

SEVENTEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES FIRST REGULAR SESSION

'17 MAR 16 P3:00

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SENATE BILL NO. <u>1400</u>

INTRODUCED BY SENATOR JOSEPH VICTOR G. EJERCITO

AN ACT

PROVIDING FOR A COMPREHENSIVE ADDICTION AND RECOVERY PROGRAM

EXPLANATORY NOTE

Section 15, Article 2 of the 1987 Constitution provides that the State shall protect and promote the right to health of the people and instill health consciousness among them.

The administration's strong position against illegal and dangerous drugs have created a mind shift among the Filipinos with regard its evil effects not just to the person but more so to their families and the society as a whole.

The anti-drug campaign should be coupled with plausible programs which will not only complement the operations but will also cover a holistic approach of prevention, education and recovery of abusers.

The bill seeks to provide for a comprehensive approach not just in the recovery but in the prevention and education as well. It will also involve the commitment and participation of stakeholders – a community -wide approach to combat drug abuse and prevent its proliferation through effective education.

In view of the foregoing, the immediate passage of the bill is sought.

JOSEPH VICTOR G. EJERCITO



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AN ACT

PROVIDING FOR A COMPREHENSIVE ADDICTION AND RECOVERY PROGRAM

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

SECTION I. Short Title. - This Act shall be known as the "Comprehensive Addiction Recovery Act."

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SECTION 2. Inter-Agency Task Force. - Not later than 120 days after the date 4 of enactment of this Act, the Department of Health, in cooperation with the 5 6 Dangerous Drugs Board, and the Philippine Drug Enforcement Administration, shall convene a Pain Management Best Practices Inter-7 8 Agency Task Force (referred to in this section as the task force).

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(a) Membership. - The task force shall be comprised of:

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- 1. the Department of Health;
- 2. Dangerous Drugs Board;
- 14 3. the Philippine Drug Enforcement Agency;
- 15 4. the National Institutes of Health; and
- 16 5. physicians, dentists, and non-physician prescribers;
- 17 6. pharmacists;
 - 7. experts in the fields of pain research and addiction research;
- 19 8. pain management professional organizations;
- 20 9. the mental health treatment community;
- 21 10. the addiction treatment community; and
- 22 11. pain advocacy groups; and

1 2	12. other stakeholders, as the Secretary of Health determines appropriate.
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4	(b) Duties The task force shall:
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6	1. Not later than 180 days after the date on which the task force is
7	convened, develop best practices for pain management and
8	prescribing pain medication, taking into consideration-
9	
10	i. existing pain management research;
11	ii. recommendations from relevant conferences; and
12	iii. ongoing efforts at the State and local levels and by medical
13	professional organizations to develop improved pain
14	management strategies;
15	0
16	2. solicit and take into consideration public comment on the
17	practices developed under paragraph (a), amending such best
18	practices if appropriate; and
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20	3. develop a strategy for disseminating information about the best
21	practices developed under Section 2, subparagraph (b) to
22	prescribers, pharmacists, State medical boards, and other parties, as
23	the Secretary of Health determines appropriate.
24	
25	(c) Report Not later than 270 days after the date on which the task
26	force is convened, the task force shall submit to Congress a report that
27	includes-
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29	i. the strategy for disseminating best practices developed under
30	Section 2(b);
31	
32	ii. recommendations on how to apply best practices developed
33	under Section 2(b) to improve prescribing practices at medical
34	facilities.
35	
36	SECTION 3. National Education Campaign Together with local
37	government units, the Department of Health, the Philippine Drug
38	Enforcement Agency, and the Department of Education shall expand
39	educational efforts to prevent abuse of opioids, heroin, and 6 other substances
40	of abuse, understand addiction as a chronic disease, and promote treatment
41	and recovery, including:
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43	(a) Parent and caretaker-focused prevention efforts, including –

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2	1. the development of research-based community education
3	online and social media materials with an accompanying
4	toolkit that can be disseminated to communities to educate
5	parents and other caretakers of teens on-
6	
7	i. how to educate teens about opioid and heroin abuse;
8	ii. how to intervene if a parent thinks or knows their teen is
9	abusing opioids or heroin;
10	iii. signs of opioid or heroin overdose; and
11	iv. the use of naloxone to prevent death from opioid or heroin
12	overdose;
13	
14	(b) The development of detailed digital and print educational materials
15	to accompany the online and social media materials and toolkit
16	described in Section 3(a);
17	
18	(c) The development and dissemination of public service
19	announcements to-
20	
21	i. raise awareness of heroin and opioid abuse among parents
22	and other caretakers; and
23	
24	ii. motivate parents and other caretakers to visit online
25	educational materials on heroin and opioid abuse; and
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27	(d) The dissemination of educational materials to the media through-
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29	i. an inter-local government units or panel discussion with
30	experts;
31	ii. media tour, and sharable infographics;
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33	(e) Prevention efforts focused on teenagers, college students, and
34	college-age individuals, including-
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36	i. the development of a national digital campaign; and
37	ii. the development of a community education toolkit for use by
38	community coalitions;
39	iii. campaigns to inform individuals about available resources to
40	aid in recovery from substance use disorder;
41	iv. encouragement of individuals in or seeking recovery from
42	substance use disorder to enter the health care system; or
	Substance use aborder to enter the health care system, of

 v. adult-focused awareness efforts, including efforts focused on older adults, relating to prescription medication disposal, opioid and heroin abuse, signs of overdose, and the use of naloxone for reversal.

6 SECTION 4. Programs Addressing Local Drug Crisis. - The Department of 7 Health, the Dangerous Drugs Board, the Philippine Drug Enforcement 8 Agency, the Department of Education, and the local government unit shall 9 design and implement a comprehensive community-wide prevention strategy 10 to address local drug crisis in the area.

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SECTION 5. Separability Clause. - If any provision or part hereof, is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SECTION 6. Repealing Clause. - Any law, presidential decree or issuance,
executive order, letter of instruction, administrative order, rule or regulation
contrary to or inconsistent with, the provisions of this Act is hereby repealed,
modified, or amended accordingly.

SECTION 7. Effectivity Clause. - This Act shall take effect fifteen (15) days
after its publication in at least two (2) newspapers of general circulation.

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