14. *Voluntary Treatment and Rehabilitation.*** – Any PWUD who needed
41 rehabilitation, as assessed by a public health officer or the properly designated
42 local health officer, after meaningful consultation with him or her, shall be referred
43 to appropriate hospitals or institutions for further care. The public health officer or
44 the properly designated local health officer will also ensure proper reintegration
45 strategies for the PWUD in compliance with standards set by the DOH.

46 **SECTION 15. *Exemption from Criminal Liability.*** – A PWUD under a voluntary
47 treatment and rehabilitation program, who is finally discharged from confinement
48 or who is under a diversion program, shall not be charged with any criminal
49 offense for drug use.

50 Likewise, a PWUD, who is not rehabilitated after commitment to a treatment or
51 rehabilitation center, or who withdraws from the program, shall not be charged
52 with any criminal offense for drug use.

1 **SECTION 16.** *Confidentiality of Records.* – Judicial and medical records of a
2 PWUD under the voluntary treatment and rehabilitation program or under
3 Community-Based Health Intervention Program for People Who Use Drugs shall
4 be confidential and shall not be used against him or her for any purpose.

5 Any person who disclosed the judicial or medical records of a PWUD, without his
6 or her written consent, shall be administratively liable.

7 **SECTION 17.** *Compulsory Confinement.* – Compulsory confinement of a PWUD
8 who refuses to undergo a voluntary treatment and rehabilitation program shall be
9 prohibited.

10 **SECTION 18.** *Treatment and Rehabilitation Centers.* – The existing treatment
11 and rehabilitation centers for PWUDs operated and maintained by the NBI and
12 the PNP shall be operated, maintained, and managed by the DOH in
13 coordination with other concerned agencies and local government units.

14
15
16
17

ARTICLE IV
Protection of the Rights of People Who Use Drugs

18 **SECTION 19.** *Use or Possession for Personal Use.* – A person, who is found to
19 be positive for use of any dangerous drug, after a confirmatory test, or who is
20 found to possess any dangerous drug for personal or medical use, shall not be
21 apprehended, arrested, incarcerated, detained, listed, profiled, or subjected to
22 surveillance and shall be referred to a public health officer or properly designated
23 local health officer within the local government unit to be assessed under a
24 Community-Based Health Intervention Program for People Who Use Drugs. After
25 determination, the person who used or possessed drugs for personal or medical
26 use shall be referred to the service provider of the appropriate intervention or
27 strategy.

28 Any person apprehended for drug use or possession shall, regardless of prior or
29 succeeding violations thereof, shall undergo the aforementioned community-
30 based health intervention program.

31 **SECTION 20.** *Possession of Equipment, Instrument, Apparatus and Other*
32 *Paraphernalia for Dangerous Drugs by Medical Professionals.* – Medical
33 practitioners or health professionals who are required to carry equipment,
34 instrument, apparatus, and other paraphernalia for dangerous drugs in the
35 practice of their profession, shall not be prosecuted under any provision of R.A.
36 9165.

37 The possession of such equipment, instrument, apparatus and other
38 paraphernalia shall not constitute prima facie evidence that the possessor has
39 smoked, consumed, administered to himself or herself, injected, ingested or used
40 a dangerous drug.

41 **SECTION 21.** *Dangerous Drugs for Medical Use.* – The delivery, possession,
42 transfer, transportation, or use of cannabis and other dangerous drugs intended
43 for medical use or to treat or alleviate a patient's medical condition or symptoms
44 associated with his or her debilitating disease, or its acquisition, administration,
45 cultivation, or manufacturing for medical experiments, research, or for creation of
46 new types of medicines shall be allowed upon application to and approval of the
47 Food and Drug Administration (FDA). The patient, caregiver, physician, or
48 medical researcher who delivers, transports, uses, acquires, administers,
49 cultivates, or manufactures dangerous drugs for medical purposes shall be
50 exempt from criminal liability.

ARTICLE V
Prohibited Acts

1
2
3
4 **SECTION 22. *Mandatory Drug Testing.*** – Mandatory drug testing in schools,
5 workplaces, and other public or private places are hereby prohibited. No drug
6 testing shall be conducted as requirement for admission or enrolment in schools
7 and other alternative learning institutions, as well as made a condition for
8 employment or for renewal of business permit, license, or franchise, except when
9 the enterprise involved is a common carrier and public safety requires otherwise.

10
11 **SECTION 23. *Involuntary Treatment and Compulsory Detention.*** —Any person
12 shall not be subjected to involuntary treatment and compulsory detention. For
13 persons determined by a competent court to be without legal competence to
14 signify consent, the guardian or person exercising authority over the person shall
15 be referred to a public health officer or properly designated local health officer for
16 assessment of appropriate health intervention or strategy needed.

17
18 **SECTION 24. *Traumatic Physical and Psychological Intervention.*** – Any
19 intervention which inflicts physical or psychological trauma to people involved
20 with drugs is prohibited, including, but not limited to, deprivation of food and
21 water, dosing of cold water, blindfolding, confinement in enclosed spaces, verbal
22 abuse, flogging, whipping, electroshock, forced evangelization or participation in
23 religious practices and similar violent and harmful interventions.

24
25 **SECTION 25. *Non-Disclosure of Effects of Medications and Treatment.*** --
26 Physicians and medical practitioners are prohibited from not disclosing relevant
27 information regarding medication and treatment to people involved with drugs
28 which will assist the patient and his family to make informed choices as regards
29 medication and treatment plans.

30
31 **SECTION 26. *Denial of Health Services by Virtue of Health Status.*** — It is
32 prohibited to deny any health service to a person involved with drugs by virtue of
33 his health status, including, but not limited to, HIV/AIDS or Hepatitis C status.

34
35 **SECTION 27. *Denial of Health Services by Virtue of Drug Use Status.*** – It is
36 prohibited to deny any required health service to a person by virtue of his past or
37 present involvement with drug use.

38
39 **SECTION 28. *Prohibition Against Discrimination and Stigma.*** —The unfair or
40 unjust treatment of any person on the basis of his or her actual or perceived
41 involvement with drug use that leads to the nullification or impairment of his or
42 her rights and freedoms shall be prohibited. The use of discriminatory language,
43 hate speech, and terms or labels promoting stigma against PWUDs shall likewise
44 be prohibited.

45
46 **SECTION 29. *Prohibition of Arrest of a Good Samaritan.*** – Any person who
47 assists a person involved with drugs who needs urgent medical attention shall
48 not be arrested or prosecuted.

49
50 **SECTION 30. *Penalties.*** – Any public officer who is guilty of committing any or
51 the prohibited acts will be administratively liable for suspension for six (6) months
52 without pay for the first time, suspension for 12 months without pay for the
53 second time, and removal from office and perpetual disqualification for the third
54 time.

55
56 Any public officer, mandated in this Act to gather and publish data, who failed to
57 do, so shall be administratively liable for suspension for six (6) months without
58 pay.

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

6
7 The penalties provided for in this act are without prejudice to any other civil or
8 criminal liabilities that may be imposed by law.
9

10
11 **ARTICLE VI**
12 ***Role of Government and Non-Government Agencies***
13

14 **SECTION 31.** *Role of Key Government Agencies in Implementing the National*
15 *Health Intervention for Drug Use Program.* –
16

17 (a) The DOH shall ensure that health interventions and strategies for drug use are
18 provided by all health service providers and incorporated in the health services
19 provided in government institutions.
20

21 (b) The Department of the Interior and Local Government (DILG) shall facilitate
22 the development and provision of a capacity-building program for LGUs on health
23 interventions for drug use and oversee the development of Community-Based
24 Health Intervention Programs for People Who Use Drugs in each LGU.
25

26 (c) The Department of Education (DepED) shall recognize the public health
27 approach to drug use as framework of health and drugs awareness classes,
28 which shall be integrated into primary and secondary education curricula. The
29 DepEd shall ensure that the teachers, guidance counsellors, and staff are
30 properly trained to provide health and drugs awareness classes.
31

32 (d) The Department of Social Welfare and Development (DSWD) shall
33 incorporate health interventions for PWUD in their social service packages.
34

35 (e) The Philippine Information Agency (PIA) shall disseminate information on the
36 public health approach to drug use in accordance with the National Health
37 Intervention for Drug Use Program.
38

39 (f) The Philippine Health Insurance Corporation (Philhealth) shall develop benefit
40 packages for treatment of drug dependency.
41

42 (g) The Department of Justice shall train prosecutors for the proper
43 implementation of diversion programs.
44

45 (h) The Philippine National Police shall train its police force for the proper
46 implementation of diversion programs.
47

48 (i) The Dangerous Drugs Board shall ensure that the national drug policy
49 incorporates the public health approach to drug use.
50

51 (j) The Philippine Drug Enforcement Agency shall train its agents for the proper
52 implementation of diversion programs.
53

54 **SECTION 32.** *Role of Local Government Units in Implementing the National*
55 *Health Intervention for Drug Use Program.* – The LGUs shall be responsible for
56 the formulation, implementation, monitoring, and evaluation of the local health
57 intervention for drug use programs in their respective jurisdiction, consistent with
58 the National Health Intervention for Drug Use Program.
59

1 Barangays shall be directly involved with municipal and city governments in
2 identifying drug-related issues and in identifying and implementing health
3 intervention programs. Provincial governments shall provide technical assistance
4 in support of municipal and city plans.

5
6 Inter-local government unit collaboration shall be maximized in the conduct of
7 health intervention programs.

8
9 The local chief executive shall appoint the Municipal, City Health Officer or any
10 proper local health officer responsible for the formulation and implementation of
11 the local health intervention for drug use program. It shall be the responsibility of
12 the national government to extend technical and financial assistance to LGUs for
13 the accomplishment of their health intervention for drug use programs.

14
15 **SECTION 33.** *Role of the Private Sector and Civil Society Organizations in*
16 *Implementing the National Health Intervention for Drug Use Program.* – Civil
17 society organizations (CSOs) shall play a key role in the implementation of the
18 National Health Intervention for Drug Use Program. The DOH and the LGUs shall
19 consult and coordinate with CSOs in formulating and implementing health
20 intervention for drug use programs. CSOs may also provide capacity-building
21 trainings and technical assistance to the implementation of such programs.

22
23 The private sector is encouraged to support health intervention for drug use
24 programs of LGUs.

25
26
27 **ARTICLE VII**
28 ***Final Provisions***
29

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

38
39 The Secretariat of the COC shall be drawn from the existing secretariat
40 personnel of the standing committees composing the Congressional Oversight
41 Committee and its funding requirements shall be charged under the
42 appropriations of both the House of Representatives and the Senate of the
43 Philippines.

44
45 **SECTION 35.** *Appropriations.* – The amount needed for the initial implementation
46 of this Act shall be charged against the appropriations for the DOH. Thereafter,
47 such sums as maybe necessary for the continued implementation of this Act shall
48 be included in the annual General Appropriations Act.

49
50 **SECTION 36.** *Implementing Rules and Regulations.* – The DOH shall promulgate
51 the Implementing Rules and Regulations (IRR) for this Act within ninety (90) days
52 from its constitution. Failure to promulgate the IRR shall not affect the
53 implementation of the self-executory provisions of this Act.

54
55 **SECTION 37.** *Separability Clause.* – If any provision or section of this Act is held
56 invalid, the other provisions and sections not affected thereby shall remain in full
57 force and effect.

1 **SECTION 38. *Repealing Clause.*** – All laws, presidential decrees, executive
2 orders and their implementing rules inconsistent with the provisions of this Act
3 are hereby repealed, amended, or modified accordingly.

4
5 **SECTION 39. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
6 publication in at least two (2) national newspapers of general circulation.

7
8
9

10 **Approved,**