THE PHILIPPINE ANTI-ILLEGAL DRUGS STRATEGY

Executive Order No. 66, Series of 2018
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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.


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-Illlegal 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.

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:

**Evidence-based and Culturally appropriate**

The Philippine Anti-Illlegal 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.
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.

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.
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.
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.

1. 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.
2. 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.
Countries are also implementing drug prevention programs in various settings and modalities as shown in Figure 3:

1. **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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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).
THE PHILIPPINE DRUG SITUATION

Nationwide Survey (2015): In 2015, the Dangerous Drugs Board (DDB) commissioned the Resources, Environment and Economics Center for Studies (REECS) to conduct a National Household Survey on the Nature and Extent of the Drug Problem. Based on the result, current users comprise 2.3% of the population aged 10-69 years old. The majority of these users were males, employed adults (18-59 years old) with at least a high school education. The Visayas Region reported the highest drug use rate, followed by the National Capital Region and Mindanao. The top three drugs of abuse were marijuana (cannabis), Shabu or crystal methamphetamine, and cocaine but are often taken in combination. Moreover, Shabu has the highest share in the market and is the most prevalent drug in rehabilitation facilities.

Below is a table showing the Filipino drug user’s profile based on the 2015 Nationwide Survey on the Current Nature and Extent of Drug Abuse in the Philippines:

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<th>Table 1. Profile of Filipino Drug Users</th>
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<td><strong>Sex</strong></td>
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<td>More males than females (Ratio = 7:1)</td>
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<td><strong>Age Group</strong></td>
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<td>More persuasive among adults ages 18yo to 59yo than children and elderly</td>
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<td><strong>Civil Status</strong></td>
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<tr>
<td>No difference between single, separated nor married</td>
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<tr>
<td><strong>Occupational Level</strong></td>
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<td>More common among those who are working or with some sort of income</td>
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<td><strong>Highest Educational Attainment</strong></td>
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<td>High School (2.6%) and College level (2.3%)</td>
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<td><strong>Annual Family Income</strong></td>
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<td>P50,000 to P87,400</td>
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<td><strong>Drug of Abuse</strong></td>
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<tr>
<td>1. Cannabis (Marijuana)</td>
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<td>2. Methamphetamine Hydrochloride (Shabu)</td>
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<td>3. Cocaine</td>
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Meanwhile, the Dangerous Drugs Board 2016 data on facility-based drug users revealed that the mean age is 31 years old, the male to female ratio is 13:1, 48.96% are single, 44.69% are unemployed, 27.14% are in college level, 42.41% 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 Shabu, cannabis, and ecstasy.

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.

![Trend in Admission to Treatment and Rehabilitation Centers](image)

*Figure 4. Number of People Admitted to TRC’s from 2006-2016*

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 PWID 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>
<thead>
<tr>
<th>SUPPLY REDUCTION</th>
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<tbody>
<tr>
<td>Issues/Challenges</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Proliferation of drug-related crimes</td>
</tr>
<tr>
<td>Inadequate policies and capabilities against drug smuggling</td>
</tr>
<tr>
<td>Emergence of new drugs, concealment methods, and marketing strategies, and continued trafficking of precursor chemicals</td>
</tr>
<tr>
<td>Lack of resources and financial support for alternative development programs</td>
</tr>
<tr>
<td>Inadequate implementation of alternative development programs</td>
</tr>
<tr>
<td>Weak capacity of local government units to provide services for drug control</td>
</tr>
<tr>
<td>Weak monitoring and evaluation for drug supply reduction</td>
</tr>
<tr>
<td>Need to strengthen regional and international cooperation on drug control</td>
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</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Issues/Challenges</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of access to government residential and private Drug Abuse Treatment and</td>
<td>Establish government-subsidized regional/provincial DATRCs and expand access to Community-Based Drug Abuse interventions for users who need out-patient services</td>
</tr>
<tr>
<td>Rehabilitation Centers (DATRCs) and Community-Based Drug Abuse interventions for users who need out-patient services</td>
<td>Review and enhance treatment interventions from assessment to social reintegration and expand access to holistic treatment modalities</td>
</tr>
<tr>
<td>Lack of access to holistic treatment modalities</td>
<td>Provide skills training and sustainable alternative development programs for drug users</td>
</tr>
<tr>
<td>Lack of alternative development programs for drug users</td>
<td>Adopt available evidence-based interventions in drug use prevention and treatment, and provide a comprehensive continuum of care</td>
</tr>
<tr>
<td>Limited utilization of available evidence-based interventions in drug use prevention and treatment, and weak continuum of care</td>
<td>Strengthen implementation of drug-free policies and programs in various settings</td>
</tr>
<tr>
<td>Weak implementation of drug-free policies and programs in various settings</td>
<td>Empower LGUs through capability-building and provision of adequate resources for drug prevention</td>
</tr>
<tr>
<td>Weak capacity of local government units to provide services for drug prevention</td>
<td>Maximize reporting platform to support monitoring and evaluation system for drug demand reduction</td>
</tr>
<tr>
<td>Weak monitoring and evaluation system for drug demand reduction</td>
<td>Conduct intensive and sustained anti-drug campaign</td>
</tr>
<tr>
<td>Limited public awareness and appreciation of the anti-drug campaign</td>
<td>Ensure equal access to the latest in prevention science and global prevention practices</td>
</tr>
<tr>
<td>Lack of equal access to the latest in prevention science and global prevention practices</td>
<td></td>
</tr>
</tbody>
</table>
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**

- Institutionalization of Community-Based Drug Abuse Interventions (with Department of the Interior and Local Government and Department of Health)
- Provision of government subsidy for admission to rehabilitation programs (Department of Health and Local Government Units)
- Institutionalization of a Drug-Free Workplace (with the Civil Service Commission and the Department of Labor and Employment)
- 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)
- 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)

**Legislative Policy Media**

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

**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.

The Board envisions a "Drug-Resistant Philippines". In fulfilling its vision, the Board is committed to:

- Eradicate the supply of, and demand for, dangerous drugs and their precursors and to stop trafficking to and from the country; and
- Promote regional and international cooperation in drug abuse prevention and control.
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-Illlegal 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.
THE TWO-COMPONENT ANTI-ILLEGAL DRUGS STRATEGY:
PROGRESS AND ACHIEVEMENTS

A Framework for Action

The Philippine Anti-Illlegal 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.
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.

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

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 34.75 billion pesos worth of drugs, controlled precursors and essential chemicals (CPEC), and laboratory equipment had been seized from July 1, 2016 to June 30, 2019. This is an increase of 358.93 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 4,409.69 kilograms of shabu with a street value of 25.99 billion pesos had been seized (see Figure 8) and 348 dens and clandestine laboratories were dismantled (see Figure 9).
The Philippine Drug Enforcement Agency also reported that a total of 13,753 barangays were declared drug-cleared from July 1, 2016 to June 30, 2019, 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-Illlegal 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).

### THE PRE-TOKHANG PHASE

<table>
<thead>
<tr>
<th>Update/validate watch list of illegal drug personalities</th>
<th>Create Tokhang Team/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief of Police coordinates with PDEA, concerned ADACs/LGU and other stakeholders</td>
<td>Coordinate with LGUs and other concerned agencies</td>
</tr>
</tbody>
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39
DURING THE TOKHANG PHASE

- Conduct pre-deployment briefing for all members of Tokhang teams
- Conduct Tokhang only on the houses included
- House with fence?
  - Yes: Tokhang Team talks with the house owner/subject in front of the gate
  - No: Tokhang Team talks with the house owner/subject in front of the door
- Talk to the subject and persuade him/her to surrender
- Subject expresses intent to surrender
  - Yes: Advise to proceed to nearest barangay hall, BADAC Office, or police station***
  - No: Endorse to Drug Enforcement Units
- Surrenderer accomplishes Biographical Profile Form, Affidavit and other documents
- Refer to concerned agency (LGU and PNP) for appropriate intervention

*** If subject is a minor, he or she should be accompanied by parents/guardians in coordination with local social welfare and development officer
Under the campaign, a total of 76,967 anti-illegal drugs operations were conducted and 120,190 were arrested from July 1, 2016 to February 19, 2018. During the same period, there were a total of 8,833,045 Tokhang activities and 1,264,859 individuals who personally appeared or surrendered.

In addition, based on the Philippine National Police-Directorate for Investigation and Detective Management, for the period July 1, 2016-February 8, 2018, a total of 22,189 were referred to prosecution and 43,226 cases were filed in court (see Figure 13).
Figure 12. Number of Government Workers Arrested in Anti-Drug Operations
Drug Demand reduction is implemented through its four components:

1. policy formulation;
2. preventive education;
3. treatment and rehabilitation;
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:

**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.

**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:

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”.


Moderately Affected – reported presence of 2% to 20% of the barangay’s total population are drug personalities.

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.

**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.

**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 outpatient facility. Figure 15 shows the comprehensive treatment and rehabilitation program to address the needs of people with mild to severe substance use disorder.
Community Preparation
1. Advocate/Educate
2. Mobilize Community
3. Build Capacity

Screening
1. Accomplish intake form
2. Classify risk using ASSIST
3. Identify need to assess other mental health conditions with SRQ
4. Schedule check-up

Risk?
1. Assess severity using DSM 5/ICD 10
2. Assess other mental health conditions using mhGAP IG
3. Accomplish complete history, review of systems
4. Conduct physical examination
5. Request for laboratory/diagnostic tests
6. Refer appropriately

Assessment

Severity?
MILD
MODERATE
SEVERE

Drug Abuse Treatment Seminar/Workshop for Client and their Family

General Interventions
- Individual and Family Programs
- Community Care/Intervention
- Health/Psycho-education
- Psycho/Socio/Spiritual Support
- Brief Intervention
- Appropriate Referral
- Others Available

Community-Based Treatment and Rehabilitation
- Case Management
- Psychoeducation/Advocacy
- Brief Intervention
- Counseling (Individual, Family, Group)
- Education/Employment Support
- Relapse Prevention
- Others Available

Health Facility-Based Outpatient Treatment and Rehabilitation
- mhGAP Interventions
- Early Recovery Skills
- Relapse Prevention
- Matrix Intensive Outpatient Program
- Others Available

Inpatient Treatment and Rehabilitation
- Detoxification
- Drug Treatment and Rehabilitation
- Relapse Prevention
- Residential Care in Mental Health Facilities
- Jails
- Halfway Care
- Others Available

Aftercare (Relapse Prevention) and Community Reintegration and Education/Employment Support

Figure 15. Client Flow for Managing Substance Use
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-methoxymethlamphetamine or PMMA, A-Pyrrolidinovalerophenone or A-PVP, para-methyl-4-methylaminorex or 4,4'-DMAR, and phenazepam to the List of Dangerous Drugs.

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.”
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 16 displays the activities being provided from middle childhood to late adolescence:

- **Kids Storytelling Contest**
- **Drug Prevention for Kids Campus Tour**
- **Self-discovery Seminar for Kids**

**MIDDLE CHILDHOOD** (6-10 yrs. old)

**EARLY ADOLESCENCE** (11-14 yrs. old)
- **Summer Youth Camp**
- **Leadership Training**

**LATE ADOLESCENCE** (15-19 yrs. old)
- **Barkada Kontra Droga (Peer Group Against Drugs)**
- **National Summit for College Students on DAPE**
- **National Youth Congress on DAPE**

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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 17 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).

- **UNIVERSAL**
  - Barkada Kontra Droga (Peer Group Against Drugs)

- **SELECTIVE**
  - Drug Abuse Prevention Program for Out-of-School Youth

- **INDICATED**
  - Community-Based Treatment and Rehabilitation Program

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**Figure 16.** Prevention Interventions across the Developmental Stages

**Figure 17.** 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-Illlegal 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 3,928 cases in 2019. The breakdown is shown in Table 4, with 98.22% accounting for new admissions, 0.31% re-admission, and 1.48% out-patient. Out of the total figure, 89.23% are male (3,505), 10.26% are female (403), while 0.51% are members of the LGBT community (20).

Table 4. Total Reported Cases from Residential and Out-Patient Facilities, October 2019

<table>
<thead>
<tr>
<th>TYPE OF ADMISSION</th>
<th>MALE</th>
<th>FEMALE</th>
<th>LGBT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>New Admission</td>
<td>3,441</td>
<td>87.60</td>
<td>397</td>
<td>10.11</td>
</tr>
<tr>
<td>Re-Admission</td>
<td>12</td>
<td>0.31</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Out-Patient</td>
<td>52</td>
<td>1.32</td>
<td>6</td>
<td>0.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,505</td>
<td>89.23</td>
<td>403</td>
<td>10.26</td>
</tr>
</tbody>
</table>

As of December 31, 2018, the country has a total of 60 DOH-accredited Drug Abuse Treatment and Rehabilitation Centers (DATRC), as indicated in Table 5. Forty-nine (54) of these centers are residential facilities, 19 are government-owned, and 35 are private.

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

<table>
<thead>
<tr>
<th>Classification</th>
<th>Residential</th>
<th>Non-residential</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>19</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Non-government</td>
<td>35</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>54</td>
<td>6</td>
<td>60</td>
</tr>
</tbody>
</table>

In the pipeline are more DATRCs to be constructed in various areas as well as human resource capacity and competency development.

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.

**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 5th grade. Instructors of this program are trained police community relations officers.
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.

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.
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.

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.
ENSURING ACCOUNTABILITY

Monitoring and evaluation are 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 demand 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>
<thead>
<tr>
<th>Stage of the Plan</th>
<th>Type of M&amp;E</th>
<th>Methods and Tools</th>
<th>Expected Use</th>
<th>Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Implementation</td>
<td>Organizational Assessment</td>
<td>Checklist</td>
<td>Map out potential implementation issues</td>
<td>Implementing Agencies, DDB</td>
</tr>
<tr>
<td>Full Implementation</td>
<td>Progress Monitoring Process and Participatory Evaluation</td>
<td>Performance Management Reviews, Management information system</td>
<td>Determine current performance against plan</td>
<td>Implementing Agencies, DDB, Oversight Agencies, Beneficiaries</td>
</tr>
<tr>
<td></td>
<td>Outcome Monitoring</td>
<td>Time-series analysis</td>
<td>Determine improvements on identified outcome indicators over time</td>
<td></td>
</tr>
<tr>
<td>Stage of the Plan</td>
<td>Type of M&amp;E</td>
<td>Methods and Tools</td>
<td>Expected Use</td>
<td>Users</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>------------------</td>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>Late Implementation</td>
<td>Assessment of Initial Gains</td>
<td>Case study, Focus Group Discussions</td>
<td>Document initial outcomes</td>
<td>Implementing Agencies, DDB, Beneficiaries</td>
</tr>
<tr>
<td></td>
<td>Outcome Monitoring</td>
<td>Time-series analysis</td>
<td>Determine improvements on identified outcome indicators over time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluability assessment</td>
<td>Evaluability Checklist</td>
<td>Ensure that individual interventions can be adequately assessed and evaluated</td>
<td></td>
</tr>
<tr>
<td>End of Plan</td>
<td>Summative and/or Impact Evaluation</td>
<td>Survey, Experimental and Quasi-Experimental Research</td>
<td>Determine the achievement of outcomes including what could be attributable for each intervention</td>
<td>Implementing Agencies, DDB, Oversight Agencies, Beneficiaries, Donors</td>
</tr>
</tbody>
</table>
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 18).

Figure 18. 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>
<thead>
<tr>
<th>Name of Report</th>
<th>Type of M&amp;E</th>
<th>Description and Contents</th>
<th>Frequency of Reporting</th>
<th>Whether to disseminate</th>
</tr>
</thead>
</table>
| **Country Progress Report** *(prepared by the DDB Secretariat)* | Progress 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 |
| | Progress Monitoring | | | |
| | Outcome Monitoring | | | |
| **Management Review Report** *(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. |
<table>
<thead>
<tr>
<th>Name of Report</th>
<th>Type of M&amp;E</th>
<th>Description and Contents</th>
<th>Frequency of Reporting</th>
<th>Whether to disseminate</th>
</tr>
</thead>
</table>
| **Mid-term Plan Review Report** (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  
d. trend analysis of key performance indicators on drugs with regional and provincial disaggregation  
e. cost-benefit and cost-effectiveness analysis of different programs  
f. initial gains/stories of early successes  
g. case study of promising practices including pictures and results  
h. implementation issues and concerns  
i. client feedbacks | Every 3 years | For dissemination to the public |
| **End of Plan Report** (Prepared by the DDB Secretariat) | Summative Evaluation/Impact Evaluation | It shall contain the following:  
a. summary and highlights of accomplishments of key priorities and programs  
b. objective assessment of key performance indicators (trend analysis)  
- outcomes attributable to key priorities and programs  
- other benefits and outcomes based on case studies  
c. economic analysis  
d. issues and responses  
e. lessons learned, successes and future plans | End of Plan | For dissemination to the public |
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:

1. **Safeguard** the health and well-being of the Filipino people through proactive drug strategies,

2. **Align** drug policies and programs with existing international and national protocols, laws and standards.

3. **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.

4. **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

### Armed Forces of the Philippines

- Assist the Philippine Drug Enforcement Agency (PDEA) in the conduct of routine anti-drug operations nationwide by providing intelligence support.
- Assist the Philippine Drug Enforcement Agency (PDEA) in the conduct of major anti-drug operations nationwide by providing troop augmentation, airlift/sealift and/or armor assets/capabilities.

### Anti-Money Laundering Council

#### Investigation of Money Laundering Officers

Conduct anti-money laundering and counter-financing of terrorism investigations and other related operations/proceedings against financing activities (link) of drug syndicates, financiers and other target personalities.

- Enlist the assistance of law enforcement agencies and intelligence partners in the conduct of anti-money laundering operations against drug syndicates/personalities.
- Issue orders allowing bank inquiry into the accounts of suspected drug traffickers.

#### Prosecution

- Cause the freezing and forfeiture of properties and monetary instruments of suspected drug traffickers through the Office of the Solicitor General (OSG).
- Prosecute for money laundering and financing of terrorism.

#### Supervision

- Effectively supervise concerned persons to ensure that they are not used to launder proceeds of drug trafficking

#### Intelligence Analysis and Dissemination

- Generate analysis reports and disseminate to law enforcement agencies and other intelligence partners

#### Policy Development

- Develop policies to combat money laundering and financing of terrorism and implement the same.

#### Capacity Building

- Assist LEAs and other intelligence partners in building the capacity of their investigators in the conduct of financial investigations and analysis
**Cooperation with Domestic and International Commitments**
Implement the National Anti-Money Laundering and Counter-Financing Terrorism Strategy (NACS), Executive Order No. 68, Series of 2018, which includes an anti-illegal drugs component with Department of Justice (DOJ).

Implement the international commitments to ensure the prevention of Money Laundering.

**Bureau of Fire Protection**
Prevention and suppression of destructive fires in buildings and structures for drug-prevention and rehabilitation.

enforcement of hazardous material safety regulations in accordance with the Fire Code of the Philippines.

Assistance to the Philippine Drug Enforcement Agency (PDEA) and other intelligence agencies in so far as information gathered on suspicious drug-related activities during the conduct of fire safety inspection.

Response to hazardous materials incidents in clandestine drug laboratories in accordance with PDEA and other law-enforcement agencies

**Bureau of Immigration**
Assist the Philippine Drug Enforcement Agency (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 nationals, who are persons of interest, suspected/potential drug traffickers, financiers, and others.

**Bureau of Internal Revenue**
Participate in the anti-drug financing link operations through the conduct of financial investigation.

Coordinate with law enforcement agencies upon finding of existing drug operations/drug related cases.

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.

**Bureau of Jail Management and Penology**
Enhance anti-illegal drug measures in all district, city and municipal jails.

Assist the Dangerous Drugs Board (DDB) and other agencies in the collection of data on drug-related crimes.
Enhance anti-drug measures in provincial jails.

Assist Dangerous Drugs Board (DDB) and other agencies in the collection of data on drug-related crimes.

### Bureau of Customs

As part of its border control and anti-drug smuggling mandates, conduct anti-drug operations at airports and seaports, in close coordination with the Philippine Drug Enforcement Agency (PDEA).

Assign a boarding officer to be part of the CIQ (Customs, Immigration and Quarantine) Team to assist the Philippine Drug Enforcement Agency (PDEA) in the conduct of drug interdiction operations within the country’s territorial waters.

To strictly implement all existing tariff and customs laws, and other related laws, rules and regulations, over all cargos being imported into or exported from the Philippines.

### Bureau of Corrections

Enhance anti-drug measures in prisons, penal colonies and other related facilities.

Assist the Dangerous Drugs Board (DDB) and other agencies in the collection of data on drug-related crimes.

### Civil Aviation Authority of the Philippines

Help ensure Civil Aviation Authority of the Philippines (CAAP) controlled airport terminals and facilities are drug-free.

Assist the Dangerous Drugs Board (DDB) in the prevention of drug abuse among its employees and airmen.

### Commission on Higher Education

Participate in the primary prevention program for the Demand Reduction Drive by strengthening the implementation of the National Service Training Program.

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 an official capacity as school heads, supervisors and teachers.

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.

Capacitate school administrators and personnel on preventive drug education and utilization of support instructional materials.
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

Support alternative development plan and actions to address the drug problem in the country.

Participate in providing alternative development/livelihood for marijuana cultivators toward the improvement of farm income and generate work opportunities.

Assist other agencies in providing employment support to recovering drug dependents.

Department of Education

Participate in Drug Demand Reduction through preventive drug education by:

A. Integrating in the curriculum for elementary and secondary (JHS and SHS) schools, whether public or private, instruction on drug abuse prevention and control as provided in Section 43 of RA 9165, to include: Adverse effects of the abuse and misuse of dangerous drugs on the person, the family, the school and the community; Preventive measures against drug abuse; Health, socio-cultural, psychological, legal and economic dimensions and implications of the drug problem; Steps to take when intervention on behalf of a drug dependent is needed, as well as the services available for the treatment and rehabilitation of drug dependents; and, Misconceptions about the use of dangerous drugs such as, but not limited to, the importance and safety of dangerous drugs for medical and therapeutic use as well as the differentiation between medical patients and drug dependents in order to avoid confusion and accidental stigmatization in the consciousness of the students.

B. Developing, publishing and distributing information and educational materials on dangerous drugs to students, faculty, parents and the community as provided in Section 45 of RA 9165;

C. Ensuring that student governments and student organizations shall include in their activities a program for the prevention and deterrence of the use of dangerous drugs, and referral for treatment and rehabilitation as provided in Section 42 of RA 9165;

D. Capacitating school heads, guidance counselors, and teaching and non-teaching personnel on preventive drug education and utilization of instructional, educational and information materials on preventive drug education.

E. Conducting authorized drug testing of officials, personnel, and secondary students, as provided in Section 36 of RA 9165, as part of preventive drug education.
education.

2. Contribute in drug supply reduction by fulfilling the role of school heads, supervisors and teachers as persons in authority, as provided in Section 44 of RA 9165.

3. Actively engage in related inter-agency mechanisms and activities on anti-illegal drugs.

**Department of Foreign Affairs**

Promote and harness international cooperation to strengthen the anti-drug campaign in the Philippines.

Facilitate international, regional and bilateral agreements and information exchange and participation/attendance to foreign meetings, conferences and trainings.

**Department of the Interior and Local Government**

In accordance with RA 9165, advocate, in coordination with the Dangerous Drugs Board (DDB), National Youth Commission (NYC), and Department of Social Work and Development (DSWD), 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 government units.

Monitor and ensure compliance of Local Government Units to RA 9165 on the allocation of substantial portion of their respective annual budget to assist in the anti-drug campaign in their respective localities and in maintaining their workplaces drug-free.

Enjoin all local government units to revitalize and strengthen its respective Anti-Drug Abuse Councils (ADACs), ensure its functionality, and to monitor and supervise the establishment of the community-based treatment rehabilitation and reintegration program. Engage the LGUs to conduct drug awareness, prevention and advocacy campaigns with the support of local stakeholders in the advocacy and education campaign against anti-illegal drugs and in the effective implementation of the community-based drug rehabilitation and reintegration program.

Assist in determining the type, capacity and suitable locations of the DATRCs, taking into consideration the need of the localities and the accessibility and manageability of facilities.

Enjoin the cooperation of LGUs in the establishment and support of the DATRCs and the establishment of CBDRPs, in cooperation with Dangerous Drugs Board (DDB) and Department of Health (DOH).

Establish partnerships with the private sector in relation to the establishment of DATRCs and in the conduct of advocacy and education campaigns against illegal drugs.
### Department of National Defense

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

Promulgate and implement Drug-Free Workplace and Drug-Free Camp Program.

Strengthen the Anti-Drug Advocacy Campaign Mechanism to active military/ civilian personnel, veterans and their families and dependents.

Provide the utilization of available military reservation for the establishment of rehabilitation centers.

### Department of Finance

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

### Department of Health

**REGULATORY FUNCTIONS:** Support the national drug control program to ensure access to quality drug abuse treatment and rehabilitation services to those in need.

Review and harmonize existing treatment practices across various levels of care, including aftercare programs, 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.

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 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.

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.

Assist in the establishment, operations and maintenance of 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.

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 Facilities are community-based facilities which are fully voluntary system.

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.

**CAPACITY BUILDING FUNCTIONS:** Help expand the pool of competent rehabilitation practitioners, as well as the physicians who shall conduct Drug Dependency Examination (DDE) and implement programs related to drug abuse treatment and rehabilitation services.

Formulate standard training curriculum on dangerous drugs abuse prevention and treatment across various levels of practice.

**SUPPORT TO FIELD OPERATIONS FUNCTIONS:** Provide technical assistance to programs of government and non-government organizations, communities and civil society organizations on matters related to drug abuse testing, substance use disorders, screening, assessment, prevention, treatment and control, including demand and harm reduction.

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.

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 Justice**

Through its National Prosecution Service, prosecute all drug cases expeditiously and effectively; Assist in the conduct of continuing seminars for prosecutors to enhance their capabilities in the prosecution of drug-related cases;

Prosecute money laundering cases in support of the AMLC; and

Implement/handle mutual legal assistance treaties with other countries.

**Department of Justice - National Prosecution Service**

Conduct the inquest, preliminary investigation and prosecution of cases involving violation of Republic Act No. 9165, otherwise known as the “Comprehensive Dangerous Drugs Act of 2002”.
Monitor criminal cases involving violations of R.A. No. 9165, which were filed with the Office of the Prosecutor General; maintain an updated record of the status of drugs cases; adopt systems, and procedures and conduct special research on illegal drugs, as will expedite their monitoring and disposition.

**Department of Labor and Employment**

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.

Support the reintegration of recovering drug dependents through policy development and implementation.

**Department of Science and Technology**

Provide central direction, leadership and coordination of scientific and technological efforts and ensure that results therefrom are geared and utilized in areas of maximum economic and social benefits for the people.

Through the Industrial Technology Development Institute, conduct drug-related research, provide advanced analytical testing and characterization of illicit interrelated drug samples, and conduct calibration and measurement services in coordination with the Dangerous Drugs Board (DDB) and other concerned agencies.

**Department of Transportation**

Assist the PDEA in the conduct of anti-drug operations through its sectoral and attached agencies.

Assist the Dangerous Drugs Board (DDB) in advocacy programs on the prevention of drug abuse among transport personnel.

**Department of Public Works and Highways**

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.

Coordinate with other agencies in providing employment support to recovering drug dependents.

**Department of Social Welfare and Development**

Provide technical assistance on family and community-based interventions to strengthen LGU’s drug prevention programs with the support and participation of
stakeholders.

Revisit and improve 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.

Enhance the aftercare and reintegration program for rehabilitated drug personalities through the Yakap Bayan Framework of Intervention.

Provide capability-building and technical assistance to LGUs and partners in the implementation of aftercare and reintegration support services.

Develop policies/guidelines on aftercare, reintegration, and support services for rehabilitated drug personalities and their families in support of the PADS.

Assess referred clients and apply/refer to appropriate alternative development/livelihood programs or agencies in cases where the local social welfare and development offices lack sufficient capacity to provide on their own.

Ensure that the DSWD’s operated centers, institutions, and community-based programs are drug-free through implementation and monitoring of drug prevention programs.

Institutionalize the protection and rehabilitation of children and women against involvement in illegal drugs.

Take protective custody of minors involved in drug-related activities as ordered by courts and provide and refer for appropriate interventions.

Ensure integration of anti-drug policies in poverty alleviation and other related development programs.

Provide social welfare services and interventions to families of Overseas Filipino Workers who are victims and involved in illegal drug activities.

Accredit Civil Society Organizations that provide community services as part of the aftercare and follow up program.

Develop and implement programs and other support interventions to family and communities affected by illegal drugs.

Ensure implementation of Drug-Free Workplace Policy in the Department and its attached agencies.

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 illegal drugs; promote multi-sectoral campaigns against illegal drugs, and establish partnerships with civil society organizations and other stakeholders.
Strengthen networks of community volunteers (in Bayanihang Bayan) to support the Yakap Bayan Framework of Intervention for recovering drug personalities and drug prevention campaigns.

**Department of Trade and Industry**

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

Provide technical/skills training/livelihood start-up kits.

Provide an avenue to market the products produced by the target beneficiaries. Provide assistance in availing loan facility program through the Small Business Corporation.

Provide product development assistance such as packaging and labeling for the marketability of the product.

Provide business-related assistance through the Negosyo Centers established on over 1,000 municipalities nationwide.

**Land Transportation Franchising and Regulatory Board**

Assist the Dangerous Drugs Board (DDB) in the collection of data relative to RA No. 10586, otherwise known as the “Anti-Drunk and Drugged Driving Act of 2013” for all Public Utility Vehicle drivers.

Assist the Dangerous Drugs Board (DDB) in advocacy programs on the prevention of drug abuse among PUV drivers and other public utility transport personnel.

**Land Transportation Office**

Submit and collect data in relation to RA No. 10586, otherwise known as the “Anti-Drunk and Drugged Driving Act of 2013”.

Assist the Dangerous Drugs Board (DDB) in advocacy programs on the prevention of drug abuse among drivers and other transport personnel.

**Manila Jockey Club Incorporated**

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.

Further provide funds or sponsorships for anti-drug awareness seminars/lectures within the community where the business of MJCI is located.

**Metropolitan Manila Development Authority**
Promote and participate on its own or in collaboration and partnership with other stakeholders, various anti-drug campaign activities utilizing all available media and communication platforms in MMDA-owned and controlled facilities and other public spaces in Metro Manila.

Promote and participate in the conduct of trainings, seminars and other programs on drug abuse prevention education and rehabilitation in cooperation with Metro Manila Local Government Units and other stakeholders.

Actively liaise with the Local Government Units through their Anti-Drug Abuse Councils (ADACs) in their efforts in drug abuse prevention. Participate in Dangerous Drugs Board and Philippine Drug Enforcement Agency on preventive drug education advocacy programs to be cascaded to the MMDA employees. Coordinate with the Dangerous Drugs Board (DDB) and Philippine Drug Enforcement Agency (PDEA) as regards their anti-drug campaign messages to be posted in existing MMDA electronic billboards and island markers.

**National Bureau of Investigation**

To conduct investigation and operation against illegal drugs/ anchored on its primary jurisdiction in transnational crime under R.A. No. 10867.

**National Intelligence Coordinating Agency**

Continuously monitor drug-related activities involving government elected officials and uniformed personnel and share information to concerned agencies for their appropriate action.

**National Youth Commission**

With the Philippine Youth Development Plan (PYDP) 2017-2022 as platform, coordinate the implementation of key youth development programs on drug abuse prevention and control, and youth drug dependents' rehabilitation.

Integrate youth participation in drug abuse prevention as one of the theme in the conduct of the National Youth Assessment Study.

Issue policy advisories to national government agencies, Congress, and local government units on strengthening youth participation on drug abuse prevention.

Provide technical support in the planning and implementation of national and local drug abuse prevention campaigns among the youth.

Coordinate with the DILG and DSWD to come up with a strategic direction (2020-2022) in the establishment of Special Drug Education Centers (SDEC).

**Office of the Solicitor General**

Represent the government in the Supreme Court and Court of Appeals in criminal proceeding involving illegal drugs.
Develop and implement policies, activities, and programs on drug abuse prevention for officials and employees of the OSG.

Provide legal services to the Dangerous Drugs Board (DDB) and Philippine Drug Enforcement Agency (PDEA) when necessary.

**Overseas Workers Welfare Administration**

Assist the Board in the implementation of drug abuse prevention education programs for Overseas Filipino Workers (OFWs) and their families.

**Philippine Amusement and Gaming Corporation**

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.

**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.

**Philippine Coast Guard**

Assist the Philippine Drug Enforcement Agency (PDEA) in the enforcement of laws on dangerous drugs and controlled chemicals at sea or along coastal areas by providing intelligence support, troop augmentation, K9 units, sealift capabilities within the maritime jurisdiction of the Philippines.

**Presidential Communications Operations Office**

Facilitate the development and implementation of a Communications Engagement Plan for the PADS in coordination and with the participation/support of all NGAs, LGUs, GOCCs and participating NGOs.

Facilitate the airing of relevant anti-drug campaigns through all forms of media.

Assist in the development, printing and production of information, education and communication materials.

**Philippine Charity Sweepstakes Office**

Provide funds for the needs of Drug Rehabilitation Centers.

**Philippine Center on Transnational Crime**

Facilitate linkages with INTERPOL General Secretariat and other foreign law enforcement agencies through other INTERPOL National Central Bureaus (NCB) in anti-illegal drug operations.
Facilitate linkages with INTERPOL General Secretariat and other foreign law enforcement agencies through other INTERPOL National Central Bureaus (NCB) in anti-illegal drug operations.

**Philippine Drug Enforcement Agency**

Coordinate the participation of all stakeholders and duty-bearers in the anti-drug campaign and act as chair of the Inter-Agency Committee on Anti-Illlegal Drugs (ICAD).

Act as lead agency in the enforcement of the provisions of the anti-drug law and implementer of the national drug control strategy.

**Philippine Health Insurance Corporation**

Ensure the provision of the minimum standards of medical interventions to safely manage the acute physical symptoms of withdrawal associated with stopping drug use through a medical detoxification package.

**Philippine National Police**

In coordination with Philippine Drug Enforcement Agency (PDEA), conduct intelligence-driven police operations in support of the supply reduction drive.

Legal offensive drive through filing of strong cases to ensure conviction in court.

Enhance the demand reduction strategy through Police Community Relations (PCR) Advocacy Programs in partnership with all government agencies, non-government organizations (NGOS), Faith-Based Organizations and other stakeholders.

**Philippine Overseas Employment Administration**

Monitor the program on drug abuse prevention education for Overseas Filipino Workers (OFWs) through the conduct of Pre-Employment Orientation Seminars (PEOS).

**Philippine Ports Authority**

Provide security to cargoes, port equipment, structure, facilities, personnel, and documents, provided however, that in the ports of entry, physical security to import and export.

Regulate entry to, exit from, and movement within the port of watercraft.

Maintain peace and order inside the port, in coordination with local police authorities.

Supervise private security agencies operation within the port area.
Enforce rules and regulations promulgated by authority pursuant to law.

**Functions as support to PADS:**
Provide support by providing office to Philippine Drug Enforcement Agency (PDEA) personnel and holding area for their K9 units.

Provide security equipment and facilities at seaports that are capable to detect illegal drugs.

Implement Drug-Free Workplace in compliance with the Dangerous Drugs Board (DDB), Civil Service Commission (CSC), and Department of Labor and Employment (DOLE) regulations for organic, non-organic personnel and port users.

<table>
<thead>
<tr>
<th>Parole and Probation Administration (DOJ-PPA)</th>
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<tbody>
<tr>
<td>Through its National Prosecution Service, prosecute all drug cases expeditiously and effectively;</td>
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<tr>
<td>Assist in the conduct of continuing seminars for prosecutors to enhance their capabilities in the prosecution of drug-related cases;</td>
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<tr>
<td>Prosecute money laundering cases in support of the AMLC; and</td>
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<tr>
<td>Implement/handle mutual legal assistance treaties with other countries. Coordinate thru referrals for background verification of PDSLs applying for parole or executive clemency to Philippine Drug Enforcement Agency (PDEA) and other concerned agencies.</td>
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<tr>
<td>Establish an information system to electronically gather information regarding clients with drug-related cases.</td>
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<tr>
<th>Philippine Postal Corporation</th>
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<tbody>
<tr>
<td>Proper coordination with Philippine Drug Enforcement Agency (PDEA) and Bureau of Customs in the conduct of anti-drug operations in detecting/interdicting drugs being shipped through mails, parcels and packages.</td>
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<tr>
<td>Proper implementation of customs regulations on parcels being transported through local and international entry and exit points and available platforms.</td>
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<tr>
<th>Philippine Racing Commission</th>
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<tr>
<td>Provide more 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.</td>
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<tr>
<th>Philippine Statistics Authority</th>
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<tbody>
<tr>
<td>Provide technical assistance to the Dangerous Drugs Board (DDB) in the conduct of a nationwide survey to determine drug abuse prevalence in the Philippines through review of the survey’s design/methodology and questionnaires.</td>
</tr>
</tbody>
</table>
Technical Education and Skills Development Authority

Participate on the primary prevention program for the Demand Reduction Drive by integrating drug abuse prevention concepts in the technical and vocational education and training.

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 (TVI).

Assist in the implementation of primary prevention programs through development and publication of information and educational materials on dangerous drugs and distribution of these to students/trainees, faculty, parents and the community.

Provide skills training for recovering (whenever possible) drug dependents in Treatment and Rehabilitation Center, Recovery Clinics, and Recovery Homes (half-way houses) and those enrolled in Community-Based Treatment and Rehabilitation programs.

Dangerous Drugs Board

Formulate, develop and establish a comprehensive, integrated, unified and balanced national drug use prevention and control strategy;

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 violations of such rules and regulations;

Conduct policy studies, program monitoring and evaluations and other researches on drug prevention, control and enforcement;

Initiate, conduct and support scientific, clinical, social, psychological, physical, and biological research on dangerous drugs and dangerous drugs prevention and control measures;

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;
### Office of the Solicitor General

Represent the government in the Supreme Court and Court of Appeals in criminal proceeding involving illegal drugs.

Develop and implement policies, activities, and programs on drug abuse prevention for officials and employees of the OSG.

Provide legal services to the Dangerous Drugs Board (DDB) and Philippine Drug Enforcement Agency (PDEA) when necessary.

### Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), Private Organizations (POs) and other Organizations

Encourage and support programs on the integration of recovering drug dependents.

Participate and/or support the anti-drug campaign through the implementation of drug-related activities that would encourage citizens to become advocates.

Establish partnerships with relevant institutions for the effective implementation of anti-drug abuse programs in local communities.

Mobilize the citizenry in the conduct of special events on drug abuse prevention.

Encourage business organizations to include anti-drug programs in the exercise of their corporate social responsibility.

Encourage integration to society of recovering drug dependents.

### Local Government Units (LGUs)

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.

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.

Maintain, with the assistance of other concerned agencies, the effective operation of SDECs in their respective provinces and highly-urbanized cities and independent component cities. 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.)
Assist in the conduct Barangay Clearing Operations in the different drug-affected barangays to clear and convert them into anti-drug self-policing communities through active drug education campaigns.

Assist law enforcement agencies in the Supply Reduction Drive, in accordance with existing policies.

Initiate/implement community-based prevention and treatment or community-based rehabilitation programs.
# PHILIPPINE ANTI-ILLEGAL DRUGS STRATEGY INDICATORS

<table>
<thead>
<tr>
<th>PADS INDICATORS</th>
<th>1</th>
<th>Number of Primary Health Care Centers with Drug Prevention Services</th>
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<tbody>
<tr>
<td>2</td>
<td>Number of PWUDs who availed community-based drug abuse interventions and aftercare</td>
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<tr>
<td>3</td>
<td>Integration of DILG drug programs and policies in the Seal of Good Governance Award</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of faith-based organizations, foundations, civil society organizations and non-government organizations engaged in drug use prevention and control</td>
<td></td>
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<tr>
<td>5</td>
<td>Number of faith-based organizations, foundations, civil society organizations, non-government organizations involved in community-based drug abuse interventions and aftercare</td>
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<tr>
<td>6</td>
<td>Number of community-based drug programs including the aftercare and reintegration programs</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total amount allocated annually for rehabilitation facilities</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Number of government-owned treatment and rehabilitation centers accredited by DOH established</td>
<td></td>
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| 9               | Number of Health Providers with Drug Prevention Services having the following components:  
|                 | • Screening and referral system  
|                 | • With broad range of available services and modalities at the community level  
|                 | • Client feedback system |
| 10              | Percentage of barangays with functional BADAC |
| 11              | Percentage of municipalities with functional MADAC |
| 12              | Percentage of cities with functional CADAC |
| 13              | Percentage of provinces with functional PADAC |
| 14              | Accreditation system for rehabilitation program service providers established |
| 15              | Number of Government and Private treatment facilities with at least one staff who completed Certification program on drug prevention and treatment |
| 16              | Number of Persons Who Use Drugs (PWUDs) with three or less readmission |
| 17              | Number of Substance Use Help Lines for Persons Who Use Drugs (PWUDs) and At-risk individuals established |
| 18              | Percentage of BADAC members trained on drug prevention and control |
| 19              | Percentage of MADAC members trained on drug prevention and control |
| 20              | Percentage of CADAC members trained on drug prevention and control |
| 21              | Percentage of PADAC members trained on drug prevention and control |
| 22              | Number of treatment center staff, social and health workers with trainings in community drug prevention and treatment |
| 23              | Percentage of Implementing Agencies’ staff trained on:  
<p>|                 | • Policy development |</p>
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<tbody>
<tr>
<td></td>
<td>Program Management</td>
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<td></td>
<td>Monitoring and Evaluation</td>
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<td></td>
<td>Evidence-based practices</td>
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<tr>
<td></td>
<td>Stakeholders’ Engagement</td>
</tr>
<tr>
<td>24</td>
<td>Number of guidance counselors and school officials trained on early detection, identification, and referral</td>
</tr>
<tr>
<td>25</td>
<td>Number of government agencies with existing and operational drug-free workplace policies and programs based on RA No. 9165 and DDB Regulations</td>
</tr>
<tr>
<td>26</td>
<td>Number of private companies with existing and operational drug-free policies and programs based on RA No. 9165 and DDB Regulations</td>
</tr>
<tr>
<td>27</td>
<td>Percentage of schools with functional PDE program</td>
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<tr>
<td>28</td>
<td>Number of students trained on life skills in relation to drug prevention and control</td>
</tr>
<tr>
<td></td>
<td>Number of individuals tested for drug use:</td>
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<tr>
<td>29</td>
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<tr>
<td>30</td>
<td>Number of students subjected to random drug testing</td>
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<tr>
<td>31</td>
<td>Number of trained Barkada Kontra Droga members</td>
</tr>
<tr>
<td>32</td>
<td>Number of Barkada Kontra Droga Chapters in the Philippines</td>
</tr>
<tr>
<td>33</td>
<td>Percentage of municipalities/cities with community-based drug rehabilitation program including the aftercare and reintegration programs</td>
</tr>
<tr>
<td>34</td>
<td>Number of Balay Silangan facilities established</td>
</tr>
<tr>
<td>35</td>
<td>Number of Project Sagip Batang Solvent Pilot Facility operationalized</td>
</tr>
<tr>
<td>36</td>
<td>Number of government and non-government institutions regularly oriented on the Philippine Anti-Ilegal Drugs Strategy</td>
</tr>
<tr>
<td>37</td>
<td>Number of barangays provided with alternative development programs</td>
</tr>
<tr>
<td>38</td>
<td>Number of household heads/members from drug-affected communities who undergone community-based drug rehabilitation program obtained legitimate source of income</td>
</tr>
<tr>
<td>39</td>
<td>Number of plantation sites used for illicit drugs eradicated</td>
</tr>
<tr>
<td>40</td>
<td>Number of international engagements participated in</td>
</tr>
<tr>
<td>41</td>
<td>Number of Drug surrenderees, Persons Who Use Drugs (RPWUDs), and Convicted drug offenders who served prison terms provided with alternative development programs and aftercare services.</td>
</tr>
<tr>
<td>42</td>
<td>Number of alternative development programs and aftercare services provided for Drug surrenderees, Persons Who Use Drugs (PWUDs), and Convicted drug offenders who served prison terms</td>
</tr>
<tr>
<td>43</td>
<td>Number of drug dependent PDL sent for rehabilitation and treatment and aftercare services</td>
</tr>
<tr>
<td>44</td>
<td>Integrated Drug Testing Operations and Management of Information System upgraded</td>
</tr>
<tr>
<td>45</td>
<td>Number of professionals sanctioned for violating issuances of the Board</td>
</tr>
<tr>
<td>Number</td>
<td>Description</td>
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<tr>
<td>46</td>
<td>Number of pharmaceuticals and chemical companies sanctioned for violating issuances of the Board</td>
</tr>
<tr>
<td>47</td>
<td>Number of drug related policies and regulations reported</td>
</tr>
<tr>
<td>48</td>
<td>Number of PADS central monitoring and evaluation systems and procedures established by the DDB</td>
</tr>
<tr>
<td>49</td>
<td>Number of implementing agencies including the local government units and institutions of learning with researches conducted on drug prevention and control</td>
</tr>
<tr>
<td>50</td>
<td>Number of researches conducted on drug prevention and control by the implementing agencies including the local government units and institutions of learning</td>
</tr>
<tr>
<td>51</td>
<td>Number of issuances on drug matters reviewed and harmonized with PADS</td>
</tr>
<tr>
<td>52</td>
<td>Number of mortality secondary to illegal drug overdose</td>
</tr>
<tr>
<td>53</td>
<td>Number of international activities initiated for sharing of best practices in drug prevention and control</td>
</tr>
<tr>
<td>54</td>
<td>Number of submitted reports/compliance to international commitments</td>
</tr>
<tr>
<td>55</td>
<td>Number of submitted proposals for funding and implementation of ASEAN</td>
</tr>
<tr>
<td>56</td>
<td>Number of study tours with ASEAN/international partners in drug prevention and control</td>
</tr>
<tr>
<td>57</td>
<td>Number of MOU signed in bilateral agreements</td>
</tr>
<tr>
<td>58</td>
<td>Number of tie-up projects with other countries</td>
</tr>
<tr>
<td>59</td>
<td>Number of barangays declared “drug-cleared”</td>
</tr>
<tr>
<td>60</td>
<td>Number of illegal drug activities reported and acted upon</td>
</tr>
<tr>
<td>61</td>
<td>Total volume of illegal drugs seized by drug type</td>
</tr>
<tr>
<td>62</td>
<td>Total volume of illegal drugs destroyed by drug type</td>
</tr>
<tr>
<td>63</td>
<td>Number of search and seizure operations conducted in jail facilities</td>
</tr>
<tr>
<td>64</td>
<td>Number of Inter-Agency Drug-Related Intelligence Workshops conducted</td>
</tr>
<tr>
<td>65</td>
<td>Percentage of law enforcers provided with drug-related operational checklist (OCL)</td>
</tr>
<tr>
<td>66</td>
<td>Percentage of lectures on chain of custody for handling persons and drug evidences and other anti-drug concerns as requested</td>
</tr>
<tr>
<td>67</td>
<td>Number of uniform modules on chain of custody and the rules on search and arrests crafted</td>
</tr>
<tr>
<td>68</td>
<td>Total amount of money and/or properties of drug dealers frozen by AMLC and forfeited in favor of the government</td>
</tr>
<tr>
<td>69</td>
<td>Number of persons provided with legal and other assistance in filing of petitions for voluntary confinement</td>
</tr>
<tr>
<td>70</td>
<td>Number of legal clinics conducted in relation to RA 9165</td>
</tr>
<tr>
<td>71</td>
<td>Number of drug offenders arrested</td>
</tr>
<tr>
<td>72</td>
<td>Number of drug cases filed</td>
</tr>
<tr>
<td>73</td>
<td>Percentage of legal assistance provided as requested to qualified law enforcement officers</td>
</tr>
<tr>
<td>74</td>
<td>Number of drug offenders convicted</td>
</tr>
<tr>
<td>75</td>
<td>Number of drug offenders, prosecutors and judges oriented on procedures and protocols on handling drug cases</td>
</tr>
<tr>
<td>76</td>
<td>Percentage of case build-up / case conferences provided as requested</td>
</tr>
<tr>
<td>77</td>
<td>Number of appealed cases submitted</td>
</tr>
<tr>
<td>78</td>
<td>Total volume of drugs seized in seaports and airports</td>
</tr>
<tr>
<td></td>
<td>Description</td>
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<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>79</td>
<td>Number of seaport interdiction operations</td>
</tr>
<tr>
<td>80</td>
<td>Number of airport interdiction operations</td>
</tr>
<tr>
<td>81</td>
<td>Number of seaport and airport interdiction trainings conducted</td>
</tr>
</tbody>
</table>