

DRUG ABUSE AND THE LAW*

MARIA CLARA L. CAMPOS**

Drug abuse and drug dependence are problems which confront not only the physicians, psychologists, educators and sociologists, but also, and probably even more so, the lawyers. To them belongs the responsibility of making many of the final decisions concerning the use of drugs. They often participate actively in the implementation and the enforcement of the various laws governing drugs. The trial lawyer, whether as prosecutor or as defense counsel, plays a crucial role in the criminal cases involving alleged drug abusers. As a judge, the lawyer is often faced with the difficult task of handing down humane decisions without violating his solemn duty to uphold the law. But perhaps the lawyer's greatest responsibility with respect to the drug problem is in the area of law-making and law reform.

What is drug dependence? What is drug abuse? The term "drug dependence" which has recently found more favor than the term "drug addiction", is defined by the Dangerous Drugs Act as "a state of psychic or physical dependence, or both, on a dangerous drug, arising in a person following administration or use of that drug on a periodic or continuous basis."¹ On the other hand, the term "drug abuse" is neither defined nor used by said law. It is a term which even the experts have found difficult to define. For the purposes of this paper, however, I will define drug abuse as the use of a dangerous drug in violation of law. Anyone who smokes marijuana, for example, whether for the first time or regularly, would be a drug abuser under this definition. Obviously then, a drug dependent is necessarily a drug abuser. It does not follow however that one who has abused drugs is also a drug dependent. But drug abuse may lead to drug dependence.

There are different kinds of drug abusers. The largest group comprises the experimental users. No matter how sternly we prohibit or how strictly we regulate the use of dangerous drugs, youth will experiment. If only we could be certain that they would stop there, then there would be no drug problem. Unfortunately, experience has shown that although a majority never go beyond experimenting, there are far too many who do.

Another kind is the "spree" user who uses drugs for "kicks" at parties or social gatherings, in much the same way that some people sip

*Lecture delivered on December 10, 1975.

**Benito Lopez Professor of Law (1974-1975, 1975-1976), College of Law, University of the Philippines.

¹Sec. 2(g), Dangerous Drugs Act.

drinks at cocktail parties. This is particularly true of marijuana, which some experts claim to be less dangerous than alcohol. As in the first group, "spree" users are usually the young.

The third group comprises those who are referred to as situational or circumstantial drug users — the athlete who takes "speed" just before a game, the bus driver who needs an "upper" to keep him alert on the road, and the student who pops a pill to stay awake while reviewing for an examination.

A fourth kind is the intensified user. This is best exemplified by the executive who needs his Valium or Librium to relax and rid himself of tension. Since drugs in this case are used to cope with stress, this may mark the beginning of drug dependence.

Finally, we have those who have become strongly dependent on drugs, either psychologically or physically, or both. Their world centers mainly around drugs. The law refers to them as drug dependents.

One who belongs to any of the first four groups can degenerate into a drug dependent when he loses control over his use of drugs. Some experimental users have become intensified users in a matter of only weeks.

Drug abuse represents a complex social problem that has faced almost all civilized countries. Since it is a problem that involves mainly the youth, it has generated anguished, universal concern. No country so far has been able to solve it completely. Nor is it merely a local problem of each nation, capable of purely national solutions. Prohibiting or limiting importation of narcotics, for example, does not necessarily stop their entry into a country, for it only gives rise to an immensely profitable smuggling business. To effectively curb importation into its territory, a nation would have to stop or regulate the flow of drugs from their original sources — like the Golden Triangle in Asia, and Turkey and Mexico in the western world. Obviously, no nation can normally exercise this kind of control over another independent nation.

The recognition of drug abuse as an international problem dates back to 1909 when the International Opium Commission sought to impose an obligation on the opium growing countries to prohibit its exportation to those countries which prohibited its importation. From 1912 to 1972, twelve treaties on the regulation of traffic in narcotics were signed. The most significant of these was the Single Convention on Narcotic Drugs signed in New York in 1961. This Single Convention which replaced all previous treaties, was amended in 1972 and as so amended, it synthesizes more than fifty years of experience in the international and domestic control of narcotics. In the late fifties international attention began to focus on the so-called "psychotropic substances", or mood-altering drugs, more

familiarly known as stimulants, depressants and hallucinogens. Abuse of this kind of drugs had become alarming. Since most of them have definite medical uses, the problem of their control seemed to be even more difficult of solution than that involving the control of narcotics. This world-wide concern culminated in the Convention on Psychotropic Substances which was adopted in Vienna in 1971. At present, these two treaties cover the whole field of drug traffic and drug use on the international level. The Philippines is a signatory to both conventions.²

The Single Convention is designed to curtail excess availability of narcotics and to monitor their cultivation, manufacture and international shipment. It calls for the cooperation of signatory nations in the implementation of the provisions of the Convention and imposes on them the obligation to enact such domestic legislation as may be adapted to local requirements. Under this Convention, a signatory country can authorize the use of narcotics only on medical prescription, or by medical administration, or for scientific purposes. Their possession, trade, distribution, import, export, manufacture and cultivation can be carried out only by a government agency or under government license or other legal authority. All such activities must be subject to continuing governmental supervision and stringent record-keeping systems, and all persons engaged in them must be duly qualified. There are restrictions on the number of countries permitted to cultivate the opium poppy and the conditions under which such cultivation may take place are prescribed.³ The signatory parties are to submit data periodically on projected and actual needs for drugs, manufacturing estimates and data reflecting imports and exports. These data are used to minimize diversion into illicit traffic and to assist in maintaining a closed world-wide import-export system.⁴

The Vienna Convention for Psychotropic Substances provides for a control system similar to the one under the Single Convention, with some modifications made necessary by the fact that psychotropic substances are more widely used for medical reasons than are narcotic drugs.⁵ As in the Single Convention, signatory nations must enact laws to implement its provisions. As we shall see presently, the Philippines has fulfilled its main commitments under both conventions by the enactment of laws and the issuance of various regulations.

²Single Convention on Narcotic Drugs was signed on March 30, 1961. Convention on Psychotropic Substances was adopted in Vienna on February 21, 1971. Instrument of ratification by the Philippines of the Single Convention was deposited with the United Nations on October 2, 1967 and entered into force with respect to the Philippines on November 1, 1967. Instrument of Accession of Philippines to the Vienna Convention was deposited with the United Nations on June 7, 1974. See List of Treaties (1974) published by the Division of Treaties, Office of Legal Affairs, Department of Foreign Affairs, Manila.

³See M. Cherif Bassiouni, *International Drug Control, World Peace Through Law* Center, Washington, D.C., 1973, p. 3.

⁴*Ibid.*

⁵*Ibid.*, p. 7.

Drug abuse is reported to have started in this country early in the 17th century, with opium use by Chinese. The Spaniards segregated the Chinese opium addicts in a certain district of the Walled City of Manila. This was perhaps the first attempt at narcotics control in the Philippines.⁶ Up to the early 1960's, the use of narcotics was confined mainly to these Chinese opium addicts. But in the short span of about twelve or thirteen years, the picture has radically changed. Today, the great majority of drug abusers in this country are Filipinos. And abuse is not confined to opium but includes a broad spectrum of drugs — the narcotics like heroin and morphine, as well as the psychotropic substances, like the hallucinogens, barbiturates, amphetamines and even tranquilizers. Like a growing cancer, drug abuse has crept into all strata of society — from the Tondo slum dweller to the affluent Forbes Park resident. The problem is made all the more serious by the fact that the ill effects of drug abuse have principally hit the most promising of our resources, the youth. It has been estimated that 80% of all drug dependents in this country comes from the young generation, with ages ranging from fifteen to twenty nine, the largest group including those between 17 and 20.⁷ According to the Annual Report of the Dangerous Drugs Board for 1974, out of 1,164 drug dependents admitted to different rehabilitation centers in the country from June 1, 1973 to June 30, 1974, 605 or 57%, were below 20. In the school population, the most vulnerable are the high school students and those in the lower collegiate level. And although the average age of our young drug abusers is 17-20, records of a rehabilitation center show that a growing number of 13-15 year olds have been admitted, evidencing a trend towards a lower starting age of drug abuse. When we consider this pitiful and painful waste of young lives, we cannot but admit that we indeed have a serious problem which not only deserves, but renders imperative, the concern of all segments of society — the government authorities, the community, the church, the family, the professionals and even the youth barangays.

How has Philippine law responded so far to this problems? Our earliest laws on narcotics dealt with opium since this was the only drug then abused. The first was Act 2381 which took effect on July 1, 1914. This was later amended by Act No. 3006 known as the Opium Law. Both laws restricted the use of opium for medical purposes and provided rewards to informers. When the Revised Penal Code took effect in 1932, sections 190 to 194 thereof replaced the existing laws on opium. These provisions were

⁶See Pio A. Abarro, *Drug Abuse: Judicial and Legal Measures for Its Prevention and Control*, Vol. 45, *Unitas*, No. 3, September, 1972, p. 42.

⁷See Onofre A. Villaluz, "The Role of the Court in Curbing Drug Addiction in the Philippines", Working Paper No. 6, International Working Group on Treatment and Rehabilitation of Drug Dependents, September, 1975 (unpublished), p. 6.

amended in 1958 to include marijuana in the list of prohibited drugs.⁸ The Dangerous Drugs of 1972⁹ replaced the Revised Penal Code provisions and is at present the prevailing legislation.

At the outset, this preliminary question may come to mind — does the State have the power to control and regulate the traffic and use of dangerous drugs? In the case of *Whipple v. Martinson*,¹⁰ the United States Supreme Court expressly recognized the right as an exercise of the police power, since it is manifestly in the interest of public health and welfare. In *Robinson v. California*,¹¹ the same court expressed the opinion that such regulation can take a variety of valid forms — such as imposing criminal sanctions against the unauthorized manufacture, prescription, sale, purchase or possession of narcotics and the establishment of a program of compulsory treatment for drug addicts, requiring period of involuntary confinement. The Court recognized that “the range of valid choice which a State might make in this area is undoubtedly a wide one, and the wisdom of any particular choice within the allowable spectrum” is not for the courts to decide.

The Dangerous Drugs Act of 1972 uses a three-pronged approach to the drug problem — it provides for preventive, educational and rehabilitation measures. It covers not only narcotics but also the psychotropic substances. This is much more than what is provided by most existing legislation in Asia. Along with Singapore and Japan, the Philippines has the most comprehensive single legislation in this part of the world, in spite of the fact that most Asian nations have had the drug problem for a much longer time than we have. This is not to say that our law is perfect or even close to being perfect. For in the short span of its existence, it has been found to be in some respects inadequate or defective. But it is to the credit of our law-makers that they responded promptly enough to this growing social problems.

The Dangerous Drugs Act classifies dangerous drugs into two categories: prohibited drugs and regulated drugs. Prohibited drugs as defined by the law, include not only narcotics, like opium and heroin, but also cocaine as well as hallucinogenic drugs such as LSD, mescaline and marijuana, all preparations made from the foregoing and all other drugs which produce the physiological effects of narcotics.¹² Regulated drugs cover the barbiturates, amphetamines and hypnotic drugs and those which

⁸Republic Act 2660 passed in 1958.

⁹Republic Act 6425 (1972).

¹⁰256 U.S. 41, 41 S.Ct. 425, 65 L.Ed. 819, (1921).

¹¹370 U.S. 660, 82 S.Ct. 417, 8 L.Ed. 2d 758 (1962). See also *Webb v. U.S.* 249 U.S. 96, 39 S.Ct. 217, 63 L.Ed. 497 (1919), where the court held that law prohibiting retail sale of morphine to a person without prescription it not unconstitutional.

¹²Sec. 2(e) (1), Dangerous Drugs Act (DDA).

have similar physiological effects.¹³ Under the law, most prohibited drugs are not really prohibited but are in fact merely regulated. Their manufacture, importation, sale, administration, use or possession is not completely outlawed but is limited to duly authorized persons. The distinction in fact between the two categories of drugs lies in the susceptibility to abuse and the degree of usefulness for medical purposes. Their distinction in law is that violations involving prohibited drugs, except the use or possession of marijuana, involve much heavier penalties than those involving regulated drugs. Whether the drug be prohibited or regulated, however, its use may be legally authorized only for medical or scientific purposes.

Rather than enumerating the different drugs which are either prohibited or regulated, the Dangerous Drugs Act merely gives a general definition of each category and leaves to the Dangerous Drugs Board the task of determining what drugs should be included in each category.¹⁴ Unlike the Single Convention for Narcotic Drugs and the Vienna Convention for Psychotropic Substances, each of which classifies drugs within its purview into at least four groups based on their abuse liability and the extent of their usefulness for medical purposes, the Dangerous Drugs Act has only these two categories. Under the Single Convention for example, although opium, codeine and marijuana are classified as narcotics, each one belongs to a separate group, subject to a different measure and degree of regulation. Likewise, the Vienna Convention classifies the hallucinogens, the stimulants, the depressants and the tranquilizers separately, the extent of regulation varying from one group to another.

PREVENTIVE MEASURES

The preventive measures under our law can be classified into two headings — the punitive and the regulatory. Perhaps the strongest deterrent to drug violations is the fact that heavier penalties are now imposed by the Dangerous Drugs Act than those previously prescribed by the Revised Penal Code. The more serious offenses under such Act have to do with the responsibility for the illicit availability of dangerous drugs. The gravest violation is the unauthorized manufacture of prohibited drugs for which the penalty of death may be imposed.¹⁵ We are all familiar with the first casualty under this provision — the Chinese drug manufacturer who faced the firing squad during the early days of martial law.

Next in gravity to manufacturing is the illegal importation of dangerous drugs, the penalty for which is 14 years to life imprisonment in

¹³Sec. 2(e), *Ibid.*

¹⁴Sec. 40, *Ibid.*; See Dangerous Drugs Board (DDB) Regulation No. 16, s. 1973, for interia for classification.

¹⁵Sec. 7, *Ibid.*

case of prohibited drugs¹⁶ and 6 to 12 years for regulated drugs.¹⁷ Cultivation of plants which are sources of prohibited drugs ranks with illegal importation.¹⁸ Although there seems to be no evidence at present of the domestic cultivation of the opium poppy, marijuana plantations have been discovered by our law enforcement agencies in various parts of the country. Under the law, these lands are subject to confiscation in favor of the State.¹⁹ Some teenagers have been arrested for planting cannabis in flower pots or in the yards of their own homes under the very noses of their unsuspecting parents.

Pushing is also a serious offense and a pusher may get a 12 to 20 year sentence if he is caught dealing in prohibited drugs. Pushing includes not only the sale but also the giving away, delivery, distribution and transportation of dangerous drugs, even without consideration; and where the victim is a minor, the maximum penalty is imposed. If the victim should die as a result of the drug pushed, life imprisonment or death awaits the pusher.²⁰ Any druggist who sells any dangerous drug without the required prescription form is guilty of pushing. The drug establishment involved may furthermore be ordered closed by the Food and Drug Administration on the ground that it has violated a law or regulation governing the sale or disposition of dangerous drugs.²¹

Illegal possession or use of dangerous drugs is, from the point of view of the penalty imposed, the lightest of the drug offenses. Except for marijuana, the unauthorized use or possession of a prohibited drug may result in 6 to 12 years imprisonment. The law evinces a realistic approach when it imposes a much lighter penalty — 6 months and 1 day to six years — for the use or possession of marijuana, which is also a prohibited drug. In the case of use or possession of regulated drugs, the sentence may range from six months and 1 day to four years. When the offense is committed at a party or social gathering or in a group of at least five persons, such circumstances are aggravating and the maximum penalty will be imposed.²² Possession includes not only actual but also constructive²³ possession, and to be unlawful must be with knowledge that the thing possessed is a dangerous drug.²⁴

An additional penalty prescribed for all the foregoing offenses is the confiscation and forfeiture in favor of the government, of the proceeds of the crime and the instruments or tools with which it was committed.

¹⁶Sec. 3, *Ibid.*

¹⁷Sec. 14, *Ibid.*

¹⁸Sec. 9, *Ibid.*

¹⁹*Ibid.*

²⁰See Presidential Decree No. 280, which took effect on August 27, 1973.

²¹Sec. 1, *Ibid.*

²²Rep Act No. 6428 (1972), Sec. 27.

²³See *U.S. v. Juan*, 23 Phil. 105 (1912).

²⁴See *U.S. v. Gan Lian Po*, 34 Phil. 880 (1916).

The drugs confiscated are turned over to the Dangerous Drugs Board for safekeeping and proper disposal.²⁵ The Board then classifies the drugs with the end in view of determining whether they have legitimate medical value, in which case they are disposed of in the best interests of the government, to responsible persons or entities duly authorized by law or under international agreements to deal with them. Those which have no medical value are destroyed by burning.²⁶

A recent amendment has brought increased significance to the violations of the Dangerous Drugs Act. Under General Order No. 54 which took effect only last October, all cases involving said violations, except those with respect to mere users or victims of drug abuse, have been transferred to the exclusive jurisdiction of military tribunals.

Aside from the punitive provisions of the Dangerous Drugs Act, there are other preventive measures, regulatory in nature, which are all designed to prevent dangerous drugs from reaching the hands of unauthorized persons or from being used for purposes other than medical or scientific.

First of all, all persons who are involved in the traffic of dangerous drugs — *i.e.*, producers, importers, manufacturers, compounders, dealers and distributors, including physicians, pharmacists and veterinarians — must register with the Food and Drug Administration Office and secure a license to deal in or prescribe such drugs. Said license is issued only to persons of good moral character, who have complied with all requirements necessary to control traffic in dangerous drugs.²⁷ Physicians can prescribe such drugs only if the patient's physical or physiological condition requires it. Should a physician or dentist prescribe any such drug unnecessarily, he may be punished by imprisonment ranging from four years and one day to 12 years in the case of prohibited drugs, and from six months and one day to four years in the case of regulated drugs. In addition, his license to practice will be revoked.²⁸ Any lawful prescription must be made on special forms exclusively issued by the Dangerous Drugs Board, and which are distributed only in such quantities as may be authorized by said Board.²⁹ Some physicians have lost prescription forms and, in most cases, these were stolen by teenagers who had learned the art of forging doctor's prescriptions. Since these unfortunate incidents had become quite frequent, the Dangerous Drugs Board, only eight months after the Dangerous Drugs Act came into effect, found it necessary to require the report within twenty four hours of any loss of forms,

²⁵Sec. 20, *Ibid.*

²⁶Sec. 6, DDB Regulation No. 4, series of 1972 and DDB Reg. No. 7, s. 1974, amending it. See also DDB Regulation No. 18, s. 1973.

²⁷Sec. 2(a) and (q), Rep. Act 953 (Narcotic Drugs Law).

²⁸Secs. 12 and 18, Dangerous Drugs Act.

²⁹Sec. 25(b), *Ibid.*

and the publication of such loss in a newspaper of general circulation. An investigation of the physician concerned is then conducted and if found negligent, he may be barred from further purchasing the special prescription forms.³⁰

A question which may arise from the exemption in favor of medical prescriptions is whether a physician can give a maintenance dose to a heroin or morphine addict. Under existing regulations, an order issued to an addict or habitual user of narcotics, not in the course of professional treatment but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the law, and the person filling such an order, as well as the person issuing it, is guilty of a violation of such law.³¹

One of the strongest preventive measures that can be used by the government in its fight against drug abuse is the limitation of the quantity of dangerous drugs which may be imported into or manufactured in the Philippines. The law authorizes the Dangerous Drugs Board to regulate the kind and quantity of dangerous drugs which may be imported, distributed and sold, as it may deem necessary to the medical and research needs of the country.³² Under existing regulations, no drugs may be imported without a permit from the Food and Drug Administration, which issues it only after determining that the quantity to be imported is necessary for, and will be applied to, medical and legitimate uses exclusively. In determining the amount which may be imported by any importer, the said office considers the consumption or average disposal of such importer for the last two years not only of the raw materials but also of the finished products containing the same. Moreover, the country's importable amount of dangerous drugs as approved by the International Narcotics Control Board must be prorated among all importers. Under the Single Convention and the Vienna Convention, it is this Board which fixes the quota for each country based on the annual report of its estimated needs.³³

In determining whether a person should be allowed to import, the Food and Drug Administration Office considers not only the character of the applicant but also his production facilities and trade connections.³⁴ As a further precaution, the said office has prescribed order forms which are required for all transactions in dangerous drugs.³⁵ There are some detailed regulations to insure that these order forms are not misused or

³⁰Dangerous Drugs Board Regulation No. 10, series of 1973.

³¹See Sec. 64, Revenue Regulations 16-67, known as the Narcotic Drugs Regulations. See also *Webb v. U.S.*, *supra*, note 11.

³²Sec. 36(1), Dangerous Drugs Act.

³³See p. 5, *supra*, and footnotes 3 and 4.

³⁴Secs. 38 and 39, Rev. Reg. 16-67.

³⁵Sec. 30, *Ibid.*

tampered with.³⁶ These measures, coupled with the duty imposed by law on all pharmacists, manufacturers, wholesalers, importers, and dealers of dangerous drugs to keep a record of all their sales, purchases, acquisitions and deliveries,³⁷ will help insure that only such quantity of drugs as may be necessary for medical and scientific needs shall be available. Periodic auditing and inventory by the proper authorities will give further assurance against illicit traffic.

Another significant preventive measure is found in the Food, Drug and Cosmetic Act.³⁸ Under this law, no new drug may be manufactured or offered for sale or transfer unless an application with the Food and Drug Administration Office has been filed containing, among other things, a full report of the tests which have been made to insure its safety and a full statement of the composition of such drug, and accompanied by samples. The application may be refused on specifically enumerated grounds.³⁹

All the foregoing preventive measures would lose their significance completely if they were not to be properly implemented. The Dangerous Drugs Board, which is the implementing agency under the law, has been given a wide range of powers, some of which have already been mentioned. The Board has been credited with having established one of the most effective anti-narcotics program in the region.⁴⁰ Working closely with the Board are the law enforcement agencies involved in drug prevention and control, including the NBI, the Philippine Constabulary Anti-Narcotic Unit (CANU), the Philippine Navy, the Philippine Coastguard, the Anti-Smuggling Action Center (ASAC) of the Department of Finance, the Bureau of Customs, the Narcotics Division of the Food and Drug Administration, and of course the National Police Commission. Helping them are informers under contract who are paid rewards under the authority of the Dangerous Drugs Act.⁴¹ Under said Act, school authorities are in effect also made a part of the law-enforcement arm. All school heads, supervisors and teachers are empowered to apprehend or arrest any person, student or otherwise, found violating the Dangerous Drugs Act within the school campus or within its immediate vicinity, and even beyond these, if they are in attendance at any school or class function in their official capacity.⁴² Should a teacher or school employee fail to report to the school authorities any such violation discovered or found by him, he may be subjected to disciplinary action. The school head or supervisor must in turn

³⁶Secs. 30 to 35, *Ibid.*

³⁷Sec. 25, Dangerous Drugs Act.

³⁸Rep. Act 3720 (1963).

³⁹Sec. 21, Rep. Act 3720.

⁴⁰See Michael Picini (Regional Director, USDEA), "International Drug Scene", p. 62.

⁴¹See Sec. 36(o), Dangerous Drugs Act; see also DDB Regulation No. 19, s. 1973.

⁴²Sec. 28, *Ibid.*

report such violation to the proper authorities, otherwise he too will suffer disciplinary action.⁴³

We often read in news reports about the various seizures of dangerous drugs in bulk, evidence that our law enforcement agencies are not sleeping on their jobs and that they are not wasting the money which the public is spending to support their activities. The average yearly expenditure of only five of these agencies is estimated at close to P15M.⁴⁴ The grand total average yearly expenditure for the drug abuse program, including education and rehabilitation, cost of court litigation and cost of lost productivity, is estimated at P82M, excluding cost of uncomputed items, as, for example, the cost (which must be staggering) of treatment of affluent drug dependents employing private psychiatrists or using private hospital facilities.⁴⁵ Large though this amount may be, it becomes insignificant when compared to the \$690M spent by the United States in 1974 for drug abuse control programs.⁴⁶

EDUCATIONAL MEASURES

In spite of a relentless government campaign, drug abuse seems to be still on the rise, showing that law enforcement alone cannot stem the tide. The effects of scarce techniques and heavy penalties have apparently not been as successful as was hoped. Effective prevention needs education and understanding of the drug problem as well. Recognizing the fact that the school campus is the most lucrative site for drug traffickers and pushers and that a great majority of our drug abusers are of school age, the Dangerous Drugs Act aims its educational preventive measures mainly at the school population. Thus, all schools must include in their curricula instruction on the adverse effects of dangerous drugs, including their legal, social and economic implications.⁴⁷ The Dangerous Drugs Board is charged by the law with the responsibility of developing educational programs to make the general public aware of the hazards of dangerous drugs,⁴⁸ and of providing special training in drugs control for law enforcement officers, school authorities and personal of rehabilitation centers.⁴⁹

Shortly before the effectivity of the Dangerous Drugs Act, the Drug Education Coordinating Council was organized at the initiation of the University of the Philippines and the Department of Education and Cul-

⁴³*Ibid.*

⁴⁴See Pelagio Cruz, "The Economic Aspects of Drug Abuse Prevention Education," *Colombo Plan Workshop on Drug Abuse Prevention Education*, Colombo Plan Bureau, Sri Lanka, 1975, p. 46.

⁴⁵*Ibid.*, pp. 47-48.

⁴⁶*Ibid.*, p. 44.

⁴⁷Sec. 29, Dangerous Drugs Act.

⁴⁸*Ibid.*, Sec. 36(c).

⁴⁹*Ibid.*, Sec. 36(a).

ture. It was meant to provide direction to the formulation and implementation of educational measures dealing with the problem of drug abuse. With the passage of the Dangerous Drugs Act and as a result of the National Workshop on Drug Abuse Prevention Education held in May of 1974, the Dangerous Drugs Board created the Interagency Committee on Drug Abuse Prevention Education in order to integrate the study, preparation and review of drug abuse and prevention programs.

A well-known educator, who is at present the Dean of the College of Education of the University of the Philippines, clearly sums up in the following words the aims of such program:

"...It aims to apply realistic solutions to a world-wide problem, but solutions that are based on a true understanding of Philippine methods and the Philippine milieu. What we are attempting to do is to meet the problem of drug abuse head on in the only scientific approach that the problem calls for. This means not mere information-giving or philosophising about the ills of our present-day society, but a research-oriented, action-oriented programme. It means the planning of teaching strategies that are value-oriented and positive in class. The formulation of a methodology in teacher education and drug education that does not only extend to students the knowledge of drugs and their dangers, but the more important effects in a change for the better in the student's attitudes and behavior such that they become useful, constructive, cooperative and contributing members of the community and the society of which they are a part."⁵⁰

Drug education however should not be confined to the school but should be aimed at all sectors of the community. It is doubtful whether legislation can achieve its goal without support and cooperation from the general public. This cooperation can be expected only if the community possesses an adequate understanding of the drug problem. The Interagency Committee has recognized this fact and has defined its target groups as the youth, the parents, the community leaders and the school administrators and teachers. Program guidelines for each specific group have been laid down with the end in view of defining their respective roles in the total community's involvement in the prevention and control of drug abuse.⁵¹ A basic principle of this program is that the drug abuse problem is not a *problem of drugs* but a *problem of people*. Rather than concentrating on the mere giving of information about drugs and their effects and consequences, the program seeks to solve the problem by concentrating on how to do away with the root causes of drug dependence, through a concerted community plan of action using positive and productive means.⁵²

⁵⁰Paz G. Ramos, "Integration of Drug Education in the School Curriculum", *Colombo Plan Workshop on Drug Abuse Prevention Education*, op. cit., p. 79.

⁵¹See Program Guidelines on Drug Abuse Prevention Education and Information, prepared and distributed by the Dangerous Drugs Board, pp. 6, 12-23.

⁵²*Ibid.*, pp. 4-7.

The mass media bear their own burden of responsibility in formulating an integrated communication plan aimed specifically at the drug problem. In this connection, it is worth noting that in a recent seminar on the "Role of Mass Media in Drug Prevention and Education", a moratorium in the production and distribution of information materials on drug addiction was proposed until after a thorough evaluation and analysis of these materials shall have been completed. The group behind the proposal observed that certain anti-drug abuse materials tend to induce some people to become drug dependents. It voices the same belief as the Interagency Committee that instead of over-emphasizing the negative aspects of the drug problem, mass media should lay more stress on youth involvement in community affairs and projects.⁵³ Precisely to insure that the drug information disseminated does not do more harm than good, the Dangerous Drug Board has issued a regulation requiring the submission to it of all information and educational materials for its review and evaluation before the same may be distributed to the general public.⁵⁴

REHABILITATION MEASURES

Despite all the law enforcement efforts and educational measures aimed at drug abuse prevention, it would be unrealistic for anyone to expect that the drug problem will soon be completely wiped out. For much as we are all eager for it to disappear for good, it is here to stay for some time, specially because many of the drugs abused by the young have definite medical uses and are therefore within easy reach. In the foreseeable future then, the most we can hope for is the preventive and educational measures provided by our existing laws will bring to the barest possible minimum the incidence of drug abuse. If this be so, what of the drug dependents? Are we simply to lock them all up (assuming this is possible) and exclude them from the population count as useless members of society? Fortunately, our laws are not quite so ruthless. Quite to the contrary, the Dangerous Drugs Act evinces its humane policy when it provides for rehabilitation measures for drug dependents. Influenced by the policies of those nations which have had the opportunity to devote more study to the problem due to their longer experience with drug abuse, this law regards the drug dependent not as an ordinary criminal but rather as a disturbed person who needs help and understanding much more than punishment. Thus, the law encourages their rehabilitation so that they may regain their self-esteem and dignity and become useful citizens in the community.

It is a common observation that a person's character is in almost all cases transformed by drug dependence. He acquires and learns some

⁵³See Bulletin Today (Manila), October 24, 1975, p. 5.

⁵⁴DDB Regulation No. 3, series of 1974.

of the most undesirable traits one can think of. Thus, if he is ever to become a useful and worthy member of the community, a drug dependent would have to change his behavior and style of life. Picking up the broken pieces of his young life and rebuilding it for a better future is a herculean task and the process is bound to be extremely difficult. Entry into a rehabilitation center therefore needs a lot of courage and determination on the part of any drug dependent. First of all, he will have to give up drugs, which have given him so much pleasure and have for that reason become the center of his whole existence. Furthermore, he will lose his freedom of movement. He will have to leave home and stay in the center, which from his point of view is no different from a prison. It is therefore not surprising that most drug dependents do not welcome the idea of submitting themselves for confinement in a rehabilitation center. And assuming that a drug dependent does submit himself voluntarily or that his parents compel him to do so, he will probably find life in the center so difficult that he will insist on leaving long before he is rehabilitated, thus defeating all efforts to help him. Fortunately, however, the Dangerous Drugs Act provides a scheme which is expected to help remedy the situation. How this scheme works out in actual cases can best be explained by using hypothetical examples of typical situations.

Let us take first the hypothetical case of 17 year old Juan, who has been abusing drugs for two years. Although he started taking marijuana out of curiosity and due to the pressure of his "barkada", he has graduated to other drugs and has got so deep in his drug habit that seldom does a day pass without his popping some pills. Although he has not even tried heroin, he has become a drug dependent, with the accompanying changes in conduct and behavior. From a happy, trustworthy, dutiful and lovable son that he was two years ago, he has become an irritable, irresponsible and extremely self-centered young man, an excellent liar and manipulator, who has completely lost his direction in life. His parents have tried everything under the sun to bring him back to his old ways and to reawaken in him the values which they taught him as a child — all to no avail. Instead, he gets deeper and deeper into drugs, until one day he falls into a coma due to an overdose of barbiturates. He is rushed to a hospital and although his life is saved, his way of living does not change and in fact becomes worse. His parents are now desperate and are at a complete loss since even the doctors have not been able to help him. In a situation like this, the Dangerous Drugs Act gives Juan's parents a ray of hope. Under Section 30, they may file a petition with the Court of First Instance, the Circuit Criminal Court or the Juvenile and Domestic Relations Court, if any, of the city or province where they reside, asking said court to commit their son to an accredited center for

treatment and rehabilitation.⁵⁵ This is referred to as a voluntary submission, although it may in fact be involuntary on the part of Juan. Since he is a minor, the law recognizes his parents' authority and responsibility to decide what is best for him. However, to insure protection of Juan's rights and prevent a possible miscarriage of justice, Juan is given an opportunity to be heard and the court may, if necessary, order a medical examination to determine whether he is in fact a drug dependent. Should the findings show that he is, then the court will order his commitment to an accredited center, where he has to remain, even against his will, until the court finds him to be rehabilitated.⁵⁶ Should he escape therefrom, he may be arrested for recommitment.⁵⁷

If the parents for one reason or another refuse to petition for his commitment, despite the fact that he is known to be a drug dependent, can anyone file a petition to commit the minor drug dependent? Although the law allows the guardian, a relative within the fourth degree of consanguinity or affinity, the Director of Health and Secretary of Social Welfare to file such petition, each of these can only do so in the order just given and only if the minor has no parents.⁵⁸ Perhaps the Secretary of Social Welfare should be given authority to file such a petition when the parents refuse to do so in a case where the drug dependent has become a menace not only to himself but also to the community. Legal support for such a petition may be found in the Child and Youth Welfare Code which provides for the involuntary commitment of a minor at the instance of the Secretary of Social Welfare when he is abandoned or neglected⁵⁹ — for would not a minor drug dependent be in fact abandoned or neglected when his parents fail for no justifiable reason to do something about his unfortunate plight?⁶⁰

This leads us to the next hypothetical case. Pedro is a 16-year old high school student in Manila. He is even less fortunate than Juan. He too has been lured into the world of drugs by the taunting and teasing of his classmates who used to call him "chicken" for refusing to join them in their pot sessions. He finally succumbs to his peers, despite his parents' constant warnings. He enjoys his "high" feelings and "trips" so much that after only less than a year, he is "shooting" heroin regularly. He is arrested by the police at a raid of a pot party in the house of one of his more affluent classmates. He is charged with illegal use and possession of heroin, which carries with it a penalty of imprisonment rang-

⁵⁵See Sec. 30, Dangerous Drugs Act.

⁵⁶*Ibid.*

⁵⁷*Ibid.*

⁵⁸*Ibid.*

⁵⁹Sec. 142, Pres. Decree No. 603 (Child and Youth Welfare Code).

⁶⁰See also Sec. 55 of the Child and Youth Welfare Code which enjoins parents to take special care to prevent the child from becoming addicted to intoxicating drinks, narcotic drugs, smoking, gambling and other vices or harmful practices.

ing from twelve years and 1 day to 20 years, aside from a fine of ₱12,000 to ₱20,000.⁶¹ Under Section 32 of the Dangerous Drugs Act, if the offense charged is illegal use or possession and the offender is less than 21, even if he is found guilty, provided he is a first offender, the court will suspend his sentence and will commit him to a rehabilitation center.⁶² This is a case of compulsory commitment.

Both Juan and Pedro in our two hypothetical cases need to undergo rehabilitation because they have become not only burdens to their families, to their community and to society in general, but most of all, they have wasted their precious young lives in what they thought was the pursuit of their happiness.

If after going through the rehabilitation program, he is found by the court to be rehabilitated, Juan, whose parents had voluntarily submitted him, will be discharged by the court, but all his judicial and medical records will remain confidential and can never be used against him. A penalty of imprisonment ranging from six months and one day to six years awaits any person who, having access to such records or having gained possession of them, legally or otherwise, reveals their contents to anyone.⁶³ Pedro, who was charged in court and found guilty of illegal use and possession of heroin, will likewise be discharged by the court once he is found to be rehabilitated, and the proceedings against him will be dismissed. All the records of his criminal case shall be expunged and destroyed and he shall be restored to his status prior to the case.⁶⁴ Thanks to the compassionate policy of the Dangerous Drugs Act, the minors Juan and Pedro have been given a chance to start a new life free from the chains of their drug dependence, ready to face society again as useful, contributing members of the community, with no criminal record to haunt them the rest of their lives.

What if either Juan or Pedro were 21 or over, would he be treated differently? First of all, if Juan were 21 or over, although he may be jobless and completely dependent on his parents for support, legally he would be free from parental authority and capable of all civil acts, unless declared incompetent by the proper court. Unfortunately, no law has so far declared drug dependence to be a ground for incompetence, although some really hardcore dependents can be less competent than a 16-year old, and certainly at least as incompetent as a "spendthrift". Thus, although Juan may be injecting twenty "decks" of heroin a day, under present law, his parents cannot legally petition the court to commit him for rehabilitation, despite the fact that they are kept awake night after night

⁶¹See Sec. 4, Dangerous Drugs Act.

⁶²Sec. 32, *Ibid.*

⁶³Sec. 33, *Ibid.*

⁶⁴Sec. 32, *Ibid.*

in constant fear of his taking a fatal overdose or of his arrest by the authorities, and despite the fact that they are not only supporting him but are gradually being literally stripped of all their worldly belongings which Juan is being driven to sell to have enough money to buy more drugs. Under such circumstances, the age of a son or daughter is completely irrelevant from the parents' viewpoint. Yet as the law now stands, a concerned parent has no means of seeking rehabilitation of his drug dependent adult son who refuses to submit himself voluntarily, other than "framing" him so that he can be arrested for a drug offense.

Should an adult drug dependent be fortunate enough to realize and brave enough to admit that he needs help, he may voluntarily submit himself for rehabilitation to an accredited center.⁶⁵ Although the law itself does not provide for any court proceeding for this purpose, the Dangerous Drugs Board under authority of law, has required by regulation that the adult drug dependent execute an affidavit indicating his intent to submit himself voluntarily to a center for treatment, confinement and rehabilitation, and stating that he will not leave such center without permission of the Board. A copy of this affidavit is then furnished the said Board.⁶⁶

The majority of adult drug dependents however will not submit themselves voluntarily for rehabilitation unless and until they are arrested. If 21-year old Juan is arrested merely for illegal use or possession of dangerous drugs then the law will exempt him from criminal liability should he voluntarily submit himself to a rehabilitation center before any charges are filed against him.⁶⁷ In this case, however, besides executing an affidavit evidencing his intent to submit himself voluntarily, the Board regulation requires him, if he wishes to be exempt from criminal liability, to file a petition with the proper Court of First Instance for an order committing him to an accredited rehabilitation center.⁶⁸ This court order is significant. Any program which aims to reform and change a person's attitudes and style of life cannot but be difficult. And a drug dependent is the last person on earth who can be expected to face difficulty and stress without seeking escape. With nothing to hold him legally in a rehabilitation center, he will probably give up long before he is ready to reenter society. However, with the court order of commitment, Juan cannot leave the center until the court finds him rehabilitated. Thus, no rehabilitation center can legally admit him without such court order. From here on, his case, from the legal standpoint at least, becomes a parallel to that of 16-year old Juan. Upon his rehabilitation, the court will release

⁶⁵Sec. 30, first paragraph, *Ibid.*

⁶⁶DDB Regulation No. 5, series of 1973.

⁶⁷See Sec. 30, Dangerous Drugs Act.

⁶⁸See DDB Regulation No. 5, series of 1973.

him. All his records will be kept confidential, and any person violating this confidence will be guilty of a crime. Juan, though now well over twenty-one, is free from any criminal record, and is given a new lease on life.

Suppose however that 21-year old Juan, because of ignorance on his part, or on the part of the arresting officers, or even of his lawyer, fails to submit himself voluntarily for rehabilitation and is therefore charged before the court for illegal use and possession of heroin. Then the fiscal or court, if informed of his drug dependence at any stage of the proceedings, should make a preliminary determination of his condition and if drug dependence is suspected, it should suspend all such proceedings and officially inform the Dangerous Drugs Board of Juan's case. He is then subjected to a medical examination and if found to be a drug dependent, the Board will petition the court for his commitment. This is another case of compulsory submission or commitment.⁶⁹

Once Juan is certified as rehabilitated, he is returned to the court which committed him for his discharge from the center. It is at this point that a great difference between the treatment of the minor and the adult drug dependent in illegal possession cases is seen. While the proceedings against the rehabilitated minor will be dismissed, whether he was voluntarily submitted by his parents or was found guilty by the court, the rehabilitated adult who failed or refused to voluntarily submit himself for rehabilitation will now face prosecution and trial, and if convicted, will have to serve the remainder of his sentence in prison, after deducting the period of his confinement for rehabilitation.⁷⁰ Thus, if his sentence is 6 years and one day, which is the minimum for illegal possession of a prohibited drug, and he stayed, say, two years in the rehabilitation center, he would still have to go to jail for another four years. Since he will have to stay with ordinary and perhaps hardened criminals for such a period of time, it would not be entirely improbable that Juan may be worse off when he leaves prison than when he came in. Since the aim, or at least, one of the main aims of imprisonment is to reform the criminal, it seems a bit incongruous, to say the least, to send an already rehabilitated person to jail. Perhaps the law would have been more realistic if in this particular case of illegal use or possession, the minor and the adult drug dependent be similarly treated, and the adult, like the minor, be given the chance to start a new life, free from the stigma of being an "ex-con". Of course, a wise and understanding judge who is more concerned with the spirit rather than the letter of the law, would allow the accused, and perhaps take the initiative of suggesting to him, to submit himself voluntarily before

⁶⁹See Sec. 31, Dangerous Drugs Act.

⁷⁰*Ibid.*, third paragraph.

he is tried and convicted, thus exempting him from any criminal liability.⁷¹

Let us now turn our attention to a different case. Twenty-one year old Tony is so heavily dependent on drugs that he can no longer afford his vice. His parents have drastically cut his allowance or perhaps have totally withheld it in the vain hope that it would stop his drug-taking. All the members of his family have learned to be extra careful to lock up all their valuables to keep them out of his reach. Faced with a situation where he can no longer generate funds, he is inevitably driven to commit other unlawful acts to support his vicious habit. Let us say that he is arrested not merely for illegal use or possession, but for theft or robbery, or for pushing. In none of these cases can he escape criminal liability by voluntarily submitting himself for rehabilitation, for the law gives this benefit only to those arrested for illegal use or possession of dangerous drugs, and not for other offenses, though they be drug related. Under Section 31 of the Dangerous Drugs Act, should the court, at any stage of the proceedings, be informed of Tony's drug dependence, it should make a preliminary determination of his condition and if it believes him to be a drug dependent, his records should be sent to the Dangerous Drugs Board. If the Board, upon medical examination, finds him to be a drug dependent, then it should file a petition with the court for Tony's commitment to a rehabilitation center. Upon his rehabilitation, since he is not a minor, his prosecution for the offense with which he was charged will continue. If he is found guilty and the sentence imposed on him is longer than the period of his confinement while undergoing rehabilitation, he will have to serve the remaining period in a regular prison. If Tony is a first offender, perhaps the law should be more humane by returning him to society upon his rehabilitation, instead of condemning him to prison, except perhaps where the crime for which he is convicted is of a grave nature. And even in the latter case, the law should allow the court to use its discretion in determining whether the ends of justice would best be achieved if instead of sending him to prison, he is placed on probation for the remainder of his sentence.

If Tony had been below twenty-one when arrested for theft, robbery or any crime other than illegal use or possession, what law would have governed him? Section 31 of the Dangerous Drugs Act does not distinguish between an adult and a minor drug dependent, and if this provision were applicable, Tony, after rehabilitation, would have to be tried and if convicted, would have to serve the remainder of his sentence in prison, although he may still be a minor at that time. It would be pertinent to inquire however whether the Child and Youth Welfare Code

⁷¹Sec. 30, Dangerous Drugs Act.

could be made applicable to him. Although the said Code expressly provides that it does not repeal or modify any provision of the Dangerous Drugs Act,⁷² taking into consideration the spirit behind both laws, it is clear that such provisions of either law as are more favorable to the minor should apply. Thus, if Tony is convicted, the court, following Article 192 of the Child and Youth Welfare Code, shall determine the impossible penalty but will suspend his sentence. Instead however of committing him to a government training institution or some other child welfare agency as said Code provides, the Court should commit him to a rehabilitation center for drug dependents as provided by the Dangerous Drugs Act. After his rehabilitation, the case against him should be dismissed as provided by Article 196 of the Child and Youth Welfare Code and he should be returned to society free from any criminal record.⁷³

So far we have considered cases of drug dependents. What about drug abusers who are not drug dependents? Let us say that Joseling, a minor below 21 but above 16, is an experimental user or even a spree user. He has not developed any physical or psychological dependence on any drug. A party he attends is raided by the police authorities and Joseling is caught in the act of smoking marijuana. He is charged before the court and is found guilty. Since he is not a drug dependent, the court cannot commit him to a rehabilitation center. But since he is a minor, neither will he be sent to prison. Assuming he is a first offender, the court will suspend sentence and place him on probation under the supervision of the Dangerous Drugs Board and under such conditions as it may impose, for a period ranging from six months to one year.⁷⁴ The purpose of the law here seems to be two-fold: to prevent the minor's confinement in prison and to save him from drug dependence. One of the conditions for probation could well be regular visits to a guidance counsellor. The Dangerous Drugs Board could perhaps look into the feasibility of providing specialized training for guidance counsellors in handling drug offenders who are not yet drug dependents. This will go a long way in curbing incipient drug abuse before it degenerates into drug dependence.

If Joseling should violate any condition of his probation, the court will pronounce judgment of conviction and he will have to serve his sentence in prison as in any other criminal case. On the other hand, should he comply with conditions of his probation, then upon the expiration of the probationary period, the proceedings against him will be dismissed and all the official records of his case will be expunged.⁷⁵ He is restored

⁷²Article 121, Child and Youth Welfare Code.

⁷³See Art. 197, *Ibid.*

⁷⁴Sec. 32, Dangerous Drugs Act.

⁷⁵*Ibid.*

to his status prior to the case and he is free from any stigma of crime.

It should be noted however that the provision on probation can apply only if all the following circumstances are concurrently present:

- (1) That the offender is a minor who is at least 16 years of age;
- (2) That he is a first offender; that is, he has not been previously convicted of any crime, whether under the Dangerous Drugs Act or under the Revised Penal Code;
- (3) That he has not previously been placed on similar probation; and
- (4) That the offense he is found guilty of is illegal use or possession of dangerous drugs. When any of these circumstances is absent, as when he is below 16, the minor drug abuser who is not a drug dependent will be governed not by the Dangerous Drugs Act but by the Child and Youth Welfare Code. Under this Code, if the court should find him guilty of the offense charged, it will determine the impossible penalty, and will suspend his sentence. But since the Child and Youth Welfare Code does not have any provision for probation, he will instead be committed to the custody or care of the Social Welfare Department, any government training institution, any licensed child welfare agency or any other responsible person, until he shall have reached the age of 21, or for a shorter period as the court may deem proper, after considering the reports and recommendation of the agency or person under whose care he was committed.⁷⁶ Should the Court be satisfied that he has behaved properly and has shown capability to be a useful member of the community, it will dismiss the case and order his final discharge even before he has reached the age of majority.⁷⁷ In such a case, all the records of his case will be destroyed, including those in the files of the NBI, the police authorities and any government agency involved in the case.⁷⁸

On the other hand, if the youthful offender is found incorrigible by the institution to which he was committed, the court shall pronounce judgment of conviction and send him to prison where he will serve the remainder of his sentence.⁷⁹ In this connection, the Child and Youth Welfare Code requires penal institutions to provide youthful offenders with separate quarters and, as far as practicable, to group them according to appropriate age levels or other criteria as will insure their speedy rehabilitation.⁸⁰

What if Joseling, a mere experimental user, were 21 or over when he was arrested for illegal use or possession of a dangerous drug? Not

⁷⁶Art. 192, Child and Youth Welfare Code.

⁷⁷Art. 196, *Ibid.*

⁷⁸Art. 200, *Ibid.*

⁷⁹Art. 199, *Ibid.*

⁸⁰*Ibid.*

being a drug dependent, he cannot be committed to a rehabilitation center. In this case, the law will treat him as an ordinary criminal, and he is sent to prison although he may be a first offender. Why does the law not give him the same benefits of probation it affords the minor? One answer that suggests itself is that the law is more concerned with punishing him to serve as a deterrent to others than with trying to save him from the clutches of drug addiction. Another answer could be that since he has attained the age of majority, the law presumes he is mature enough to fully realize the consequences of his illegal conduct and does not deserve special treatment. Or it is possible that the law-makers had in mind the possibility of situations where arrested dope traffickers cannot be convicted for the more serious offense of pushing due to lack of evidence. Punishing them for illegal possession would be the only alternative to setting them free. Whichever may be the reason, it is worth considering the advisability of granting the court some discretion to determine on a case to case basis, whether the accused should be sent to jail or be placed on probation. This would not only reduce overcrowding in our prisons, but would also prevent the offender's exposure to elements which may lead him to more deviant conduct.

REHABILITATION CENTERS AND THE DANGEROUS DRUG BOARD

The policies of the Dangerous Drugs Act on rehabilitation would be meaningless if there were no proper facilities available for the purpose. Rehabilitating a drug dependent means not merely detoxifying him and taking him off drugs. Changing his attitudes, helping him regain his values and instilling in him a high degree of self-discipline — all of these form part of his rehabilitation. The Philippines is fortunate to be one of the few countries in Asia to have rehabilitation facilities for drug dependents. We have at present twelve accredited rehabilitation centers using various programs or methods. Seven of these are run by the same organization and are thus using the same program of rehabilitation. The Dangerous Drugs Board is charged by law with the responsibility of encouraging, assisting and accrediting private rehabilitation centers and of promulgating rules for their establishment and setting their minimum standards to assure their competence, integrity and stability.⁸¹ It is also empowered to draw up, in consultation and in coordination with the various agencies involved in the drug problem, a national treatment and rehabilitation program for drug dependents.⁸²

The trend in most countries is to allow the use of various modalities of treatment and rehabilitation in the hope of finding the most effective

⁸¹Sec. 36(m), Dangerous Drugs Act. See DDB Regulation No. 2, s. 1972, for the requirements for accreditation and Reg. No. 7 s. 1973, for requirements for registration and DDB Reg. No. 4, s. 1974, amending latter.

⁸²Sec. 36(f), *Ibid.*

method or, more appropriately, of serving as many types of affected individuals as possible. A particular method may work wonders with one person, but may not work at all with another. The different methods include psychiatric and psychological treatment, the therapeutic community approach, the substitution treatment, transcendental meditation, yoga, the religious approach and even hypnosis. These various ways have been used in different countries with a greater or lesser degree of success. One of the recipients of the 1975 Ramon Magsaysay Foundation award was a religious leader who was cited for his highly successful work in the rehabilitation of drug dependents in Malaysia.⁸³ The methods available in the rehabilitation centers in the Philippines include the psychiatric treatment, the psychological treatment and the therapeutic community. Both the psychiatric and psychological treatment are available outside said centers. The therapeutic community approach relies on group therapy. An example of the substitution treatment is that which uses methadone as a substitute for heroin. This method, which is used in some parts of the United States, is not possible under our present law since the drug substituted is also a prohibited drug. Transcendental meditation, still new in the country, is not limited to drug dependents but is recommended by its prime movers for everyone. Whichever method is used, the hope is that the rehabilitation program will so strengthen the ex-drug dependent that when he reenters society he will finally lead a drug-free life and become a useful member of the community.

After commitment to a center, legal questions relating to civil liberties may arise. The law is explicit that a drug dependent who has been committed to a center can be released only upon his rehabilitation. It is entirely possible however that a drug dependent may not respond to the particular method of treatment and rehabilitation used in the center to which he has been committed. Since the law is silent on this matter, it would be safe to assume that the court which committed him may, upon petition of the proper person and in the exercise of its discretion, commit him to the care of another rehabilitation center using a different approach. What if he has tried all available methods and still he shows no signs of improvement? Is he to be kept in confinement indefinitely? If he is under conviction for a drug offense, this question would be simpler to answer — the court can send him to prison to serve his sentence, after which he will be a free man — free as well to go back to his old ways and to drugs. But what of those who committed themselves voluntarily or who were committed on the petition of their parents? What if they cannot be helped by any of the available methods of treatment and rehabilitation? To a civil libertarian, there can probably be only one answer — let him go! Perhaps this indicates all the more clearly that

⁸³The awardee was Mohammad Soffian Bin Hashim of Malaysia.

punitive and rehabilitation measures cannot of themselves solve the problem of drug dependence. Combating its causes would strike at the root of the problem. But this is one combat which hardly any society in the world has been able to win — perhaps because society is not sure who the enemy is — and the enemy could be society itself.

It is beyond the scope of this paper to delve into the causes of drug dependence. This subject is best left to the psychologists and sociologists, who would probably thank the lawyers for not making their task more difficult by arguing about matters lawyers know a little about. But if this exposition of the more significant legal aspects of drug abuse in this country should arouse some interest on the part of lawyers and generate among us students of law some discussions regarding the law's adequacy in dealing with the drug problem, then this paper would have served its purpose.