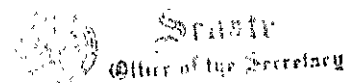


SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Second Regular Session)



15 JUN -3 P3:14

SENATE
S. No. 2797

SECRETARY OF THE SENATE *J*

Introduced by Senator Miriam Defensor Santiago

AN ACT
PROVIDING FOR A COMPREHENSIVE ADDICTION AND RECOVERY
PROGRAM ¹

EXPLANATORY NOTE

The Constitution, Article 2, Section 15 states: The State shall protect and promote the right to health of the people and instill health consciousness among them.

In 2012, it was reported by the United Nations World Drug Report that the Philippines had the highest abuse rate for methamphetamine hydrochloride, or shabu.² The Dangerous Drugs Board reported that there is an estimated 1.7 million people who use drugs and that the mean age of drug use is 28 years old and most of these drug users have attained only high school education.³

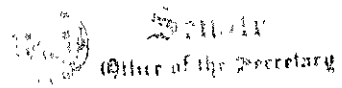
With the increasing number of people who use and abuse drugs, this bill aims to expand prevention and educational efforts—particularly aimed at teens, parents, and caretakers—to prevent the abuse of drugs and to promote treatment and recovery. This bill also seeks to launch an evidence-based treatment and interventions program to expand treatment best practices throughout the country.

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO
7P

¹ This bill was originally filed as Senate Bill No. 2839 at the 113th Congress of the U.S. Senate.

² <http://newsinfo.inquirer.net/168143/un-drug-report-philippines-has-highest-rate-of-shabu-use-in-east-asia>

³ <http://www.ddb.gov.ph/research-statistics/46-sidebar/58-facts-on-drugs>



15 JUN -3 P3:14

SENATE
S. No. 2797

RECEIVED BY: *J*

Introduced by Senator Miriam Defensor Santiago

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

1 AN ACT
2 PROVIDING FOR A COMPREHENSIVE ADDICTION AND RECOVERY
3 PROGRAM

4 SECTION 1. *Short Title.* – This Act shall be known as the “Comprehensive
5 Addiction Recovery Act.”

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

11 (a) *Membership.* – The task force shall be comprised of:

- 12 1. the Department of Health;
- 13 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;
- 18 7. experts in the fields of pain research and addiction research;
- 19 8. pain management professional organizations;

- 1 9. the mental health treatment community;
- 2 10. the addiction treatment community; and
- 3 11. pain advocacy groups; and
- 4 12. other stakeholders, as the Secretary of Health determines
- 5 appropriate.

6 (b) Duties. - The task force shall:

- 7 1. Not later than 180 days after the date on which the task force is
- 8 convened, develop best practices for pain management and prescribing
- 9 pain medication, taking into consideration—
- 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 2. solicit and take into consideration public comment on the practices
- 16 developed under paragraph (a), amending such best practices if
- 17 appropriate; and
- 18 3. develop a strategy for disseminating information about the best practices
- 19 developed under Section 2, subparagraph (b) to prescribers,
- 20 pharmacists, State medical boards, and other parties, as the Secretary of
- 21 Health determines appropriate.

22 (c) Report. – Not later than 270 days after the date on which the task force is

23 convened, the task force shall submit to Congress a report that includes—

- 24 a. the strategy for disseminating best practices developed under Section
- 25 2(b);

1 b. recommendations on how to apply best practices developed
2 under Section 2(b) to improve prescribing practices at medical facilities;

3 Section 3. *National Education Campaign.* – Together with local government units,
4 the Department of Health, the Philippine Drug Enforcement Agency , and the Department
5 of Education shall expand educational efforts to prevent abuse of opioids, heroin, and
6 other substances of abuse, understand addiction as a chronic disease, and promote
7 treatment and recovery, including:

8 (a) Parent and caretaker-focused prevention efforts, including—

9 1. the development of research-based community education online and social
10 media materials with an accompanying toolkit that can be disseminated to
11 communities to educate parents and other caretakers of teens on—

12 i. how to educate teens about opioid and heroin abuse;

13 ii. how to intervene if a parent thinks or knows their teen is abusing
14 opioids or heroin;

15 iii. signs of opioid or heroin overdose; and

16 iv. the use of naloxone to prevent death from opioid or heroin overdose;

17 (b) The development of detailed digital and print educational materials to accompany
18 the online and social media materials and toolkit described in Section 3(a);

19 (c) The development and dissemination of public service announcements to—

20 a. raise awareness of heroin and opioid abuse among parents and other
21 caretakers; and

22 b. motivate parents and other caretakers to visit online educational materials
23 on heroin and opioid abuse; and

24 (d) The dissemination of educational materials to the media through—

25 a. an inter-local government units or panel discussion with experts;

26 b. media tour, and sharable infographics;

- 1 (e) Prevention efforts focused on teenagers, college students, and college-age
2 individuals, including—
- 3 a. the development of a national digital campaign; and
 - 4 b. the development of a community education toolkit for use by community
5 coalitions;
 - 6 c. campaigns to inform individuals about available resources to aid in
7 recovery from substance use disorder;
 - 8 d. encouragement of individuals in or seeking recovery from substance use
9 disorder to enter the health care system; or
 - 10 e. adult-focused awareness efforts, including efforts focused on older adults,
11 relating to prescription medication disposal, opioid and heroin abuse, signs
12 of overdose, and the use of naloxone for reversal.

13 SECTION 4. *Programs Addressing Local Drug Crisis.* - The Department of
14 Health, the Dangerous Drugs Board, the Philippine Drug Enforcement Agency,
15 the Department of Education, and the local government unit shall design and implement a
16 comprehensive community-wide prevention strategy to address local drug crisis in the
17 area.

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

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

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

Approved,

/at29May2015