

TREATMENT OF DRUG DEPENDENTS IN THE PHILIPPINES

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I. INTRODUCTION

The Philippines is one of the countries facing problems relative to illicit drugs. The illegal drug trade has victimized many Filipinos in many different ways. Evidence of this is the ballooning number of prisoners in jails and prison, and even under community-based correction like parole and probation, who are charged with drug related offences, and accordingly provided with multi-faceted treatments and intervention programmes. With this fact also, the government endeavoured to safeguard its citizenry from the harmful effects of dangerous drugs on their physical and mental well-being, and to defend the same against acts or omissions detrimental to their development and preservation.

The Comprehensive Dangerous Drug Act of 2002, which passed into law on 7 June 2002, overhauled the 30 year old Republic Act No. 6425, the Dangerous Drugs Law of 1972. The 2002 Act increased penalties for drug related offences while placing more emphasis on rebuilding lives through rehabilitation and treatment. This law shows intent of the present legislature to pursue an intensive campaign to eliminate the drug menace and reintegrate its victims into society. Significantly, this law provides for both a voluntary submission programme and compulsory confinement for the rehabilitation and treatment of drug dependents.

II. PROGRAMME OF TREATMENT AND REHABILITATION

A. Voluntary Submission

Under Section 54 of Republic Act No. 9165, a drug dependent or any person by him or herself or through his or her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, may apply to the Board or its duly recognized representative, for treatment and rehabilitation of the drug dependency.

Upon such application, the Board shall bring forth the matter to the court which shall order that the applicant be examined for drug dependency. If the examination by the DOH-accredited physician results in the issuance of a certification that the applicant is a drug dependent, he or she shall be ordered by the court to undergo treatment and rehabilitation in a centre designated by the Board for a period of not less than six months: Provided, that a drug dependent may be placed under the care of a DOH-accredited physician where there is no centre or access to the residence of the drug dependent or where said drug dependent is below 18 years of age and is a first time-offender and non-confinement in a centre will not pose a serious danger to his or her family or the community. Confinement in a centre for treatment and rehabilitation shall not exceed one year, after which time the court, as well as the Board, shall be apprised by the head of the treatment and rehabilitation centre of the status of the said drug dependent and determine whether confinement will be for the welfare of the drug dependent and his or her family in the community.

B. Compulsory Submission (Drug Dependent Charged with an Offence)

If a person charged with an offence where the imposable penalty is imprisonment of less than six years and one day, and is found by the prosecutor or by the court, at any stage of the proceedings, to be a drug dependent, the prosecutor or the court, as the case may be, shall suspend all further proceedings and transmit copies of the record of the case to the Board. In the event the Board determines, after medical

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examination that public interest requires that such drug dependent be committed to a centre for treatment and rehabilitation, its shall file a petition for his or her commitment with the regional trial court of the province or city where he or she is being investigated or tried: provided, that where a criminal case is pending in court, such petition shall be filed in the said court. The court shall take judicial notice of the prior proceedings in the case and shall proceed to hear the petition.

If the court finds him or her to be a drug dependent, it shall order his or her commitment to the court every four months, or as often as the court may require, a written report on the progress of the treatment. If the dependent is rehabilitated, as certified by the center and the Board, he or she shall be returned to the court which committed him, for his or her discharge therefrom. Thereafter, his or her prosecution for any offence punishable by law shall be instituted or shall continue, as the case may be. In case of conviction, the judgment shall, if the accused is certified by the treatment and rehabilitation centre to have maintained good behaviour, indicate that he or she shall be given full credit for the period he or she was confined in the centre: Provided, however, that when the offence is for the violation of section 15 of R.A. No. 9165 and the accused is not a recidivist, the penalty thereof shall be deemed to have been served in the centre upon his or her release therefrom after certification by the centre and the Board that he or she is rehabilitated.

C. Treatment of Drug Dependent Offender (Inmates with Special Needs) under the Custody of the Bureau of Jail Management and Penology (BJMP)

Under the BJMP Manual Revised 2007 Edition, inmates with special needs should not be held in jails with other "regular" inmates. This provision applies with drug dependent offenders. However, given the reality of budget constraints, the increasing inmate population, insufficient facilities and inadequately equipped detention homes, Wardens and Jail Officers shall endeavour to provide the best arrangement they can for such inmates, in keeping with this rule. It is assumed that the inmates have been properly classified for the purpose. The following guidelines shall be observed in the handling of drug dependents:

- Inmates found to be drug users/dependents/addicts should be segregated from other inmates, especially during the withdrawal period, and close supervision of inmates shall be maintained to prevent attempts to commit suicide or self-mutilation;
- Only qualified physicians shall prescribe sedatives/stimulants deemed necessary for the inmate's treatment and appropriate measures should be taken to enable inmates to follow strictly the jail physician's advice regarding diet and other medical interventions/treatments during the withdrawal period; and
- Regular searches of the inmate's quarters shall be conducted and constant alertness shall be maintained to prevent the smuggling of narcotics and other dangerous drugs.

III. PRESENT PRACTICES

A. Treatment of Drug Dependents by the Department of Health (DOH)

Treatment of drug dependents is principally carried out by the DOH through voluntary and compulsory schemes by observing the processes and procedures enumerated in Sections 54 and 61 of Republic Act No. 9165.

In every region, there is a Drug Abuse Treatment and Rehabilitation Center (DATRC) operated by the DOH. Hereunder are some of the facilities in the country visited for the purpose of the substantiating this report:

- DOH – Substance Abuse Treatment and Rehabilitation Center (SATRC). This facility in Barangay Rumbang, Pototan, Iloilo Province requires that a drug dependent/patient should undergo detoxification first at the Western Visayas Medical Center in Iloilo City prior to confinement at the Center. A Therapeutic Community Modality Program (TCMP) is offered and applied in the rehabilitation process. The Center requires a minimal monthly payment for accommodation and food for patient, exclusive of the medicines and personal hygiene materials. Formerly, this facility is operated by the Philippine National Police Narcotics Command (PNP NARCOM) and has applied a "multi-disciplinary" approach in the rehabilitation programme. It can accommodate approximately 50 patients in one setting.

- DOH – Treatment and Rehabilitation Center inside Camp Bagong Diwa, Bicutan, Taguig, Metro Manila, National Capital Region (NCR). Like its sister facility in Iloilo Province (Western Visayas Region), it has also applied and followed uniform procedures, except that the detoxification process for confinement is no longer required. It requires no payment for accommodation and subsistence and it also shoulders the cost of all the medicines for the treatment of the patient. The personnel assigned in the facility, mostly with 15–20 years’ service, shared their experience that the “multi-disciplinary” approach in the rehabilitation of the drug dependent is more effective than the present TCMP that they are employing, taking into account the value system, character and attitude of the drug dependent-patients.
- Private institutions like the New Life Center in the Municipality of Oton, Province of Iloilo, Philippines. This private facility requires a monthly payment of 25,000.00 (Ph pesos) for its treatment services. Since this facility is accredited by the DOH, it also offers TCMP in the rehabilitation programme. Other private institutions in the area, like the Self-Enhancement for Life Foundation in Alabang, Muntinlupa City, National Capital Region in Manila and in Talisay, Batangas and other private drug rehabilitation centres accredited by the DOH employ the “Christian 12 Step Ministry” programme.

B. Treatment of Drug Dependent Offenders by the Bureau of Jail Management and Penology and other Correctional Services, Parole and Probation Administration

Treatment of drug dependent offenders is the responsibility of the jail management/correctional administration and the Parole and Probation Administration. These agencies uniformly employ and administer TCMP in the rehabilitation and treatment of drug dependent offenders in their respective custody.

C. Treatment of Chronic Drug Dependents/Chronic Drug Dependent Offenders by the DOH and by Local Government Unit (LGU)

The Iloilo City Government established and operated the Center for the Care of the Mentally Ill (for residents of the city only). It offers free accommodation but the cost of subsistence and medicines are borne by the families of the patients. It has the capacity to cater for 50 patients in one setting.

DOH – Western Visayas Medical Center Psychiatric Department Main Office at Mandurriao, Iloilo City and Annex in the Municipality of Pototan, Province of Iloilo, Western Visayas. This facility requires a family member to stay with the patient on a 24-hour basis. This facility involves the family in the treatment process.

National Center for Mental Health (NCMH), Mandaluyong City. Treats chronic drug dependents offenders referred by a valid court order duly signed by the Judge. Usually the patient/inmates are coming from the custody of the BJMP.

IV. BUREAU OF JAIL MANAGEMENT AND PENOLOGY

A. Performance and Contribution to Ease the Problem

The Bureau of Jail Management and Penology’s pursuit of excellence is inspired by its acronym B.J.M.P, which unofficially stands for Best Jail Management Practice. Best jail management practice is always given a paramount consideration in its day to day operations and developmental plans. Significantly, it is also where the BJMP’s role in the treatment of drug-dependent offenders comes into play.

The search for the BJMP’S Nationwide Best takes place annually to motivate all officers and members of the Jail Bureau; to boost the morale and welfare of jail personnel and to strive for more accomplishments, more innovations and best practices in response to the challenge of keeping the rule in the treatment of inmates with special needs (like drug dependent offenders) despite budget constraints, congestion, insufficient facilities and inadequately equipped detention homes, wherein Wardens and Jail Officers endeavour to provide the best arrangements they can for the benefit of their clientele.

The BJMP is serious in its drive to accomplish its objectives and mandates. As a matter of fact, various policies and intervention programmes were already implemented effectively for the benefit of drug dependent offenders. Drug dependent offenders are also considered “inmates with special needs” in the light of the BJMP Manual Revised 2007 Edition. Certainly, their needs are properly attended to; they are

segregated, closely supervised and monitored, referred to accredited physicians for consultation and are given medicines.

In an effort of the BJMP National Leadership to make the life of inmates worthwhile and productive while under detention or serving sentence and to effectively treat drug dependent offenders, the Comprehensive Policy on the Implementation, Monitoring and Evaluation of the Therapeutic Community Modality Training of the Bureau of Jail Management and Penology was regulated through BJMP NHQ Standard Operating Procedure (SOP) Number 2010-01 dated 4 February 2010.

For the purpose of strengthening the TC programme, another set of Policy Guidelines on the Implementation of "*Tagapangalaga ko, Guro ko*" of the BJMP was also regulated through BJMP NHQ Standard Operating Procedures Number 2010-02 dated 15 March 2010. Its objective is to provide education to interested inmates who are willing to continue their elementary and secondary schooling while under the care of the BJMP; to mould and develop the inmate's behaviour through upgrading their educational level while taking time in jail for them to be prepared for their eventual reintegration into mainstream society.

As far as BJMP'S direction and in consonance with the Marching Orders of His Excellency President Benigno Simeon C. Aquino III, the BJMP, under the leadership of J/Director Rosendo M Dial, CESO III, conceptualized the J.A.I.L.S First Program. It is the BJMP'S Road Map for the next five years with an extended timeline up to 2020. Its an acronym of BJMP'S Commitment to the Social Contract of the President. It means:

- J – Jail Management and Services
- A – Acquisition of manpower, training and seminars
- I – Innovations and Best Practices
- L – Logistical Support
- S – Support from the Top

First Program

- **Note:** "Support from the Top" means policies and legislation that need to be institutionalized. These emanated not only from the BJMP leadership but also from other departments or agencies of the government. BJMP is continuously and passionately appealing to Congress for the passage of the Jail System Comprehensive Development Bill or an Act providing for the Modernization of the Jail System and six other priority bills.

In Region 6 (Western Visayas Region), the Regional Service Providers Council, an implementing arm of the Adopt-A-Jail Program was able to forge partnerships with various religious organizations. Basically, its contributions had solidified the moral and spiritual well-being of the inmates. It has been a catalyst, bridging gaps between inmates and their families through regular visitation, fellowship and celebration of the Family Congress.

B. DILG Support to BJMP's Effort

Department Circular No. 2009-02 was issued, dated 11 February 2009, with the Subject: Intensified Anti-Illegal Drugs Campaign in District, City and Municipal Jails. This is in line with the President's directive for the Government to intensify its anti-illegal drugs campaign, and in order to eradicate illegal drug activities in district, city and municipal jails, the BJMP is directed to adhere with this circular.

V. UNDERLYING DIFFICULTIES AND CHALLENGES

A. Number of Drug Dependents

The available beds in government-operated rehabilitation centres are very limited, in terms of the number of facilities and capacity for housing, and require monthly payment for accommodation, subsistence allowance, and sometimes for medicines, thus, making it difficult for poorer drug dependents to avail of the treatment.

Some of the personnel running the programme in the treatment of drug dependents are not trained for the job, especially in the implementation of the TCMP programme. This creates invalid comparisons of the “approaches” they are accustomed to.

There are several privately operated drug treatment centres that offer good services, but at an amount of money much beyond the reach of the average Filipino family.

B. Number of Drug Dependent Offenders

There is a pressing congestion problem in almost all jails and prisons in the country, be it under the BJMP, Bureau of Correction (BUCOR), or the provincial jails, thus making it difficult to segregate drug dependent offenders from other inmates, although there is a clear policy on this requirement.

BJMP has a limited number of physicians and psychiatrists. They are usually assigned to the National Headquarters and the National Capital Region and the jails in the region depend on the initiative of the warden and wardresses to remedy their plight and to collaborate with other government agencies that are also mandated to treat drug dependents and drug dependent offenders. Thus, there is Annual Search for the “Best Warden and Wardresses” to acknowledge such initiatives.

The budget allocation for medicine is very limited.

Not all drug dependent offenders receive treatment, even if treatment services are available, due to the large jail population and limited personnel tasked to give the treatment.

C. Implementation of Therapeutic Community Modality Program (TCMP)

Only few selected personnel were trained how to operate TCMP.

Only selected jails availed of TCMP, which is widely used in the treatment of drug dependent offenders.

TCMP'S that were started in the prisons and jails, likewise suffer from shortage of adequate facilities and unequivocal support from jail and prison authorities.

Government practices, as applied to the BJMP, of constant personnel reshuffles and career advancement through various avenues has greatly hampered the implementation and development of TCMP.

There is skepticism of TCMP as an effective tool in the treatment of drug dependent and drug dependent offenders and “multi-disciplinary” approaches are considered better treatment programmes than TCMP.

VI. RECOMMENDATIONS

A. Large Number of Drug Dependents and Drug Dependent Offenders

1. Hold a summit/conference among concerned agencies to seriously address the problem of drug dependency, to intensify collaboration and to identify policy gaps and fill-in such gaps.
2. Revisit every agency's mandate and reconsider drug dependency treatment as their priority thrust.
3. Congress should allocate sufficient funds for the treatment of drug dependents and drug dependent offenders, including funds for purchase of needed medicines.
4. Employ more personnel in the treatment of drug dependent offenders, including employment of additional physicians and psychiatrists.
5. Push through the plan to construct the “CONDOLUNGAN System” (Condominium- Detention Facility for rent) and incorporate in its plan the facility for drug dependent offenders who desire to avail of related services.

B. For Implementation of Therapeutic Community Modality Program

1. Train more personnel/operators for TCMP by those who are competent (trained by the DAYTOP

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- International) and maybe seek also International Narcotics Law Enforcement Affairs (INL) support.
2. Seriously implement TCMP in all jails and prison facilities for the benefit of drug dependent offenders.
 3. Conduct research on the effectiveness of TCMP in the treatment of Filipino drug dependent offenders as compared with other rehabilitation approaches.
 4. Regulate the reassignment of TCMP operators to safeguard the implementation of the programme.