

# **Philippine Anti-Illegal Drugs Strategy**

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## Acronym List

<b>AAR</b>	After Activity Report
<b>ADAC</b>	Anti-Drug Abuse Council
<b>ADS</b>	African Drug Syndicates
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMLC</b>	Anti-Money Laundering Council
<b>AMS</b>	ASEAN Member States
<b>APSC</b>	ASEAN Political Security Community
<b>ASEAN</b>	Association of Southeast Asian Nations
<b>ATCPDE</b>	ASEAN Training Center for Preventive Drug Education
<b>ATS</b>	Amphetamine Type Substances
<b>BADAC</b>	Barangay Anti-Drug Abuse Council
<b>BDCP</b>	Barangay Drug Clearing Program
<b>BKD</b>	<i>Barkada Kontra Droga</i>
<b>BR</b>	Board Regulation
<b>CHED</b>	Commission on Higher Education
<b>CPEC</b>	Controlled Precursors and Essential Chemicals
<b>CSO</b>	Civil Society Organizations
<b>DAPC</b>	Drug Abuse Prevention and Control
<b>DAPE</b>	Drug Abuse Prevention and Education
<b>DAPP</b>	Drug Abuse Prevention Program
<b>DATRC</b>	Drug Abuse Treatment and Rehabilitation Center
<b>DARE</b>	Drug Abuse Resistance Education
<b>DBM</b>	Department of Budget and Management
<b>DDB</b>	Dangerous Drugs Board (also referred to as the “Board”)
<b>DDE</b>	Drug Dependency Examination
<b>DepEd</b>	Department of Education
<b>DEU</b>	Drug Enforcement Unit
<b>DFA</b>	Department of Foreign Affairs
<b>DI</b>	Directorate for Intelligence
<b>DILG</b>	Department of the Interior and Local Government
<b>DOF</b>	Department of Finance
<b>DOH</b>	Department of Health
<b>DOJ</b>	Department of Justice
<b>DOLE</b>	Department of Labor and Employment
<b>DND</b>	Department of National Defense
<b>DOTr</b>	Department of Transportation
<b>DSWD</b>	Department of Social Welfare and Development
<b>EU</b>	European Union
<b>FDAPP</b>	Family Drug Abuse Prevention Program
<b>GDP</b>	Gross Domestic Product

<b>GOCC</b>	Government-Owned and Controlled Corporations
<b>HARP</b>	HIV/AIDS and ART Registry of the Philippines
<b>HIV</b>	Human Immunodeficiency Virus
<b>HVT</b>	High-Value Target
<b>IBP</b>	Integrated Bar of the Philippines
<b>ICAD</b>	Inter-Agency Committee on Anti-Illegal Drugs
<b>ICCE</b>	International Centre for Credentialing and Education of Addiction Professionals
<b>IDADAIT</b>	International Day Against Drugs and Illicit Trafficking
<b>IDDI</b>	Illicit Drug Diversion Initiative
<b>IDTOMIS</b>	Integrated Drug Test Operation and Management Information System
<b>IEC</b>	Information, Education, and Communication
<b>IRA</b>	Internal Revenue Allotment
<b>KALAHI-CIDDS</b>	<i>Kapitbisig Laban sa Kahirapan</i> -Comprehensive and Integrated Delivery of Social Services
<b>LGU</b>	Local Government Unit
<b>LTFRB</b>	Land Transportation Franchising and Regulatory Board
<b>M &amp; E</b>	Monitoring and Evaluation
<b>MAT</b>	Medication-Assisted Treatment
<b>MI</b>	Motivational Interviewing
<b>NADPA</b>	National Anti-Drug Plan of Action
<b>NBI</b>	National Bureau of Investigation
<b>NDEP</b>	National Drug Education Program
<b>NEDA</b>	National Economic Development Authority
<b>NGA</b>	National Government Agency
<b>NGO</b>	Non-Government Organization
<b>NPS</b>	New Psychoactive Substances
<b>NSP</b>	Needle and Syringe Program
<b>NYC</b>	National Youth Commission
<b>ONDCP</b>	Office of National Drug Control Policy
<b>OSHC</b>	Occupational Safety and Health Center
<b>PADS</b>	Philippine Anti-Illegal Drugs Strategy
<b>PAP</b>	Programs, Activities, and Projects
<b>PDE</b>	Preventive Drug Education
<b>PDEA</b>	Philippine Drug Enforcement Agency
<b>PDP</b>	Philippine Development Plan
<b>PO</b>	People's Organization
<b>POC</b>	Peace and Order Council
<b>POI</b>	Program of Instruction
<b>PNP</b>	Philippine National Police
<b>PSRSD</b>	Policy Studies, Research, and Statistics Division (DDB)

<b>PWID</b>	People Who Inject Drugs
<b>PWUD</b>	People Who Use Drugs
<b>RECS</b>	Resources, Environment and Economics Center for Studies
<b>SDEC</b>	Special Drug Education Center
<b>SEAP</b>	Self-Employment Assistance Program
<b>SFP</b>	Strengthening Families Program
<b>SHN</b>	School Health and Nutrition
<b>STAND</b>	Street Artists: No to Drugs
<b>START</b>	Strategies Toward Acceptance, Reintegration, and Transformation
<b>SUD</b>	Substance Use Disorder
<b>SWD</b>	Social Welfare and Development
<b>TESDA</b>	Technical Education and Skills Development Authority
<b>TRC</b>	Treatment and Rehabilitation Center
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>US</b>	United States
<b>WHO</b>	World Health Organization

# 1 Background

Illicit drug production, trafficking, and use remain a matter of shared concern as they hinder development and pose a threat to security among countries across the globe. Their profound and devastating effects know no boundary in terms of ethnicity, religion, geographic location, political affiliation, educational background and socio-economic status.

Health, a crucial prerequisite and resource for development, is adversely affected as drug use impacts both morbidity and mortality. Notably, drug use has also been shown to be associated with other risky behaviors such as drunk driving, unprotected sex, and needle-sharing, which can lead to hepatitis and HIV-AIDS. It is also an important correlate of medical and psychiatric co-morbidities, intentional injuries, and death.

In terms of its significant social and economic consequences, drug use can lead to lowered productivity due to occupational diseases and injuries, higher health care costs, spread of infectious diseases, and family breakdown, to name a few. Drug-related crimes and violence escalate, diverting resources initially allocated for social services into law enforcement and the criminal justice system. Also contributing to societal burden is the negative outcome from drug use that young people may experience during their most productive years. Thus, investing in efforts that would deter people, especially the youth, from using illicit drugs would greatly benefit society. Drug abstinence can lead to better learning outcomes, healthier families, more productive workforce, safer communities, and longer life expectancy.

Investing in both drug supply and drug demand reduction programs will pay dividends for the years to come. It will shape the future of the next generation of Filipinos and will dramatically transform the landscape of Philippine security.

## **The Need for a Comprehensive and Balanced Anti-Illegal Drugs Strategy**

Because it creates complex health and social problems, the drug issue is undoubtedly a public health challenge that must be prioritized. In 2009, United Nations Member States adopted the Political Declaration and Plan of Action on international cooperation towards an integrated and balanced strategy to counter the drug menace. The UN General Assembly, of which the Philippines is a member, declared that the world drug problem remains a common and shared responsibility that requires effective and increased international cooperation and demands an integrated, multidisciplinary, mutually-reinforcing and balanced approach to supply and demand reduction strategies.

In April 2016, the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem provided a platform for debate on how the global community should respond to this pressing concern. Despite opposing views on key issues such as decriminalization, regulated markets, harm reduction and the imposition of death penalty, there was a broad consensus that people's health should be at the core of the matter and that supply reduction efforts should target major organized crime and drug kingpins. One vital message is clear: countries care about the world drug problem and acknowledge the need to put people first in addressing it. Interestingly, there was a collective agreement on utilizing a human rights-compliant and evidence-based approach in confronting this complex issue.

The UN, in the face of diverse stances from Member States, reaffirmed the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 – as the cornerstone of the international drug control system.

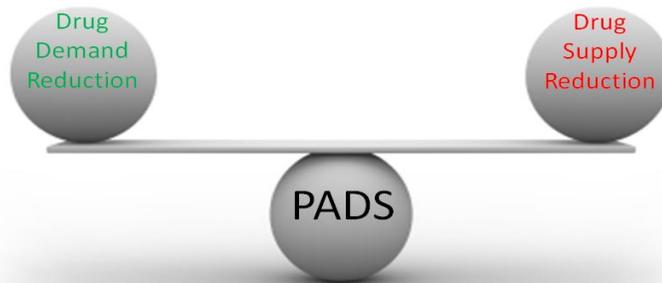
Meanwhile, at the regional level, the ASEAN Political Security Community (APSC) aims to ensure that Southeast Asians live in peace with one another and with the world at large in a just, democratic and harmonious environment. It operates on shared values and norms in attaining a cohesive, peaceful, stable and resilient region with shared responsibility for comprehensive security. One of its security strategies is the ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016-2025. It is a comprehensive Work Plan that outlines the components and proposed activities for the collective action to secure the regional community against illicit drugs.

All these established systems of cooperation and strategies for action guide the Philippine government in addressing the drug problem in the country. Through the years, the Philippines has made considerable progress as it implements various drug prevention and control interventions and initiatives to cater to the different sectors of society.

As the country faces this issue head on, with resolving the drug problem being the top priority of President Rodrigo Roa Duterte's administration, a myriad of strategies need to be put in place and operationalized. The government's intensified campaign to curb illegal drugs will only succeed if it is carried out on various

fronts. Instead of simply focusing on the number of activities conducted, there is also an urgent need to ensure that effective systems are established and institutionalized. Concomitant with this is the need to set clear directions and identify indicators to measure progress and success.

Recognizing the need to set forth a comprehensive and balanced approach to drug demand and drug supply reduction, as shown in Figure 1, this Philippine Anti-Illegal Drugs Strategy (PADS) has been developed as a blueprint of the government’s strategies and programs in addressing the country’s drug use problem. It is aligned with the President’s priorities and is anchored on the Philippine Development Plan 2017-2022 sub-goal of ensuring security, public order and safety (PDP, Chapter 18), which indicates that the national anti-illegal drugs strategy includes suppressing the flow of illegal drugs supply through sustained law enforcement operations and reducing consumer demand for drugs and other substances through drug rehabilitation and massive preventive education and awareness programs.



*Figure 1. PADS and its Balanced Approach*

This anti-illegal drug plan provides a roadmap for national collaboration and was designed to harmonize drug initiatives with the overarching Social Development Agenda and the National Security Policy. It institutionalizes a convergence system for the implementation of anti-drug programs and revitalizes the roles of government agencies. It spells out diverse but complementary approaches that must be integrated to deliver an effective anti-drug package of programs and reforms for the country. It aims to:

1. develop a comprehensive and balanced anti-drugs strategy based on drug supply and drug demand reduction;
2. assure alignment to current international and national plans, policies, thrusts and priorities; and
3. incorporate available principles and tools provided by Prevention Science and latest evidence-based treatment modalities.

The strategies laid out in this plan were guided by the following governing principles:



### **1. Evidence-based and Culturally-appropriate**

The Philippine Anti-Illegal Drugs Strategy, while firmly grounded on evidence and best the available science, is also attuned to Filipino values and is tailored to fit the socio-cultural context. Prevention Science offers a robust evidence base on demand reduction, with its main premise being the neurobiological nature of substance use disorders with potential for both recovery and recurrence. It also espouses that prevention should be provided in various settings and across the developmental stages.

It recognizes drug dependence as a treatable chronic disease, which frequently co-occurs with one or more other mental disorders such as depression and anxiety. It also considers recent advances in the understanding of addiction that have led to improved treatments such as cognitive behavioral counseling interventions for stimulant dependence.

### **2. Comprehensive and Balanced Approach**

It is a comprehensive and balanced approach that puts significant premium on both drug supply and drug demand reduction efforts and initiatives. Alternative development, civic awareness and response, as well as regional and international cooperation efforts, cut across this two-component strategy.

### **3. Intersectoral and Participatory**

It brings together the efforts of diverse stakeholders: families, schools, communities, workplaces, civic groups, youth groups, media, and faith-based organizations, and builds on their unified focus to work collaboratively. It provides a venue for sharing resources and highlights the importance of local government units in delivering quality prevention programs and community-based intervention services on the ground.

# Anti-Illegal Drugs Strategy Statement

By 2022, the Philippines will be able to achieve drug-free communities through supply reduction efforts involving strong law enforcement with consistent adherence to and observance of human rights, coupled with comprehensive demand reduction initiatives and supported by strong international ties.

This strategy provides an extensive framework for law enforcement and penalties for violations and, at the same time, adopts a compassionate approach to the victims of drug use by encouraging voluntary treatment and rehabilitation, under an overarching framework which emphasizes respect for the dignity of the human person.

# 2 The Global Drug Situation

## *World Drug Report 2017*

The drug issue continues to threaten the security of the global community. The World Drug Report 2017 estimated that almost a quarter of billion people, or around 5 per cent of the global adult population, used drugs at least once in 2015. Even more worrisome is the fact that about 29.5 million of those drug users, or 0.6 per cent of the global adult population, suffer from drug use disorders. This means that their drug use is harmful to the point that they may experience drug dependence and require treatment (UNODC, 2017).

The magnitude of the world drug problem becomes more apparent when considering that out of the 12 million people who inject drugs worldwide, 1.6 million are living with HIV/AIDS, 6.1 million are living with Hepatitis C and 1.3 million are living with both HIV and Hepatitis C.

The Report also noted that in 2015, drug use was primarily dominated by cannabis with 183 million users, followed by amphetamines and prescription stimulants (37 million), opioids (35 million), ecstasy (22 million), opiates (18 million), and cocaine (17 million).

Drug use by women, men who have sex with men and those who belong to certain marginalized groups such as sex workers, often leads to them suffering a double stigmatization. This issue is often compounded among people who use drugs in prisons. Thus, there is a growing need for selective and indicated interventions for key populations across these settings.

In terms of drug supply, the global market for methamphetamine continues to expand. In addition to its established and still expanding market in East and South-East Asia and Oceania, there are growing concerns about its use in North America, South-West Asia and parts of Europe. Moreover, the market for new psychoactive substances (NPS) continues to be characterized by the large number of new substances being reported. In fact, between 2009 and 2016, 106 countries and territories reported the emergence of 739 different NPS to the United Nations Office on Drugs and Crime.

On the treatment side, lack of access to services remains a global issue, especially among vulnerable groups such as women and children.

## ***The Cost of Drug Use and Dependence***

Quantifying the exact societal cost of drug use is extremely challenging. In addition to property losses from drug-related crimes, large amounts of money must be earmarked for prevention, treatment, and rehabilitation programs; drug enforcement programs, prosecutions, prisons; and health care costs for drug-related diseases such as AIDS. Drug use also affects the family and the overall community in many ways. It can tear apart families due to ruined relationships, prolonged illnesses, and lost productivity. It can even result in homelessness for families, and worse, premature death losses.

Some components can be measured directly, such as government expenditure on treatment and rehabilitation but many of the social costs borne by the community, such as the extra cost of welfare, health and law and other services, can only be estimated. Other costs in the form of relationship breakdown, neglect, abuse, pain, suffering, and psychological trauma are not quantifiable. Indeed, it is difficult to measure the social costs of illegal drugs on development, such as interpersonal crime and community violence; corruption of public servants and disintegration of social institutions; emergence of new or increased health problems; lowering of worker productivity; ensnarement of youth in drug distribution and away from productive education or employment; and skewing of economies to drug production and money laundering (International Journal of Drug Policy, 2007).

The International Guidelines for Estimating the Costs of Substance Abuse (WHO, 2003) explained that cost estimates serve as a basis for prioritization of substance use on the public policy agenda. It also helps appropriately target specific problems and policies and identify information gaps. Lastly, it provides baseline measures to determine drug policy or program effectiveness. The guidelines also highlighted that the social cost of substance use is “an estimate indicating the resources which have become unavailable to the community because of substance use, and which could be used elsewhere if the drug problem was suppressed.” It includes the major types of costs incurred such as: (1) health care costs, (2) productivity costs, (3) costs to law enforcement and the criminal justice system, and (4) other costs such as property destruction from alcohol or drug attributable accidents or crime.

Based on the UNODC World Drug Report 2016, a review of the literature revealed 22 studies worldwide that attempted to assess, at the national level, the overall cost attributable to the various aspects of the drug problem (or at least drug use). It shows large variations in the cost of illicit drugs in the 14 countries examined. First, the cost percentage of GDP ranged from 0.07 to 1.7 per cent. Second, the majority of the countries registered a high percentage of costs attributable to drug demand and supply reduction interventions (such as prevention, treatment and law enforcement), incurred from efforts to address the drug problem, as opposed to productivity losses and any other indirect costs. Some countries, however, were confronted with considerable productivity losses (57-85 per cent of the total cost). The lost productivity was the result of high levels of morbidity and premature mortality caused by illicit drug use, together with the high number of incarcerations for drug-related crime. Third, the composition of the costs of the response differs from country to country. The studies found that, in most countries, costs for law enforcement are

higher compared to health costs. The only exceptions were studies in two European countries, which registered medical costs of 60-65 per cent of the total cost of the interventions in response to the drug problem.

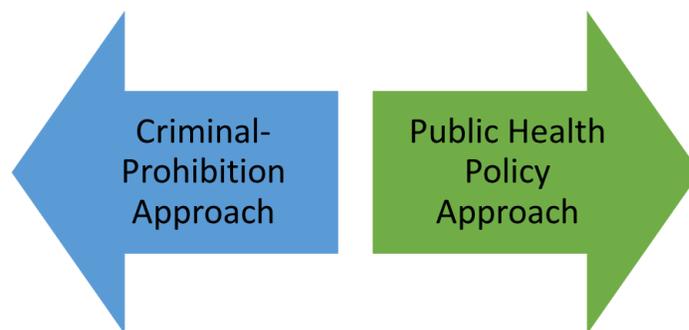
The cost of addiction is cumulative and its direct, indirect and intangible costs place great burdens on families, schools, workplaces, communities and the health care system. In the United States, the Office of National Drug Control Policy (ONDCP) in 2004 estimated that the cost of drug use in the country is \$180.8 billion, the breakdown of which are as follows: \$128.57 billion lost productivity; \$15.68 billion health care costs; and \$36.36 billion crime, property destruction and welfare costs. In 2016, the US Department of Health and Human Services reported that the estimated yearly economic impact of substance misuse and substance use disorders that include both direct and indirect costs related to crime, health, and lost productivity is \$193 billion. Meanwhile, Baliunas et al (2006) estimated that, in 2002, the total cost of tobacco, alcohol and illegal drugs in Canada was \$39.8 billion. On the other hand, the National Narcotics Board of Indonesia reported that the cost of substance use in 2011 was 48.2 trillion Indonesian rupiah (\$3.5 trillion).

These figures reveal that drug use is costly not only to the individual but to society as a whole. Thus, there must be prevention and control mechanisms in place. As pointed out by Chisholm et. al (2006), many of the cost-effective government options for reducing substance-related harm are not specifically relevant for the reason that illegal substances cannot be controlled via mechanisms such as taxation or advertisement bans. Nonetheless, they also reiterated that it does not mean that governments should not plan interventions in other areas such as developing the most cost-effective repression strategies, nor does it mean that prevention and harm reduction is impossible. Overall, substance abuse-related burden of disease and social harm could be further reduced by a considerable degree.

# *International Anti-illegal Drugs Strategies and Outcomes*

## **Drug Policies**

Countries across the globe are implementing their drug prevention and control interventions using varied strategies that are relevant to their context. Figure 2 shows the two prevailing approaches that are used worldwide.



*Figure 2. Dominant Drug Policy Approaches*

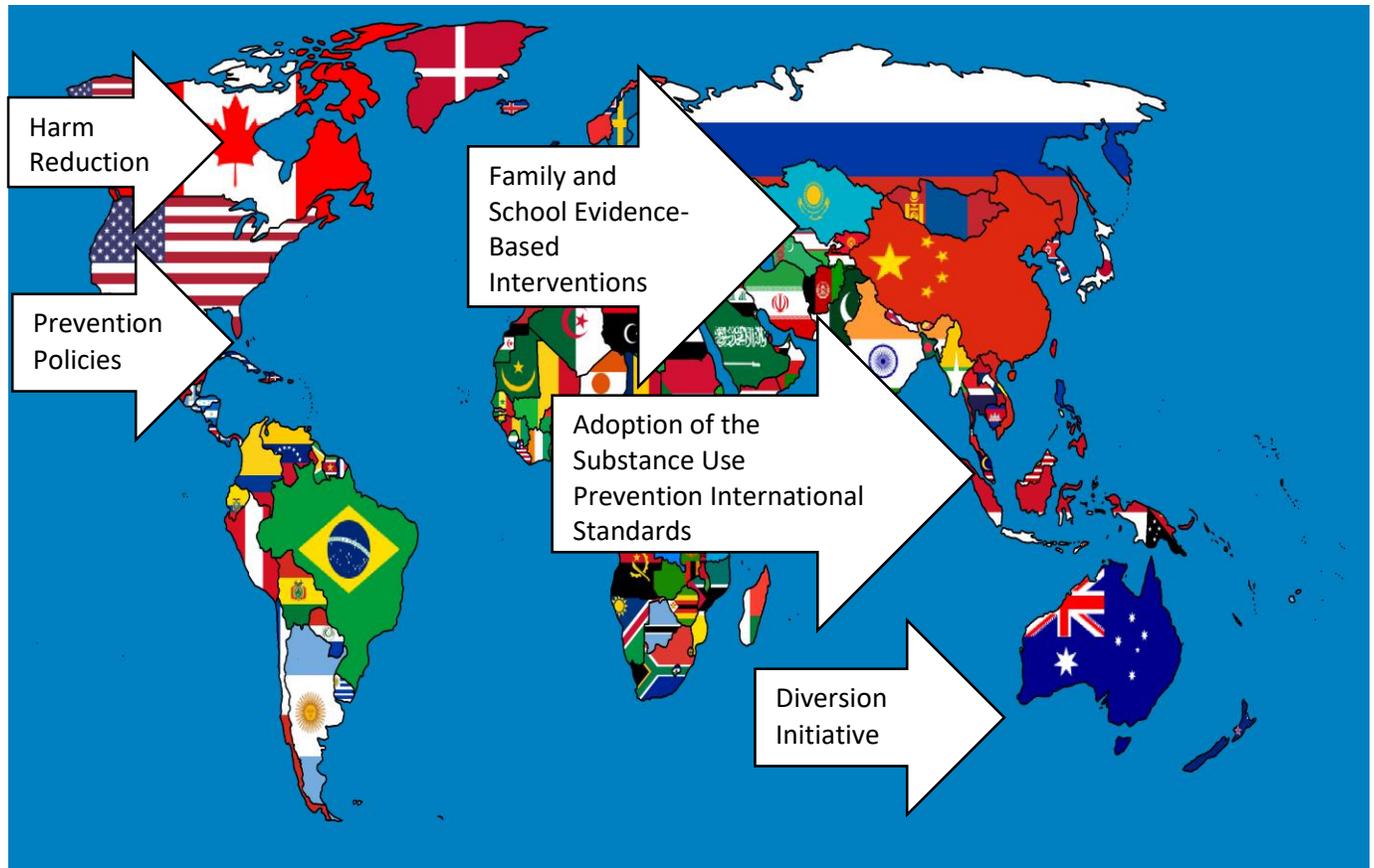
**Criminal Prohibition Approach:** Illicit drug use is a criminal offense. The criminal justice policy approach or the enforcement-centric model levies heavy penalties for drug use and trafficking and is carried out through the criminal justice system. The operational principle is that a punitive approach is a deterrent to drug use and is a mechanism to eliminate or reduce drug availability. The ultimate goal of this approach is the creation of a “drug-free world”. The ASEAN Member States (AMS), particularly Brunei Darussalam, Indonesia, and Singapore, strongly adhere to this approach.

**Public Health Policy Approach:** Illicit drug use is a form of disease. The public health policy approach treats drug use as a form of a chronic relapsing medical disorder. Clinical/medical interventions include harm reduction strategies to minimize collateral societal impact of regulatory sanctions. This includes needle and syringe programs (NSP) to reduce HIV/AIDS among people who inject drugs, condom distribution, and methadone or buprenorphine Medication Assisted Treatment (MAT) for people using opioids. Countries such as the Netherlands, Canada, United States and Australia are currently utilizing MAT as an evidence-based approach. There are also harm reduction programs being implemented in a number of AMS such as Cambodia, Lao PDR, Thailand, and Viet Nam.

In general, what should be pursued is a balanced drug policy as evidence-based public health does contribute to public security.

### **Drug Use Prevention Interventions**

Countries are also implementing drug prevention programs in various setting and modalities as shown in Figure 3:



*Figure 3. Examples of Prevention Interventions Across Countries*

**European Initiatives:** Among European countries, many drug prevention activities take place in family and school settings, where a relatively robust evidence base exists for some approaches, particularly the Strengthening Families Program (SFP). For specialized treatment, European countries have several referral paths. In many countries, schemes are in place to divert drug offenders away from the criminal justice system and into drug treatment programs. On the other hand, for demand reduction services, increasing focus has been placed on service quality, culminating in the adoption of ‘Minimum Quality Standards in Drug Demand Reduction in the European Union’ by the EU Council of Ministers in September 2015. Sixteen standards for prevention, treatment, harm reduction and social reintegration set minimum quality benchmarks for interventions. The newly-adopted standards represent a major development in the drugs field at EU level, bringing together expert knowledge and political decision-making across 28 countries.

**United States Initiatives:** In the United States, the US Surgeon General’s Report on Alcohol, Drugs, and Health describes the considerable evidence showing that prevention, treatment, and recovery policies and

programs really do work. For example, minimum legal drinking age laws, funding for multi-sectoral, community-based coalitions to plan and implement effective prevention interventions with fidelity, screening, and brief intervention for alcohol use, needle/syringe exchange programs, behavioral counseling, pharmacologic interventions such as buprenorphine for opioid misuse, and mutual aid groups have all been shown effective in preventing, reducing, treating, and sustaining recovery from substance misuse and substance use disorders.

**Canadian Initiatives:** In Canada, harm reduction focuses on needle exchanges, supervised injection rooms and outreach harm reduction initiatives that aim to reduce drug-related harms among groups of active injection drug users. Other non-abstinence interventions for injection drug users include prescription of heroin, methadone, and other substitute drugs. Prevention includes initiatives that targeted communities or identifiable high-risk groups with the specific aim of reducing the risk of substance abuse problems either by promoting complete abstinence or lowering risk use.

**Australian Initiatives:** An important aspect of Australia’s approach to drug use is the commitment to a comprehensive evidence base. For example, the continuing provision of detoxification, pharmacological therapies including opioid substitution therapies and cognitive behavioral therapies for drug treatment is based on an extensive body of research evidence in Australia and internationally. The introduction of the Illicit Drug Diversion Initiative (IDDI) supports police-based diversion in early intervention and prevention programs. The IDDI is a drug counseling and referral service for first time drug offenders caught using or possessing small quantities of illicit drugs. This program is designed as an alternative to facing court for convictions, and aims to educate offenders to consider the legal and health consequences of using illicit drugs. Services include referrals, counseling, transport, and provision of employment pathways.

**ASEAN Initiatives:** In the ASEAN region, all Member States are adopting the International Standards on Drug Use Prevention published by the UNODC in 2013, although in varying degrees and levels. Indonesia, for example, is focusing on strengthening families and workplaces while Malaysia is utilizing the community-based approach. Thailand and Myanmar have been doing a lot of school-based intervention focusing on executive functions and life skills, respectively. Singapore is utilizing four facets to tackling drugs: targeted preventive education, laws within a robust legal framework, comprehensive rehabilitation and supervision programs to prevent relapse, and active partnership with families, non-government organizations (NGOs) and the community.

**The Research Evidence Base:** In general, research shows strong support for motivational interviewing (MI) as an alternative to “no treatment” or as a component of a more intensive treatment for people with drug problems. There is also good support for the provision of aftercare services once formal treatment is completed. Moreover, there is an increasing evidence that treatments supported by these best practices are cost-effective especially when delivered on an outpatient basis and in group settings. Some global analyses of prevention and treatment interventions also indicate that their economic benefits exceed their costs (Rydell & Everingham, 1994; Belenko, Patapis, & French, 2005).

# 3 The Philippine Drug Situation

**Treatment and Rehabilitation Admission:** In 2017, a total of four thousand forty-five (4,045) admissions were registered. Out of this, three thousand two hundred fifty-six (3,256) are new case, six hundred thirty-three (633) are relapsed or readmitted cases and one hundred fifty-six (156) have sought treatment in an out-patient facility.

Below is a table showing the Filipino drug user’s profile based on the 2017 admission from the different Treatment and Rehabilitation Centers (TRCs) in the Philippines:

*Table 1. Filipino Drug User Profile*

<b>Profile of Drug Abusers ( Facility Based )</b>	
<b>Demographic Indicator</b>	<b>Description</b>
Mean Age	31 years old
Sex Ratio (Male to Female)	10:1
Civil Status	Single (53.52%)
Status of Employment	Unemployed (45.96%)
Educational Level	High School Level (27.32%)
Average Monthly Family Income	P 12,337,57
Place of Residence	Urban (NCR 43.31%)
Duration of Drug Use	More than 6 years
Nature of Drug Use	Mono Drug-Use
Drugs/Substance of Abuse	1. Methamphetamine Hydrochloride ( <u>Shabu</u> ) 2. Cannabis (Marijuana) 3. Contact Cement (Rugby)

Data revealed that the mean age is 31 years old, the male to female ratio is 10:1, 53.52% are single, 45.96% are unemployed, 27.32% are in high school level, 43.31% are from the National Capital Region. On the other hand, the average duration of use is six years and the top three drugs of choice are methamphetamine hydrochloride (shabu), cannabis (marijuana), and contact cement (rugby).

Whereas, the Philippine Drug Enforcement Agency (PDEA) has reported that there are currently four million drug users. The Agency also noted that there are three transnational drug syndicates operating in the

country, namely the Chinese, African, and Mexican-Sinaloa Drug Cartels. They are working with local drug groups, drug protectors and drug pushers.

Figure 3 illustrates that there is an increasing trend in the admission to treatment and rehabilitation centers from 2,744 in 2012 to 6,079 in 2016. However, a decreasing trend is seen in 2017 with 4,045 admissions.

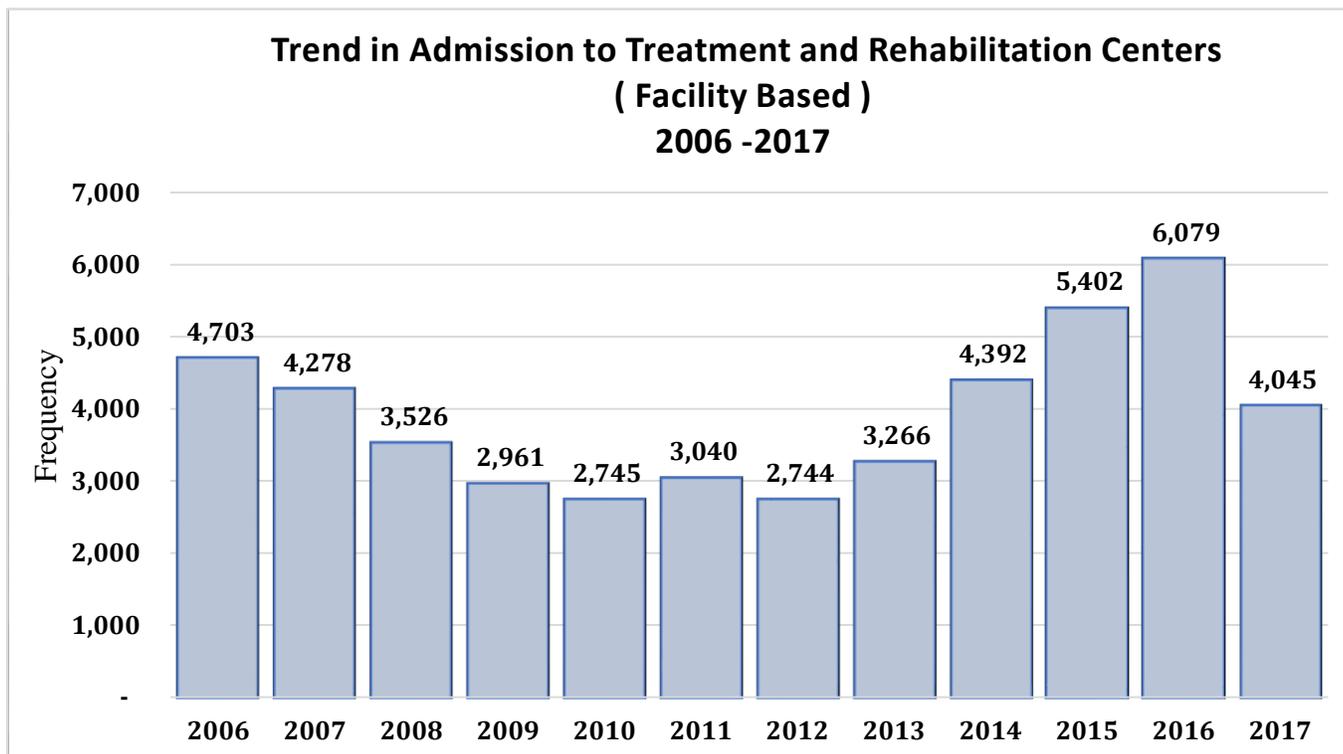


Figure 4. Number of People Admitted to TRCs from 2006-2017

### **People Who Inject Drugs (PWIDs) and HIV/AIDS**

Injection has been one of the modes of drug use in the country, along with inhalation and ingestion. The PWIDs are not only prone to dependence but are also at risk of infections such as HIV/AIDS and Hepatitis C. This problem among PWIDs is particularly serious in Region 7.

A UNAIDS report (2017) has noted that the number of new infections in the Philippines has more than doubled in the past six years from an estimated 4,300 in 2010 to an estimated 10,500 in 2016 (140% increase). The Philippines has become the country with the fastest growing HIV/AIDS epidemic in Asia and the Pacific, and has become one of eight countries that account for more than 90% of new HIV infections in the region. Data from the Department of Health validated this information showing that there was a jump from 9, 264 incidences in 2016 to 11,103 in 2017, with the daily average increasing from 26 to 31.

The HIV/AIDS and ART Registry of the Philippines (HARP) showed that since January 1984, when HIV/AIDS was first reported in the Philippines, a total of 50,725 Filipinos had been diagnosed with the disease and 2,466 had died of AIDS. From 1984 to 2009, transmission through sharing of needles were at <1% of the total cases reported. However, the HIV/AIDS incidence among PWID escalated in 2010 (9% of the total cases) and decreased to ≤6% of the total cases in succeeding years. The cumulative report also showed that from January 1984-May 2017, there were 43 reported deaths among those who were infected through the sharing of needles (DOH, 2017).

### ***Drug Affectation***

Drug affectation refers to the extent to which the communities or barangays in the country have problems with drugs. According to the Philippine Drug Enforcement Agency (PDEA), a barangay is considered to be drug-affected when there is a reported presence of drug user, pusher, manufacturer, marijuana cultivator, or other drug personality, drug den, marijuana plantation, clandestine drug laboratory, and facilities related to production of illegal drugs.

Data from PDEA, showed that 24,424 barangays or 58.10 percent of the country's villages are still affected by drugs, to wit, 15,290 were classified as "slightly affected," 9,089 were "moderately affected," while 45 barangays were "seriously affected" (*refer to Page 38 for details on the different classifications*).

The National Capital Region reported the highest drug affectation rate nationwide with 95.37% of its 1,706 barangays, followed by Zamboanga Peninsula with 93.47%, Central Visayas at 88.78%, Central Luzon at 84.01% and Caraga at 82.38%.

### ***Illicit Drug Production and Trafficking***

The Philippines has become a target market for illicit drugs manufactured overseas. Methamphetamine hydrochloride or *shabu* continues to be smuggled into the country through its airports, seaports, and mail and parcel services due to the country's porous border and long coastlines. Authorities closely monitor all these possible entry points and have also conducted successful operations against syndicates attempting to smuggle drugs into the country. In almost all of the operations, especially those where big volumes of drugs have been seized, the involvement of foreign nationals had been very apparent.

With strict measures in place and intensified operations of law enforcers, drug traffickers tried to use other tactics for smuggling drugs. African Drug Syndicates (ADS) have been identified to be primarily responsible for the recruitment of Filipino drug couriers who smuggle drugs to and from other Asian countries. These drug couriers try to conceal drugs by ingesting the substance in capsules, hiding drugs in cartons of milk, shoe boxes, books, bottles, and the secret compartments of bags and luggage. The Chinese/Filipino-Chinese drug syndicates dominate the country's illegal drug trade by smuggling and manufacturing drugs in bulk. These activities ensure the abundant supply of illegal drugs in the Philippine market. The Chinese/Filipino-Chinese drug groups are further responsible for the establishment of clandestine laboratories and illegal chemical

warehouses nationwide. Based on records, 66% of the arrested drug personalities from the dismantled *shabu* laboratories since 2002 are Chinese nationals.

## Issues, Challenges, and Priorities

Concomitant with the delivery of anti-drug initiatives is the need to identify key issues and challenges, as well as to set priorities using the two-component anti-drug strategy. The table below summarizes this information:

*Table 2. Anti-Drug Strategy Components and the Corresponding Issues, Challenges and Priorities*

Anti-Drug Strategy Component	Issues/Challenges	Priorities
1. Drug Supply Reduction	<ul style="list-style-type: none"> <li>Proliferation of drug-related crimes</li> </ul>	<ul style="list-style-type: none"> <li>Intensify interdictions and national and barangay anti-drug clearing operations</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate policies and capabilities against drug smuggling</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen policies and capabilities against drug smuggling</li> </ul>
	<ul style="list-style-type: none"> <li>Emergence of new drugs, concealment methods, and marketing strategies, and continued trafficking of precursor chemicals</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the criminal justice system (enforcement, prosecution, judiciary, and correction)</li> </ul>
	<ul style="list-style-type: none"> <li>Lack of resources and financial support for alternative development programs</li> </ul>	<ul style="list-style-type: none"> <li>Provide adequate and sustainable financial and technical support and strengthen the LGUs and community partners in the implementation of alternative development programs</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate implementation of alternative development programs</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the implementation of alternative development programs</li> </ul>
	<ul style="list-style-type: none"> <li>Weak capacity of local government units to provide services for drug control</li> </ul>	<ul style="list-style-type: none"> <li>Empower LGUs through capability-building and provision of adequate resources for drug control</li> </ul>
	<ul style="list-style-type: none"> <li>Weak monitoring and evaluation for drug supply reduction</li> </ul>	<ul style="list-style-type: none"> <li>Maximize reporting platform to support monitoring and evaluation system for drug supply reduction</li> </ul>
	<ul style="list-style-type: none"> <li>Need to strengthen regional and international cooperation on drug control</li> </ul>	<ul style="list-style-type: none"> <li>Sustain cooperation with regional and international counterparts in fighting illegal drugs</li> </ul>

Anti-Drug Strategy Component	Issues/Challenges	Priorities
2. Drug Demand Reduction	<ul style="list-style-type: none"> <li>Lack of access to government residential and private Drug Abuse Treatment and Rehabilitation Centers (DATRCs) and Community-Based Drug Abuse interventions for users who need out-patient services</li> </ul>	<ul style="list-style-type: none"> <li>Establish government-subsidized regional/provincial DATRCs and expand access to Community-Based Drug Abuse interventions for users who need out-patient services</li> </ul>
	<ul style="list-style-type: none"> <li>Lack of access to holistic treatment modalities</li> </ul>	<ul style="list-style-type: none"> <li>Review and enhance treatment interventions from assessment to social reintegration and expand access to holistic treatment modalities</li> </ul>
	<ul style="list-style-type: none"> <li>Lack of alternative development programs for drug users</li> </ul>	<ul style="list-style-type: none"> <li>Provide skills training and sustainable alternative development programs for drug users</li> </ul>
	<ul style="list-style-type: none"> <li>Limited utilization of available evidence-based interventions in drug use prevention and treatment, and weak continuum of care</li> </ul>	<ul style="list-style-type: none"> <li>Adopt available evidence-based interventions in drug use prevention and treatment, and provide a comprehensive continuum of care</li> </ul>
	<ul style="list-style-type: none"> <li>Weak implementation of drug-free policies and programs in various settings</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen implementation of drug-free policies and programs in various settings</li> </ul>
	<ul style="list-style-type: none"> <li>Weak capacity of local government units to provide services for drug prevention</li> </ul>	<ul style="list-style-type: none"> <li>Empower LGUs through capability-building and provision of adequate resources for drug prevention</li> </ul>
	<ul style="list-style-type: none"> <li>Weak monitoring and evaluation system for drug demand reduction</li> </ul>	<ul style="list-style-type: none"> <li>Maximize reporting platform to support monitoring and evaluation system for drug demand reduction</li> </ul>
	<ul style="list-style-type: none"> <li>Limited public awareness and appreciation of the anti-drug campaign</li> </ul>	<ul style="list-style-type: none"> <li>Conduct intensive and sustained anti-drug campaign</li> </ul>
	<ul style="list-style-type: none"> <li>Lack of equal access to the latest in prevention science and global prevention practices</li> </ul>	<ul style="list-style-type: none"> <li>Ensure equal access to the latest in prevention science and global prevention practices</li> </ul>

Among the key challenges of drug supply is the emergence of new psychoactive substances (NPS) and the proliferation of methamphetamine hydrochloride (shabu) that target the young population. This is compounded by new concealment methods and marketing strategies such as the use of drug mules, and continued trafficking of precursor chemicals.

For the drug demand side, there is a need to expand access to services in order to address advocacy and treatment gaps that would sustain and maintain drug-free communities in the country. Major concerns include the need to establish more community-based services, and to provide a comprehensive continuum of care for people who use drugs. To address these concerns, there is a need to institutionalize community-level interventions, and to ensure wider access to appropriate and holistic services anchored on the biopsychosocial treatment model.

A major concern in both drug supply and drug demand reduction is the lack of monitoring and evaluation mechanisms in place. In addressing this concern, it is pivotal to establish standard success indicators and maximize the reporting platform for easier data collection and monitoring.

Consequently, in order to successfully implement these anti-drug initiatives, it is crucial to complement them with the following:

### **Systems and Program Development**

- 1) Institutionalization of Community-Based Drug Abuse Interventions (with Department of the Interior and Local Government and Department of Health)
- 2) Provision of government subsidy for admission to rehabilitation programs (Department of Health and Local Government Units)
- 3) Institutionalization of a Drug-Free Workplace (with the Civil Service Commission and the Department of Labor and Employment)
- 4) Implementation of the “Anti-Drunk and Drugged Driving Act of 2013” or Republic Act No. 10586 (with Department of Transportation, Land Transportation Office and Department of Health)
- 5) Institutionalization of Random Drug Testing for Students (Department of Education, Commission on Higher Education and Technical Education and Skills Development Authority in collaboration with the Department of Health)

#### **A. Legislative/Policy Agenda**

- 1) Amendment of several provisions of the “Comprehensive Dangerous Drugs Act of 2002” or RA No. 9165
- 2) Review of existing Board Regulations issued by the DDB
- 3) Review of issuances from Member Agencies and Local Government Units

#### **B. Advocacy and Promotion Agenda**

Development of a Comprehensive National Communication Plan that will anchor agency level messages and identify communication strategies focused on the youth, families and other target populations



Figure 5. Alignment of Priorities and Outcomes with the Anti-Illegal Drugs Strategy

Figure 5 illustrates the causal connection of the DDB priorities with the long-term outcome, which is to attain drug-free communities by 2022. The Board has 12 priorities organized according to the two-component anti-illegal drugs strategy: drug demand and drug supply reduction. There are also several priorities that cut across. All of these priorities have been translated into medium-term outcomes directed toward the attainment of the long-term outcome. These medium-term outcomes are necessary and sufficient to attain the long-term outcome – they provide a clear picture of the results the country aims to achieve. These medium-term outcomes together with the key performance indicators discussed in Annex 3 will enable DDB to gauge progress and performance.

## **Working Toward the Needed Solution**

### ***The Legal and Institutional Mechanisms for Drug Prevention and Control***

The Philippines has a wide legislative base for combating drugs. It has various laws and policies promulgated and implemented for drug control. RA No. 6425, otherwise known as “The Dangerous Drugs Act of 1972”, was repealed and amended by RA No. 9165 or “The Comprehensive Dangerous Drug Act of 2002.” The latter provides stiffer penalties for illegal drug possession and drug trafficking but, at the same time, seeks to protect the country’s most precious resource, the youth. This fortified the country’s fight against drugs with its harsher penalties for drug offenders and high regard for preventive education, and treatment and rehabilitation (NADPA, 2015).

### ***The Dangerous Drugs Board***

The DDB plays a significant role in realizing the objectives of a drug-free Philippines. It has continually carried on its mandate as it adopts a comprehensive, integrated, unified and balanced national strategy to address the drug problem.

The RA No. 6425 created the DDB to serve as the focal agency for all drug-related matters. The law envisaged the DDB to be the policy-making body and the primary coordinating agency on law enforcement, regulation, preventive education, treatment and rehabilitation, research and other issues related to drug prevention and control. The DDB was originally placed under the supervision of the Office of the President. In 1975, it became an attached agency of the Department of Health. Thereafter, pursuant to Memorandum Order No. 406 issued in 1996, the chairmanship of the Board was given to the Department of Justice. Enforcement of penal provisions was then the responsibility of the Philippine Constabulary (later the Philippine National Police) and the National Bureau of Investigation (NBI).

In response to the growing trend on drug use worldwide, the Comprehensive Dangerous Drugs Act of 2002 (RA No. 9165) was enacted on July 4, 2002. The new law strengthened RA No. 6425 and upheld the need to have a centralized policy-making body on drug prevention and control through the DDB.

While RA No. 9165 is unyielding on anti-drug operations, it also mandates the government to strike a balance in the national drug control program so that individuals with legitimate medical needs are not prevented from having access to medications which involve the use of dangerous drugs and/or controlled substances. Moreover, the law highlights the program of treatment and rehabilitation which shall reintegrate into society individuals who have fallen victims to drug dependence.

The inclusion of other government and private agencies and entities as members of the DDB shows the holistic approach that the government has since adopted in the crusade against drugs. The Board has recognized that the development and dissemination of drug prevention programs and activities have increasingly become essential in dealing with this problem as these measures take the people away from the lure of dangerous drugs and other addictive substances. Regional and international cooperation is also vital as it allows the Board and its law enforcement arms to determine best practices in regulation, interdiction and preventive education programs, and enhance intelligence-gathering and sharing processes.

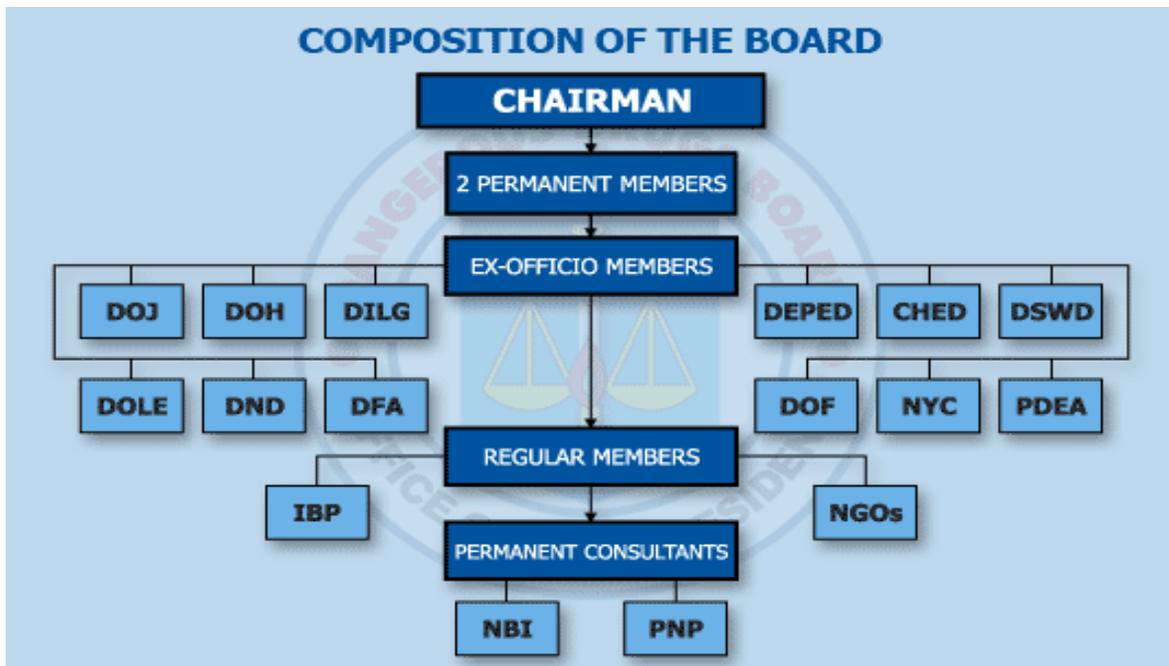


Figure 6. Organizational Structure of the Dangerous Drugs Board

As Figure 6 displays, the Board is headed by the Chair and two permanent members. The twelve (12) members of the Board who shall be in an *ex-officio* capacity are the following National Government Agencies:

1. Secretary of the Department of Justice (DOJ);
2. Secretary of the Department of Health (DOH);
3. Secretary of the Department of National Defense (DND);
4. Secretary of the Department of Finance (DOF);
5. Secretary of the Department of Labor and Employment (DOLE);
6. Secretary of the Department of the Interior and Local Government (DILG);
7. Secretary of the Department of Social Welfare and Development (DSWD);
8. Secretary of the Department of Foreign Affairs (DFA);
9. Secretary of the Department of Education (DepEd);
10. Chairman of the Commission on Higher Education (CHED);
11. Chairman of the National Youth Commission (NYC); and
12. Director General of the Philippine Drug Enforcement Agency (PDEA).

Cabinet secretaries who are members of the Board may designate their duly authorized and permanent representatives whose ranks shall in no case be lower than undersecretary. The two regular members shall be the President of the Integrated Bar of the Philippines (IBP) and the Chairman or President of a non-government organization (NGO) involved in dangerous drug campaign, to be appointed by the President of

the Philippines. The National Bureau of Investigation and the Philippine National Police serve as permanent consultants.

### **The Philippine Drug Enforcement Agency**

RA No. 9165 created the Philippine Drug Enforcement Agency, which serves as the main implementing arm of the Dangerous Drugs Board and the entity responsible for the efficient and effective enforcement of all provisions of the drug law. The call for a single and centralized enforcement agency was thus realized, although the PNP and NBI are still allowed by law to maintain their respective anti-drug task forces.

On March 6, 2017, President Rodrigo Duterte signed Executive Order No. 15 which created the Inter-Agency Committee on Anti-Illegal Drugs (ICAD) chaired by PDEA. This body was tasked to ensure an integrated and unified planning, implementation and enforcement of all anti-drug abuse policies, programs and projects in all branches of the government. The ICAD has four clusters: (1) Enforcement, headed by the PDEA; (2) Justice, chaired by the DOJ; (3) Advocacy, led by the DILG; and (4) Rehabilitation and Reintegration, co-chaired by the DOH and the DSWD. The ICAD operates using the Barangay Drug Clearing Program (BDCP) as the main strategy framework. Thus, the various roles of the ICAD members come into play in the context of the different BDCP phases. In general, the ICAD acts as a manager to ensure that the government's anti-drug program is successfully implemented on the ground.

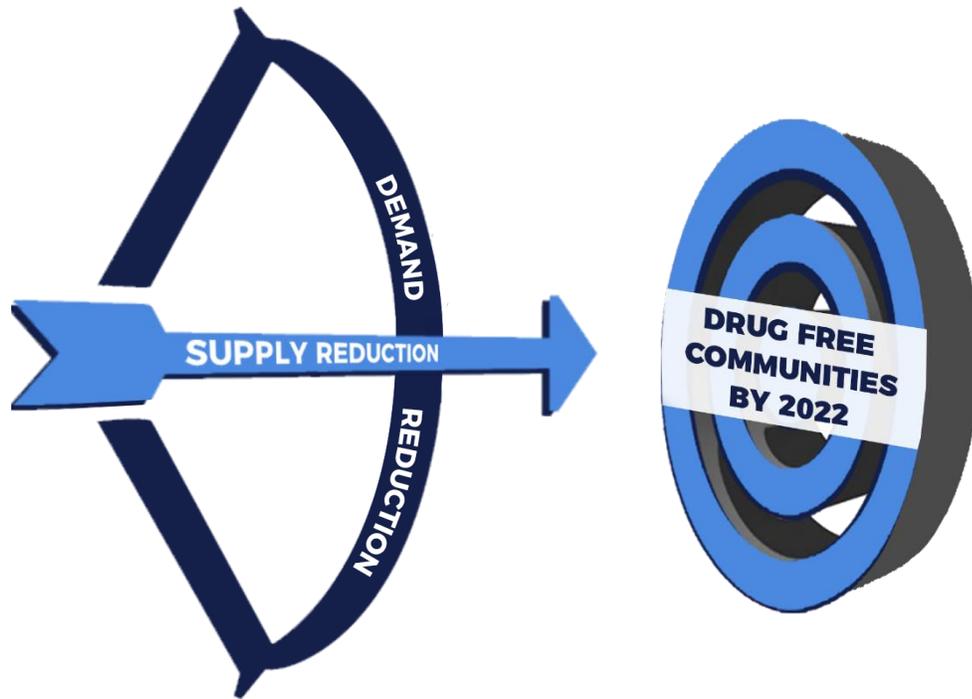
# **4 The Two-Component Anti-Illegal Drugs Strategy: Progress and Achievements**

## **A Framework for Action**

The Philippine Anti-Illegal Drugs Strategy (PADS) is a cohesive, comprehensive, and balanced strategy aligned with international and regional frameworks on drug prevention and control. Within the two-component strategy are the different priorities and programs that will be implemented by the government and the private sector. Under this framework, program targeting will be strengthened so that customized drug prevention and control interventions will address the different needs of the public and program beneficiaries.

Cognizant of the multi-dimensionality of the drug problem, the PADS is also anchored on strategies on national security, public order, and socio-economic development to achieve the goal of a drug-free Philippines. Specifically, the PADS is aligned with the Philippine Development Plan 2017-2022 sub-goal of ensuring security, public order and safety (PDP, Chapter 18), which indicates that the national anti-illegal drug strategy includes suppressing the flow of illegal drugs supply through sustained law enforcement operations and reducing consumer demand for drugs and other substances through drug rehabilitation and massive preventive education and awareness programs. It acknowledges that the problem on illegal drugs needs a holistic and a human rights-based approach. Thus, in all activities to address criminality, respect for human rights and dignity should be upheld.

Accordingly, the PADS will establish the bedrock for successive drug prevention and control strategies and will provide enabling mechanisms that will pave the way for eradicating the drug problem in the country.



*Figure 7. National Goal and the Two-Component Anti-Illegal Drugs Strategy*

As Figure 7 depicts, the PADS framework is a bow and arrow representing the two components of the anti-drug strategy: drug supply and drug demand reduction aimed at a target board representing the national goal of 100% drug-free communities by 2022. This means that the country will be able to **achieve drug-free communities through supply reduction efforts involving law enforcement with strong adherence to and observance of human rights, coupled with comprehensive demand reduction initiatives and supported by strong international ties. It also means that effective drug laws, regulations, policies and programs are implemented, thereby contributing to peace and order.** Thus, by 2022, the Philippines is envisioned to have attained drug-free communities with institutionalized anti-drug policies, systems and processes. This national goal encapsulates the current administration’s firm determination to curb the drug menace.

# Drug Supply Reduction

## **Component 1: Drug Supply Reduction**

*Take away drugs from the public through market denial operations and prevention of diversion from the licit to illicit market; and reduce the proliferation of illegal drugs through sustainable alternative development programs*

This section will discuss the data on law enforcement from the start of President Duterte’s term until the latest available data from the “Real Numbers PH.” The “Real Numbers PH” was launched on May 2, 2017 to provide the public with reliable statistics relating to the government’s anti-drug campaign.

Figure 8 shows that a total of 25.01 billion pesos worth of drugs, controlled precursors and essential chemicals (CPEC), and laboratory equipment had been seized from July 1, 2016 to September 30, 2018. This is an increase of 891 million pesos from the previous month, an indicator of the intensified efforts of law enforcement operatives in drug control.

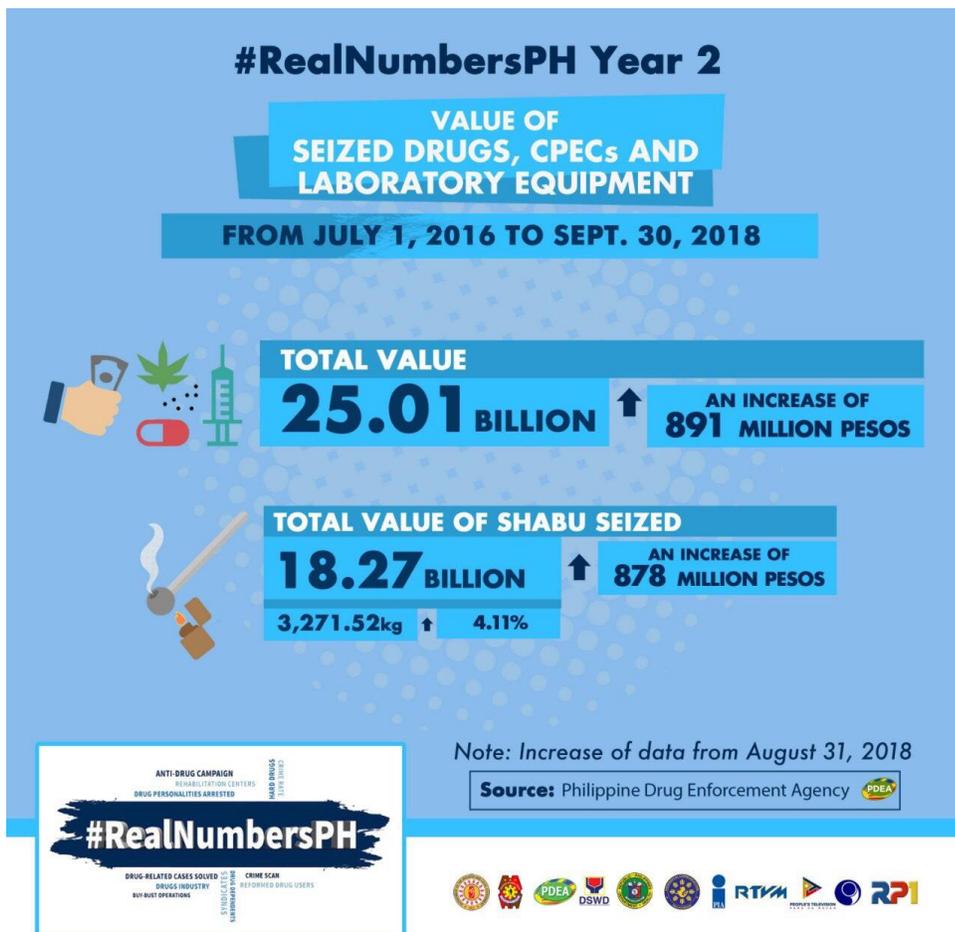


Figure 8. Value of Seized Drugs, Precursor Chemicals and Laboratory Equipment

During the same period, a total of 3,271.52 kilograms of *shabu* with a street value of 18.27 billion pesos had been seized (see Figure 8) and 255 dens and clandestine laboratories were dismantled (see Figure 9).

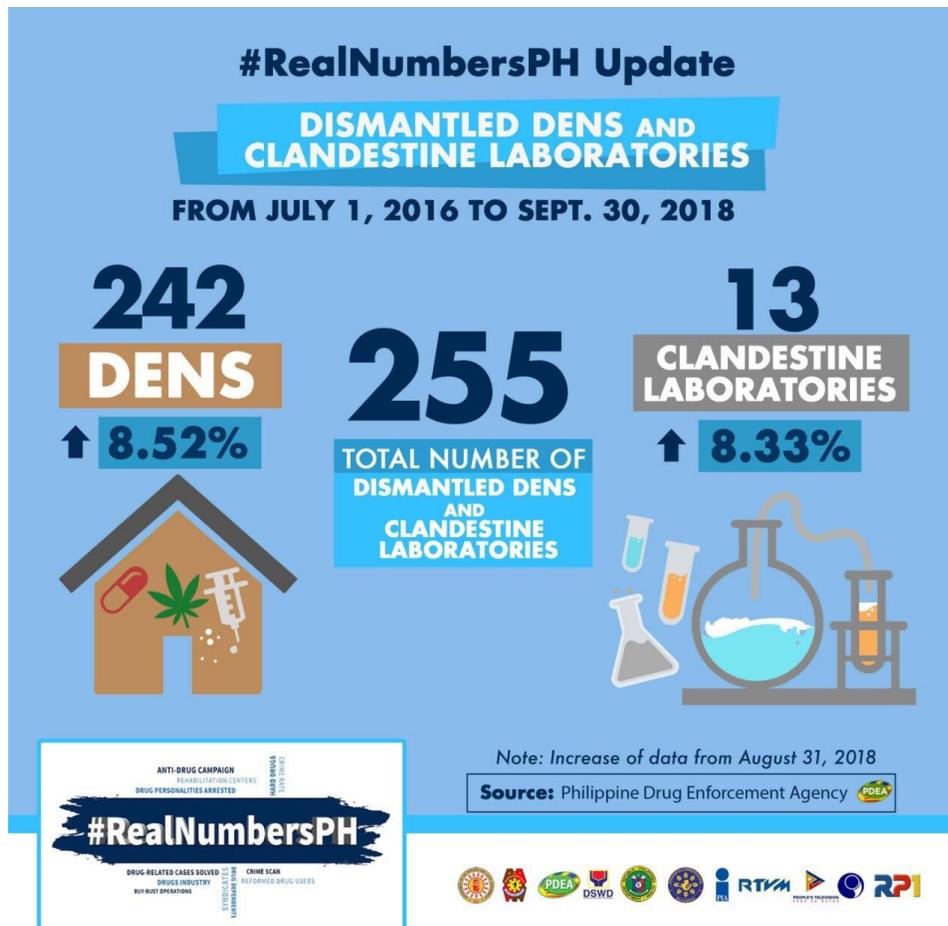


Figure 9. Number of Dismantled Dens and Labs

The Philippine Drug Enforcement Agency also reported that a total of 8,766 barangays were declared drug-cleared from July 1, 2016 to September 30, 2018, as shown in Figure 10.

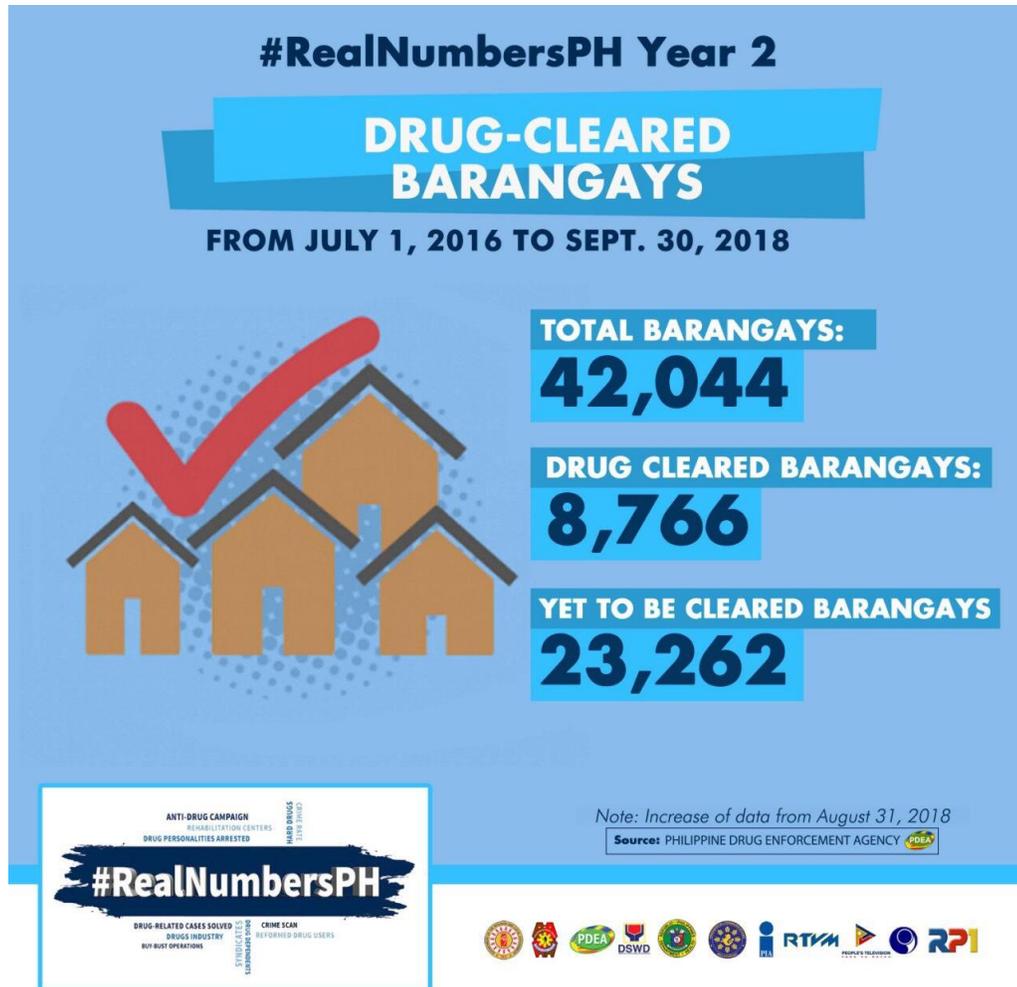


Figure 10. Number of Drug-Cleared Barangays

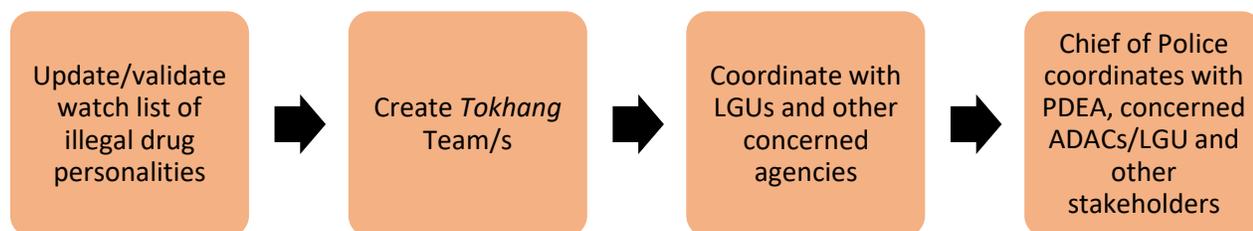
It bears emphasizing that the numbers and figures indicated in the infographics are current as of writing and is subject to regular updating by the concerned agencies.

## Law Enforcement

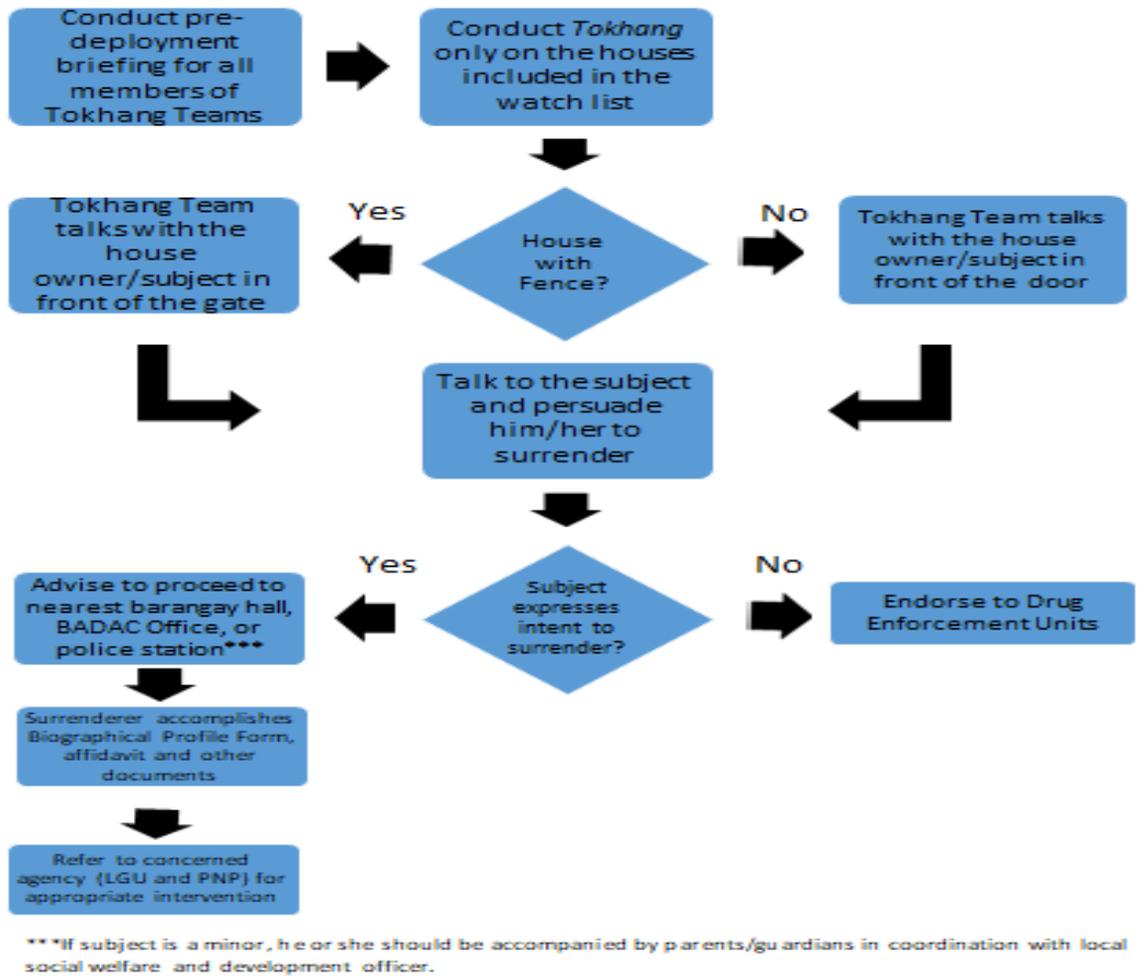
In order to fully support the government’s anti-drug campaign, the Philippine National Police launched its PNP Anti-Illegal Drugs Campaign Plan: Double Barrel. Implemented in a two-pronged approach, this is the centerpiece of PNP’s campaign against illegal drugs. The lower barrel is dubbed as Project *Tokhang* (*Toktok-Hangyo*), a Visayan composite term that stands for knock (*Toktok*) and plead (*Hangyo*). It involves visiting the residences of suspected illegal drugs personalities who are included in the Watch List provided by the Directorate for Intelligence (DI) to persuade them to cease from their illegal activities as well as to avail of the wellness and recovery programs of the government. The upper barrel, which is the Project HVT, is a sustained anti-illegal drugs police operations that includes buy-busts, service of search warrants and warrant of arrests, manhunts, raids, and checkpoints against High Value and Street Level Targets involved in trafficking and selling of illicit drugs.

The term *tokhangers* refers to the members of the *Tokhang* team who visit watch listed drug personalities and persuade them to surrender and to stop their illegal drug activities. Based on PNP guidelines, *Tokhang* activities shall be done in proper coordination with the Philippine Drug Enforcement Agency, the Local Government Units, particularly the Provincial/City/Municipal/Barangay Anti-Drug Abuse Councils, Non-Government Organizations, stakeholders, and other law enforcement agencies. On January 29, 2018, the Philippine National Police (PNP) resumed its *tokhang* activities in three phases, utilizing an updated Operational Guidelines (see Figure 11).

### Pre-*Tokhang* Phase



During Tokhang Phase



Post-Tokhang Phase

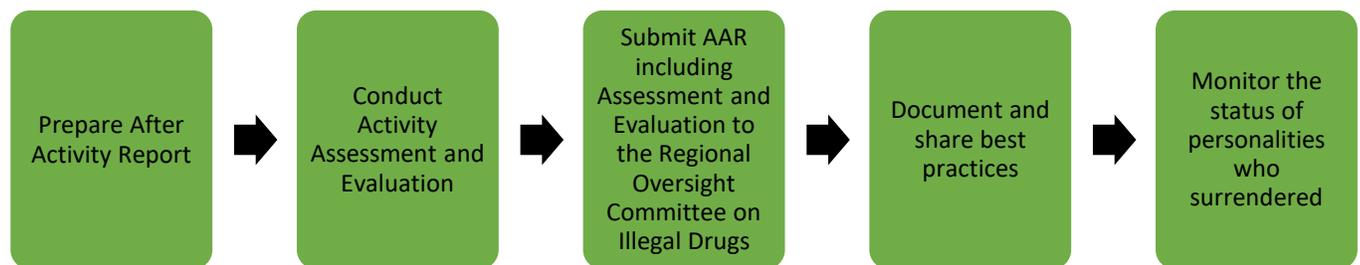


Figure 11. Operational Guidelines in the Conduct of Project Tokhang

Under the campaign, a total of 110,395 anti-illegal drugs operations were conducted and 158,424 were arrested from July 1, 2016 to September 30, 2018.

Meanwhile, based on the data from PDEA, the involvement of government workers in the illegal drug trade aggravates the drug problem. As Figure 12 shows, a total of 582 government workers were arrested from July 1, 2016 to September 30, 2018 – majority of which are government employees (272) and elected officials (250). It is also worth noting that 60 of them are uniformed personnel.

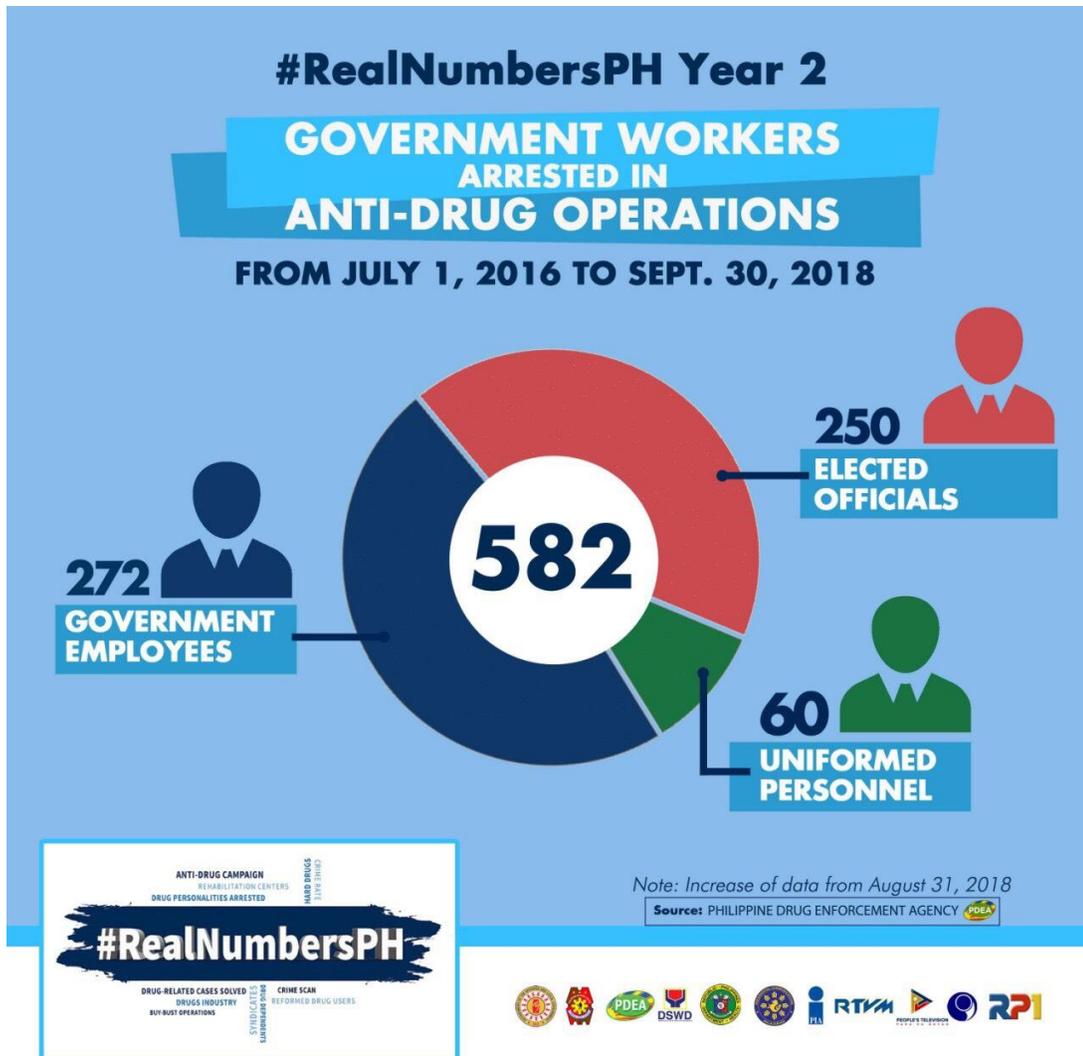


Figure 12. Number of Government Workers Arrested in Anti-Drug Operations

Another important government initiative is the provision of financial and technical support for the implementation of economically-viable and sustainable alternative development projects. This strengthens the involvement of LGUs, community members, and other concerned agencies in alternative development project implementation. With the aim of reducing and eliminating the illicit cultivation of marijuana, the DDB reaches out by initiating project interventions and encouraging cultivators to engage in alternative livelihood. To date, the DDB has funded the initiation of alternative development programs in different localities (see Table 3).

Alternative Development Program	Number of Projects Implemented and Location
Sericulture	3 (Kapangan, Kibungan, and Bakun, Benguet)
Abaca Farming	1 (Balamban, Cebu)
Vegetable Farming	1 (Santol, La Union)
Agro Forestry	1 (Tinglayan, Kalinga)

*Table 3. DDB-Funded Alternative Development Programs*

The definition of the alternative development program has been expanded to benefit not only former marijuana cultivators but also recovering drug dependents in urban areas.

Another major part of DDB’s plan is to strengthen the reporting mechanism to facilitate the monitoring and evaluation of these alternative development programs supported by the Board through the years.

# Drug Demand Reduction

<b><i>Component 2: Drug Demand Reduction</i></b>
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Take people away from the lure of drug abuse through policy formulation, preventive education, research, treatment, rehabilitation and reintegration; provision of alternative development programs and forging cooperation with regional and international agencies and counterparts.
--

Drug Demand reduction is implemented through its four components: (1) policy formulation, (2) preventive education, (3) treatment and rehabilitation, and (4) research. The succeeding discussion will highlight the policies that were formulated from 2016-2018 to respond to current needs. It will also enumerate the interventions implemented to educate various sectors, conduct research, and provide a continuum of care for PWUD.

## Policy Formulation

The Board issued several Board Regulations to respond to the current national drug abuse situation and directives of President Rodrigo Duterte, to wit:

### 1. Board Regulation No. 1, Series of 2016: Guidelines in the Implementation of Operation: “Lawmen”

This regulation conforms with Article II, Section 22 of RA No. 9165 concerning the Grant of Compensation, Reward and Award. It was designed specifically to recognize the exceptional accomplishments of law enforcers or members of anti-illegal drugs units resulting from the conduct of meritorious anti-drug operations. This award system for authorities responsible for successful anti-drug operations was issued to encourage law enforcement agencies to intensify operations against illegal drugs, in accordance with the directive of the President.

Under the regulation, law enforcement units can receive as much as PhP2 million reward depending on the volume or quantity of illegal drugs seized.

### 2. Board Regulation No. 2, Series of 2016: Amending Section 2 of Board Regulation No. 2, Series of 2007 Entitled “Providing for Revised Guidelines in the Conduct of Barangay Drug-Clearing Operations”

In assessing the extent of the current drug abuse problem in the country, an apparent need to review the criteria on the classification of barangay drug affectation was also observed. Updating the classification is important in determining the strategies to be used in the conduct of drug-clearing operations.

Previously, there were only three classifications – “drug affected barangays”, “unaffected barangays” and “drug-cleared barangays”. Now, levels of affectation have also been distinguished, as follows:

- a. Seriously Affected – reported presence of at least one clandestine drug laboratory or marijuana plantation in the community, reported presence of more than 20% of the barangay’s total

population are drug personalities (i.e. users, pushers, financiers) and reported presence of three or more drug dens or “*tiangges*”.

- b. Moderately Affected – reported presence of 2% to 20% of the barangay’s total population are drug personalities.
- c. Slightly Affected – reported presence of less than 2% of total barangay population are drug personalities.

The definition of Drug-Cleared Barangay was also amended to include barangays which had been previously drug affected and subjected to drug-clearing operations and declared free from any illegal drug activities.

### **3. Board Regulation No. 3, Series of 2016: Guidelines on Handling Voluntary Surrender of Drug Personalities**

This regulation established clear guidelines and standard procedures on handling drug personalities who have voluntarily surrendered to authorities. It mandates the LGUs, through their Anti-Drug Abuse Councils (ADACs), to coordinate with the concerned national government agencies and non- government organizations for programs concerning livelihood and training programs for surrenderers to help reintegrate them into the community as productive and drug-free citizens.

Under the guidelines, voluntary surrender by drug personalities shall not be an assurance that they will not be subjected to drug law enforcement operation when they continue to engage in illegal drug activity. The process of voluntary surrender must be duly recorded or documented and any information from the surrenderer validated.

### **4. Board Regulation No. 4, Series of 2016: *Oplan Sagip* – Guidelines on Voluntarily Surrender of Drug Users and Dependents and Monitoring Mechanism of Barangay Anti-Drug Abuse Campaigns**

For drug users who voluntarily surrendered to authorities without pending cases and are not included in the wanted list or high-value target list of the law enforcement, this regulation shall be observed.

This regulation aims to provide appropriate interventions to drug users and dependents which shall be the responsibility of LGUs through their ADACs. The LGUs shall facilitate the establishment of community-based treatment and rehabilitation program where surrenderers who, after assessment, will be found to have mild substance use disorder will be referred. Only those having severe substance use disorder (SUD) shall be referred to residential treatment and rehabilitation centers or mental facilities if necessary, while those having moderate substance use disorder shall be referred to an out-patient facility. Figure 13 shows the comprehensive treatment and rehabilitation program to address the needs of people with mild to severe substance use disorder.

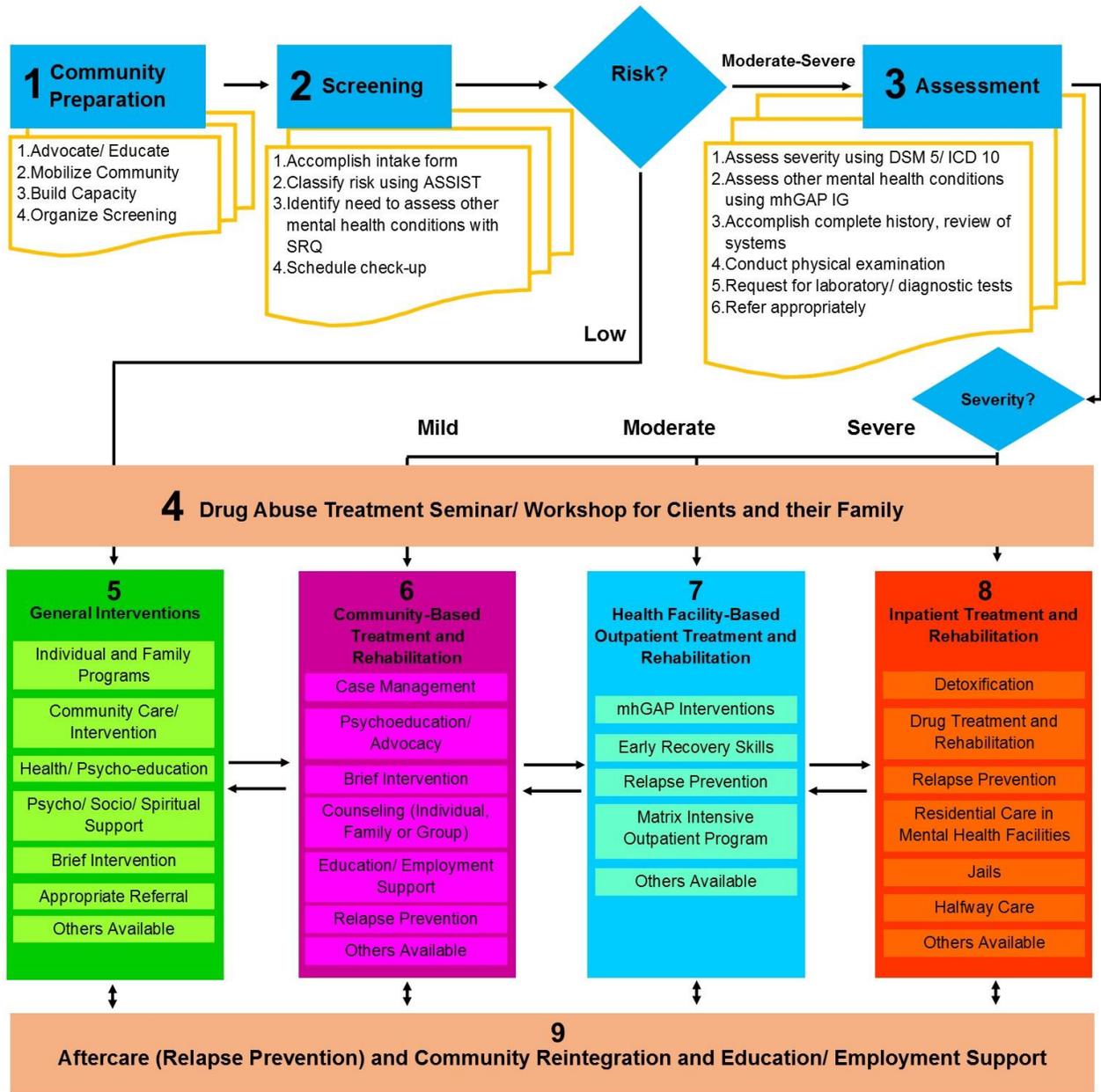


Figure 13. Client Flow for Managing Substance Use

**5. Board Regulation Nos. 5-11, Series of 2016: Inclusion of additional substances under the List of Dangerous Drugs**

These Board Regulations added Acetylfentanyl, 1- cyclohexyl-4(1,2-diphenylethyl) piperazine or MT-45, methoxetamine or MXE, para-methoxymethamphetamine or PMMA, A-Pyrrolidinovalerophenone or A-PVP, para-methyl-4-methylaminorex or 4,4'-DMAR, and phenazepam to the List of Dangerous Drugs.

**6. Board Regulation No.2, Series of 2018: *Balay Silangan*-Guidelines for Community Involvement in Reforming Drug Offenders into Self-Sufficient and Law-abiding Members of Society**

This regulation sets the guidelines for the reformation of drug personalities who voluntarily surrendered to authorities but are not drug users and for the provision of livelihood training, aftercare and community/social reintegration programs through coordination with the LGUs (municipal/city/provincial), the national government, and private stakeholders. The program, which will be spearheaded by PDEA, is independent from the interventions being undertaken by drug dependents in Drug Abuse Treatment and Rehabilitation Centers.

*Balay Silangan* will be established to provide reformatory rehabilitation. As defined in the regulation, reformatory rehabilitation is “the process of rectifying or modifying negative attitude and behavior to enable the person to be more productive and acceptable to society. This may also include facilitating the reintegration of the individual back to his family and community. This would usually apply to law violators who may or may not have used substances and/or dependent to these substances.”

**7. Board Regulation No.13, Series of 2018: Establishment and Institutionalization of Drug-Free Workplace Policies in All Government Offices, including the Conduct of Authorized Drug Testing for Elective Local Officials and Appointive Public Officers and for Other Purposes**

This regulation aims to promote the establishment and institutionalization of drug-free workplace policies in all government agencies and ensure that all public officers, both elective and appointive, remain drug free through the conduct of authorized drug testing pursuant to RA No. 9165 or the Comprehensive Dangerous Drugs Act of 2002, as amended. The public will be ensured of effective and efficient service from the government, free from the ill-effects of drug use in the workplace.

It covers all appointive public officers in all offices, including all constitutional bodies, departments, bureaus, and agencies of the national government, government-owned and controlled corporations, state and local universities and colleges, and elective local officials of local government units.

**Preventive Education and Capacity-building**

The Philippines is adopting the International Standards on Drug Use Prevention which stipulates that prevention initiatives should target the various developmental stages and settings. Figure 14 displays the activities being provided from middle childhood to late adolescence:

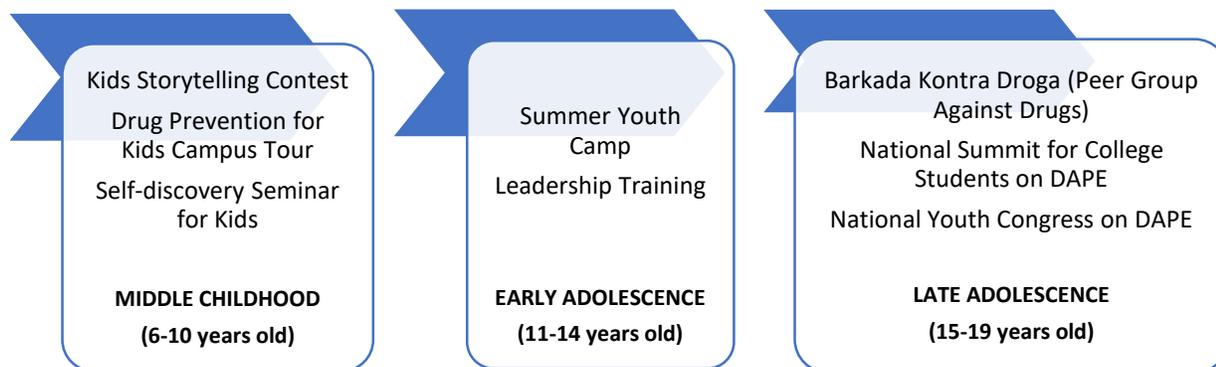


Figure 14. Prevention Interventions across the Developmental Stages

The DDB has a range of educational programs and services designed to cater to the needs of every sector of society. It has programs that engage the youth, address the needs of parents, and provide employers, educators, health professionals, policymakers, and other sectors with information on the prevention and control of drug use. Figure 15 depicts the alignment of DDB activities with the International Standards on Drug Use Prevention which delineates three target populations: universal (general), selective (vulnerable group), and indicated (users but not yet dependent).



Figure 15. Prevention Interventions based on Target Populations

In addition, the DDB conducts several prevention interventions that include Orientation Seminars on *Barkada Kontra Droga* (BKD) for National Drug Education Program (NDEP) Coordinators, Orientation Workshops on Community-Based Intervention Programs for Barangay Anti-Drug Abuse Campaigns Focusing on *Oplan Sagip*, Drug Abuse Prevention Seminars in the Workplace, Training of Trainers on Life Skills Enhancement in Drug

Abuse Prevention Education, National Training of Trainers on UNODC Community-Based Treatment and Care Services, Seminar Workshops on the Dangerous Drugs Law for Judges, Prosecutors and Law Enforcers, Seminar Workshop on Systematic Training for Effective Parenting, Continuing Seminars on Anti-Illegal Drug Operations and Investigation, and Workshops on the Community-Based Treatment Program.

Currently, the DDB, through the Colombo Plan International Center for Credentialing and Education of Addiction Professionals (ICCE), is also cascading the Universal Prevention Curriculum on Substance Use to various regions and provinces in the country. Within work environments, feasible drug prevention programs are spearheaded by the Department of Labor and Employment through the Occupational Safety and Health Center (OSHC). It includes (1) Advocacy, Education and Training, (2) Drug Testing for Officers and Employees, (3) Treatment, Rehabilitation and Referral, and (4) Monitoring and Evaluation. Stress management courses were embedded in the program while Appreciation Course for Drug-free Workplace is given on-line.

Considering that the conduct of random drug testing as a stand-alone activity was linked to negative outcomes based on the International standards on drug use prevention, it was ensured that random drug testing among high school students and workers is just one of the components of a comprehensive wellness program in both settings.

### **Treatment and Rehabilitation**

Drug dependence is a treatable chronic and relapsing condition often associated with mental health conditions. Notably, out of 100 persons having used methamphetamines, less than ten have a problematic drug use and can fall under the dependent definition to some degree. The rest are not dependent and therefore do not require inpatient approaches.

For those diagnosed with drug use problem, mechanisms such as the Integrated Care Pathways ensure continuing care. Guided by the UNODC model in delivering community-based voluntary services, these interventions aim to reduce stigma and discrimination as well as improve availability, accessibility, affordability and information.

As an important facet of drug demand reduction, trends in treatment and rehabilitation as well as issues and concerns that families and recovering drug dependents face during the process are continually monitored. These are integrated into existing health and social agencies to ensure continuum of care. More importantly, services are built on community resources.

The available data revealed that drug users who need treatment services decreased from 4,392 in 2014 to 4,045 cases in 2017. The breakdown is shown in Table 4, with 80% accounting for new admissions, 16% re-admission, and 4% out-patient. Out of the total figure, 91% are male (3,681) and 9% are female (364).

*Table 4. Total Reported Cases from Residential and Out-Patient Facilities, 2017*

Type of Admission	Male		Female		Over-all Total	
	No.	Percent	No.	Percent	No.	Percent
New Admission	2,951	72.95%	305	7.54%	3,256	80.49%
Re-admission	581	14.36%	52	1.29%	633	15.65%
Out-patient	149	3.68%	7	0.17%	156	3.86%
Total	3,681	91.00%	364	9.00%	4,045	100%

As of December 31, 2017, the country has a total of 53 DOH-accredited Drug Abuse Treatment and Rehabilitation Centers (DATRC), as indicated in Table 5. Forty-nine (49) of these centers are residential facilities, 18 are government-owned, and 31 are private.

*Table 5. Number of DOH-Accredited Treatment and Rehabilitation Centers*

Classification	Residential	Non-residential	Total
Government	18	3	21
Non-government	31	1	32
Total	49	4	53

In the pipeline are more DATRCs to be constructed in various areas as well as human resource capacity and competency development. In terms of health human resources, the latest data from DOH reveals that there are:

- accredited 262 doctors as physicians and psychiatrists for these facilities as of May 2016;
- trained 2,212 workers on community-based treatment as of 29 September 2016; and,
- accredited 252 psychologists, social welfare officers, and nurses for recovering drug dependents as of May 2016

On October 11, 2016, President Duterte signed Executive Order No. 4 providing for the establishment and support of drug abuse treatment and rehabilitation centers throughout the Philippines. This created an Inter-Agency Task Force for the establishment and support of DATRCs throughout the country, which is headed by DILG and co-chaired by DDB and DOH.

Undoubtedly, the community plays an important role in creating more favorable conditions for the treatment and rehabilitation of PWUD. This can be achieved through sustained initiatives from LGUs (municipal/city/provincial) and multi-sectoral collaboration (institutions responsible for health, social welfare and non-governmental organizations) in implementing preventive, therapeutic and rehabilitation programs for citizens. Community-based prevention interventions include orientation seminars on drug abuse prevention for faith-based organizations (with Philippine Drug Enforcement Agency, North Philippine Union Conference of the Seventh Day Adventist Church, Interfaith Council on Drug Abuse Prevention, Philippine Council of NGOs Against Drugs and Substance Abuse), Drug Abuse Prevention Programs for Senior Citizens, and Seminars on RA No. 9165 and Board Regulations Updates for Pharmacists, Doctors, and Allied Professionals. Another noteworthy activity is the Integration of Drug Abuse Prevention and Treatment in the Primary Health Care Program.

It is also worth mentioning that a Guidance Manual on the Community-Based Treatment and Care Services for People Affected by Drug Use and Drug Dependence in the Philippines has been developed by DOH and DDB in collaboration with UNODC. This is an adaptation of a guidance manual developed in Southeast Asia. A Board Resolution has already been issued for the Guidance Manual.

## **Research**

Through its Policy Studies, Research and Statistics Division (PSRSD), the DDB conducts research and studies to gather data and analyze trends in drug abuse and trafficking in the country. In 2016, the DDB started the following researches and studies.

### **1. Effectiveness of the Drug Abuse Resistance Education (DARE) Program in Selected Primary Schools in the Philippines**

Considering that the DARE program was found to be ineffective in the US, this research will assess whether it has the same outcomes when implemented in the Philippine context. The DARE curriculum is basically intended for intermediate grades starting at 5<sup>th</sup> grade. Instructors of this program are trained police community relations officers.

### **2. Evaluation of IEC Materials Produced by the Dangerous Drugs Board**

This study assessed the existing IEC materials produced and published by the DDB to come up with reliable, effective and evidence-based advocacy campaign materials.

### **3. Guidelines on Prescribing, Dispensing, Sale, and Administration of Dangerous Drugs Under the 1961 Single Convention and the Philippine Schedule (5) Relative to Board Regulation No. 1, s 2014: An Assessment**

Board Regulation No. 1, s. 2014 focuses on amendments to BR No. 3, s. 2003 providing comprehensive guidelines on importation, distribution, manufacture, prescription, dispensing and sale of, and other lawful acts in connection with any dangerous drugs, controlled precursors and essential chemicals and other similar or analogous substances.

The above-mentioned regulation includes drugs which are not internationally controlled but has been classified by the Dangerous Drugs Board as dangerous drugs under the Philippine Schedule (5) – Nalbuphine Hydrochloride and Ketamine.

With the passage of BR No. 1, s. 2014, the Board deems imperative to undertake an assessment on the outcome of its implementation and to identify problems encountered by stakeholders on additional provisions to the amended versions specifically the guidelines on prescribing, dispensing, administration and sale of these dangerous drugs under domestic and international control, with the end-in-view of continuously improving policies that will effectively address the issues without sacrificing its legitimate use versus the illegal use/abuse, as well as, diversion of such controlled dangerous drugs in the illicit drug market.

### **4. The Socio-Economic Impact Affecting the Use of Marijuana**

A research and developmental program in collaboration with the Philippine Institute of Traditional and Alternative Health Care (PITAHC) which aims to:

- a. Determine the benefits and adverse effects of continued marijuana use (social and medical factors).
- b. Identify the economic costs at the micro and macro level in terms of role of price/monetary costs of obtaining the substance, legal risks associated with obtaining and using the drug and availability in the market, costs of drug prevention and treatment, and costs of litigation and law enforcement activities.
- c. Provide recommendations in areas where existing policies need to be strengthened or improved.

## **Drug Supply and Drug Demand Reduction**

Two anti-drug components that cut across both drug supply and drug demand reduction are (1) civic awareness and response, and (2) regional and international cooperation.

### **Civic Awareness and Response**

Civic awareness programs aim to promote public awareness and social response by raising the public's knowledge and understanding of the dangers of drugs and the importance of everyone's participation in the campaign through various media platforms, community outreach, observance of special events, and production, publication and distribution of information and communication materials. It also covers advocacies on how to access available services.

Examples of advocacy activities spearheaded by the DDB include a yearly celebration of the International Day Against Drugs and Illicit Trafficking (IDADAIT) and the Drug Abuse Prevention and Control Week (DAPC), the Drug Abuse Prevention Program (DAPP) for Land Transportation Groups, the conduct of anti-drug concert, fair, and exhibit as well as competitions that include an art on shirt contest, song writing contest for recovering drug dependents, Project STAND – Street Artists: No to Drugs – On the Spot Painting Contest, and Inter-School Stage Play Competition. The Board also facilitates the yearly Search for the Best ADAC and the Outstanding *Barkada Kontra Droga* Implementers in Secondary Schools.

Alongside these prevention programs are activities to encourage more and more Filipinos to join the anti-drug advocacy. In June 2017, the Philippine Government launched an intensive information campaign called "REHABiNASYON", a combination of the words rehabilitation and nation. It aims to empower citizens through providing information on demand reduction, supply reduction, and treatment and rehabilitation, among other topics. Through this program, the people are informed of the real numbers or the statistics on the campaign against drugs, the real solutions that are being employed from the national to the local level and the real stories of successes that continue to inspire us to win the fight against drugs.

These activities are further strengthened by partnerships with the private sector and civil society; use of information technology, and systems; and networking and strategic alliances for knowledge management on drug abuse prevention and control.

## **Regional and International Cooperation**

The intent of this component is to forge and foster cooperation with regional and international agencies by adhering to treaties, formulating agreements, conducting tie-up projects, exchanging drug reports, and contributing to drug-related transnational efforts. The Philippines continues to collaborate with regional and international counterparts through information exchange between drug enforcement agencies, sharing of best practices, and enhancement of bilateral and multilateral cooperation to strengthen efforts for intelligence exchange. The DDB also hosted and attended several international gatherings, study tours and field visits. Moreover, members of the DDB staff, along with prevention and treatment and rehabilitation workers and experts from the Philippines, have participated in seminar workshops and conferences conducted in and outside the ASEAN region. Lastly, the DDB supports the ASEAN Training Center for Preventive Drug Education (ATCPDE) under the auspices of the College of Education, University of the

Philippines. The ATCPDE provides research services on preventive drug education as well as capacity building for prevention workers in the ASEAN region.

# 5 Ensuring Accountability

Monitoring and evaluation is an essential component of public sector management cycle. The public is now more discerning on the performance of elected officials. They now demand evidence of tangible benefits and results from government efforts. To address this concern, governments across the globe now recognize the need to monitor, assess, and evaluate the different policies, programs and projects that they have implemented for the public.

## Monitoring and Evaluation System

The monitoring and evaluation section of this plan has three purposes, namely:

1. Support to evidence-based decision making – The data collected from the monitoring and evaluation of different interventions will be fed back to the DDB, oversight agencies, and other stakeholders as input in the decision-making process.
2. Ensuring policy and program improvement and learning – The information and insights that will arise from the data will be particularly useful for DDB in recommending which policies, programs or projects should be adjusted, strengthened or re-designed. The lessons learned from the implementation of these interventions shall be reflected in the policy and program adjustments and redesigned to ensure their usefulness and relevance in achieving the goals set in this plan.
3. Ensuring Accountability – The implementing agencies will be required to demonstrate relevance, effectiveness, efficiency, and sustainability of the resources provided to them.

## Evaluation Questions for the Plan

All good evaluations are guided by questions relevant to the nature and state of the intervention. According to the National Evaluation Policy Framework issued by NEDA and DBM, government evaluations should cover, at the minimum, the following areas of concern:

### Relevance

1. Is the plan aligned with the strategic thrust and national priorities of the government? Are the policies, programs, and projects of different agencies on drugs aligned with the goals and objectives of the plan?
2. Do these policies, programs and projects address the assessed needs of the different stakeholders?
3. Do they complement existing ones and such other interventions from other government agencies?

## **Effectiveness**

1. Did the plan achieve its goals and objectives? Were the different programs and projects able to attain their intended outputs and outcomes?
2. To what extent do these policies, programs and projects contribute to the attainment of short-term, medium-term and long-term outcomes as defined in this plan?
3. What other outcomes (unintended) were achieved as result of the implementation of different interventions?

## **Efficiency**

1. Were the activities of the programs and projects cost-efficient and completed on time?
2. Are there better, more efficient ways in achieving the same program and project outputs and outcomes?

## **Sustainability**

1. Were the programs and projects sustainable? Did the benefits of the interventions continue to be felt even after completion?
2. To what extent was the method of engagement of the interventions encourage the program beneficiaries to take part and own the interventions?

## **Types of Monitoring and Evaluation**

Monitoring and evaluation demands a lot of mental work and should be carefully planned. It is crucial that the type of monitoring and evaluation that will be used should fit and be aligned to the evaluation questions and to the status of implementation of the intervention. Detailed description for each type of M&E can be found in the Glossary (see Annex 1). Meanwhile, Table 6 outlines the stages of the plan, the types of M&E, the corresponding methods and tools, expected use and intended users.

*Table 6. Stages of the Plan and Types of M&E*

Stage of the Plan	Type of M&E	Methods and Tools	Expected Use	Users
Start of Plan	Needs Assessment	Survey, Key Informant Interviews, Review of existing administrative data, Review of Literature and Best Practices	Input in Situational Analysis and Program Design, Baseline data	Implementing Agencies, DDB, Donors
Early Implementation	Organizational Assessment	Checklist	Map out potential implementation issues	Implementing Agencies, DDB

Stage of the Plan	Type of M&E	Methods and Tools	Expected Use	Users
<b>Full Implementation</b>	Progress Monitoring Process and Participatory Evaluation	Performance Management Reviews, Management information system	Determine current performance against plan	Implementing Agencies, DDB, Oversight Agencies, Beneficiaries
	Outcome Monitoring	Time-series analysis	Determine improvements on identified outcome indicators over time	
<b>Late Implementation</b>	Assessment of Initial Gains	Case study, Focus Group Discussions	Document initial outcomes	Implementing Agencies, DDB, Beneficiaries
	Outcome Monitoring	Time-series analysis	Determine improvements on identified outcome indicators over time	
	Evaluability assessment	Evaluability Checklist	Ensure that individual interventions can be adequately assessed and evaluated	
<b>End of Plan</b>	Summative and/or Impact Evaluation	Survey, Experimental and Quasi-Experimental Research	Determine the achievement of outcomes including what could be attributable for each intervention	Implementing Agencies, DDB, Oversight Agencies, Beneficiaries, Donors

## Reporting Mechanism

Reporting and dissemination of findings are essential in ensuring the relevance of the monitoring and evaluation component of the plan. To institutionalize this reporting process, this Plan formalizes the reporting structure (see Figure 16).

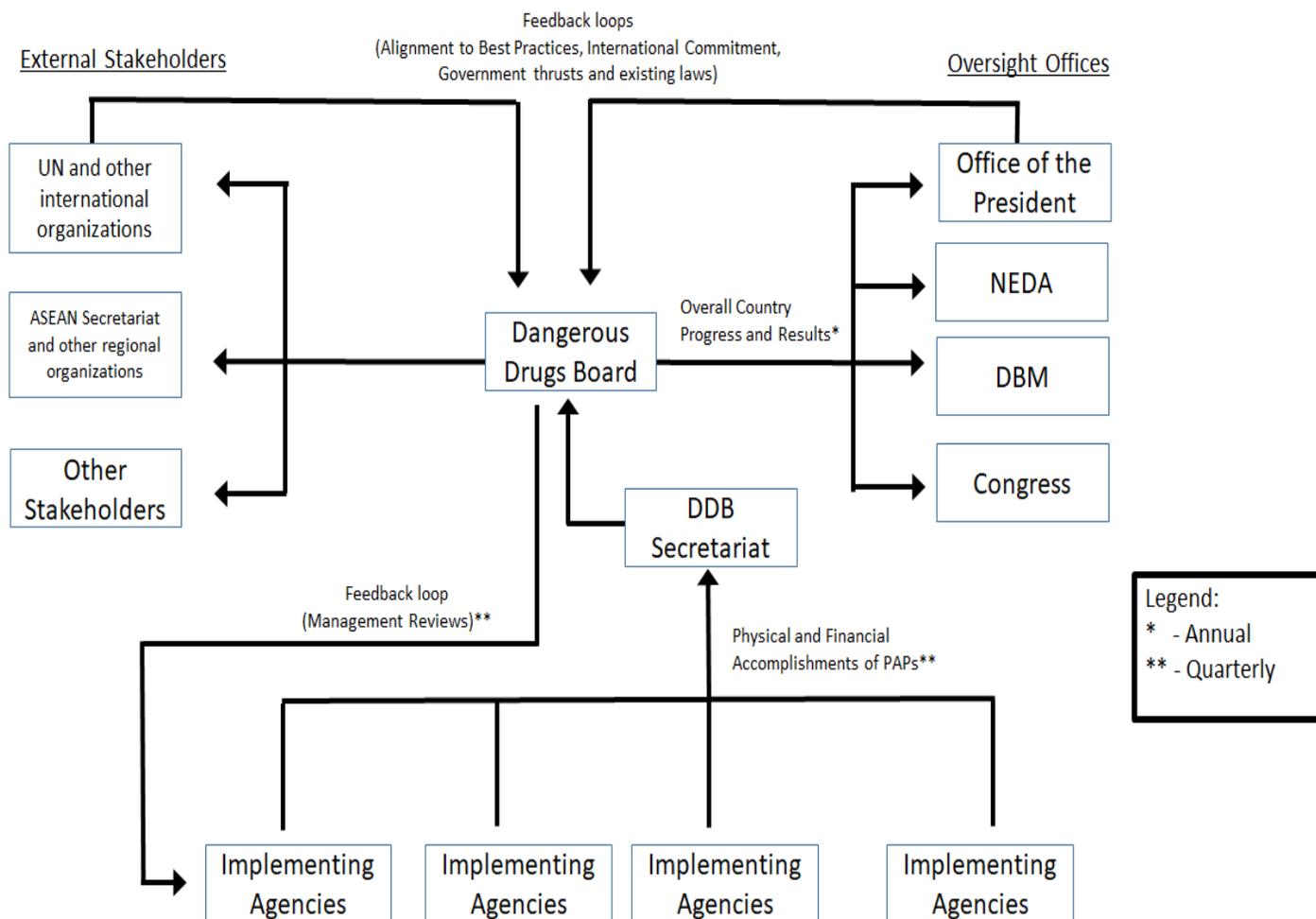


Figure 16. Reporting Mechanism

In this reporting structure, implementing agencies (member agencies of the DDB and the ICAD) shall be required to submit quarterly physical and financial accomplishments to the DDB Secretariat. To ensure that this is observed, government agencies are encouraged to allot resources and personnel for the monitoring and evaluation of their respective interventions as provided for in the National Evaluation Policy Framework. The Secretariat shall summarize, analyze, and report to the Board all accomplishments of the implementing agencies. The Board shall also conduct management reviews of the performance of implementing agencies

with drug-related interventions to determine implementation issues and bottlenecks. The Board shall identify concerns requiring policy intervention during management reviews.

On an annual basis, the DDB shall publish reports which will be submitted to various oversight agencies and external stakeholders. Such reports can serve as bases for assessing overall country progress on the anti-drug campaign. These reports may also be used in determining the alignment of different drug interventions with evidence-based practices, international commitment, priorities of the government and existing laws.

The names of the reports, contents, timing and dissemination protocol are described in Table 7:

*Table 7. Name of Report, Types of M&E, Description, Content and Reporting Frequency*

<b>Name of Report</b>	<b>Type of M&amp;E</b>	<b>Description and Contents</b>	<b>Frequency of Reporting</b>	<b>Whether to disseminate</b>
<b>Country Progress Report</b> (prepared by the DDB Secretariat)	Progress Monitoring  Progress Monitoring  Outcome Monitoring	It shall contain the following: a. milestones and major outputs of key priority programs of President Duterte b. summary of performance of implementing agencies (both physical and financial) c. trend analysis of key performance indicators on drugs with region and provincial disaggregation d. case study of promising practices including pictures and results e. implementation issues and concerns f. client feedbacks	Annual	For dissemination to the public
<b>Management Review Report</b> (Conducted by the DDB)	Organizational Assessment	It shall contain the following: a. objective assessment of the program management of various PAPs b. factors within management control that affects implementation of PAPs c. actionable recommendations and suggested policy level responses	Quarterly	No. The report might contain classified information.
<b>Mid-term Plan Review Report</b> (Prepared by the DDB Secretariat)	Progress and outcome monitoring	It shall contain the following: a. objective assessment of actual implementation against the plan b. summary of performance of implementing agencies c. milestones and major outputs of key priorities	Every 3 years	For dissemination to the public

Name of Report	Type of M&E	Description and Contents	Frequency of Reporting	Whether to disseminate
		<ul style="list-style-type: none"> <li>d. trend analysis of key performance indicators on drugs with regional and provincial disaggregation</li> <li>e. cost-benefit and cost-effectiveness analysis of different programs</li> <li>f. initial gains/stories of early successes</li> <li>g. case study of promising practices including pictures and results</li> <li>h. implementation issues and concerns</li> <li>i. client feedbacks</li> </ul>		
<b>End of Plan Report</b> (Prepared by the DDB Secretariat)	Summative Evaluation/ Impact Evaluation	It shall contain the following: <ul style="list-style-type: none"> <li>a. summary and highlights of accomplishments of key priorities and programs</li> <li>b. objective assessment of key performance indicators (trend analysis)               <ul style="list-style-type: none"> <li>- outcomes attributable to key priorities and programs</li> <li>- other benefits and outcomes based on case studies</li> </ul> </li> <li>c. economic analysis</li> <li>d. issues and responses</li> <li>e. lessons learned, successes and future plans</li> </ul>	End of Plan	For dissemination to the public

# 6 Call to Action

As the drug issue threatens the stability of Philippine economy and security, there is a need for all Filipinos to actively participate in drug prevention and control initiatives. These actions must be anchored on the rule of law, respect for human rights, and promotion of public health and safety.

Let our one voice be heard as we recognize the drug concern as a public health issue and commit ourselves to:

- **Safeguard** the health and well-being of the Filipino people through proactive drug strategies,
- **Align** drug policies and programs with existing international and national protocols, laws and standards.
- **Implement** a well-balanced national anti-drug program through strict law enforcement, prevention programs, early detection and opportune interventions, treatment, and rehabilitation and strengthen the resources and capacities of the local government units in implementing effective interventions on the ground and ensuring their sustainability.
- **Form** a strong alliance among various stakeholders.

We hereby call to action all Filipino families, youth groups, institutions, the mass media, the business community, the faith-based organizations, the education and health sectors, our legislators and the civil society in general to mobilize political will in favor of a human rights-based, culturally-appropriate, comprehensive, balanced, intersectoral and participatory approach to curbing illegal drug use in the country.

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### Glossary

#### **Assessment of Initial Gains**

Some outcomes can be immediately seen within the lifetime of the interventions. For purposes of celebrating early success and for reporting, these outcomes have to be documented.

#### **Needs Assessment**

The needs assessment answers questions related to relevance. It is necessary that the needs assessment be undertaken prior to or at the start of the planning process. The data collected will be used as baseline, as input in the analysis of current situation of the sector, or in the design of interventions.

#### **Outcome Monitoring**

Periodic assessment of the effects from program inputs and outputs, usually initiated after the first or second year of the program and annually thereafter.

#### **Process and Participatory Evaluation**

This evaluation assesses how stakeholders and beneficiaries are engaged in the implementation of interventions. To ensure sustainability and ownership of the interventions, stakeholders and beneficiaries are involved as co-evaluators.

#### **Progress Monitoring**

Progress monitoring provides information on the state of implementation of the interventions vis-à-vis the plan. It allows management to track the deliverables (quality and quantity), cost, schedules as well as actual implementation issues.

#### **Readiness Assessment**

The readiness assessment is undertaken to ensure success of the intervention. This assessment involves comprehensive mapping of all issues that might hinder the implementation programs and projects such as but not limited to the following: milestones, deliverables, cost, schedule, management, reporting structures, and leadership.

#### **Summative and/or Impact evaluation**

Impact evaluation answers the question of effectiveness. Specifically, this type of evaluation provides evidence of attribution, i.e. causal connection, between the intervention and outcomes. If financial data are available between competing program and projects, it can also answer questions on cost-efficiency and cost-effectiveness.

## Functions of Different Government Agencies

### Dangerous Drugs Board

1. Formulate, develop and establish a comprehensive, integrated, unified and balanced national drug use prevention and control strategy;
2. Promulgate such rules and regulations as may be necessary to carry out the purposes of RA No. 9165, including the manner of safekeeping, disposition, burning or condemnation of any dangerous drug and/or controlled precursor and essential chemical under its charge and custody, and prescribe administrative remedies or sanctions for the violations of such rules and regulations;
3. Conduct policy studies, program monitoring and evaluations and other researches on drug prevention, control and enforcement;
4. Initiate, conduct and support scientific, clinical, social, psychological, physical, and biological researches on dangerous drugs and dangerous drugs prevention and control measures;
5. Develop an educational program and information drive on the hazards and prevention of illegal use of any dangerous drug and/or controlled precursor and essential chemical based on factual data, and disseminate the same to the general public, for which purpose the Board shall endeavor to make the general public aware of the hazards of any dangerous drugs and/or controlled precursor and essential chemical by providing among others, literature, films, displays or advertisements and by coordinating with all institutions of learning as well as with all national and local enforcement agencies in planning and conducting its educational campaign programs to be implemented by the appropriate government agencies;
6. Conduct continuing seminars for, and consultations with, and provide information materials to judges and prosecutors in coordination with the Office of the Court Administrator, in the case of judges, and the DOJ, in the case of prosecutors, which aim to provide them with the current developments and programs of the Board pertinent to its campaign against dangerous drugs and its scientific researches on dangerous drugs, its prevention and control measures;
7. Design special trainings in order to provide law enforcement officers, members of the judiciary, and prosecutors, school authorities and personnel of centers with knowledge and know-how in dangerous drugs and/or controlled precursors and essential chemicals control in coordination with the Supreme Court to meet the objectives of the national drug control programs;
8. Design and develop, in consultation and coordination with the DOH, DSWD, and other agencies involved in drug control, treatment and rehabilitation, both public and private, a national treatment and rehabilitation program for drug dependents including a standard aftercare and community service program for recovering drug dependents;
9. Design and develop, jointly with the DOLE and in consultation with labor and employer groups, as well as nongovernment organizations, a drug abuse prevention program in the workplace that would include a provision for employee assistance programs for emotionally-stressed employees;
10. Initiate and authorize closure proceedings against non-accredited and/or substandard rehabilitation centers based on verified reports of human rights violations, subhuman conditions, inadequate medical training and assistance and excessive fees for implementation by the PDEA;

11. Prescribe and promulgate rules and regulations governing the establishment of such centers, networks and laboratories as deemed necessary after conducting a feasibility study in coordination with the DOH and other government agencies;
12. Receive, gather, collect, and evaluate all information on the importation, exportation, production, manufacture, sale, stocks, seizures of and the estimated need for any dangerous drug and/or controlled precursor and essential chemical, for which purpose the Board may require from any official, instrumentality or agency of the government or any private person or enterprise dealing in, or engaged in activities having to do with any dangerous drug and/or controlled precursors and essential chemicals such data or information as it may need to implement RA No. 9165;
13. Gather and prepare detailed statistics on the importation, exportation, manufacture, stocks, seizures of and estimates need for any dangerous drug and/or controlled precursors and essential chemicals and such other statistical data on said drugs as may be periodically required by the United Nations Narcotics Drug Commission, the World Health Organization and other international organizations in consonance with the country's international commitments;
14. Develop and maintain international networking coordination with international drug control agencies and organizations, and implement the provisions of international conventions and agreements thereon which have been adopted and approved by the Congress of the Philippines;
15. Require all government and private hospitals, clinics, doctors, dentists and other practitioners to submit a report to it, in coordination with the PDEA, about all dangerous drugs and/or controlled precursors and essential chemicals-related cases to which they have attended for statistics and research purposes;
16. Receive in trust legacies, gifts and donations of real and personal properties of all kinds, to administer and dispose the same when necessary for the benefit of government and private rehabilitation centers subject to limitations, directions and instructions from the donors, if any;
17. Issue guidelines as to the approval or disapproval of applications for voluntary treatment, rehabilitation or confinement, wherein it shall issue the necessary guidelines, rules and regulations pertaining to the application and its enforcement;
18. Formulate guidelines, in coordination with other government agencies, the importation, distribution, production, manufacture, compounding, prescription, dispensing and sale of, and other lawful acts in connection with any dangerous drug, controlled precursors and essential chemicals and other similar or analogous substances of such kind and in such quantity as it may deem necessary according to the medical and research needs or requirements of the country including diet pills containing ephedrine and other addictive chemicals and determine the quantity and/or quality of dangerous drugs and controlled precursors and essential chemicals to be imported, manufactured and held in stock at any given time by authorized importer, manufacturer or distributor of such drugs;
19. Develop the utilization of a controlled delivery scheme in addressing the transshipment of dangerous drugs into and out of the country to neutralize transnational crime syndicates involved in illegal trafficking of any dangerous drugs and/or controlled precursors and essential chemicals;
20. Recommend the revocation of the professional license of any practitioner who is an owner, co-owner, lessee, or in the employ of the drug establishment, or manager of a partnership, corporation, association, or any juridical entity owning and/or controlling such drug establishment, and who knowingly participates in, or consents to, tolerates, or abets the commission of the act of violations as indicated in the preceding paragraph, all without prejudice to the criminal prosecution of the person responsible for the said violation;

21. Appoint such technical, administrative and other personnel as may be necessary for the effective implementation of RA No. 9165, subject to the Civil Service Law and its rules and regulations;
22. Establish a regular and continuing consultation with concerned government agencies and medical professional organizations to determine if balance exists in policies, procedures, rules and regulations on dangerous drugs and to provide recommendations on how the lawful use of dangerous drugs can be improved and facilitated; and
23. Submit annual and periodic reports to the President, the Congress of the Philippines and the Senate and House of Representatives committees concerned as may be required from time to time, and perform such other functions as may be authorized or required under existing laws and as directed by the President himself/herself or as recommended by the congressional committees concerned.

#### **Department of Justice**

1. Through its National Prosecution Service, prosecute all drug cases expeditiously and effectively;
2. Assist in the conduct of continuing seminars for prosecutors to enhance their capabilities in the prosecution of drug-related cases;
3. Prosecute money laundering cases in support of the AMLC; and
4. Implement/handle mutual legal assistance treaties with other countries.

#### **Bureau of Corrections**

1. Enhance anti-drug measures in prisons, penal colonies and other related facilities.
2. Assist DDB and other agencies in the collection of data on drug-related crimes.

#### **Bureau of Immigration**

Assist PDEA in the conduct of anti-drug operations by providing intelligence support, data and other information in detecting, monitoring and/or locating the presence/ activities/ whereabouts of foreign visitors who are suspected/ potential drug traffickers, financiers, and others.

#### **Parole and Probation Administration**

1. Serve as authorized representative of the Board for voluntary confinement cases leading to treatment and rehabilitation of drug dependents; and
2. Conduct supervision and rehabilitative surveillance of released minor offenders placed under suspended sentence pursuant to Sections 66 and 68 of RA No. 9165.

#### **Public Attorney's Office**

Assist authorized representatives of the Board in voluntary confinement cases filed before the regional trial court leading to treatment and rehabilitation of drug dependents.

#### **Department of Health**

Regulatory Functions

1. Support the national drug control program to ensure access to quality drug abuse treatment and rehabilitation services to those in need.
2. Harmonize existing treatment practices across various levels of care, and between the public and private sectors, through the cooperation between DOH-Dangerous Drugs Abuse Prevention and Treatment Program and community of practice to develop a Manual of Operations or practice guidelines.
3. Develop policies in the regulation and accreditation of physicians who shall conduct Drug Dependency Examination as well in the management of aftercare and follow-up program
4. Regulate Drug Abuse Treatment and Rehabilitation Centers (DATRCs) by issuing standards, Permit to Construct and License to Operate for both private and public DATRCs and update Manual of Operation and Standard Designs as needed.
5. Continuously adhere to the relevant mandates of RA No. 9165 in the regulation of prescribing dangerous drugs through reproduction and improvement (as necessary) of the Special Prescription Forms for Dangerous Drugs.
6. Establish, operate and maintain drug testing centers in government hospitals through licensure and accreditation, provided at least with basic technologically advanced equipment and materials, qualified and duly trained technical and other personnel as may be necessary for the effective implementation of this provision.
7. Establish, operate and maintain regional Drug Abuse Treatment and Rehabilitation Centers (DATRCs). The DATRC system is a compulsory residential system based on court orders, whereas Recovery Clinics are a community-based outpatient and fully voluntary system.
8. Assist Local Government Units in the establishment and operation of Substance Use Disorder Outpatient Recovery Clinics and Recovery Homes. Recovery Clinics and Recovery Homes (halfway houses) are fully voluntary clinical operations with Philippine law protecting the privacy and confidentiality of medical records. Because of the fully voluntary nature of Recovery Clinics and Recovery Homes, they do not accept court-ordered patients until court orders have been lifted. They will accept admissions of surrenderers who are not court-ordered and may accept “step-down” referrals for aftercare from DATRCs only after a court order has been lifted. Recovery Clinic patients are free to discontinue treatment at will, without punishment or prejudice or civic reporting.

### Capability Building Functions

1. Formulate standard training curriculum on dangerous drugs abuse prevention and treatment across various levels of practice.
2. Help expand the pool of competent rehabilitation practitioners, as well the physicians who shall conduct Drug Dependency Examination (DDE) and implement programs related to drug abuse treatment and rehabilitation services.
3. Physicians who are qualified/certified to complete DDEs should not perform DDE assessments when there is a conflict of interest. For example, a physician who works for a DATRC should not complete DDEs that lead to confinement in the same facility that pays the physician’s salary.
4. All DDEs that call for DATRC placement should be completed *before* a drug user is remanded to confinement in a DATRC. In other words, placement DDEs need to be completed before arriving at a DATRC.

## Support to Field Operations Functions

1. Provide assistance to LGUs, people's organizations and other members of civic society in the effective promotion of public populace health, prevention and control of drug abuse and its health-related ill effects, protection of individuals, families and communities from health risks due to drug abuse, and assessment and management of individuals affected by drug use disorders.
2. Strengthen partnership and collaboration with other government agencies, non-government organizations and community groups in the implementation of primary, secondary and tertiary drug abuse programs.
3. Through the National Reference Laboratory, perform screening and confirmatory drug testing laboratory services, training, surveillance and external quality assurance program for laboratory tests as well as continuing assessment of the proficiency for both Screening and Confirmatory Drug Testing Laboratories.

## Department of National Defense

Assist in the development of policies that will support law enforcement initiatives.

## Armed Forces of the Philippines

Assist PDEA in the conduct of anti-drug operations nationwide by providing intelligence support, troop augmentation, airlift/sealift capabilities, and the like.

## Department of Finance

Assist in the development of policies that will support drug abuse prevention and control efforts.

## Bureau of Customs

1. In coordination with the PDEA, conduct anti-drug operations in airports and seaports in support of the Supply Reduction Drive.
2. Provide a boarding officer to the PDEA upon request during the conduct of drug interdiction operations at sea.
3. Implement customs regulations on parcels being transported through local and international entry and exit points and available platforms.

## Bureau of Internal Revenue

1. Participate in the anti-drug financing link operations through the conduct of financial investigation and prosecution of drug syndicates/financiers for tax-related offenses.
2. Implement appropriate tax deduction or other similar programs for private companies supporting the anti-drug campaign by providing livelihood opportunities and job placements to recovering drug dependents.

## Department of Labor and Employment

1. Develop, promote and implement a national drug abuse prevention program in the workplace to be adopted by private companies with ten or more employees. Such program shall include the

mandatory drafting and adoption of company policies against drug use in the workplace in close consultation and coordination with the DOLE, labor and employer organizations, human resource development managers, and other such private sector organizations.

2. Support the reintegration of recovering drug dependents through policy development and cash for work program.

#### **Overseas Workers Welfare Association**

Assist the Board in the implementation of drug abuse prevention education programs for the families of Overseas Filipino Workers.

#### **Philippine Overseas Employment Association**

Assist the Board in the formulation and implementation of policies and programs on drug abuse prevention education for Overseas Filipino Workers.

#### **Technical Education Skills Development Authority**

1. Participate in the primary prevention program for the Demand Reduction Drive by integrating drug abuse prevention concepts in the technical, vocational or agro-industrial as well as non- formal, informal and indigenous learning systems.
2. Participate in the conduct of Supply Reduction Drive by causing the arrest of drug violators in the school, its immediate vicinity, or even beyond if they are in attendance at any school or class function in official capacity as school heads, supervisors and teachers.
3. Assist in the implementation of primary prevention programs through the development and publication of information and educational materials on dangerous drugs and distribution of these to students, faculty, parents and the community.
4. Provide skills training for recovering drug dependents in Treatment and Rehabilitation Centers, Recovery Clinics, and Recovery Homes (halfway houses) and those enrolled in community-based treatment and rehabilitation programs.

#### **Department of Interior and Local Government**

1. Advocate the immediate establishment of SDECs in each province and encourage highly urbanized and independent component cities to establish their own SDEC that shall be supervised by the local chief executive.
2. Actively participate in the strengthening of the Criminal Justice System and legal reform through its BJMP, PPSC and NAPOLCOM Technical Committee on Crime Prevention and Criminal Justice.
3. Strengthen and monitor the conduct of Barangay Clearing Operations in different drug-affected barangays to clear and convert them into anti-drug self-policing communities.
4. Enjoin all local government units to revitalize and strengthen its respective Peace and Order Councils (POCs) and Anti-Drug Abuse Councils (operationalization of ADACs); and facilitate the establishment of the community-based treatment and rehabilitation program.
5. Mobilize the support of local stakeholders, volunteers, civic organizations, faith-based organization, and the private sector in the advocacy and education campaigns against illegal drugs and criminality and to effectively implement the Community-Based Rehabilitation Program
6. Monitor compliance of LGUs to RA No. 9165 on the allocation of substantial portion of their respective annual budget to assist in the anti-drug campaign in their respective localities.

### **Bureau of Jail Management and Penology**

1. Enhance anti-drug measures in jails, detention centers and other similar facilities.
2. Assist the DDB and other agencies in the collection of data on drug-related crimes

### **Local Government Units**

1. Appropriate a substantial portion of their respective annual budget to assist in or enhance the anti-drug campaign in their respective localities giving priority to preventive education and treatment/rehabilitation of drug dependents.
2. Establish/reactivate/strengthen anti-drug abuse councils at various local government levels which shall initiate and monitor preventive drug education, treatment and rehabilitation programs, and supervise the implementation of SDECs, FDAPPs and other anti-drug campaign programs
3. Maintain the effective operation of SDECs in their respective provinces and highly-urbanized cities.
4. Participate/assist in providing alternative development/livelihood for their constituents, who are recovering drug dependents, marijuana cultivators, etc., with the use of local resources (IRA, local budget, etc.)
5. Conduct Barangay Clearing Operations in the different drug-affected barangays to clear and convert them into anti-drug self-policing communities.
6. Assist the law enforcement in the Supply Reduction Drive.
7. Initiate/implement community-based prevention and treatment or community-based rehabilitation programs.
8. Manage and provide interventions to surrenderers.

### **Provincial Jails**

1. Enhance anti-drug measures in provincial jails.
2. Assist DDB and other agencies in the collection of data on drug-related crimes.

### **Department of Social Welfare and Development**

1. Develop, implement, and invest on localized and community-based drug prevention and control campaign through family and community-based interventions with support and participation of stakeholders.
2. Institutionalize the implementation of Special Drug Education Centers (SDECs), *Unlad Kabataan* Program for out-of-school youth and children, Family Drug Abuse Prevention Program and the Strategy Toward Acceptance, Reintegration, and Transformation (START) Program for recovering drug dependents especially in highly-urbanized cities and provinces.
3. Enhance the aftercare and reintegration program for recovering drug patients from centers and community-based and rehabilitation program through the DSWD-led Pillar III Intervention of the National Drug Rehabilitation Program.
4. Provide capability-building and technical assistance to DSWD Field Offices and implementers of the DSWD-led Pillar III Intervention of the National Drug Rehabilitation Program for drug dependents on the standard aftercare, reintegration, and transformative support services.

5. Develop policies/guidelines on aftercare, reintegration, and support services for recovering drug dependents and their families to enhance local, regional, and national policy environment to implement the National Drug Rehabilitation Program.
6. Develop and implement alternative development/livelihood program for marijuana cultivators, recovering poor drug dependents, and the like through the micro-enterprise, employment facilitation and communities improved access to services through Sustainable Livelihood Program and KALAHI-CIDSS.
7. Ensure that the DSWD's operated centers, institutions, and community-based programs are drug-free through implementation and monitoring of drug prevention programs.
8. Institutionalize the protection and rehabilitation of children and women against involvement in illegal drugs.
9. Take protective custody of minors involved in drug-related activities and provide and refer for appropriate interventions.
10. Ensure integration of anti-drug policies in poverty alleviation and other related development programs.
11. Provide social welfare services and interventions to families of Overseas Filipino Workers who are victims and involved in illegal drug activities.
12. Accredite Civil Society Organizations that provide community services as part of the aftercare and follow up program.
13. Develop and implement programs and other support interventions to family and communities affected by illegal drugs.
14. Ensure implementation of Drug-Free Workplace Policy in the Department and its attached agencies.
15. Lead on the civic awareness strategies by advocating the public awareness and education on the dangers of drug abuse and on programs, efforts, and accomplishments of the government in combating it, and establishing partnership with NGOs and other stakeholders.

### **Department of Foreign Affairs**

1. Promote and harness international cooperation to strengthen the anti-drug campaign in the Philippines.
2. Facilitate international, regional and bilateral agreements and information exchange and participation/ attendance to foreign meetings, conferences and trainings.

### **Department of Education**

1. Participate in the primary prevention program for the Demand Reduction Drive by integrating the instruction on drug abuse prevention and control in the elementary, secondary and senior high school curricula of all public and private schools, whether non-formal, informal and indigenous learning systems.
2. Participate in the conduct of Supply Reduction Drive by causing the arrest of drug violators in the school, its immediate vicinity, or even beyond if they are in attendance at any school or class function in official capacity as school heads, supervisors and teachers.

3. Support the primary prevention efforts through intensified drug awareness initiatives, development and publication of information and educational materials on dangerous drugs and distribution of these to students, faculty, parents and the community.
4. Capacitate principals, guidance counselors, teachers, and other school personnel on preventive drug education and utilization of support instructional materials.
5. Assist the DDB in the evaluation of drug-related information, education and communication materials and collaterals to determine appropriateness.

#### **Commission on Higher Education**

1. Participate in the primary prevention program for the Demand Reduction Drive by strengthening the implementation of the National Service Training Program.
2. Participate in the conduct of Supply Reduction Drive by causing the arrest of drug violators in the school, its immediate vicinity, or even beyond if they are in attendance at any school or class function in official capacity as school heads, supervisors and teachers.
3. Support the primary prevention efforts through the development and publication of information and educational materials on dangerous drugs and distribution of these to students, faculty, parents and the community.
4. Capacitate school administrators and personnel on preventive drug education and utilization of support instructional materials.

#### **National Youth Commission**

1. Initiate and oversee the implementation of youth development programs on drug abuse prevention and control.
2. Participate in the conduct of preventive education campaigns.
3. Support primary prevention efforts through dissemination of information materials.
4. Assist in the establishment of Special Drug Education Center (SDEC) for out-of-school youth and street children.

#### **Philippine Drug Enforcement Agency**

1. Act as Chair of the Inter-Agency Committee on Anti-Illegal Drugs (ICAD).
2. Enforce the provisions on dangerous drugs and/or controlled precursors and essential chemicals in the anti-drug law.
3. Supplement demand reduction efforts.
4. Conduct anti-drug financing operations in coordination with/support of the Anti-Money Laundering Council (AMLC).
5. Conduct intelligence operations to dismantle drug syndicates and neutralize drug personalities, both foreign and local.
6. Conduct controlled delivery schemes in collaboration with other NGAs and foreign counterparts.
7. Submit annual and periodic reports to the Board as may be required from time to time.

#### **National Bureau of Investigation (Permanent Consultant)**

In coordination with PDEA, conduct anti-drug operations in support of the supply reduction drive.

**Philippine National Police (Permanent Consultant)**

1. In coordination with PDEA, conduct anti-drug operations in support of the supply reduction drive.
2. Supplement demand reduction efforts.

**Government Owned and Controlled Corporations****Philippine Amusement and Gaming Corporation, Philippine Charity Sweepstakes Office, Philippine Racing Commission, Philippine Jockey Club**

Provide funds for the establishment of adequate drug rehabilitation centers in the country, maintenance and operations of treatment and rehabilitation centers, and other anti-drug programs.

**Philippine Health Insurance Corporation**

Support initiatives on widening the social net for drug dependence in order to facilitate accessibility of treatment services.

**Philippine Postal Corporation**

1. Assist the PDEA and Bureau of Customs in the conduct of anti-drug operations in detecting/interdicting drugs being shipped through mails, parcels and packages.
2. Implement customs regulations on parcels being transported through local and international entry and exit points and available platforms.

**Other Concerned Agencies****Anti-Money Laundering Council**

1. Conduct anti-money laundering investigations and other related operations/proceedings against financing activities (link) of drug syndicates, financiers and other target personalities.
2. Enlist the assistance of PDEA in the conduct of anti-money laundering operations against drug syndicates/personalities.

**Civil Service Commission**

Promote and monitor drug-free workplace programs and policies in government offices, government-owned and controlled corporations, local government units, and state colleges and universities.

**Department of Agriculture**

1. Support alternative development plan and actions to address the drug problem in the country.
2. Participate in providing alternative development/livelihood for marijuana cultivators toward the improvement of farm income and generate work opportunities for farmers.
3. Identify, develop, and promote suitable alternative cash crops that can be introduced as substitute for marijuana.
4. Provide irrigation systems, in coordination with the Department of Public Works and Highways.
5. Coordinate with other agencies in providing employment support to recovering drug dependents.

**Department of Public Works and Highways**

1. Support the alternative development program through construction of farm-to-market roads, irrigation systems and other necessary infrastructure in coordination with the Department of Agriculture to promote income-generating activities in the countryside.
2. Coordinate with other agencies in providing employment support to recovering drug dependents.

#### **Department of Science and Technology**

1. Promote, assist and where appropriate, undertake scientific and technological research development of alternative development products.
2. Through the Philippine Council for Agriculture, Aquatic and Natural Resources Research and Development, conduct drug-related researches in coordination with DDB and other concerned agencies.

#### **Department of Trade and Industry**

Support the alternative development program by providing promotion services to products derived from the program.

#### **Department of Transportation**

1. Assist the PDEA in the conduct of anti-drug operations.
2. Assist the DDB in advocacy programs on the prevention of drug abuse among transport personnel.
3. Implement customs regulations on parcels being transported through local and international entry and exit points and available platforms.

#### **Civil Aviation Authority of the Philippines**

1. Help ensure drug-free airport terminals and facilities in the country.
2. Assist DDB in advocacy programs on the prevention of drug abuse among civil aviation personnel.

#### **Land Transportation Office**

1. Assist the DDB in the collection of data relative to RA No. 10586, otherwise known as the “Anti-Drunk and Drugged Driving Act of 2013” .
2. Assist the DDB in advocacy programs on the prevention of drug abuse among drivers and other transport personnel.

#### **Land Transportation Franchising and Regulatory Board**

1. Assist DDB in the collection of data relative to RA No. 10586, otherwise known as the “Anti-Drunk and Drugged Driving Act of 2013” .
2. Assist DDB in advocacy programs on the prevention of drug abuse among drivers and other transport personnel.

#### **Philippine Coast Guard**

Assist PDEA in the conduct of anti-drug operations at sea or along coastal areas by providing intelligence support, troop augmentations, sealift capabilities and the like.

#### **Metropolitan Manila Development Authority**

1. Promote anti-drug campaign messages through the use of existing MMDA electronic billboards and island markers in main thoroughfares and prominent areas within and around Metro Manila.
2. Participate in the conduct of trainings, seminars and other programs on drug abuse prevention education.

#### **Philippine Center for Transnational Crime**

Facilitate linkages with the INTERPOL and foreign police agencies in anti-drug operations

#### **Presidential Communications Operations Office**

1. Assist in the development and implementation of a Communication Plan for the PADS in coordination and with the participation/support of all NGAs, LGUs, GOCCs and participating NGOs.
2. Facilitate the airing of relevant anti-drug campaigns through all forms of media.
3. Assist in the development, printing and production of information, education and communication materials.

#### **Philippine Statistics Authority**

Support the conduct of household surveys to determine the magnitude of the drug abuse problem on the regional and national levels.

#### **NGOs, CSOs, POs, and other organizations**

1. Encourage and support programs on the integration of recovering drug dependents.
2. Participate and/or support the anti-drug campaign through the implementation of drug-related activities that would encourage citizens to become advocates.
3. Establish partnerships with relevant institutions for the effective implementation of anti-drug abuse programs in local communities.
4. Mobilize the citizenry in the conduct of special events on drug abuse prevention.
5. Encourage business organizations to include anti-drug programs in the exercise of their corporate social responsibility.
6. Encourage integration to society of recovering drug dependents.

## Annex 3

### Indicators and Data Collection Plan

#### Long-term Outcome Statement:

By 2022, the Philippines has attained stable peace and order situation by ensuring 100% drug-free communities through sustained implementation of laws, regulations, policies and programs.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Remarks
Percentage of barangays declared drug-free					
Prevalence of drug use (regardless of drug type) among: <ol style="list-style-type: none"> <li>1. General population (categorized by age)</li> <li>2. Elected officials and Government workers</li> <li>3. Law enforcers</li> <li>4. Youth (in-school and out-of-school)</li> <li>5. People living with HIV/AIDS</li> <li>6. Individuals working in vulnerable occupations (e.g. long-haul drivers, pilots, health service providers, and call center agents)</li> </ol>					
Public satisfaction rating on war on drugs					

**Priorities 1, 2 and 5**

**Intermediate Outcome Statement:** Communities have access to appropriate and responsive community-based drug abuse interventions and aftercare at the barangay/municipal levels.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Percentage of municipalities/cities with community-based treatment and rehabilitation program					
Percentage of barangays with functional BADAC					
Percentage of municipalities with functional MADAC					
Percentage of cities with functional CADAC					
Percentage of provinces with functional PADAC					
Drug Prevention Services subsumed and included in the Primary Health Care/Inter Local Health Zones with the following components: <ul style="list-style-type: none"> <li>- Screening and referral system</li> <li>- With broad range of available services and modalities at the community level including HIV/AIDS prevention and other com-morbidities</li> <li>- Client feedback system</li> </ul>					
Number of drug users who availed and completed community-based drug abuse interventions and aftercare					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
DILG policy integrating drug programs in Seal of Good Governance Award (balance scorecard)					
Number of faith-based organizations, foundations and non-government organizations engaged in drug use prevention and control					
Number of civil society organizations involved in community-based drug abuse interventions and aftercare					
Help Line for Users and At-risk individuals established					
Number of community-based drug programs monitored and evaluated					
Total amount allocated annually for rehabilitation facilities					
Subsidy/Reimbursement system established					
Accreditation system for rehabilitation program service providers established					
Number of service providers recognized					
Number of Health Providers providing Drug Prevention Services with the following components: <ul style="list-style-type: none"> <li>- Screening and referral system</li> <li>- With broad range of available services and modalities at the community level</li> <li>- Client feedback system</li> </ul>					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of Government and Private treatment facilities with at least one staff who completed Certification program on drug prevention and treatment					
Number of drug users with three or less re-admittance					

### Priorities 2 and 3

**Intermediate Outcome Statement:** Individuals have access to various drug prevention services and programs in the workplace and in institutions of learning.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of government companies with existing and operational drug-free policies and programs based on RA No. 9165					
Number of private companies with existing and operational drug-free policies and programs based on RA No. 9165					
Number of government employees who attended Preventive Drug Education advocacy programs					
Number of private employees who attended Preventive Drug Education advocacy programs					
Number of guidance counselors and school officials trained on early detection, identification, and referral					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Percentage of schools with functional PDE programs					
Number of trained <i>Barkada Kontra Droga</i> members					
Number of <i>Barkada Kontra Droga</i> Chapters in the Philippines					
Number of students trained on life skills					
Number of students referred for drug assessment and intervention					
Number of students referred for interventions who completed their schooling					
Number of individuals tested and confirmed positive for drug use: <ul style="list-style-type: none"> <li>- Students</li> <li>- Drivers</li> <li>- Out-of-school youth</li> <li>- Applicants for:               <ul style="list-style-type: none"> <li>o Firearms license</li> <li>o Drivers' license</li> <li>o Employment (local and overseas)</li> </ul> </li> </ul>					
Number of students subjected to random drug testing <ul style="list-style-type: none"> <li>- High school</li> <li>- College</li> </ul>					
Number of students referred to treatment facilities <ul style="list-style-type: none"> <li>- High school</li> </ul>					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
- College					

**Priorities 4 and 5**

**Intermediate Outcome Statement:** Capacity of policy makers and preventive drug education practitioners is strengthened.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Percentage of BADAC members trained on drug prevention and control					
Percentage of MADAC members trained on drug prevention and control					
Percentage of CADAC members trained on drug prevention and control					
Percentage of PADAC members trained on drug prevention and control					
Number of treatment center staff, social and health workers with trainings in community drug prevention and treatment					
Number of DDB staff trained on: <ul style="list-style-type: none"> <li>- Policy development</li> <li>- Program Management</li> <li>- Monitoring and Evaluation</li> <li>- Evidence-based practices</li> <li>- Stakeholders' Engagement</li> </ul>					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of implementing agencies' staff trained on monitoring and evaluation and evidence-based practices					

### Priority 6

**Intermediate Outcome Statement:** Community awareness on the harmful effects of drugs and the government's drug supply and reduction programs and policies increased.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of advocacy activities on drug abuse prevention and control developed and conducted by implementing agencies					
Number of government and non-government institutions regularly oriented and given copies of the plan					

### Priority 7

**Intermediate Outcome Statement:** Income of drug-affected LGUs and communities from alternative development programs increased.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of plantation sites used for illicit drugs					
Number of barangays provided with alternative development programs					
Number of household from affected LGUs and communities with legitimate source of income					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Average household income of drug-affected LGUs and municipalities from legitimate source					

### Priority 7

**Intermediate Outcome Statement:** Drug surrenderers, recovering drug dependents and convicted drug offenders who served prison terms have access to appropriate interventions and livelihood assistance.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of individuals provided with appropriate skills training, education and livelihood assistance, and after care services <ul style="list-style-type: none"> <li>- Drug surrenderers;</li> <li>- Recovering drug dependents; and</li> <li>- Convicted drug offenders who served prison terms</li> </ul>					
Number of individuals provided with alternative development programs gainfully employed <ul style="list-style-type: none"> <li>- Drug surrenderers;</li> <li>- Recovering drug dependents; and</li> <li>- Convicted drug offenders who served prison terms</li> </ul>					

**Priorities 8 and 9**

**Intermediate Outcome Statement:** Legislations, policies, and programs on drug supply and demand reduction are informed by evidence and best practices of regional and international partners.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Integrated Drug Testing Operations and Management of Information System upgraded					
Number of professionals violating issuances of the Board					
Number of pharmaceuticals and chemical companies violating issuances of the Board					
Number of drug-related mortality (ex. drug overdose)					
Monitoring and evaluation system established for PDE programs at the school level					
Number of drug-related policies and regulations consolidated, streamlined, and implemented					
Number of policies issued, disseminated, implemented, monitored and evaluated					
PADS central monitoring and evaluation systems and procedures are established by the DDB					
Number of drug interventions assessed and evaluated jointly by the DDB and implementing units					
Number of issuances on drug matters reviewed and harmonized with PADS					
Number of international engagements participated in					
Number of international activities initiated for sharing of best practices in drug prevention and control					

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of submitted reports/compliance to international commitments					
Number of submitted proposals for funding and implementation of ASEAN					
Number of study tours from ASEAN/international partners in drug prevention and control					
Number of MOU signed in bilateral agreements					
Number of tie-up projects with other countries					

### Priorities 5 and 10

**Intermediate Outcome Statement:** LGUs and local communities are more vigilant in reporting drug offenses within their neighborhood.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of barangays declared “drug-cleared”					
Number of reports to PDEA hotlines that led to arrests					
Number of illegal drug activity reported and acted upon					
Total kilograms of drugs seized by drug type					
Total kilograms of drugs destroyed by drug type					
Total amount of money of drug dealers freezed by AMLC					
Total amount of money and properties of drug dealers forfeited in favor of the government					

**Priority 11**

**Intermediate Outcome Statement:** Prosecution and conviction rate of drug offenders improved.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Number of drug offenders arrested					
Number of drug offenders convicted					
Number of foreign nationals arrested due to drug offenses (ex. drug couriers)					
Number of law enforcers, prosecutors and judges oriented on procedures and protocols on handling drug cases					

**Priorities 9 and 12**

**Intermediate Outcome Statement:** Drug seizure in seaports and airports improved.

Indicator	Baseline	Target 2022	Data Collection Method	Schedule of Collection	Data Source
Volume of drugs seized in seaports and airports					
Value of drugs seized in seaports and airports					