



# SUBMIT AND SURRENDER

THE HARMS OF ARBITRARY DRUG DETENTION  
IN THE PHILIPPINES

AMNESTY  
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# CONTENTS

<b>1. EXECUTIVE SUMMARY</b>	<b>7</b>
<b>2. METHODOLOGY</b>	<b>11</b>
<b>3. BACKGROUND</b>	<b>13</b>
3.1 DEADLY “WAR ON DRUGS”	13
3.2 CONTINUING KILLINGS AND LACK OF ACCOUNTABILITY	15
<b>4. LEGAL AND POLICY FRAMEWORK</b>	<b>16</b>
4.1 DOMESTIC LAWS AND POLICIES	21
<b>5. HUMAN RIGHTS VIOLATIONS PRIOR TO DRUG DETENTION</b>	<b>22</b>
5.1 COERCED CONFESSIONS AND UNRELIABLE EVIDENCE	22
5.2 FAMILIES MISLED ABOUT DRUG DETENTION CENTRES	26
5.3 COURT-MANDATED TREATMENT	26
5.4 PLEA BARGAINING	29
5.5 DRUG DEPENDENCY EXAMINATIONS (DDE)	31
5.6 CONTINUED USE OF “DRUG WATCH LISTS”	32
<b>6. VIOLATIONS IN DRUG DETENTION CENTRES</b>	<b>34</b>
6.1 ARBITRARY DETENTION	34
6.2 MANDATORY DRUG TESTING	39
6.3 TORTURE AND OTHER ILL-TREATMENT AMIDST A PUNITIVE ENVIRONMENT	41
6.4 NO OVERSIGHT OR ACCOUNTABILITY FOR HUMAN RIGHTS VIOLATIONS	44
<b>7. CONTINUING VIOLATIONS AFTER RELEASE FROM DRUG DETENTION CENTRES</b>	<b>45</b>
7.1 POST-RELEASE REPORTING	46
7.2 STIGMATIZATION AND LACK OF SUPPORT AFTER RELEASE	47
<b>8. CHILDREN ACCUSED OF DRUG-RELATED OFFENCES</b>	<b>50</b>
8.1 ARBITRARY ARREST AND DETENTION	50
8.2 NO SPECIALIZED AND SUITABLE SERVICES	53
8.3 PHYSICAL ABUSE	55
<b>9. THE NEED FOR REFORM</b>	<b>57</b>
9.1 ONGOING CRIMINALIZATION BY LAW	57
9.2 MOVING TOWARDS HARM REDUCTION SERVICES	59
<b>10. CONCLUSION AND RECOMMENDATIONS</b>	<b>61</b>

# GLOSSARY

**'Aftercare' programme:** the 'aftercare' programme involves reporting to police or other authorities on a regular basis after release from drug detention centres and includes mandatory and frequent drug testing. Failure to complete the requirements can result in people being sent back to drug detention centres. It is defined by the Philippines' Dangerous Drugs Board and purportedly seeks to address issues and problems associated with abstinence and recovery until an individual no longer needs further support.<sup>1</sup>

**Arbitrary detention:** describes situations where the deprivation of liberty is not in accordance with applicable laws and procedures, including situations where there is no legal basis for the detention (e.g. people held without charge or trial or despite a judicial order for their release); where persons are detained solely for their peaceful exercise of certain rights; in cases of sufficiently serious violations of the right to a fair trial or when the deprivation of liberty constitutes a violation of international law on the grounds of discrimination, among others. The 'arbitrariness' of the detention must be broadly interpreted to include elements of inappropriateness, injustice, lack of predictability and due process of law.<sup>2</sup>

**Blasting:** a form of punishment described by people who went to a drug detention centre for breaking the rules inside the centre, which involves having other people surround the person being punished, for them to be screamed at and scolded by others for their supposed infraction.



**Drug detention centres:** facilities where people accused or suspected of using drugs are confined without their consent, often without due processes and a medical assessment of its necessity.<sup>3</sup> In the interest of accuracy, the term “drug detention centre” instead of “drug treatment and rehabilitation centre” is used throughout this document to refer to such government-run facilities – as opposed to private centres – except when quoting people or when the term “drug treatment and rehabilitation centre” forms part of the official title of a facility.

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1 Dangerous Drugs Board, Board Regulation No. 1: Guidelines in the Implementation of the Aftercare Program for Recovering Drug Dependents, 6 June 2006, [https://ddb.gov.ph/images/Board\\_Regulation/2006/Bd.%20Reg.%201%2006.pdf](https://ddb.gov.ph/images/Board_Regulation/2006/Bd.%20Reg.%201%2006.pdf), pp 2-3

2 Working Group on Arbitrary Detention, “About Arbitrary Detention”, <https://www.ohchr.org/en/about-arbitrary-detention>

3 In their preface to their 2022 report “Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia, the UNODC and UNAIDS wrote that “Compulsory facilities for people who use drugs are a form of custodial confinement in which those perceived or known to be using drugs are placed to undergo abstinence and ‘treatment’ for a pre-determined period of time... [T]hese centres are operated by different government agencies including the military, the police, national drug control authorities, and in some places ministries of health or social affairs. Typically aiming for a so-called ‘drug-free environment’, the approach taken is typically abstinence-based and focussed on detoxification, is rarely medically supervised, and little or no evidence-based treatment, harm reduction or counselling services are offered after.” See: UN Office on Drugs and Crime and UNAIDS, *Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia*, 12 January 2022, p. 1. [https://www.unodc.org/documents/southeastasiaandpacific/Publications/2022/Booklet\\_1\\_12th\\_Jan\\_2022.pdf](https://www.unodc.org/documents/southeastasiaandpacific/Publications/2022/Booklet_1_12th_Jan_2022.pdf) p. 1.

# GLOSSARY

**Decriminalization:** in the context of drugs, decriminalization means the process of removing criminal sanctions for the use, possession, cultivation and acquisition of drugs for personal use. In some circumstances, it may also involve removing administrative or civil measures that are overly punitive and have similar effects to those of criminal laws. A decriminalization model for drug policy aims to end all punishments for using drugs and facilitate access to health and other social services to address the risks related to drug use. Decriminalization has been demonstrated to have beneficial impacts on public health, public security and human rights.

**Evidence-based approach:** in the context of drug policy, an evidence-based approach favours scientific, medical and research-based criteria over other considerations, such as political or economic considerations. Generally, evidence-based approaches to drug treatment and rehabilitation include substitution therapy, psychological interventions and other forms of treatment given with full, informed consent.<sup>4</sup>

**Harm reduction:** a wide range of policies, programmes, services and practices aimed primarily at minimizing the negative health, social, economic and legal impacts associated with drug use, as well as with drug laws and policies, without necessarily reducing an individual's level of use.<sup>5</sup> Harm reduction recognises that many people may be unable or unwilling to stop using drugs, and aims to reach out to them in a compassionate and non-judgemental manner to reduce the risks and harms of drugs.

**Torture:** any act by which severe physical or mental pain or suffering is deliberately inflicted on a person for various purposes, such as obtaining information or a confession, or for any reason based on discrimination. Such pain or suffering is inflicted by, at the behest of or with the consent of a public official or another person acting in an official capacity.<sup>6</sup>

**Drug dependence:** a chronic, relapsing health condition that implies a need for repeated doses of certain drugs and, in some circumstances, may require medical treatment. Drug use, on the other hand, does not usually imply dependence and therefore not all drug use requires medical treatment.

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4 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para 31

5 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para 59.

6 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Article 1.

# MAP OF THE PHILIPPINES

📍 Locations with cases documented by Amnesty International



# 1. EXECUTIVE SUMMARY



Male detainees at the Mega Drug Abuse Treatment and Rehabilitation Centre, a drug detention centre in Palayan City, Nueva Ecija.  
© Amnesty International

“Sumabay , sumunod, magpasakop” – participate, submit, surrender – was the tagline of a drug detention centre where Sam,<sup>7</sup> a 56-year-old transgender hairdresser, was held arbitrarily over seven months after being arrested by the police in 2016 for an alleged drug offence. There, she faced numerous human rights violations including torture and other ill-treatment, arbitrary detention and repeated mandatory drug tests.

Her experience is emblematic of what many people who use drugs in the Philippines have gone through: a coercive regime that claims to be to protecting public health but instead is a continuation of the punitive nature of the “war on drugs” that grossly violates a range of human rights, including the right to health. In these drug detention centres, people are forced to go through drug-related services that are not evidence-based and are mandated by courts and enforced by police and other authorities, rather than by medical professionals. People held in these centres suffer serious human rights violations prior to, during and after their release.

Following President Ferdinand “Bongbong” Marcos Jr’s election in 2022, the government described a new face to the administration’s anti-drug campaign that was going to be “bloodless”. It was initially perceived as an attempt to move away from the murderous anti-drug campaign of his predecessor, former President Rodrigo Duterte, that saw thousands of people killed and is currently the subject of an investigation by the International Criminal Court for crimes against humanity. Part of the reforms the new government proposed was the revision of the country’s outdated anti-drug law through the “prism of public health”, with a supposed focus on improving drug treatment and rehabilitation services. Yet a closer look at these drug detention centres shows that they remain inherently punitive and that human rights violations are still rampant.

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<sup>7</sup> In-person interview with Sam (not her real name), 10 May 2024.

From January to July 2024, Amnesty International undertook in-depth interviews with 26 people accused of using, and at times selling, drugs. Twenty-three were coerced into going to drug detention centres.<sup>8</sup> Amnesty International also spoke with three young people who were children when they were arrested by the police over alleged drug-related offences but were not sent to a drug detention centre owing to their age.

Amnesty International found that the criminalization of the use and possession of drugs for personal use, as well as other related acts, has enabled the Philippine government to continue implementing harsh anti-drug measures, including hefty fines and lengthy sentences in prisons or drug detention centres. Such measures are intended to force people to stop using drugs where the use of drugs is not only stigmatized but also severely punished. This is happening amidst a wider context where authoritarian practices are normalised. This approach has resulted in numerous human rights violations – people who use drugs are often targeted in violent police operations that often involve torture and other ill-treatment, arbitrary detention, forced or otherwise unreliable confessions and multiple violations of the right to health, including because of the mandatory nature of drug treatment. In addition, the summary prosecution of drug-related offences has failed to protect people's right to a fair trial. They are instead faced with the predicament of going to drug detention centres for forced treatment or pursuing a protracted trial that can result in lengthy prison sentences.

Of the individuals interviewed by Amnesty International, 15 were arrested by the police in either a raid or an entrapment operation. Some described more overt acts of planting evidence or torture by the police to extract a confession. Michael,<sup>9</sup> a 34-year-old security guard from Caloocan City who identifies as a gay man, recounted his experience of torture at the police station. He was repeatedly hit by a police officer with a wooden stick on his feet, his hands were squeezed with bullets in between his fingers, and he was made to lie down on a wooden bench while crushed chillies dripped on his forehead, burning his eyes and face.

Some of those arrested said that their names remained on “drug watch lists”, compiled by local authorities and the police, to identify people suspected of using or selling drugs. Celia,<sup>10</sup> a 23-year-old mother from Davao City, still fears for her life as she knows she remains on the watch list of the police in her area even after finishing her time at a drug detention centre.

Of the people who were arbitrarily detained at a drug detention centre, 14 described to Amnesty International how they felt pressured or coerced into pleading guilty before courts after being accused of drug-related offences. People described facing pressure at every turn from police, prosecutors, courts and health professionals, and sometimes well-intentioned family members, to enter drug detention centres in circumstances where there is no informed consent. These centres are actually places of court-ordered detention operating under the guise of offering treatment and rehabilitation for people who use drugs.

As a matter of government policy, people held in drug detention centres are deprived of their liberty throughout the duration of the programme, as mandated by the court, and are not allowed to leave either to work or visit family. Some facilities are inside or proximate to police or military forces' compounds, further illustrating their prison-like environment.

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8 Some drug detention centres are government run or privately owned. According to the law, while privately owned, these facilities' establishment, operations and management are still subject to accreditation, monitoring and other actions – including being ordered closed if in violation of the law and other policies – by the relevant government agencies, including the Department of Health.

9 In-person interview with Michael (not his real name), 10 May 2024.

10 In-person interview with Celia (not her real name), 16 June 2024.



***Random or mandatory drug tests without due justification are an arbitrary interference with an individual's privacy and are counterproductive from a right to health perspective.***

People who are sent to these centres are required to undergo repeated compulsory drug testing, often in contravention of the right to privacy. Lea,<sup>11</sup> who was arrested in a police raid in Davao City when she was just 15 years old, recalled that she had at least 14 drug tests from the time of her arrest up until she spoke with Amnesty International. Random or mandatory drug tests without due justification are an arbitrary interference with an individual's privacy and are counterproductive from a right to health perspective, as they are usually used by the authorities to retain leverage over people who use drugs.

The conditions within these centres are often in contravention of international human rights law, particularly in situations in which people are accused of violating the rules. Penalties may result in corporal punishment, including being forced to do strenuous physical exercises; additional and more difficult daily tasks; weeks or months of isolation; and humiliating and degrading acts such as being forced to “walk like a duck” or to “face the wall” for hours. People also recounted experiencing “blasting”, described as having other people surround the person being punished, for them to be screamed at and scolded by others for their supposed infraction. For breaking more serious rules, like attempting to escape or engaging in sexual relations, facility officials extend the length of people's detention for months as a form of punishment and without medical justification.

After their release, people are subject to onerous reporting to the authorities for 18 months that involves mandatory drug testing, limiting their ability to rebuild their lives and support their families. Failure to comply with the ‘aftercare’ reporting and mandatory drug testing can result in their being sent back to drug detention centres for a further length of time. Nano<sup>12</sup> was arrested in Davao City when he was 15 years old and said that social workers told him he could be re-arrested and detained if he failed to attend the ‘aftercare’ programme.

The “war on drugs” in the Philippines has also resulted in children being arrested and detained and sometimes subject to various forms of torture and other ill-treatment, exposing them to long-term and even life-long trauma. Treatment and rehabilitation services in the Philippines, if they can be called that, rarely fit the needs and capacities of children and adolescents. Current services subject them to discrimination and stigmatization, and being branded as a menace to society that leaves them ostracised from their own communities. Worse, they simply become the target of repeated arrests by police or even local officials.

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11 In-person interview with Lea (not her real name), 21 May 2024.

12 In-person interview with Nano (not his real name), 20 May 2024.

While drugs certainly involve risks depending on how they are used and by whom, punitive responses to drugs have often done more harm than good. What has been purported to be an effort to protect public health has instead resulted in violence, mass incarceration, suffering and abuse. Meanwhile, the use and availability of drugs across the world has increased over the years alongside the risks and harms of using drugs, while violence associated with illicit markets has been exacerbated.<sup>13</sup> And while it is unclear how much was spent exactly on the “war on drugs” in the Philippines since it started in 2016, the government admitted that billions of pesos in public funds went to the anti-drug campaign of the administration of former President Rodrigo Duterte.<sup>14</sup>

In spite of evidence in favour of the efficacy of harm reduction services, the Philippine government has failed to explore these options and instead shut down projects by non-governmental organizations such as safe needle programmes. In addition, drug treatment responses have not distinguished drug use from drug dependence (a chronic, relapsing health condition that in some cases needs medical intervention), nor has it been tailored to the most commonly used drugs in the country – such as *shabu* (methamphetamine hydrochloride) and cannabis.

To achieve a genuinely human rights-compliant approach to drugs, the Philippine government must move away from punitive and harmful responses. Instead, it must explore evidenced-based initiatives that respect the dignity of all people and have been demonstrated to be beneficial to public health and human rights. This includes moving towards the decriminalization of the use, possession, cultivation and acquisition of drugs for personal use paired with evidence-based health interventions. Such initiatives should involve safe, genuine and meaningful consultations with all those affected, particularly people who use drugs, health professionals and other civil society groups and experts.<sup>15</sup> Law and policy reforms to end the criminalization of drugs must additionally address the underlying socio-economic causes that increase the risks of using drugs and that lead people to engage in the trade of illicit drugs.

The compulsory and punitive nature of the current model should be discontinued and the government should work to ensure that drug-related services are evidence-based, voluntary, and age- and gender-appropriate, while prioritising community settings rather than in institutions.

The Philippine government must also work towards addressing the stigma and discrimination around the use of drugs. The international community must increase the financial and technical support provided to civil society organizations that prioritize peer-led and evidence-based harm reduction initiatives and respond to the needs of people who use drugs.

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13 UNODC, *World Drug Report 2024*, 26 June 2024, <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html>

14 Malaya Business Insight, “House backed drug war, not the killings – solon,” 25 October 2024, <https://malaya.com.ph/news/national-news/house-backed-drug-war-not-the-killings-solon/>

15 See Harm Reduction International, “Harm reduction for stimulant use”, April 2019, <https://hri.global/files/2019/04/28/harm-reduction-stimulants-coact.pdf>

## 2. METHODOLOGY

This report is based on field and desk research and interviews with 56 people conducted by Amnesty International from January to July 2024.

Amnesty International interviewed 26 people accused of using and, in some cases, selling drugs in the cities of Calocan, Manila, Quezon, Cebu and Davao between 2016 and 2024. Seventeen people went to drug detention centres, while one went through out-patient services also at a government facility. Two were taken by their families to private facilities. Three were children at time of their arrest and didn't go to drug detention centres. Three other individuals who were interviewed went to drug detention centres prior to 2016.

Of the 23 interviewees who went through drug detention, 13 are men, six are women, three identified as transgender and one identified as a gay man. Notably, six people were minors when they were arrested, but only three were sent to a drug detention centre.

Finding individuals who have gone through these drug detention centres and are willing to be interviewed for this report was challenging. Some of those who initially agreed to be interviewed subsequently changed their minds owing to various reasons, including not wanting to recount the trauma from their experience, as well as fears over their safety and security as drug-related killings continue. Where interviews were carried out, these were conducted with informed consent, and all information gathered was stored securely to safeguard confidentiality.

While the number of interviewees held at drug detention centres is small, testimonies gathered establish concerning patterns about these centres and forced drug treatment in the Philippines. Findings in this report are also corroborated by the observations of individual experts and organizations working on this issue, and, in some instances, by confirmation from government representatives. Where any of the findings rely exclusively on testimony, that is made clear.

No incentives were provided other than reimbursing interviewees for costs relating to transportation, food and loss of income. Interviews were conducted in English, Tagalog and Bisaya, with some help from translators in Cebu City and Davao City.

Pseudonyms were used for all individuals to protect their identity, owing to their fear of reprisal for speaking out against government agencies and facilities, as well as to the prevalent stigma and discrimination against people who have a history of drug use and have previously been through drug-related services.

Amnesty International also held meetings with and interviewed another 30 people. These include representatives of relevant government agencies, such as officials from the Dangerous Drugs Board, the Philippine Drug Enforcement Agency, and the Commission on Human Rights. Amnesty International also spoke with doctors, social workers and staff of two government-owned drug facilities that Amnesty International was able to visit. The organization also carried out interviews with drug policy reform advocates, children's rights advocates, lawyers working with minors facing drug-related charges, families of victims of the "war on drugs", and a representative of the UN Office on Drugs and Crime.

Amnesty International also reviewed laws and policies relevant to penalties for drug-related offences, as well as drug treatment and rehabilitation.<sup>16</sup>

Despite repeated requests for a meeting from March to July 2024, both the Department of Justice and the Department of Health (DOH) declined to speak with Amnesty International. Amnesty International wrote again to these and other government agencies in November 2024 to share the key findings and recommendations of this report ahead of its publication. Only the DOH responded and asked if this report complied with the national guidelines on ethical research. Amnesty International responded with further information from the organization's internal research standards and ethical practices, including its informed consent policy.

Amnesty International acknowledges the valuable assistance it received from various individuals and organizations in the conduct of this research, including Amaya Lay in Mindanao, Children's Legal Rights and Development Center, IDUCare, Kalitawhan Network, National Union of Peoples' Lawyers and NoBox Philippines, as well as the community of families of victims of the "war on drugs" in Caloocan City that facilitated interviews with community members who have gone through drug detention centres.

**PSEUDONYMS WERE USED FOR ALL INDIVIDUALS**

**TO PROTECT THEIR IDENTITY, OWING TO THEIR FEAR OF REPRISAL FOR SPEAKING OUT AGAINST GOVERNMENT AGENCIES AND FACILITIES,**



**AS WELL AS TO THE PREVALENT STIGMA AND DISCRIMINATION AGAINST PEOPLE WHO HAVE A HISTORY OF DRUG USE AND HAVE PREVIOUSLY BEEN THROUGH DRUG-RELATED SERVICES.**

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16 These include the Philippines' Republic Act 9165 or the Comprehensive Dangerous Drugs Act of 2002; government policy and other issuances relating to drug policy, specifically regulations by the Dangerous Drugs Board on treatment and rehabilitation, as well as on the handling of children allegedly involved in dangerous drugs; court orders sentencing individuals to drug detention; clearances issued to individuals after spending time at drug detention centres; and diaries containing daily notes that individuals are compelled to write and submit as part of their 'aftercare' programme.

# 3. BACKGROUND

***“Treatment should never be punitive nor draconian. You do not punish a patient to get well. Punishment is not a modicum of treatment.”***

Dr. Alfonso Villaroman, director of the DOH Treatment and Rehabilitation Centre in Bicutan, Taguig City

## 3.1 DEADLY “WAR ON DRUGS”

Immediately after Rodrigo Duterte took office as President of the Philippines on 30 June 2016, a wave of killings of alleged drug offenders inundated the country, reaching as many as 32 people killed in just one day.<sup>17</sup> By the end of his six-year term, the government conceded that over 6,200 people were killed in police-led anti-drug operations.<sup>18</sup> Civil society groups, however, have claimed that government figures were deliberately misrepresented and therefore unreliable, and estimated that as many as 30,000 people may have been killed in the “war on drugs” – including killings carried out by unknown armed individuals, many of whom are believed to have links to the police.<sup>19</sup>

Previous reports by Amnesty International showed that these killings – both by the police and unknown armed individuals – predominantly targeted people from the poorest communities and concluded that they may constitute crimes against humanity.<sup>20</sup> Since 2018, the International Criminal Court has been conducting an investigation into crimes against humanity, torture and other inhumane acts committed in connection with the country’s “war on drugs”.<sup>21</sup>

Wilkins Villanueva, then the director-general of the Philippine Drug Enforcement Agency, insisted Duterte’s legacy was more than the killings. For example, under the former administration’s six-year anti-drug campaign, Villanueva said almost 694,000 people supposedly went through “appropriate interventions and reformation programs” – including in drug detention centres.<sup>22</sup>

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17 DW, “The bloodiest day in Duterte’s ‘war on drugs’”, 17 August 2017, <https://www.dw.com/en/philippines-rodrigo-duterte-hails-the-bloodiest-day-in-his-war-on-drugs/a-40116862#:~:text=Anti%2Ddrug%20squads%20in%20the,kill%20%22another%2032%20everyday.%22>

18 ABS-CBN News, “War on drugs: Over 6,200 killed during police operations, says PDEA”, 31 May 2022, <https://news.abs-cbn.com/news/05/31/22/pdea-drug-war-also-focused-on-rehab-over-6200-killed-during-ops>

19 Rappler, “Six years of blood and violence: People we lost under Duterte”, 24 June 2022, <https://www.rappler.com/newsbreak/iq/duterte-administration-blood-violence-drug-war-lawyers-activists-mayors-vice-mayors-killed/>

20 See: Amnesty International, “If you are poor, you are killed”: Extrajudicial Killings in the Philippines’ “War on Drugs” (Index: ASA 35/5517/2017), 31 January 2017, <https://www.amnesty.org/en/documents/asa35/5517/2017/en/> and Amnesty International, “They just kill”: Ongoing extrajudicial executions and other violations in the Philippines’ ‘war on drugs’ (Index: ASA 35/0578/2019), 8 July 2019, <https://www.amnesty.org/en/documents/asa35/0578/2019/en/>

21 Amnesty International, “Philippines: Landmark ICC investigation into Duterte’s murderous ‘war on drugs’”, 14 June 2021, <https://www.amnesty.org/en/latest/press-release/2021/06/philippines-landmark-icc-investigation-into-duterte-murderous-war-on-drugs/>

22 ABS-CBN News, “War on drugs: Over 6,200 killed during police operations, says PDEA”, 31 May 2022, <https://news.abs-cbn.com/news/05/31/22/pdea-drug-war-also-focused-on-rehab-over-6200-killed-during-ops>



One of the many unused rooms at the drug detention centre in Palayan City, Nueva Ecija province - the Mega Drug Abuse Treatment and Rehabilitation Centre. © Amnesty International

It was also during Duterte's time, in November 2016, that the government inaugurated the country's first "mega" drug detention centre in Fort Magsaysay – the Philippines' largest military reservation – in Palayan City, Nueva Ecija province.<sup>23</sup> A year later, however, a government official described the centre as "impractical" and "a mistake", adding that the \$3.6 billion donated by a Chinese businessman used to construct the facility should have gone towards community-based rehabilitation services that are more effective.<sup>24</sup> The centre remains operational, but with reduced capacity.

The ongoing "war on drugs" has had a devastating impact on the poorest and most marginalised communities, with its main targets people living in poverty or from lower income groups. The disproportionate focus on people using drugs from these populations has resulted in further stigmatisation and further human rights violations against them, including in drug detention centres.

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23 Rappler, "Duterte, Chinese tycoon inaugurate 'mega' drug rehab center", 29 November 2016, <https://www.rappler.com/philippines/153995-duterte-huang-rulun-inauguration-mega-drug-rehabilitation-center/>

24 The Manila Times, "Mega drug rehab center in Ecija a mistake – DDB", 2 November 2017, <https://www.manilatimes.net/2017/11/02/todays-headline-photos/top-stories/mega-drug-rehab-center-ecija-mistake-ddb/360157>

## 3.2 CONTINUING KILLINGS AND LACK OF ACCOUNTABILITY

Two years into the administration of President Ferdinand “Bongbong” Marcos Jr, drug-related killings are far from over, despite government pronouncements of a “bloodless” campaign against drugs.<sup>25</sup> In his first interview following his election, President Marcos Jr pledged the government would continue the “war on drugs” but in a “different way”.<sup>26</sup> Even after the acknowledgement of President Marcos Jr that there were abuses committed during his predecessor’s crackdown on drugs, the killings have not stopped entirely and the approach remains focused on criminalization and punishment.<sup>27</sup>

Based on media monitoring by the university-based research group Dahas, over 800 people were killed since the start of the Marcos administration from June 2022 until October 2024.<sup>28</sup> While the government has claimed at the UN Human Rights Council (HRC) that it is working to strengthen domestic accountability mechanisms to deliver “real justice in real time”,<sup>29</sup> it has failed to deliver any clear and effective efforts towards accountability. To date, only four known cases – out of the thousands of people killed in the government anti-drug campaign – have resulted in convictions of police officers for unlawful killings and other violations.<sup>30</sup>

Marcos Jr has also repeatedly said his administration will not cooperate with the International Criminal Court (ICC),<sup>31</sup> especially following the latest resumption of the ICC prosecutor’s investigations into crimes against humanity.<sup>32</sup>

The continuation of killings and lack of accountability is not surprising given the political landscape. Marcos Jr, the son of former President Ferdinand Marcos, ran and secured a landslide victory alongside Inday Sara Duterte, the daughter of former President Rodrigo Duterte, as his vice president. This presidential ticket cemented a political alliance between the two families that has since collapsed.<sup>33</sup> This changing political landscape has recently resulted in some efforts from Congress to examine the killings in the context of the ‘war on drugs’.<sup>34</sup> For example, in recent hearings by a joint Congressional committee, former President Duterte said he takes “full legal responsibility” for the killings, adding that the police were simply following his orders.<sup>35</sup>

More recently, the government has demonstrated some willingness to consider community-based treatment, rehabilitation, education, and reintegration, but as yet, it is unclear if it will comply with international human rights laws and standards.<sup>36</sup>

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33 Benar News, “Analysts: Collapse of Marcos-Duterte alliance to affect 2025 elections, foreign policy”, 31 July 2024, <https://www.benarnews.org/english/news/philippine/analysts-collapse-of-marcos-duterte-alliance-to-affect-2025-elections-foreign-policy-07312024133843.html>

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35 The New York Times, “Duterte Says He Takes ‘Full Legal Responsibility’ for Philippine Drug War”, 28 October 2024, <https://www.nytimes.com/2024/10/28/world/asia/duterte-philippines-drug-war-hearing.html>

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# 4. LEGAL AND POLICY FRAMEWORK

***“The widespread use of criminal law, as well as the ‘war on drugs’ and the pursuit of a ‘drug-free world’, has failed to deter drug use or prevent related harms.”***

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health<sup>37</sup>

The Philippines has ratified a range of international human rights instruments that require the right to health be respected, protected and fulfilled. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR),<sup>38</sup> the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),<sup>39</sup> the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)<sup>40</sup> and the Convention on the Rights of the Child (CRC).<sup>41</sup>

The Philippines is also a party to a number of UN treaties that form the basis of an international legal framework for the control of drugs, commonly known as the UN Drug Conventions.<sup>42</sup> However, while the UN Drug Conventions establish the protection of the health and welfare of humankind as the primary goal of the international drug control regime, they contain only a few provisions relating to access to health-related services to reduce the risks and harms of drugs and instead focus on punishment as the main way to address drug-related problems. Punitive measures provided by these treaties are intended to decrease and suppress the supply and use of illicit drugs on the flawed premise that the threat of criminal sanctions will reduce, and eventually eliminate, drug use and will improve public health as a result.

As noted by the Office of the High Commissioner for Human Rights, requirements to adopt legislation for the enforcement of the UN Drug Conventions have in many cases led to draconian national laws and highly invasive mechanisms of control, often exceeding what is required by the language of the Conventions.<sup>43</sup> Even when the UN Drug Conventions provide for the consideration of alternatives to detention and measures for the prevention and treatment of drug dependence,<sup>44</sup> States have generally favoured a strict interpretation of their obligations under the UN Drug Conventions when formulating domestic drug laws and policies.

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37 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para 33.

38 International Covenant on Economic, Social and Cultural Rights, Article 12.

39 Convention on the Elimination of All Forms of Discrimination against Women, Article 12.

40 International Convention on the Elimination of All Forms of Racial Discrimination, Article 5 (e) (iv).

41 Convention on the Rights of the Child, Article 24.

42 These are the Single Convention on Narcotic Drugs of 1961 (‘Single Convention’) – subsequently amended by a 1972 Protocol –, the Convention on Psychotropic Substances of 1971, and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

43 Report of the UN High Commissioner for Human Rights, “Human Rights Challenges in Addressing and Countering All Aspects of the World Drug Problem”, 15 August 2023, UN Doc. A/HRC/54/53, para. 3.

44 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, Articles 36(b) and 38.



***States must therefore put their human rights obligations at the centre of drug control policies, including by ensuring evidence-based and gender-sensitive health and social services for people who use drugs.***

While the UN Drug Conventions do not explicitly mention States' obligations to respect human rights, multiple UN declarations and resolutions have affirmed that international drug control must be carried out in accordance with international human rights law and standards.<sup>45</sup> In particular, the Human Rights Council has recognized the need for States to progressively realize the right to health in order to address drug-related problems by, among other measures, ensuring access to health-related information, evidence-based prevention, harm reduction and treatment, as well as by addressing the underlying social and economic determinants of health in the context of drugs.<sup>46</sup>

States must therefore put their human rights obligations at the centre of drug control policies, including by ensuring evidence-based and gender-sensitive health and social services for people who use drugs.<sup>47</sup> These services must comply with human rights law and standards, and should include prevention, information, harm reduction, and voluntary drug treatment and rehabilitation where medically indicated and on a non-discriminatory basis, including in prisons and other situations where people are deprived of their liberty.<sup>48</sup>

The right to health requires the provision of these health-related services, goods and facilities to be available in sufficient quantity; accessible to everyone without discrimination, which includes physical accessibility, affordability, and information accessibility; acceptable to all person, that is, respectful of medical ethics and culturally appropriate; and of good quality.<sup>49</sup>

This requires paying particular attention to the needs of the most marginalized and to the specific needs of women, children and adolescents.<sup>50</sup> In this sense, the CEDAW Committee has called on States to ensure that harm reduction and treatment services provide suitable environments for women who use drugs and be respondent to gender-specific needs, including by providing integrated sexual and reproductive healthcare, information and services, and childcare facilities.<sup>51</sup>

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45 UN General Assembly, Outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem, "Our joint commitment to effectively addressing and countering the world drug problem", April 2016; Commission on Narcotic Drugs, 2019 Ministerial Declaration: Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem", March 2019; Commission on Narcotic Drugs, 2024 High-level Declaration: "High-level declaration by the Commission on Narcotic Drugs on the 2024 midterm review, following the Ministerial Declaration of 2019", March 2024; Human Rights Council, "Contribution of the Human Rights Council with regard to the human rights implications of drug policy", Res 52/24, 17 April 2023.

46 Human Rights Council, Resolution 52/24.

47 Report of the UN High Commissioner for Human Rights, "Human Rights Challenges in Addressing and Countering All Aspects of the World Drug Problem", 15 August 2023, UN Doc. A/HRC/54/53, para. 20.

48 World Health Organization and United Nations Office on Drugs and Crime, *International Standards for the treatment of drug use disorders: revised edition incorporating results of field-testing*, 31 March 2020, [who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders](https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders)

49 Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 12.

50 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 3 August 2011, UN Doc. A/66/254; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 4 April 2016, UN Doc. A/HRC/32/32.

51 Committee on the Elimination of Discrimination against Women, Communication No. 129/2018: *Oksana Shpagina v. Russian Federation*, UN Doc. CEDAW/C/84/D/129/2018 (2023), para. 11(b)(ii).

Obligations under the right to health also extend to the underlying determinants of health, which include food and nutrition, housing, safe water, adequate sanitation, safe and healthy working conditions, and a healthy environment.<sup>52</sup> Moreover, upholding the right to health requires guaranteeing the participation of the population in all health-related decision-making at the community, national and international levels.<sup>53</sup>

The Commission on Narcotic Drugs, the UN central policy-making body for drug-related matters, has urged States to ensure the provision of a wide array of harm reduction services to reduce the risks of different types and ways of using drugs,<sup>54</sup> including needle and syringe programmes, prescription of substitute medications and naloxone distribution (a medicine that counters the effects of an opioid overdose). In addition, as recommended by the UN Special Rapporteur on the right to health, States must expand the range of harm reduction services that have proven to reduce the risks and harms associated with other type of drugs such as drug-checking services, supervised drug-consumption rooms, distribution of safer smoking kits, integration of harm reduction into nightlife settings (for example chill-out spaces and hydration points), peer-led information sharing and the promotion of non-injecting routes for the administration of drugs.<sup>55</sup>

International standards on the right to health also indicate that drug treatment must be voluntary and with informed consent, based on the best available evidence, well-funded, and subjected to independent oversight.<sup>56</sup> As recommended by the World Health Organization (WHO) and the UN Office on Drugs and Crime (UNODC), drug treatment and rehabilitation services should cover a wide spectrum of social and economic issues that individuals who use drugs may face beyond their drug use, including social support and protection.<sup>57</sup> This requires the availability of a wide range of drug services, including detoxification, peer support groups, screening and other brief interventions.<sup>58</sup>

Drug treatment and rehabilitation services must always involve the voluntary participation of individuals with informed consent as they would otherwise contravene the right to health, including the right to choose one's treatment freely, to refuse treatment or to discontinue it at any time.<sup>59</sup> According to WHO guidelines, drug treatment should not be compulsory, should only be undertaken with informed consent, and should include an option to withdraw from treatment at any time.<sup>60</sup>

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52 Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 4.

53 Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 11.

54 Commission on Narcotic Drugs, Resolution 67/5: Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harm associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach, in accordance with domestic law and circumstances, para. 1.

55 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, paras. 59-66.

56 Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 12; UNDP and others, *International Guidelines on Human Rights and Drug Policy* (previously cited), 2023, Guideline II, I; UNODC and WHO, *International standards for the treatment of drug use disorders: second revised edition* (previously cited), 2020.

57 UNODC and WHO, *International standards for the treatment of drug use disorders: second revised edition* (previously cited), 2020.

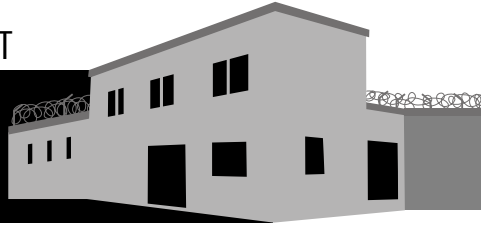
58 Commission on Narcotic Drugs, Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Report of the Executive Director, 20 December 2017, E/CN.7/2018/6, undocs.org/E/CN.7/2018/6.

59 Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 126(g); Working Group on Arbitrary Detention, *Study on arbitrary detention relating to drug policies*, 18 May 2021, UN Doc. A/HRC/47/40, para. 83; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para. 21.

60 World Health Organization and UNODC, *International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing* (previously cited), p. 9.

**BOTH THE WHO AND UNODC HAVE STATED THAT**

**COMPULSORY DETENTION MUST NOT BE USED AS A FORM OF TREATMENT FOR DRUG DEPENDENCE**



**AND HAVE URGED STATES TO ENSURE THAT THEIR LEGAL FRAMEWORK GUARANTEES COMPLIANCE WITH HUMAN RIGHTS.**

Compulsory detention regimes in the name of drug treatment and rehabilitation have been found to be inherently arbitrary by multiple human rights mechanisms.<sup>61</sup> The UN Working Group on Arbitrary Detention has specifically noted that detaining an individual for their drug use or dependence can never be justified and is never adequate, necessary or proportionate to the aim of protecting the health or life of people who use drugs or others in the community.<sup>62</sup>

Both the WHO and UNODC have stated that compulsory detention must not be used as a form of treatment for drug dependence and have urged States to ensure that their legal framework guarantees compliance with human rights.<sup>63</sup> The Working Group on Arbitrary Detention has specifically found that compulsory detention regimes for the purposes of drug “rehabilitation” through confinement or forced labour, including those based on the perceived danger of persons to themselves or to others or on arguments of “medical necessity”, are inherently arbitrary and should be eliminated.<sup>64</sup> Therefore, the Working Group has emphatically called on governments to close without delay State-run compulsory drug detention centres and private treatment facilities that hold persons against their will. The Committee Against Torture,<sup>65</sup> the Committee on the Rights of the Child,<sup>66</sup> the Special Rapporteur on torture,<sup>67</sup> the Special Rapporteur on the right to health,<sup>68</sup> and numerous other UN bodies<sup>69</sup> have similarly called on States to close compulsory drug detention centres and implement voluntary, evidence-informed and rights-based health and social services.

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- 61 Report of the Working Group on Arbitrary Detention, 10 July 2015, UN Doc. A/HRC/30/36, para. 74; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para. 32; ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS, “Joint statement on compulsory drug detention and rehabilitation centres”, March 2012.
- 62 Working Group on Arbitrary Detention, “Study on arbitrary detention relating to drug policies”, 18 May 2021, UN Doc. A/HRC/47/40, para. 99.
- 63 World Health Organization and United Nations Office on Drugs and Crime, *International Standards for the treatment of drug use disorders (draft for field testing)*, UN Doc. E/CN.7/2016/CRP, 4 March 2016.
- 64 UN Working Group on Arbitrary Detention, Arbitrary detention related to drug policies, 18 May 2021, A/HRC/47/40, para. 126(e); Working Group on Arbitrary Detention, Report: visit to Bhutan, 2019, UN Doc. A/HRC/42/39/ADD.1, para. 93. Working Group on Arbitrary Detention, Report: visit to Sri Lanka, 2018, UN Doc. A/HRC/39/45/Add.2, para. 88.
- 65 Committee Against Torture, Concluding Observations: Guatemala, 2018, UN Doc. CAT/C/GTM/CO/7, para. 31.
- 66 Committee on the Rights of the Child, Concluding Observations: fifth periodic review of Viet Nam, 2022, UN Doc. CRC/C/VNM/CO/5-6, para. 40; Concluding Observations: Cambodia, 3 August 2011, UN Doc. CRC/C/KHM/CO/2-3, para. 38-39.
- 67 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 1 February 2013, UN Doc. A/HRC/22/53, para. 87.
- 68 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Mission to Viet Nam, 4 June 2012, UN Doc. A/HRC/20/15/Add.2, para. 64; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para. 32.
- 69 ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS, “Joint statement on compulsory drug detention and rehabilitation centres”, March 2012, [ohchr.org/en/statements/2012/03/joint-statement-compulsory-drug-detention-and-rehabilitation-centres-ilo-ohchr](https://www.ohchr.org/en/statements/2012/03/joint-statement-compulsory-drug-detention-and-rehabilitation-centres-ilo-ohchr)

Numerous human rights mechanisms have further condemned the heavy reliance on criminal laws, repressive policies and other measures implemented with the aim of drug prohibition as it has instead created numerous barriers to the effective realization of the right to health and has resulted in widespread human rights violations. In this sense, the UN Special Rapporteur on the right to health has long concluded that the criminalization of the use and possession of drugs is disproportionate, while at the same time fails both in its primary purpose of preventing harms to health and achieving drug control.<sup>70</sup> Similarly, the Committee on Economic, Social and Cultural Rights has expressed concern over the criminalization of the use and possession of drugs as it hinders people in need of treatment from receiving healthcare.<sup>71</sup>

In 2019, the UN published a Common Position on drugs that places human rights at the core of the international drug control regime.<sup>72</sup> The position not only notes the failures and limitations of the “war on drugs” on a global scale but also recognizes that punitive drug policies have been ineffective in reducing drug trafficking or in addressing non-medical drug use and supply. The Common Position also recognizes that punitive policies undermine the human rights and well-being of people who use drugs, their families and communities, calling on governments to promote alternatives to conviction and punishment, including the decriminalization of use and possession of drugs for personal use.

Multiple human rights mechanisms have similarly recommended countries to decriminalize the use and possession of drugs for personal use as a means of protecting public health and human rights. Significantly, the Committee on Economic, Social and Cultural Rights,<sup>73</sup> the Committee on the Elimination of Discrimination against Women,<sup>74</sup> the Working Group on Arbitrary Detention,<sup>75</sup> the UN Special Rapporteur on the right to health,<sup>76</sup> and the UN Special Rapporteur on extrajudicial, summary or arbitrary executions<sup>77</sup> have recommended the decriminalization of the use and possession of drugs as an important step towards upholding States’ human rights obligations. Additional international standards clarifying the relationship between the UN Drug Conventions and international human rights law, such as the International Guidelines on Human Rights and Drug Policy<sup>78</sup> and the 8 March Principles,<sup>79</sup> have clarified that States have limited discretion when prohibiting the use, possession, purchase, or cultivation of drugs for personal use.

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70 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para. 14.

71 Committee on Economic, Social and Cultural Rights, Concluding Observations: Philippines, 7 October 2016, UN Doc. E/C.12/PHL/CO/5-6, paras. 53; Committee on Economic, Social and Cultural Rights, Concluding observations: Lithuania, 30 March 2023, UN Doc. E/C.12/LTU/CO/3, paras 62-63; CESCR, Concluding observations: Uzbekistan, 31 March 2022, UN. Doc. E/C.12/UZB/CO/3, paras 52-53.

72 UN System Chief Executives Board for Coordination, *United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration*, 18 January 2019, UN Doc. CEB/2018/2.

73 Committee on Economic, Social and Cultural Rights, Concluding Observations: Philippines, 7 October 2016, UN Doc. E/C.12/PHL/CO/5-6, para. 54; Committee on Economic, Social and Cultural Rights, Concluding Observations: Benin, 27 March 2020, UN Doc. E/C.12/BEN/CO/3, para. 42; Committee on Economic, Social and Cultural Rights, Concluding Observations: Serbia, 6 April 2022 UN Doc. E/C.12/SRB/CO/3, para.63.

74 Committee on the Elimination of Discrimination against Women, Concluding Observations: Kyrgyzstan, 29 November 2021, UN Doc. CEDAW/C/KGZ/CO/5, para. 46.a

75 Working Group on Arbitrary Detention (WGAD), *Study on arbitrary detention relating to drug policies*, 18 May 2021, UN Doc. A/HRC/47/40.

76 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para. 49, 62.

77 Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions, *Deaths in Prison*, 18 April 2023, UN Doc. A/HRC/53/29, para. 22.

78 United Nations Development Program and International Centre on Human Rights and Drug Policy (University of Essex), *International Guidelines on Human Rights and Drug Policy*, March 2019.

79 International Commission of Jurists, *The 8 March Principles for a Human Rights-Based Approach to Criminal Law Proscribing Conduct Associated with Sex, Reproduction, Drug Use, HIV, Homelessness and Poverty*, 8 March 2023.

## 4.1 DOMESTIC LAWS AND POLICIES

Enacted in June 2002, RA 9165 replaced the Dangerous Drugs Act of 1972 (RA 6425). RA 9165<sup>80</sup> provides for the grounds for such offences as sale, trading and distribution of dangerous drugs and/or controlled precursors and essential chemicals<sup>81</sup>; possession of dangerous drugs<sup>82</sup> and of equipment, apparatus and other paraphernalia for using dangerous drugs,<sup>83</sup> including during social gatherings,<sup>84</sup> and use of dangerous drugs.<sup>85</sup> The law provides a number of penalties for these offences such as fines, imprisonment and mandatory ‘treatment and rehabilitation’. This law also brought about an important shift in policy, transferring the operation of all drug detention centres from the National Bureau of Investigation (NBI) and the Philippine National Police (PNP) to the Department of Health.

RA 9165 also created the Philippine Drug Enforcement Agency (PDEA) to serve as the implementing arm of the already existing Dangerous Drugs Board (DDB).<sup>86</sup> It also outlines the duties and responsibilities of other government agencies, including the Department of Health (DOH), which oversees all drug-related services, as well as the establishment, operations, and management of privately-owned drug treatment centres and testing laboratories. The DOH can also order the closure of such centres when they are found to have violated RA 9165 or other regulations issued by the DDB.

RA 9165, alongside its implementing rules and regulations<sup>87</sup> and other issuances of the DDB, also contains the details of the government’s ‘treatment and rehabilitation’ programme. Specifically, the law details how a person considered to be “drug dependent” and those who use drugs can, on their own or through their relatives, apply to be sent to a drug detention centre for six months to a year through the DDB, who will then secure the needed court order for such an admission. Those who ‘voluntarily’ go through the program are absolved of any criminal liability for using drugs upon the completion of the programme and subject to other conditions.

Article VIII of the law also allows the benefit of a suspended sentence for minors who are first-time offenders and are over 15 years old at the time of the offence. Those below 15 years old at the time of the offence are not liable for any penalties, but should the court find them guilty, they would be placed under the custody of the Department of Social Welfare and Development, relevant government agencies or responsible persons until they reach 21 years old or earlier, except if they have previously enjoyed a suspended sentence or if their offence is punishable by life imprisonment.<sup>88</sup>

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80 Philippines, Comprehensive Dangerous Drugs Act, 2002, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf)

81 Philippines, Comprehensive Dangerous Drugs Act, 2002, Section 5, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf)

82 Philippines, Comprehensive Dangerous Drugs Act, 2002, Section 11, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf)

83 Philippines, Comprehensive Dangerous Drugs Act, 2002, Section 12, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf)

84 Philippines, Comprehensive Dangerous Drugs Act, 2002, Sections 13 and 14, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf)

85 Philippines, Comprehensive Dangerous Drugs Act, 2002, Section 15, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf)

86 Dangerous Drugs Board, Mandate, <https://ddb.gov.ph/mandate/>, (accessed 10 September 2024). 10 September 2024).

87 Philippines, Implementing Rules and Regulations of RA 9165, <https://ddb.gov.ph/wp-content/uploads/2022/01/IRR-of-RA-9165.pdf>

88 Philippines, Presidential Decree No. 1179, [https://lawphil.net/statutes/presdecs/pd1977/pd\\_1179\\_1977.html](https://lawphil.net/statutes/presdecs/pd1977/pd_1179_1977.html), Section 2.

# 5. HUMAN RIGHTS VIOLATIONS PRIOR TO DRUG DETENTION

***“We have no choice but to admit [people] if [rehabilitation] is mandated by the court... We tell them that if they don’t go through rehabilitation, they only have three other options as to where they can go: cemetery, jail or a mental hospital.”***

Alpha Martin, chief of the psychology service of the Mega Drug Abuse Treatment and Rehabilitation Centre in Palayan City, Nueva Ecija.

Since the adoption of the country’s first ever drug law in 1972,<sup>89</sup> the Philippines has followed a punitive and coercive approach to drug policy. Through the criminalization of the use and possession of drugs for personal use, the government has implemented harsh anti-drug measures that result in various human rights violations. People who use drugs are punished and mistreated at every stage of their interaction with the criminal justice system, starting with their arrest, as they spend time at drug detention centres and undergo random and mandatory drug testing, and even after their release.

Human rights violations arising from the prohibition and criminalization of drugs have had a disproportionate impact on the most marginalized groups in society, such as people living in poverty, women, and LGBTI people.<sup>90</sup>

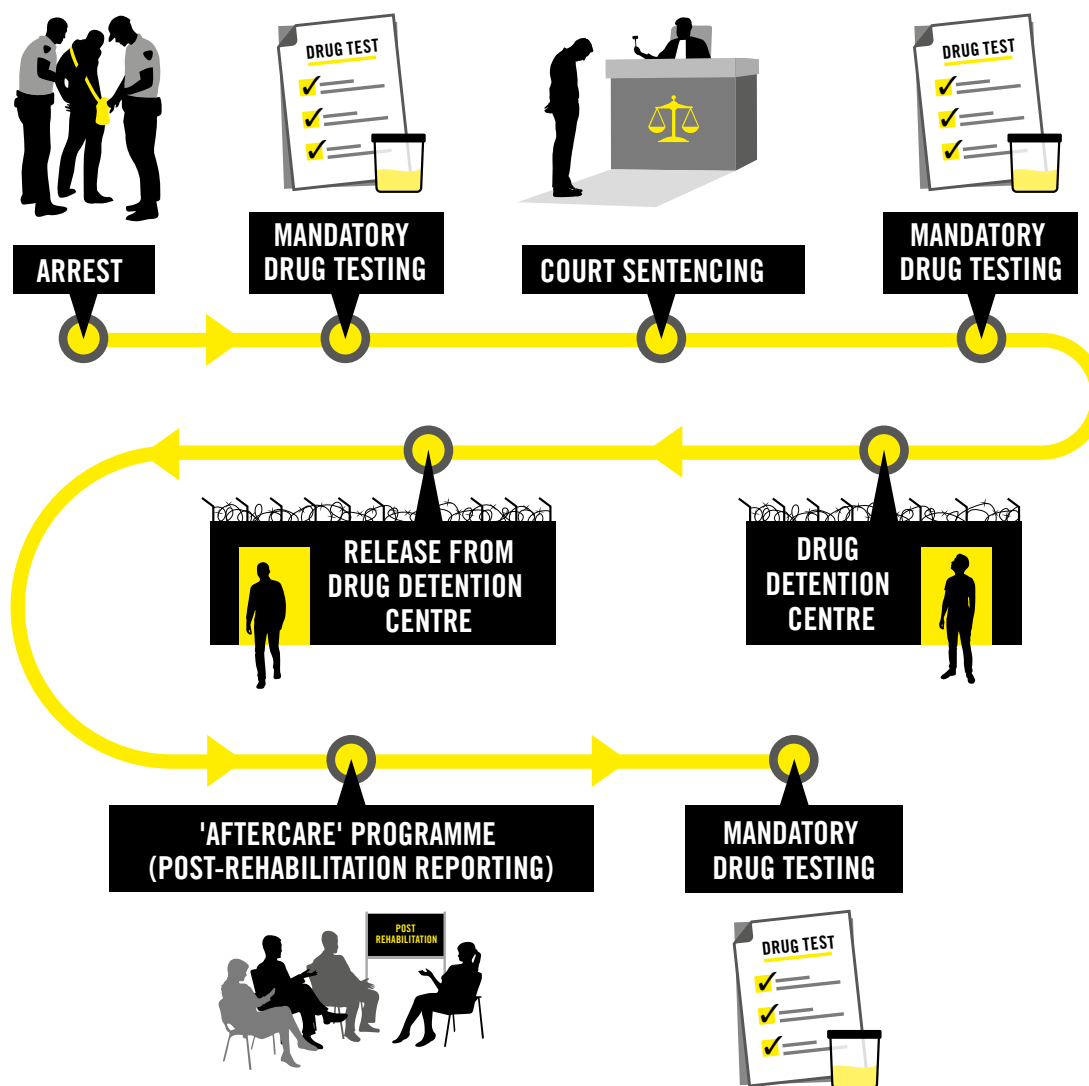
## 5.1 COERCED CONFESSIONS AND UNRELIABLE EVIDENCE

Several people interviewed by Amnesty International described concerning events related to their arrest, including police raids that relied on police informants and were frequently carried out through coercion, entrapment or undue pressure to confess to a crime. In each of these cases analysed by the organization, the authorities initiated the prosecution of these individuals based on unreliable evidence to put people through the criminal justice system with the aim of punishing those suspected of using drugs. In some cases, the police used torture and other forms of ill-treatment to extract “confessions” or planted evidence to incriminate them. Coerced statements involving torture or other forms of ill-treatment must always be inadmissible in courts, but this has not always been the case as interviewees described.

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89 Philippines, Dangerous Drugs Act, 1972, [https://lawphil.net/statutes/repacts/ra1972/ra\\_6425\\_1972.html#:~:text=Importation%20of%20Prohibited%20Drugs,the%20Philippines%20any%20prohibited%20drug](https://lawphil.net/statutes/repacts/ra1972/ra_6425_1972.html#:~:text=Importation%20of%20Prohibited%20Drugs,the%20Philippines%20any%20prohibited%20drug)

90 Working Group on Arbitrary Detention, *Study on arbitrary detention relating to drug policies*, 18 May 2021, UN Doc. A/HRC/47/40, para 52.



An illustration of the ordeal that people accused of using drugs go through, beginning with their arrest, mandatory drug testing at various points, court sentencing to send them to a drug detention centre and an invasive post-rehabilitation reporting ('aftercare' programme) following their release from the centre.

Law enforcement officials and other agents were in many cases indiscriminately targeting people through door-to-door visits to request that people who use drugs voluntarily “surrender” to the authorities. These visits were part of what was called “Oplan Tokhang”, which fuses two Visayan words – *toktok* and *hangyo*<sup>91</sup> – translating to “knock and plead”. This tactic has resulted in thousands of police killings as documented in previous research by Amnesty International.<sup>92</sup> People described that these tactics are also used to intimidate them to acquiesce to the demands of police and pledge they will no longer use or sell drugs.<sup>93</sup>

91 Philippine Star, “Tokhang chosen as Filipino word of the year”, 27 October 2018, <https://www.philstar.com/headlines/2018/10/27/1863570/tokhang-chosen-filipino-word-year>

92 Amnesty International, Philippines: ‘They just kill’. Ongoing extrajudicial executions and other violations in the Philippines’ ‘war on drugs’ (Index: ASA 35/0578/2019), 8 July 2019, <https://www.amnesty.org/en/documents/asa35/0578/2019/en/>, p. 13.

93 Amnesty International, “If you are poor, you are killed”: Extrajudicial Killings in the Philippines’ “War on Drugs” (Index: ASA 35/5517/2017), 31 January 2017, <https://www.amnesty.org/en/documents/asa35/5517/2017/en/>, p. 20.



*An artist's impression of the story of Juan, who was arrested with 15 other people after they were identified to the police by an informant for allegedly being involved in the drug trade.*

Where people are arrested, police operations are ultimately aimed at securing convictions, confessions and reporting of people who use drugs by any means possible. People experiencing poverty have described feeling less able to resist pressure from police, informants or agents and, in many occasions, struggle to obtain legal advice to challenge their arrest or charges.

Juan, a 25-year-old construction worker from Caloocan City in Metro Manila, said he was among 16 people arrested in their *barangay* (village) in March 2017 during a police operation that involved an informant.<sup>94</sup> The informant's role was to go around their community and point the police to people allegedly involved in the drug trade. Juan admitted to being a drug courier and, like several others interviewed by Amnesty International, was arrested after being identified by somebody else. Informants, particularly if they have been arrested and charged themselves and subjected to torture or other ill-treatment, are an unreliable source of information that cannot be used as evidence in court. Nevertheless, it remains to be a tactic commonly used by police to arrest more people for drug-related offences.

Others interviewed by Amnesty International were arrested under circumstances that involved entrapment or evidence obtained by the police by subjecting people to torture or other ill-treatment. Kiko and Michael both described being arrested by the police who forced them to act as if they were using drugs, and then filmed them outside the police station to use this as evidence against them.<sup>95</sup> Four other individuals arrested with Kiko were also forced to do the same.

Michael said that following his arrest, the police tortured him to obtain a coerced confession.<sup>96</sup> Michael initially refused to confess, but not for long. "I couldn't bear the pain and the fear anymore, so I relented," he said. According to his testimony, Michael was repeatedly hit by a police officer with a

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94 In-person interview with Juan (not his real name), 23 April 2024.

95 In-person interview with Kiko (not his real name), 29 April 2024, and Michael (not his real name), 10 May 2024.

96 In-person interview with Michael (not his real name), 10 May 2024.





An artist's impression of Michael's experience of torture and other ill-treatment at the hands of the police following his arrest for his alleged drug use.

wooden stick on his feet; his hands were squeezed with bullets in between his fingers and he was made to lie down on a wooden bench while above him was a plastic container filled with chillies as their juices slowly dripped on his forehead and burned his eyes and face. Michael said the police had then set up a table outside the station for him to act as if he were using drugs and took pictures to be used as evidence against him. He was detained at the police station for three days before he was sent to a drug detention centre.

***“I couldn’t bear the pain and the fear anymore, so I relented.”***

Michael, not his real name, recounting the torture he experienced from the police to coerce him to confess

Patty, a 35-year-old transgender domestic worker from Manila, was arrested along with her brother in a police raid at their home in October 2016.<sup>97</sup> Patty described to Amnesty International how at least three police officers took turns slapping her when she was arrested to coerce her to confess. During a court hearing, she told the judge about the physical abuse she suffered at the hands of the police, who in turn censured the officers. While the three police officers were removed from the police station, it is unclear to Patty if they were simply transferred to a different station, as has been the practice for other police officers accused of abuses, or if there were further disciplinary or criminal proceedings initiated against them.

97 In-person interview with Patty (not her real name), 18 July 2024.

## 5.2 FAMILIES MISLED ABOUT DRUG DETENTION CENTRES

Five people interviewed by Amnesty International were forced into a drug programme at the request of family members through a process of cooperation with the police and other authorities. In these cases, people described being arbitrarily detained for days, weeks or even months, eventually leading to their being sent to a drug detention centre to supposedly undergo treatment and rehabilitation without their consent.

According to the harm reduction group NoBox Philippines, families seemed unaware or misled about the human rights violations that happen within these centres. Inez Feria, the group's executive director, condemned situations in which drug detention centres justify the detention of individuals held there on the fact that families supposedly give "permission" on behalf of their relatives.<sup>98</sup> "When we say families allow them to go through rehabilitation and ask centres to forcibly pick them up from their homes, it's because that's how they think things are done. It's unfair to the families, because they don't know how it works. [Drug detention] centres are supposed to be the experts and would know what to do, so the families are only going to listen to everything they say," she explained.

Some interviewees whose families facilitated their admittance into a drug detention centre said it was not only a desperate move by their families to put an end to their drug use, but also to spare them from ending up as *tokhang* victims, like the thousands of other individuals killed in the context of the "war on drugs".

Tito spent six months in detention at a *barangay* detention cell in Caloocan City after his parents reported him to local authorities, hoping to help him stop using drugs.<sup>99</sup> He was eventually sent to a drug detention centre, where he spent another seven months. Ryan, a father of two from Quezon City, was sent to a drug detention centre twice.<sup>100</sup> In the first instance, one of his parents sought the help of police and *barangay* officials to detain him at a *barangay* detention cell for a week.

Drug detention centres record admittance of individuals upon the request of their families as "voluntary", but those interviewed by Amnesty International were categorical in stating that they did not consent to being committed to these centres. Even when families agree to their relatives being sent to these centres, the principles of voluntary and informed consent are not satisfied as these can only be given by the affected individual. Some of those whom Amnesty International spoke with said that the programme they were forced into was ineffective or unnecessary; a number of them admitted to continuing to use drugs after being released from these centres.

## 5.3 COURT-MANDATED TREATMENT

The Dangerous Drugs Act of 1972 gave exclusive jurisdiction to criminal courts over all drug-related offences, allowing courts to sentence people to terms of confinement for the purpose of drug treatment and rehabilitation.<sup>101</sup> RA 9165, which replaced the Dangerous Drugs Act, tasked the Philippine Supreme Court with designating special courts in each judicial region to exclusively try cases involving drug offences. Kristina Conti, a lawyer from the National Union of Peoples' Lawyers that has been assisting families of victims of the "war on drugs", explained that the number of cases of people accused of offences related to their use and possession of drugs climbed steeply under the Duterte administration.<sup>102</sup>

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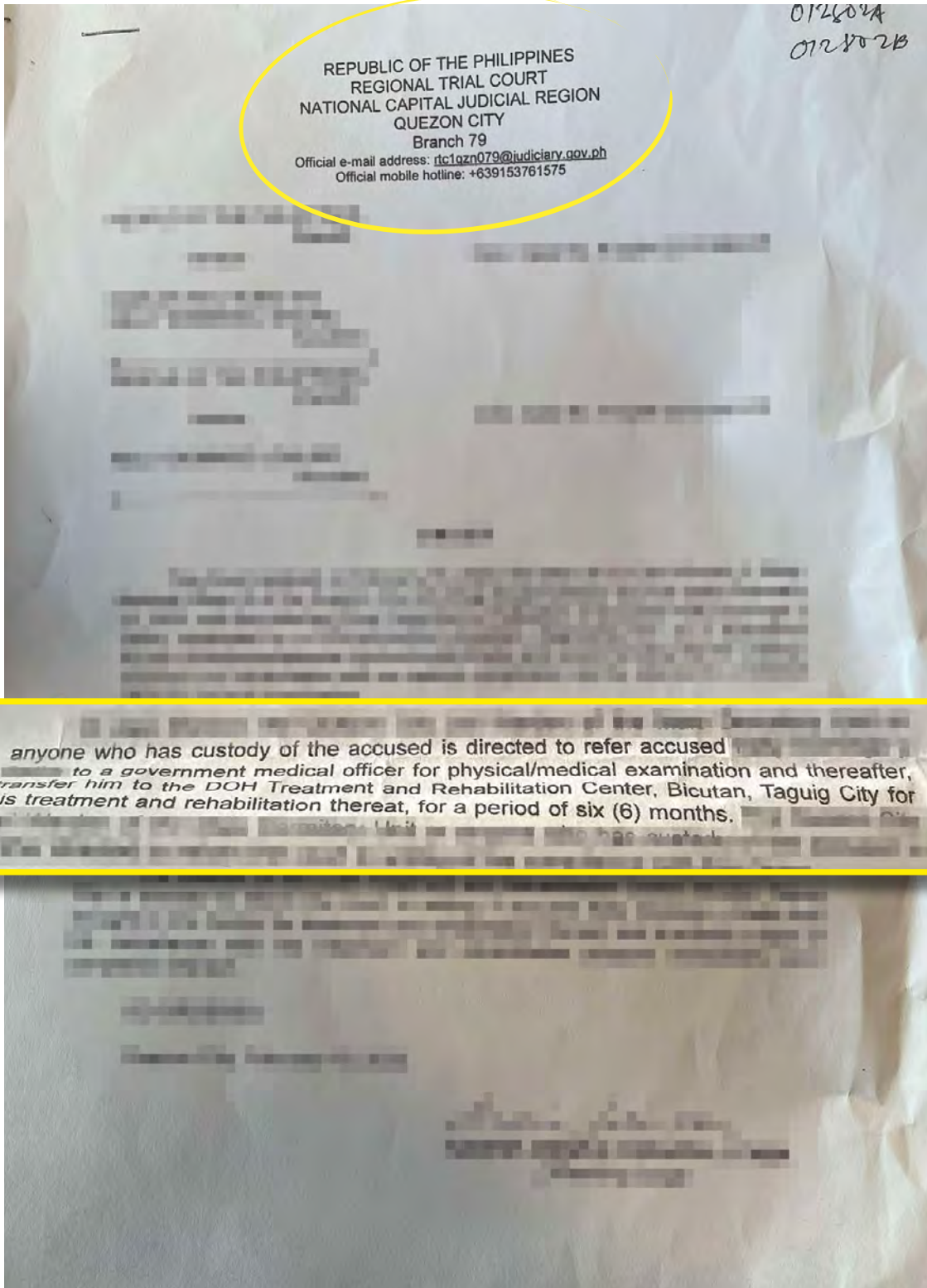
98 In-person interview with Inez Feria, founder and director of NoBox Philippines, 4 April 2024.

99 In-person interview with Tito (not his real name), 10 May 2024.

100 In-person interview with Ryan (not his real name), 10 May 2024.

101 Philippines, Dangerous Drugs Act of 1972, 1972, [https://lawphil.net/statutes/repacts/ra1972/ra\\_6425\\_1972.html](https://lawphil.net/statutes/repacts/ra1972/ra_6425_1972.html), Article X, section 39.

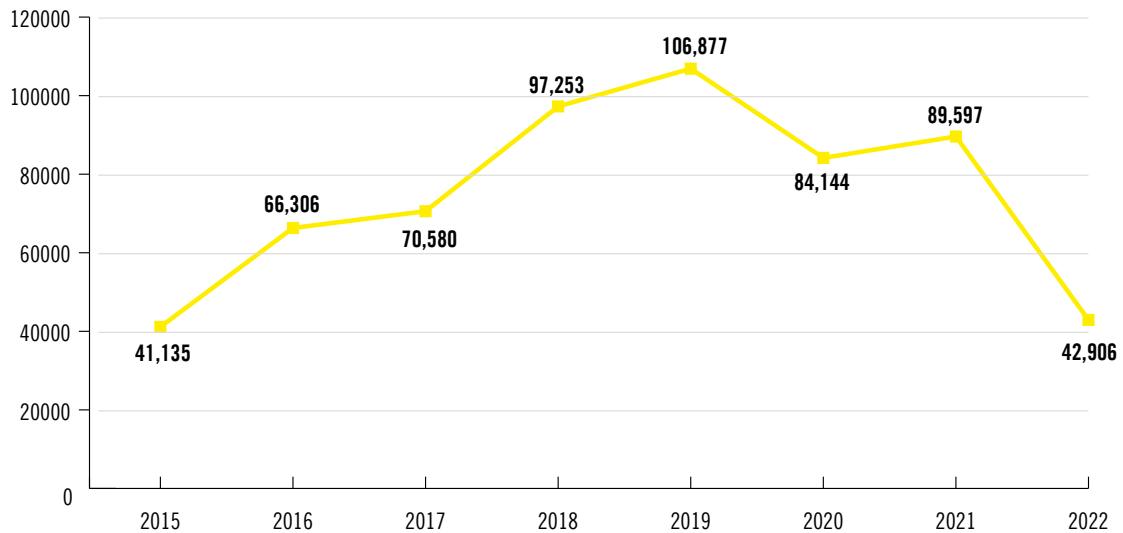
102 In-person interview with Kristina Conti, lawyer at the National Union of Peoples' Lawyers, 5 April 2024.



*Court order issued to Kiko (not his real name) after he agreed to plead guilty to using drugs through the plea-bargaining agreement. The court order sentenced him to six months of “treatment and rehabilitation” at a drug detention centre - the Department of Health-Treatment and Rehabilitation Centre in Taguig City, which is inside the headquarters of the National Capital Region’s police. Kiko told Amnesty International that at the police station after he was arrested in 2022, the police forced him to act as if he were using drugs, and then filmed him outside the station to use this as evidence against him. © Amnesty International*

Data from the Department of Justice show that the number of drug-related cases dealt with by courts went up from 41,000 in 2015 – before the beginning of the “war on drugs” – to over 66,000 in 2016.<sup>103</sup> The number had since been mostly on an upward trend, peaking at over 106,000 cases filed in court in 2019, after which it gradually went down to the latest available information of 42,906 cases in 2022, with just six months left under the Duterte administration.<sup>104</sup>

**Table 1: Number of drug-related cases filed in courts**



*Based on the latest available government data, the highest numbers of cases filed in courts from 2014 to 2022 were all drug-related. Since 2014, the number of drug-related cases dealt with by courts went up from 41,000 in 2015 – before the beginning of the “war on drugs” – to over 66,000 in 2016. The number had since been mostly on an upward trend, peaking at over 106,000 cases filed in court in 2019, after which it went down to the latest available information of 42,906 cases in 2022, when the Duterte administration was replaced by the Marcos administration in June.*

Programmes that mandate treatment in the course of a court proceeding, including in so-called “drug-courts” or other diversion programmes, usually provide fewer fair trial protections than ordinary courts and have raised concerns over violations of the right to a fair trial.<sup>105</sup> People prosecuted for their use or possession of drugs for personal use are ordered to attend mandatory drug treatment by judges who are not qualified medics that could evaluate, monitor or supervise a medical treatment that should be the remit of health professionals. Moreover, these courts inherently use the threat of imprisonment or other punishment as a means to coercively influence an individual into drug treatment in a way that infringes on the right to choose one’s treatment freely, to refuse treatment or to discontinue it at any time.<sup>106</sup>

As noted by the UN Working Group on Arbitrary Detention, these prosecutions also raise concerns over violations to the right to be presumed innocent and the right not to be compelled to incriminate oneself or to confess guilt.<sup>107</sup> The UN Special Rapporteur on the independence of judges and lawyers has

<sup>103</sup> Department of Justice-Philippines, DOJ Open Government Data, [https://www.doj.gov.ph/open\\_data.html](https://www.doj.gov.ph/open_data.html)

<sup>104</sup> Department of Justice-Philippines, 2022 Statistical Digest, 2022, [https://www.doj.gov.ph/files/transparency\\_seal/2023/Stat%20Digest%20FINAL%20\(1\).pdf](https://www.doj.gov.ph/files/transparency_seal/2023/Stat%20Digest%20FINAL%20(1).pdf)

<sup>105</sup> Working Group on Arbitrary Detention, *Study on arbitrary detention relating to drug policies* (previously cited), paras 28-32; Report of the Working Group on Arbitrary Detention, 10 July 2015, UN Doc. A/HRC/30/36, paras 58-59; Report of the Working Group on Arbitrary Detention: Visit to Canada, 5 December 2005, UN Doc. E/CN.4/2006/7/Add.2, para 57.

<sup>106</sup> Working Group on Arbitrary Detention, *Study on arbitrary detention relating to drug policies*, 18 May 2021, UN Doc. A/HRC/47/40, para. 83.

<sup>107</sup> Working Group on Arbitrary Detention, *Study on arbitrary detention relating to drug policies*, 18 May 2021, UN Doc. A/HRC/47/40, para. 28-32; Report of the Working Group on Arbitrary Detention, 10 July 2015, UN Doc. A/HRC/30/36, para. 58-59.

also found evidence of frequent human rights violations in the context of drug courts and condemned instances in which drug courts have mandated non-evidence-based treatment.<sup>108</sup>

The sheer volume of drug-related offences, according to the UN Office of the High Commissioner for Human Rights, has resulted in the expedition of cases through the criminal justice system. Through this “trial waiver” system, trials are replaced by legal regimes that encourage people to admit guilt and waive their right to a fair trial in order to speed up the proceedings and avoid risking a criminal conviction if they agree to attend a compulsory programme at a drug detention centre.<sup>109</sup>

## 5.4 PLEA BARGAINING

Of the people interviewed by Amnesty International who were sent to drug detention centres, 14 said they entered into a plea-bargaining agreement after they had been advised by their lawyers to accept this. Conti said that during the height of the “war on drugs”, the Public Attorney’s Office (PAO) earned a certain reputation – PAO “*paamin*” [forced admission] – which meant that they just ask defendants to admit guilt. Many of those who spoke to Amnesty International mentioned that the plea bargaining offered a sliver of hope that they could soon regain their freedom. Time in drug detention centres could be for six months to a year, instead of fighting their cases out in lengthy trials and possibly spending years in prison.<sup>110</sup>

***“Rehabilitation is not voluntary because it’s a plea bargain, because it’s a court order.”***

Inez Feria, executive director of harm reduction group NoBox Philippines

Plea bargaining also invariably results in forced drug treatment in a drug detention centre. The resulting compulsory drug treatment is an additional tool of the government to instil fear and force people out of using drugs. As Inez Feria from NoBox said, “Rehabilitation is not voluntary because it’s a plea bargain, because it’s a court order. How can you call them voluntary when people accessing them are people on the drug watch lists, people who are threatened if they don’t go, people who are being visited in their homes, if it is court-mandated?”

***“The justice system is so rotten that I just chose rehabilitation instead of being jailed without knowing when I would be released.”***

Angel, not her real name

Angel, a 42-year-old cosmetologist from Caloocan City who identifies as transgender and was arrested in a police operation in September 2016, explained to Amnesty International: “The justice system is so rotten that I just chose rehabilitation instead of being jailed without knowing when I would be released”.

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108 UN Office of the High Commissioner for Human Rights, Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights (A/HRC/39/39), 14 September 2018, para 54.

109 UN Office of the High Commissioner for Human Rights, Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights (A/HRC/39/39), 14 September 2018, para 37.

110 Under the plea-bargaining framework issued by the Supreme Court, violations of possession of equipment, instruments, apparatus and other paraphernalia for dangerous drugs can be downgraded to a violation of Section 15 (Use of Dangerous Drugs). The penalties can also be reduced from a maximum of four years in prison by accepting a plea to a lesser charge.

<sup>111</sup> She was arrested with three others and ordered to spend seven months in a drug detention centre.

“If I were to decide, I would not go through rehabilitation. I only went there because the judge ordered me to. I didn’t feel like I needed rehabilitation,” Boy, a 47-year-old father of two from Quezon City, in Metro Manila, told Amnesty International.<sup>112</sup> He described how he was made to stay in the facility alongside other individuals who he felt had more serious mental health issues. “It felt like I didn’t belong there. Also, I just came from jail, so I already stopped using drugs. I had a difficult time interacting with the other people because my situation was not that bad,” Boy explained.

Opting for plea bargains should not be at the expense of the right to a fair trial nor should it replace the need to obtain informed consent in drug treatment programmes or act as a justification to provide treatment that is not medically indicated. As established under international human rights law and standards, courts should not order compulsory or forced drug treatment, which should always be voluntary, based on informed consent, and left exclusively to medical professionals, and there should be no court supervision or monitoring of the process.<sup>113</sup> Programmes that mandate treatment in the course of a court proceeding, including in drug courts or other diversion programmes, should be discontinued as they inherently coerce people into undergoing medical treatment under threat of punishment.

A health professional in charge of running a drug detention centre suggested that people who use drugs are not always able to provide consent as a way to justify the mandatory nature of drug treatment in the Philippines. In an interview with Amnesty International, Dr. Villaroman of the DOH-TRC Bicutan said that drug treatment does not always need to be voluntary: “Do you think there’s always going to be a voluntary pathway for mental illness? Sometimes they will need to be helped. That’s why some of them are committed even against their will”. These views follow a flawed understanding of drug use and dependence within the medical profession that refer to people who use drugs as people who are sick and unable to exercise agency or provide consent.<sup>114</sup>

International human rights law and standards are clear that the requirement of informed consent must be observed in administering any treatment, regardless of whether it is drug-related, and must include the right to refuse treatment.<sup>115</sup> International standards for drug treatment published by the WHO and UNODC clearly state that drug treatment should not be forced or against the will and autonomy of the individual, requiring consent to be obtained before any treatment intervention.<sup>116</sup>

***“Drug treatment should always be voluntary, based on informed consent, and left exclusively to health professionals. There should be no court supervision or monitoring of the process, which should rest exclusively with trained medical professionals.”***

UN Working Group on Arbitrary Detention

<sup>111</sup> In-person interview with Angel (not her real name), 18 July 2024.

<sup>112</sup> In-person interview with Boy (not his real name), 4 March 2024.

<sup>113</sup> United Nations Human Rights Council, Arbitrary detention relating to drug policies - Study of the Working Group on Arbitrary Detention, 18 May 2021, UN Doc. A/HRC/47/40, para 83.

<sup>114</sup> International Network of People who Use Drugs (INPUD), *Consensus Statement on Drug Use Under Prohibition*, October 2015, [www.inpud.net/wp-content/uploads/2022/01/consensus\\_statement\\_2015-1.pdf](http://www.inpud.net/wp-content/uploads/2022/01/consensus_statement_2015-1.pdf), p. 31

<sup>115</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para. 46

<sup>116</sup> World Health Organization and United Nations Office of Drugs and Crime, *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing*, 31 March 2020, p. 9, available at [www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders](http://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders)

## 5.5 DRUG DEPENDENCY EXAMINATIONS (DDE)

People who are prosecuted for drug-related offences are often required to have a “drug dependence examination” to determine the nature and type of their ‘treatment’. However, people interviewed by Amnesty International said these assessments took place only after already spending a considerable time at drug detention centres. While the current system provides for some medical evidence to be considered by the courts when assessing these cases, courts have generally failed to make a distinction between the use of and dependence on drugs and have sent many people to drug detention centres regardless of their needs.

Several people explained to Amnesty International that they were sent to a drug detention centre prior to undergoing a DDE. Nano was arrested in a police buy-bust operation when he was 15 years old for allegedly selling drugs. He took his DDE after he had already spent a year and seven months at a diversionary centre for youth in Davao City,<sup>117</sup> after which he spent another year in a drug detention centre upon the court’s order after he agreed to plea bargaining. Michael and Sam, who were both sent to the same drug detention centre, also remembered doing their DDE after being transferred there from jail. “They asked me how much drugs I would use in a day, or what I think the impact of my drug use had on me mentally,” Michael recounted. By the time they were brought to the facility, they had been sentenced by the court to six months in a drug detention centre.

Ella Marie Repomanta, officer-in-charge of the DDB’s Conference Secretariat, told Amnesty International that judges have indeed ordered people to be sent to drug detention centres without knowing whether or not such drug treatment is medically indicated.<sup>118</sup> “There have been instances when the judges had not been informed yet of what these interventions should be, and they already issued a court order. And since these people already have a court order, they have to be accommodated by the facility.”

Distinguishing between drug use and drug dependence is critical to establish the medical necessity of drug treatment. Drug dependence is a chronic, relapsing health condition that implies a need for repeated doses of certain drugs and, in some circumstances, may require medical treatment. Drug use, on the other hand, does not usually imply dependence and not all drug use requires medical treatment. According to UNODC estimates, only 10% of all people who use drugs develop a dependence that would require medical treatment,<sup>119</sup> yet punitive drug policies usually fail to make this distinction commonly based on the presumption that all drug use is inherently dangerous and leads to dependence.

***Drug dependence is a chronic, relapsing health condition that implies a need for repeated doses of certain drugs and, in some circumstances, may require medical treatment. Drug use, on the other hand, does not usually imply dependence and not all drug use requires medical treatment.***

117 To be distinguished from drug detention centres, diversionary centres in the Philippine context refer to places where children above 15 but below 18 years old are sent for allegedly committing an offence, including but not limited to drug-related offences, punishable with less than six years’ imprisonment. Diversion programmes, according to the Department of Social Welfare and Development, aim to modify the behaviour of children in conflict with the law, but these are effectively juvenile detention centres.

118 In-person interview with Ella Marie Repomanta, officer-in-charge of the Conference Secretariat of the Dangerous Drugs Board, 15 May 2024.

119 UNODC, *World Drug Report 2017*, May 2017, <https://www.un-ilibrary.org/content/books/9789210606233c003/read>

## 5.6 CONTINUED USE OF “DRUG WATCH LISTS”

The persistent use of drug “watch lists”— where people who use drugs are identified and listed by the police and local authorities – and the resulting climate of fear deters individuals from voluntarily seeking treatment.<sup>120</sup> Amnesty International has repeatedly called for an end to the use of “drug watch lists”, which have been at the centre of the “war on drugs”.<sup>121</sup> These lists name people using drugs (“users”), people selling drugs (“pushers”) and others involved in the trade, including “financiers” and “protectors”.

Amnesty International has found that it is primarily from these lists that police choose targets for its policing operations. “Drug watch lists” reinforce the government’s punitive approach towards drugs and create a system that facilitates the way in which the state has targeted specific segments of the population, particularly people living in poverty and other marginalized groups. People on these lists – established outside of any judicial process – have ended up being subjected to unlawful arrest, assault, and killings by the police and armed persons linked to the police. Many people referred themselves to drug detention centres for fear of being arrested or otherwise targeted by the police when they found they have been included in the “drug watch lists”.

***“The police would tell us that if we don’t stop using drugs, we’d be killed. They would say, ‘Do you want to be described as among those who fought back (nanlaban)? Because we also want that.’”***

Celia, not her real name

The UN Special Rapporteur on torture has found that the use of registries where people who use drugs are identified and listed by police and health-care workers are violations of patient confidentiality that lead to further ill-treatment by health providers.<sup>122</sup>

Ella Marie Repomanta and other DDB representatives that spoke to Amnesty International denied the existence of “drug watch lists”.<sup>123</sup> However, officers at the Philippine Drug Enforcement Agency (PDEA), which that leads the implementation of the ongoing “war on drugs”, confirmed that it continues to maintain such lists. Gregory Bugalin, an agent at the PDEA, told Amnesty International: “We have a board regulation stating that we shall come up with a list of individuals involved in illegal drugs coming from the barangays. That list is downloaded back to the communities and those who are listed shall be provided with appropriate intervention programs”.<sup>124</sup>

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120 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 1 February 2013, UN Doc. A/HRC/22/53, para 72.

121 Amnesty International, *‘They just kill’. Ongoing extrajudicial executions and other violations in the Philippines’ ‘war on drugs’* (Index: ASA 35/0578/2019), 8 July 2019, <https://www.amnesty.org/en/documents/asa35/0578/2019/en/>

122 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 1 February 2013, UN Doc. A/HRC/22/53, para 72.

123 In-person interview with Dangerous Drug Board officials - Ella Marie Repomanta, officer-in-charge of the Conference Secretariat; Aaron Alquero, board secretary and Ciara Angeline Villareal, technical assistant - 15 May 2024.

124 In-person interview with Gregory Bugalin, agent at the Philippine Drug Enforcement Agency, 4 April 2024.





A signage in Baguio city declaring a community as "drug-free". © Amnesty International

According to the PDEA, local governments that act on the watch lists, including by sending people to drug detention centres, are offered monetary rewards once the government declares them “drug-cleared” as part of the requirements of being cited for ‘good governance’.<sup>125</sup> In July 2024, for example, the Cebu City government distributed a total of PhP 2.2 million (USD 38,000), to several *barangays* or villages that were declared “drug-free” based on guidelines provided by the DDB.<sup>126</sup> This practice of giving out monetary rewards is happening across many cities in the country.

Celia, who is aware she is on a drug watch list, told Amnesty International she would feel pressured to attend meetings called for by the police. “The police would also tell us that if we don’t stop using drugs, we’d be killed. They would say, ‘Do you want to be described as among those who fought back (*nanlaban*)? Because we also want that”.

The use of drug lists violates several human rights – including the right to privacy and dignity, as well as equality before the law. They also act as a barrier to people seeking health care and other state services as people are automatically labelled and stigmatised as people who use drugs, which may come with additional forms of retaliation. In many instances, being on a drug list may result in individuals being directly targeted by the police solely because of past drug use or association with people who use drugs long after they have served their sentences or completed compulsory drug treatment orders.

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125 Interview with Elyvenson Plaza, Director of the Preventative Education and Community Involvement Service of the PDEA

126 The Freeman, “More drug-cleared barangays get incentive”, 4 July 2024, <https://www.philstar.com/the-freeman/cebu-news/2024/07/04/2367681/more-drug-cleared-barangays-get-incentive>

# 6. VIOLATIONS IN DRUG DETENTION CENTRES

***“To impose mandatory drug testing is a blatant attempt to harness a medical test as a tool for criminal prosecution.”***

Philippine Supreme Court, 3 November 2008

Generally, what occurs in drug detention centres is a continuation of the punitive approach to drugs intended to punish people who use drugs and force them into abstinence.

Once people are sentenced to being sent to drug detention centres, they are held in these facilities against their will in what constitutes a form of arbitrary detention. There, they encounter further human rights violations, including of the right to health and privacy, and are often subjected to various forms of punishment that may constitute torture or other ill-treatment. There are no clear or robust mechanisms inside these centres for people to report and seek redress for the violations they endure, and it appears government has little oversight of these centres.

## 6.1 ARBITRARY DETENTION

Holding people in drug detention centres against their will is a form of arbitrary detention prohibited under international human rights law. According to the Working Group on Arbitrary Detention, compulsory detention regimes in the name of drug treatment and rehabilitation, including those based on the perceived danger of persons to themselves or to others or on arguments of “medical necessity”, are a violation of the right to health and are inherently arbitrary.<sup>127</sup>

Amnesty International has found that across government-run facilities, individuals are compelled to stay inside drug detention centres throughout the duration of their sentence as ordered by a court, usually lasting from six months to a year, and are not allowed to leave. Individuals that attempt to escape are subjected to various forms of punishment. Under the Dangerous Drugs Board’s regulations, drug detention centres can take certain actions such as obtaining a recommitment order or arrest warrant if an individual escapes.<sup>128</sup>

Many drug detention centres are located in proximity to or even inside police or military bases, increasing the sense of a prison-like environment from which people are not allowed to leave.

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127 United Nations Human Rights Council, Arbitrary detention relating to drug policies - Study of the Working Group on Arbitrary Detention, 18 May 2021, UN Doc. A/HRC/47/40, para 84; Report of the Working Group on Arbitrary Detention, 10 July 2015, UN Doc. A/HRC/30/36, para. 74

128 Dangerous Drugs Board, Board Regulation No. 7: Consolidated Revised Rules Governing Access to Treatment and Rehabilitation Programs and Services, 29 October 2019, [https://ddb.gov.ph/images/Board\\_Regulation/2020/BD.REG4/ANNEX\\_B\\_-\\_BOARD\\_REG\\_7\\_S2019\\_-\\_Consolidated\\_Revised\\_Rules\\_Governing\\_Treatment\\_and\\_Rehab.pdf](https://ddb.gov.ph/images/Board_Regulation/2020/BD.REG4/ANNEX_B_-_BOARD_REG_7_S2019_-_Consolidated_Revised_Rules_Governing_Treatment_and_Rehab.pdf), pp 12-13.

For example, the DOH Treatment and Rehabilitation Centre in Bicutan, Taguig City, is inside the headquarters of the capital region’s police, and the Mega DATRC in Palayan City, Nueva Ecija, is located inside the largest military reservation in the country. Individuals who were sent to other drug detention centres such as the Tahanan Rehabilitation Centre in Payatas, Quezon City, and the Drug Rehabilitation and Aftercare Centre in Cebu City, described their location to be right beside or just a few minutes away from police facilities, such as a police camp or a detention place.



**ROUTINE WITHIN DRUG DETENTION CENTRES**

Individuals described similar routines within each of the drug detention centres run by government. People are woken up at around 5 am, with lights out at 9 pm. They are expected to participate in meal preparation, cleaning and maintaining the facility. Around this, the bulk of the day is broken up with meetings, exercise and other activities. During the morning, there will be sessions that involve sharing of thoughts and feelings; reflections on certain values (e.g. honesty, responsibility and humility); lectures and discussions on drug awareness and prevention; and arts and crafts. At around 1 pm, an afternoon meeting commences, taking up much of the day’s second half and consisting of activities similar to those for the morning meeting. Family visits are usually not allowed until a few months into the program. In four facilities, additional learning was provided to study or finish high school, as well as skills-based training sessions like sewing, cosmetology and arts and crafts.



A satellite image of the Mega Drug Abuse Treatment and Rehabilitation Centre in Palayan City, Nueva Ecija province, located inside Fort Magsaysay, described to be the largest military reservation in the country. From Google Maps, accessed 12 Nov 2024

Officials of both centres in Taguig City and Palayan City told Amnesty International that they do not see any issues with their being located inside police or army camps, and in fact believe that their location helps in their operations.<sup>129</sup>

Some individuals that spoke to Amnesty International described attempting to escape or witnessing others attempting to escape the harsh conditions within these centres. Those who managed to escape were either brought back to the centre by their families or by residents of surrounding communities in exchange for rewards, such as a sack of rice or money.

Celia, who was a minor when she was arrested in Davao City, was arbitrarily detained for two years and three months in a drug detention centre. “I tried to escape with two others; we were all CICL [children in conflict with the law]. My mother brought all three of us back to the centre after a social worker called her. We were scolded and sanctioned. For two months, we had to take care of the trash from bins that were bigger than us,” Celia recounted.

***“I tried to escape with two others; we were all children in conflict with the law. My mother brought all three of us back to the facility after a social worker called her. We were scolded and sanctioned. For two months, we had to take care of the trash from bins that were bigger than us.”***

Celia, not her real name

129 Interview with Dr Nelson Dancel, chief of the Mega Drug Abuse Treatment and Rehabilitation Centre, 13 May 2024.



A satellite image of the DOH Treatment and Rehabilitation Centre in Bicutan, Taguig City, located inside the headquarters of the National Capital Region Police Office. From Google Maps, accessed 12 Nov 2024

Tol, also from Davao City, likewise said he contemplated escaping in January 2023 when he heard there was a fire in his village.<sup>130</sup> He chose to stay knowing what could happen to him if he tried to leave. “Others escaped but were rearrested. They were made to stay inside the isolation room for nine days, and they were tested for drugs in case they used outside. They also had to face the wall for 45 days, and they could not join the activities or speak with anyone other than the staff. Their stay was extended for two months,” Tol recounted.

Practices at drug detention centres have been found to be ineffective for improving health and public safety outcomes.<sup>131</sup> In fact, the UN Working Group on Arbitrary Detention has found that relapse rates upon release from drug detention centres are extremely high, versus relatively low relapse rates experienced by those who voluntarily take part in evidence-based treatment.<sup>132</sup>

***“Others escaped but were rearrested. They were made to stay inside the isolation room for nine days, and they were tested for drugs in case they used outside. They also had to face the wall for 45 days, and they could not join the activities or speak with anyone other than the staff. Their stay was extended for two months.”***

Tol, not his real name

130 In-person interview with Tol (not his real name), 20 May 2024.

131 UN Office on Drugs and Crime and UNAIDS, *Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia (Regional Overview)*, 12 January 2022. p. 6.

132 United Nations Human Rights Council, *Arbitrary detention relating to drug policies - Study of the Working Group on Arbitrary Detention*, 18 May 2021, UN Doc. A/HRC/47/40, para 88.



*Trucks and tents for US soldiers being housed inside an army compound in Palayan City, Nueva Ecija province - as part of joint US-Philippines military exercises - that is also the location of the country's largest drug detention centre, the Mega Drug Abuse Treatment and Rehabilitation Centre. © Amnesty International*

The UN Working Group on Arbitrary Detention has concluded that detention for drug use or dependence can never be justified and is never adequate, necessary or proportionate to the aim of protecting the health or life of people who use drugs or others in the community.<sup>133</sup> Similarly, the UN Special Rapporteur on the right to health has recommended States to prioritise health care and social support for the treatment of drug dependence in community settings, rather than in institutions.<sup>134</sup>

The Working Group on Arbitrary Detention has emphatically called on governments to close without delay State-run drug detention centres and private treatment facilities that hold persons against their will.<sup>135</sup> Multiple other human rights mechanisms, including the Committee Against Torture,<sup>136</sup> the Committee on the Rights of the Child,<sup>137</sup> the UN Special Rapporteur on the right to



*Picture taken outside a drug detention centre in Palayan City, Nueva Ecija - the Mega Drug Abuse Treatment and Rehabilitation Centre - showing barbed wires surrounding the facility to prevent people from escaping, reinforcing the prison-like conditions inside these centres. © Amnesty International*

133 Working Group on Arbitrary Detention, "Study on arbitrary detention relating to drug policies", 18 May 2021, UN Doc. A/HRC/47/40, para.

134 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/HRC/38/36, para. 98(d);

135 UN Working Group on Arbitrary Detention, Arbitrary detention related to drug policies, 18 May 2021, A/HRC/47/40, para. 126(e); Working Group on Arbitrary Detention, Report: visit to Bhutan, 2019, UN Doc. A/HRC/42/39/ADD.1, para. 93. Working Group on Arbitrary Detention, Report: visit to Sri Lanka, 2018, UN Doc. A/HRC/39/45/Add.2, para. 88.

136 Committee Against Torture, Concluding Observations: Guatemala, 2018, UN Doc. CAT/C/GTM/CO/7, para. 31.

137 Committee on the Rights of the Child, Concluding Observations: fifth periodic review of Viet Nam, 2022, UN Doc. CRC/C/VNM/CO/5-6, para. 40; Concluding Observations: Cambodia, 3 August 2011, UN Doc. CRC/C/KHM/CO/2-3, para. 38-39.

health,<sup>138</sup> the UN Special Rapporteur on torture,<sup>139</sup> and numerous other UN bodies,<sup>140</sup> have similarly called on States to close drug detention centres and implement voluntary, evidence-informed and rights-based health and social services in the community. People detained in these centres must be immediately released while ensuring that the necessary health and social services are available to them.

## 6.2 MANDATORY DRUG TESTING

People suspected of using drugs or arrested for other drug-related offences are frequently subjected to mandatory drug testing at various points. This begins from the time of arrest up until they complete their 18-month 'aftercare' programme, following their release from drug detention centres. Mandatory testing has been used as a means of policing private behaviour in a way that is not justified by public health requirements and is frequently intended to criminalize drug-related behaviour and punish people who use drugs.

Seventeen people interviewed by Amnesty International said they were forced by police and staff at drug detention centres to undertake mandatory drug testing.<sup>141</sup> They all said they were not given the option to refuse the test, with some adding they agreed to it following other threats from the police. Many of those who were undergoing an 'aftercare' programme were told that a refusal to take a drug test would be taken as evidence of relapse, which could result in their re-arrest or readmission to a drug detention centre.

Lea, who was arrested in a police raid in Davao City when she was just 15 years old, recalled that she had at least four drug tests since her arrest and until the start of her programme in 2021.<sup>142</sup> She was released from the drug detention centre in 2023 and started the required 'aftercare' programme a month later. "There were surprise drug tests. Since 2023, I may have taken about ten drug tests, all unannounced. They don't ask us if we want to go through it. This will go on until we finish the whole thing after one year and six months. I just go through it, wait for my clearance to be issued and then I leave," Lea said.

***"There were surprise drug tests. Since 2023, I may have taken about ten drug tests, all unannounced. They don't ask us if we want to go through it. This will go on until we finish the whole thing after one year and six months. I just go through it, wait for my clearance to be issued and then I leave."***

Lea, not her real name

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138 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Mission to Viet Nam, 4 June 2012, UN Doc. A/HRC/20/15/Add.2, para. 64; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para. 32.

139 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 1 February 2013, UN Doc. A/HRC/22/53, para. 87.

140 ILO, OHCHR, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP, WHO and UNAIDS, "Joint statement on compulsory drug detention and rehabilitation centres", March 2012, <https://www.ohchr.org/en/statements/2012/03/joint-statement-compulsory-drug-detention-and-rehabilitation-centres-ilo-ohchr>

141 Only one could not remember if he went through any drug testing; he also failed to go through required post-rehabilitation reporting, during which drug testing can be done as frequently as every week.

142 In-person interview with Lea (not her real name), 21 May 2024.

Juan, from Calocan City, was forced to take a drug test along with the 15 others he was arrested with in March 2017 during a police anti-drug operation. “We were brought to the police station and made to urinate into a small container. We were forced to do it; we couldn’t say no. We were told we won’t be able to leave that place if we don’t do the drug test,” Juan recalled.

Boy, from Quezon City, recounted the way in which he was forced to take drug tests when he was arrested in 2019 for allegedly selling drugs. “The police said it was part of the SOP [standard operating procedure] and there was no further explanation, so right there at the police station, I was asked for a urine sample. I did whatever they asked me to do, also because I was scared of being hurt or gunned down and put in a sack”.

Testing persons for drugs without their consent is an arbitrary interference with an individual’s privacy and is counterproductive from a right to health perspective and may also constitute a violation of the right to physical integrity.<sup>143</sup> Any testing, including those requiring a blood or urine sample, must only be carried out after free and informed consent has been obtained and carried out in a non-discriminatory, transparent and inclusive way.<sup>144</sup> Drug testing should be aimed at encouraging counselling and treatment, where appropriate, and not used for criminal or judicial proceedings.<sup>145</sup>

As early as 2008, the Philippine Supreme Court declared mandatory drug testing unconstitutional when imposed on people accused of drug-related offences. In its decision, the Supreme Court said, “To impose mandatory drug testing... is a blatant attempt to harness a medical test as a tool for criminal prosecution, contrary to the stated objectives of RA 9165... [T]he accused persons are veritably forced to incriminate themselves.”<sup>146</sup>

Government officials interviewed by Amnesty International did not appear to be familiar with the ruling of the Supreme Court or have provided different interpretations of the law to support mandatory drug testing. “Under RA 9165, drug testing is mandatory for those arrested with an imposable penalty of six years, but in terms of [our] issuances, we do not have a specific policy that everyone apprehended should undergo mandatory drug testing,” DDB’s Ella Marie Repomanta said.

PDEA also cited the law as the basis for the conduct of drug testing, but added they try to seek consent from the person. “The form that we are providing to this arrested person is a waiver, that he is voluntarily willing to undergo drug testing. It’s not imposed on all but we also seek their approval,” PDEA’s Gregory Bugalin explained in an interview with Amnesty International. Officials of the Mega DATRC also confirmed to Amnesty International that they impose mandatory drug testing for every person released from a drug detention centre for up to 18 months.<sup>147</sup>

Inez Feria of NoBox told the organization that drug testing is being weaponized by law enforcement instead of being used as a medical tool to guide medical decisions relating to a person’s use of drugs. “We had a community partner on the drug watch list, and he was somehow convinced to go to the barangay. The next thing he knew, he was made to undergo [mandatory] drug testing and then brought straight to a [drug detention] centre. We’ve had reports where in the middle of counselling, somebody would come in and do drug testing”. According to Feria, “It’s surveillance drug testing. They always say, ‘make sure you don’t announce it beforehand’. The intent is really to catch people who are using drugs”.

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143 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, August 2009, UN Doc. A/64/272, para. 32; WGAD, *Study on arbitrary detention relating to drug policies*, 18 May 2021, UN Doc. A/HRC/47/40, para. 10.

144 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 14 January 2009, UN Doc. A/HRC/10/44, para. 63.

145 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 6 August 2010, UN Doc. A/65/255, para. 20.

146 Supreme Court of the Philippines, *Social Justice Society vs Dangerous Drugs Board and Philippine Drug Enforcement Agency*, G.R. No. 157870, 3 November 2008, <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/1/47712>

147 In-person interview with Marietta Adajar, chief of the aftercare centre of the Mega Drug Abuse Treatment and Rehabilitation Centre-Palayan City, 13 May 2024.





Female detainees inside a drug detention centre in Palayan City in Nueva Ecija, called the Mega Drug Abuse Treatment and Rehabilitation Centre. © Amnesty International

Johann Nadela, of the harm reduction and support group IDUCare,<sup>148</sup> questioned the continued use of mandatory drug testing, especially as part of law enforcement.<sup>149</sup> “The government should do away with it because it’s not scientific. It’s a waste of time and a waste of resources,” Nadela said, adding it only proves that a person has used drugs but says nothing about the possible dependence on drugs that may then require appropriate health interventions.

## 6.3 TORTURE AND OTHER ILL-TREATMENT AMIDST A PUNITIVE ENVIRONMENT

In addition to the torture and other ill-treatment described at the time of arrest, Amnesty International has found that punishments inflicted on people arbitrarily held at these centres also amount to torture or other ill-treatment.

Neither the DDB nor any other government agency has issued clear guidelines on the rules inside drug detention centres, including to determine what acts constitute violations of such rules and what the sanctions are. The DDB’s “Manual of Operations for Drug Abuse Treatment and Rehabilitation Centres” only indicate that disciplinary measures must be “humane and safe to the patients”, and that such measures must not involve the use of sex or any form of “violence and life-threatening” acts.<sup>150</sup>

148 IDU stands for injecting drug user. The group decided to retain its name even as they recognize recommendations by the UN towards using a different terminology, such as people who inject drugs.

149 In-person interview with Johann Nadela, founder and executive director of IDUCare, 16 May 2024.

150 Dangerous Drugs Board, Manual of Operations for Drug Abuse Treatment and Rehabilitation Centres (undated), <https://ddb.gov.ph/images/MANUAL%20OF%20OPERATIONS%20-%20DRUG%20REHAB.pdf>, p 24.



*An artist's impression of some of the punishments that people inside drug detention centres endure for violating the centre's rules, which include strenuous physical exercises and humiliating acts such as being forced to "walk like a duck" or to "face the wall" for hours and "blasting"*

People interviewed by Amnesty International consistently described four cardinal rules across all drug detention centres, which are prohibitions against escaping, engaging in sexual acts, committing violence and using any drugs, including smoking.

Most people recounted that breaking the rules often results in harsh punishments, which may include being forced to do strenuous physical exercises such as push-ups and running under the heat of the sun; additional and more difficult daily tasks relating to the facilities' upkeep; being isolated for weeks or months during which they cannot participate in the activities and can only talk to staff; and humiliating acts such as being forced to "walk like a duck" or to "face the wall" for hours every day for a certain period of time. People also described a punishment called "blasting", which involves having other people also held in the facility surround those accused of breaking the rules to scream at and scold them for their supposed infraction.

For the worst cases of breaking the rules, like escaping or engaging in sexual acts, interviewees disclosed that their stay in the facility could be extended for months as a form of punishment, and not borne of a medical necessity or an evidence-based recommendation of a medical expert or a social worker.

Michael, from Caloocan City, was arbitrarily detained in a drug detention centre for nearly 11 months as he was punished with four additional months for having engaged in sexual relations. "I had sex with a fellow patient. I'm gay and I'm staying in the same dorm with other men. And someone told the staff about it," Michael said. Sam, a transgender woman, also had her stay extended for breaking



One of the several dormitories for male detainees inside the Department of Health - Treatment and Rehabilitation Centre in Taguig City, Metro Manila. © Amnesty International

the 'no sex rule'. "I was accused of touching a fellow patient inappropriately. Both of us were made to spend a month in isolation. I just admitted it even if we didn't do it. I convinced him to admit it as well because I was worried we'd be given a harsher penalty... 'Sumabay, sumunod, magpasakop' [cooperate, submit, surrender]. That's the tagline at the rehabilitation centre," she added.

***"I was accused of touching a fellow patient inappropriately. Both of us were made to spend a month in isolation. I just admitted it even if we didn't do it. I convinced him to admit it as well because I was worried we'd be given a harsher penalty...Sumabay, sumunod, magpasakop' [cooperate, submit, surrender]. That's the tagline at the rehabilitation centre."***

Sam, not her real name

Juan, a construction worker from Caloocan, was initially ordered to spend six months at a drug detention centre in Bicutan but his arbitrary detention was extended by two months for violating the rules of 'no sex' and 'no drugs'. "For one month, I had to face the wall daily, sometimes outside the dormitory and under the sun". His detention was then extended for another month for allegedly smoking, adding that the dormitory manager also beat him up, an incident he did not think to report to the facility staff. "The staff would just say I'm wrong," he explained.

Interviews with three other people who spent time at drug detention centres before 2002 painted a similar picture of harsh conditions where torture and other ill-treatment was prevalent. They shared similar experiences to those described by people who have spent time at drug detention centres more recently, including corporal punishment, exercise drills and humiliating treatment.<sup>151</sup>

151 The three people interviewed described their stay at the centre as akin to detention and military training. The drug detention centre, which they were not allowed to leave throughout the duration of their stay, was locked every night. Misconduct was punished with squats or push-ups, several days of isolation, humiliating practices like being made to "walk like a duck" and even beatings.

Inez Feria criticized the arbitrariness with which officials extend people's stay at drug detention centres as a form of punishment. "We've heard reports of physical abuses, like those who try to escape, also the increase of their stay in increments of one month. That's so arbitrary". NoBox is currently working to draw attention to human rights violations happening inside drug detention centres to counter the current government's attempts to hide the continued punitive approach to drugs under a false pretence of public health and drug treatment. "Being punitive is still the underlying framework, whatever the drug response is," she added.

## 6.4 NO OVERSIGHT OR ACCOUNTABILITY FOR HUMAN RIGHTS VIOLATIONS

The UN High Commissioner for Human Rights has noted that in line with the need to treat people who use drugs with dignity and humanity, states should undertake thorough and independent monitoring of drug detention centres.<sup>152</sup> Allegations of torture or other ill-treatment must be effectively investigated by independent and impartial mechanisms, and those that do not meet human rights standards should be closed.

Inez Feria of NoBox critiqued the ability of agencies like the Department of Health (DOH) and the Commission on Human Rights (CHR) to monitor human rights violations within drug detention centres, including torture and other ill-treatment. "The only time they can check is if somebody complains. But would people know that they can actually complain, what to complain about, what is right and what is wrong? When we were talking to community members who had gone through rehabilitation, you can see how they have internalized this, like they deserved the punishment by saying, 'Well, I did use drugs.' Many people think they deserve this because that is how society sees it," Feria added.

***"When we were talking to community members who had gone through rehabilitation, you can see how they have internalized this, like they deserved the punishment by saying, 'Well, I did use drugs.' Many people think they deserve this because that is how society sees it and they have internalized it."***

Inez Feria, executive director of NoBox Philippines

The CHR admitted to Amnesty International that its powers are limited when it comes to visiting drug detention centres run by the government, as well as monitoring and investigating human rights violations inside these facilities. Lawyer Jacqueline Ann De Guia, the Commission's Executive Director, told Amnesty International that the Commission has visited some centres on their own initiative to monitor the conditions.<sup>153</sup>

However, the Commission's powers are merely recommendatory. "We make recommendations and address them to the concerned government stakeholders. We urge them to adopt those recommendations. But we have no prosecutorial powers," De Guia explained. Amnesty International was told that the Commission is contemplating new strategies to hold these centres to account, including through strategic litigation to maximize their legal aid services. To this date, drug detention centres that have failed to comply with the Commission's recommendations have continued operating, and individuals who suffered human rights violations there have not had access to an effective remedy or adequate reparations.

<sup>152</sup> UN Office of the High Commissioner for Human Rights, Implementation of the joint commitment to effectively addressing and countering the world drug problem with regard to human rights (A/HRC/39/39), 14 September 2018, <https://documents.un.org/doc/undoc/gen/g18/276/26/pdf/g1827626.pdf>, para 90.

<sup>153</sup> In-person interview with Jacqueline de Guia, executive director of the Commission on Human Rights, 16 June 2024.

# 7. CONTINUING VIOLATIONS AFTER RELEASE FROM DRUG DETENTION CENTRES

***“I’m scared whenever I’m told that I’m on the watch list. I fear I will be killed next. The police tell us that people who use drugs are society’s trash that need to be disposed of. We have lost our rights.”***

Celia, a 23-year-old mother from Davao City who spent time at a drug detention centre after she was arrested during a police raid when she was 15 years old

Even after being released from drug detention centres, people are subject to additional violations of their rights to privacy and bodily integrity through unannounced and mandatory drug testing during an ‘aftercare’ programme.<sup>154</sup> Such reporting is mainly used to monitor against any potential use of drugs, during which authorities make repeated threats of rearrest or going through another, and longer, stay at a drug detention centre.

RA 9165 requires individuals to go through at least 18 months of reporting – following completion of time in drug detention centres – under the supervision of a DOH-accredited doctor, for ‘aftercare and follow-up treatment’ that includes recurring, and often random and unannounced, mandatory drug testing. Completing this reporting is also part of the court-mandated treatment.

‘Aftercare’ programmes have been perceived to be a continuation of the punitive approach to drugs as they serve as a mechanism to instil fear on those who have been released from drug detention centres and contribute to the stigmatization of people who use drugs.

**RA 9165**

**18 months of reporting**



(following completion of time in drug detention centres under the supervision of a DOH-accredited doctor)

**for ‘aftercare and follow-up treatment’**

that includes recurring, and often random and unannounced, mandatory drug testing

<sup>154</sup> DDB regulations state that the ‘after-care programme’ is aimed at helping “recovering drug dependent persons to adapt to everyday community life”, including to “facilitate [their] reintegration to the community and prevent relapse into drug dependency.” See: Dangerous Drugs Board, Board Regulation No. 1: Guidelines in the Implementation of the Aftercare Program for Recovering Drug Dependents, 6 June 2006, [https://ddb.gov.ph/images/Board\\_Regulation/2006/Bd.%20Reg.%201%2006.pdf](https://ddb.gov.ph/images/Board_Regulation/2006/Bd.%20Reg.%201%2006.pdf), pp 2-3.

## 7.1 POST-RELEASE REPORTING

After people leave drug detention centres, they are effectively on ‘probation’ and are expected to report regularly to the authorities and continue taking mandatory drug testing.

Of the 17 individuals interviewed by Amnesty International who were arbitrarily detained at drug detention centres, only one did not go through an ‘aftercare’ programme.<sup>155</sup> Seven finished the 18-month programme, five were in the middle of it at the time of interview, and four did not finish the programme. They mentioned the demands of these services on their time and resources, the continued mandatory drug testing and how they feared extended time at drug detention centres or even in jail if they failed to fulfil their reporting duties.

Lea, arrested in Davao City, started her ‘aftercare’ programme in 2023. “I have to report every Wednesday to the DOH office. There would be sessions about drugs that are the same as what we had inside the centre.” She added that she would report just to get a clearance following frequent, unannounced and mandatory drug tests.

Nano, also arrested in Davao City, was released from a drug detention centre in December 2023, after which he started his ‘aftercare’ programme. “I intend to finish the 18 months of reporting so I can get a police clearance to help me find a job,” Nano said.

Lea talked about how difficult it was to join the ‘aftercare’ sessions, especially when she was still living outside Davao City and had to travel by bus for about two hours. “One time, I came in late for a few minutes along with several others. We were harshly scolded by the staff and told that the next time we’re late, they’d extend our reporting for another month,” she said.

Nano also mentioned that he continues to attend ‘aftercare’ sessions out of fear. “I was told by social workers that they will advise the court that I have really changed and that I am showing good behaviour, because if not, they can ask that I be brought back to rehabilitation. If I don’t report, they can ask that an arrest warrant be issued against me. Depending on the number of months that you don’t report, you will be sent back to rehabilitation for the same number of months”, Nano explained.

***“I was told by social workers that they will advise the court that I have really changed and that I am showing good behaviour, because if not, they can ask that I be brought back to rehabilitation. If I don’t report, they can ask that an arrest warrant be issued against me.”***

Nano, not his real name

For three months since his release in October 2023, Kiko would join a weekly video call with a DOH staff along with other individuals to do the ‘aftercare’ sessions online. “Sometimes we would be asked to report in person, and there could be unannounced drug testing. If you test positive, you will be given another chance. But they told us that if we test positive three times, we will be sent back for rehabilitation for a longer period as a repeat offender,” Kiko explained, which is also what the DDB’s aftercare programme guidelines state.

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<sup>155</sup> Dudoy (not his real name), a construction worker from Caloocan City, was sent back to jail after finishing six months at a drug detention centre in 2018 to serve the remainder of his six-year sentence for use of drugs and possession of drug paraphernalia.

***“There could be unannounced drug testing. If you test positive, you will be given another chance. But they told us that if we test positive three times, we will be sent back for rehabilitation for a longer period as a repeat offender.”***

Kiko, not his real name

Ryan and Juan were not able to finish their ‘aftercare’ programme. Juan was only able to report online through a video call twice in the months after his release from a drug detention centre in May 2018. “Often, I could not attend as I did not have the money for mobile data, and the staff would scold me. I’m still scared that I may go back to the centre because I was not able to finish my aftercare,” Juan said. Like Juan, Ryan fears being forced into a drug detention centre again for not finishing his ‘aftercare’ programme.

Forcing medical and healthcare professionals to report to law enforcement agencies when individuals use drugs constitutes a violation of the right to privacy, breaches confidentiality and medical ethics, and undermines access to health services.<sup>156</sup> Violations of privacy and confidentiality of health records can deter people who use drugs from seeking needed health-care services, especially in circumstances where medical records are shared with law enforcement agencies, leading to further criminalization.<sup>157</sup>

***Often, I could not attend as I did not have the money for mobile data, and the staff would scold me. I’m still scared that I may go back to rehabilitation because I was not able to finish my aftercare.”***

Juan, not his real name

## **7.2 STIGMATIZATION AND LACK OF SUPPORT AFTER RELEASE**

Punitive drug policies in the Philippines have exacerbated and justified discriminatory practices against people who use drugs, including in the fields of health, housing, education and employment. This acts as a strong deterrent for people seeking medical attention.

In addition, the way in which the authorities have enforced the prohibition and criminalization of drugs has disproportionately affected low-income groups and people living in poverty due to over-policing.<sup>158</sup> Amnesty International has previously characterised the “war on drugs” in the Philippines as a “war on the poor”.<sup>159</sup>

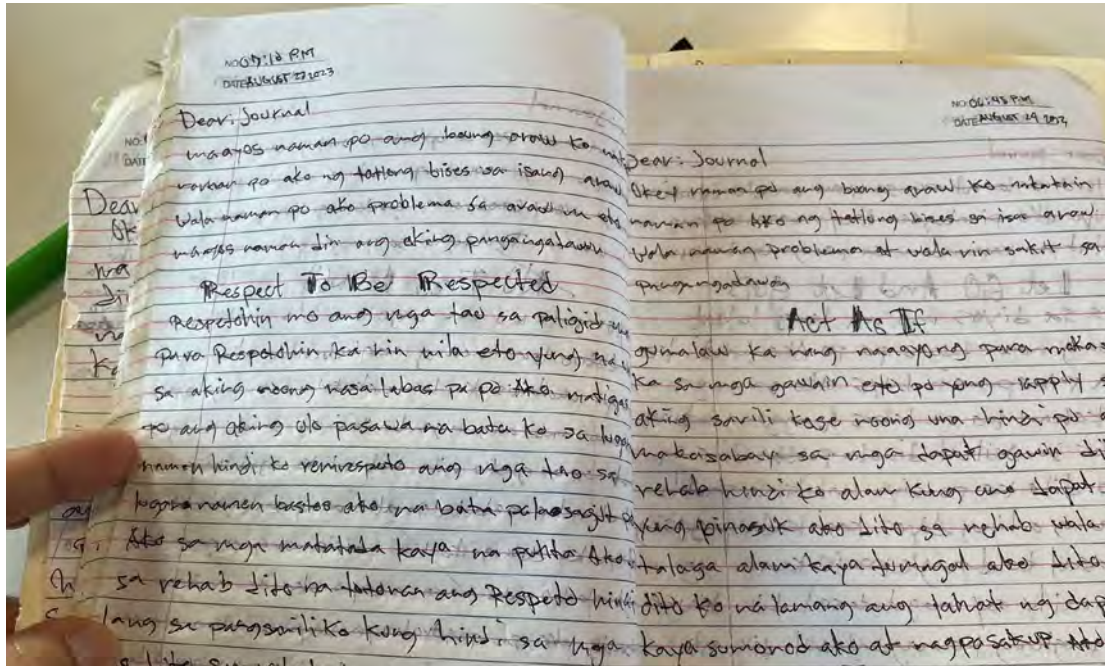
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156 Report of the Special Rapporteur on the right to health, 6 August 2010, UN Doc. A/65/255, para.20, Report of the Special Rapporteur on the right to health, 20 April 2024, UN Doc. A/HRC/56/52, para. 32

157 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para 32.

158 Report of the High Commissioner for Human Rights, *Human Rights Challenges in Addressing and Countering all Aspects of the World Drug Problem*, 15 August 2023, UN Doc. A/HRC/54/53, para. 42

159 Amnesty International, “If you are poor, you are killed”: *Extrajudicial Killings in the Philippines’ “War on Drugs”* (Index: ASA 35/5517/2017), 31 January 2017, <https://www.amnesty.org/en/documents/asa35/5517/2017/en/>



A journal that Kiko keeps detailing his daily activities and reflections, as part of the requirements of his post-detention monitoring ('aftercare' programme), supposedly for health authorities to monitor and make sure he has not used drugs after his release from a drug detention centre. © Amnesty International

The majority of those interviewed for this report worked in the informal sector and were not in regular employment. They all told Amnesty International about the continuing stigmatization they experience after their release from drug detention centres, which has acted as a major barrier to their reintegration into society.

RA 9165 outlines the government's commitment to implement measures to re-integrate into society those who use drugs. Individuals interviewed by Amnesty International, however, cited a distinct lack of government support, particularly in finding full-time employment, leaving them only able to find odd or seasonal jobs like being on-call construction workers, painters, drivers, and hairdressers. Boy, from Quezon City, told Amnesty International that he was juggling being an on-call construction worker and a freelance car parts trader because he didn't receive any support from the authorities. "I didn't receive any help from the government, including to find a job. I wanted to get help but there wasn't any. I'm just looking for jobs on my own, and the longest I could find would last only for two months". Boy also admitted to having gone back to using and selling drugs because of his lack of employment. "Rehabilitation didn't help or treat me," he said.

***"I didn't receive any help from the government, including to find a job. I wanted to get help but there wasn't any. I'm just looking for jobs on my own, and the longest I could find would last only for two months. Rehabilitation didn't help or treat me."***

Boy, not his real name

Lea, from Davao City, said that "there is no government support after rehabilitation. It's just the usual life for us. The aftercare programme is just for reporting, nothing else".



***“There is no government support after rehabilitation. It’s just the usual life for us. The aftercare programme is just for reporting, nothing else.”***

Lea, not her real name

Celia, who continued to do ‘aftercare’ reporting in Davao City at the time of interview, felt the government is being insincere in wanting people like her to change for the better. “I hope those who were released from jail or rehabilitation are given help to find jobs. If people have jobs, they won’t be selling drugs,” she said.

Beyond the lack of employment opportunities, Celia continues to fear for her life. “I’m scared whenever I’m told that I’m on the watch list and that I should still be reporting even after rehabilitation. I fear I will be killed next. The police tell us that people who use drugs are society’s trash that need to be disposed of. We have lost our rights.”

The criminalization of drugs has created additional obstacles for people to access their economic and social rights, particularly when it exacerbates stigma faced by people who use drugs afflicted by intersecting forms of discrimination based on, for example, ethnicity, race, gender, sexual orientation, gender identity or expression, disability, socio-economic circumstances or migration status. The continued criminalization of people who use drugs has particularly increased mistaken beliefs surrounding drug use and dependency, fuelling stigma and discrimination that facilitates other human rights violations.

As noted by the OHCHR, stigma and discrimination associated with the use of drugs creates additional difficulties for people who use drugs in obtaining employment and pursuing education, as well as adverse effects on the custody of children or visitation rights, losing government benefits, including access to public housing, food assistance or student financial aid, or unreasonable restrictions in travelling abroad.<sup>160</sup> The OHCHR has called on governments to address social inequalities and promote social justice when developing drug policies as a way to tackle the socio-economic factors that lead to increased risks of using drugs or that may lead people to engage in the drug trade.<sup>161</sup> These factors include illness, denial of education, unemployment, lack of housing, poverty and discrimination, among others.

Under international human rights law, States have an obligation to address all forms of discrimination by amending laws and policies that make unjustified distinctions and discriminate against people who use drugs, and monitor the impact of laws and policies to identify and eliminate indirect discrimination.<sup>162</sup> To this end, the Philippine government should develop and implement campaigns, in consultation with people who use drugs and civil society organizations, to counter current stereotypes and raise awareness throughout society of the rights of people who use drugs. It should pay specific attention to the stereotyped and gender-biased views about drugs that disproportionately affect women and girls, and promote gender-sensitive policies that respond to the differentiated needs, risks and harms to women and girls, transgender people and non-binary individuals.

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160 Office of the High Commissioner on Human Rights, “Study on the impact of the world drug problem on the enjoyment of human rights”, 4 September 2015, UN Doc. A/HRC/30/65, para. 50.

161 Report of the UN High Commissioner for Human Rights, *Human Rights Challenges in Addressing and Countering All Aspects of the World Drug Problem*, 15 August 2023, UN Doc. A/HRC/54/53, para. 68(o).

162 See article 2 and 26 of the International Covenant on Civil and Political Rights; article 2 of the International Covenant on Economic, Social and Cultural Rights; article 5 of the Convention on the Elimination of all forms of Racial Discrimination; article 2 of the Convention on the Elimination of all forms of Discrimination Against Women; article 2 of the Convention on the Rights of the Child; article 5 of the Convention on the Rights of Persons with Disabilities.

# 8. CHILDREN ACCUSED OF DRUG-RELATED OFFENCES

***"If you go through rehabilitation, it's important to be told that you can do it, not that you're an addict and you can't change. You'd think rehabilitation would change you and help you, but that wasn't the case."***

Lea, 18 years old from Davao City, who was sent to a drug detention centre after she was arrested when she was 15

The impact of the "war on drugs" and the ensuing criminalization of the use and possession of drugs extends to children and adolescents. It exposes them to long-term harms owing to their experience of arrest, detention and ill-treatment that neither align with international standards nor fit their needs and capacities. Children who use drugs have been subjected to discrimination and stigmatization, being branded as "addicts" or a menace to society. Children do not have access to adequate services and face heightened risks of further human rights violations in their own communities or by law enforcement agents and local *barangay* officials.

Amnesty International has previously documented the devastating impact of the violent campaign against drugs on children, including being killed or harmed during anti-drug operations or experiencing severe trauma because of losing a parent or sibling, sometimes even witnessing the killing.<sup>163</sup> Yet human rights violations faced by children who use drugs extend to other areas too, including health and education.

## 8.1 ARBITRARY ARREST AND DETENTION

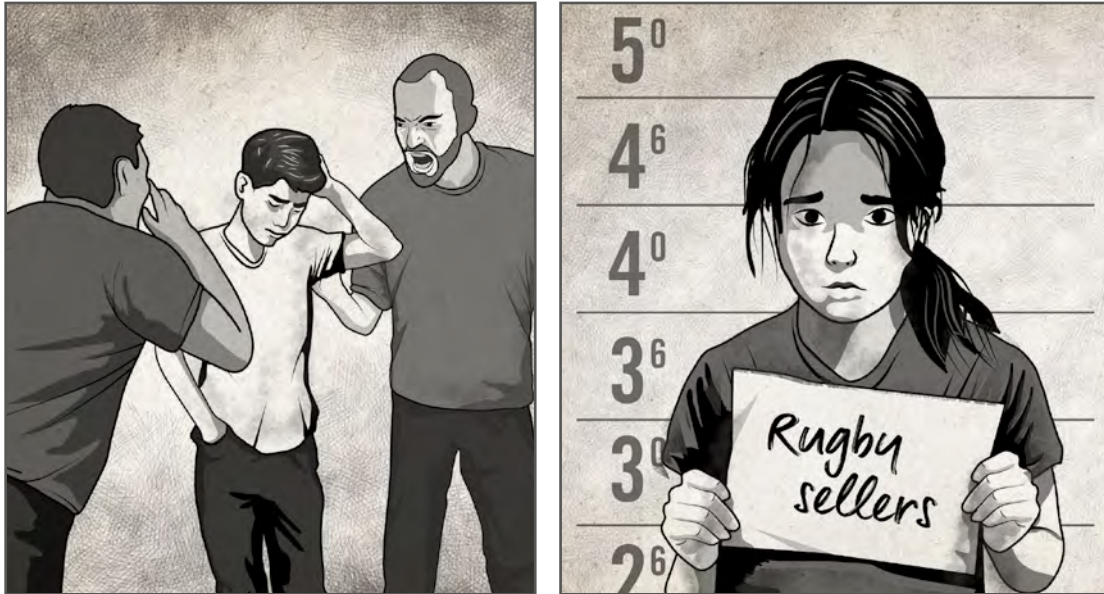
Amnesty International spoke to three adolescents who were arbitrarily detained at a drug detention centre in Davao City.<sup>164</sup> Nano and Tol were 15 and 16 years old, respectively, when they were detained. They were arrested in separate police buy-bust operations, in circumstances no different from the experiences of adults interviewed by Amnesty International. "It can't be avoided; the police will really hurt you when you're arrested," Nano said in reference to his arrest in Davao City in 2021.

***"It can't be avoided; the police will really hurt you when you're arrested."***

Nano, not his real name

<sup>163</sup> Amnesty International, "If you are poor, you are killed": Extrajudicial Killings in the Philippines' "War on Drugs" (Index: ASA 35/5517/2017), 31 January 2017, <https://www.amnesty.org/en/documents/asa35/5517/2017/en/>, pp 44-45.

<sup>164</sup> Interviews with young people, including a minor, were carried out with the guidance of a local children's rights organization that has been providing them psychosocial support since their arrest or run-in with law enforcement.



*An artist's impression of children being scolded by adults, and children with their mugshots being taken by the police and holding a cardboard stating "Rugby sellers"*

Nano recounted that police officers handcuffed and physically abused him at the police station as they attempted to force him to reveal his source of drugs. The police eventually stopped the torture after Nano insisted he was a minor. He was detained for two months at the police station, before being transferred to a diversionary (youth detention) centre where he spent one year and seven months, and then ultimately to a drug detention centre where he stayed for another year before he was released.

Tol was 16 years old when he was arrested in a buy-bust operation in Davao City in April 2022. He recounted that the police planted drugs on him after failing to obtain any evidence against him. Like Nano, Tol was initially charged with selling drugs that was also eventually downgraded to using drugs through a plea bargaining agreement. He was detained at the police station for three weeks, after which he spent one year and six months in a drug detention centre.

After their arrest, Nano and Tol were mandated by the court to spend six months at a drug detention centre that was eventually extended due to penalties. Officials at the centre only carried out a drug dependency examination of them months into the programme. The lack of a proper assessment meant that it was not possible to identify risk factors that may be affecting them, including the severity of the drug dependence, risk of self-harm and harm to others, and other safety issues such as vulnerability to emotional, sexual or physical abuse.

Tol was arbitrarily detained at a drug detention centre from June 2022 to December 2023. According to him, four months were added to his detention for violating the 'no sex' rule. "For four months, no one talked to me. I ate last during meals, whatever is left for me to eat. I'd face the wall from 8 am to 8 pm, on the stage at the gym where it was so hot even if there was a roof, every day from Monday to Sunday," he recounted. He also experienced harsh and humiliating punishments, including "blasting", for simple things like forgetting to clean certain areas of his dormitory.

At the time of interview, both Nano and Tol were going through an 18-month invasive 'aftercare' programme that involved repeated and mandatory drug tests without their consent for the sole purpose of monitoring whether they had used drugs.

According to the Children’s Legal Rights and Development Center (CLRDC), children who originally admitted to the police their use of drugs are often victims of criminal groups who use them as couriers. Pamela Camacho, a lawyer from CLRDC, told Amnesty International: “I asked the police how many cases they have filed against adults exploiting these children, and they couldn’t answer. They’re only looking at the alleged offence of the children, but not looking at the syndicates. They’re just doing the easy job of arresting and detaining children.”<sup>165</sup>

***“For four months, no one talked to me. I ate last during meals, whatever is left for me to eat. I’d face the wall from 8 am to 8 pm, on the stage at the gym where it was so hot even if there was a roof, every day from Monday to Sunday.”***

Tol, not his real name

CLRDC has also documented numerous reports of children being used as informants by the police, asking them to identify others in their community involved in the illicit trade of drugs. “We asked the police, why do you keep on arresting children and torturing them? The colonel told us, ‘It’s easy to obtain information from them because they can be easily scared.’ Children are marked and targeted once they get involved in a drug-related case,” explained CLRDC’s executive director Rowena Legaspi.<sup>166</sup>

The UN Committee on the Rights of the Child has highlighted that the deprivation of liberty of children for the purpose of drug treatment is forbidden and has recommended States put in place confidential and child-friendly complaint mechanisms in places providing drug treatment services for children.<sup>167</sup> More broadly, the Committee has consistently called on States to avoid the treatment of children as criminals for their use or possession of drugs,<sup>168</sup> and has recommended they do not subject children who use drugs to criminal proceedings.<sup>169</sup>

## **TREATMENT AND REHABILITATION OF** **CHILDREN AND ADOLESCENTS FOR DRUG DEPENDENCE**

**MUST BE TAILORED TO THEIR SPECIFIC NEEDS AND MUST BE SAFEGUARDED BY INFORMED CONSENT IN ACCORDANCE WITH THEIR EVOLVING CAPACITIES.**



<sup>165</sup> In-person interview with Pamela Camacho, lawyer from the Children’s Legal Rights and Development Centre, 5 April 2024.

<sup>166</sup> In-person interview with Rowena Legaspi, executive director of the Children’s Legal Rights and Development Center, 5 April 2024.

<sup>167</sup> CRC, Concluding Observations: fifth periodic review of Viet Nam, 2022, UN Doc. CRC/C/VNM/CO/5-6.

<sup>168</sup> Committee on the Rights of the Child (21 April 2011), Concluding Observations: Ukraine, UN Doc. CRC/C/UKR/CO/4, para 61(b); Committee on the Rights of the Child (26 February 2004), Concluding Observations: Armenia, UN Doc. CRC/C/15/ADD.225, para 63; Committee on the Rights of the Child (21 September 2005), Concluding Observations: Norway, UN Doc. CRC/C/15/Add.263, para 44(b).

<sup>169</sup> Committee on the Rights of the Child, Concluding Observations: Ukraine, 21 April 2011, UN Doc. CRC/C/UKR/CO/3-4, paras. 59-60; Committee on the Rights of the Child, Concluding Observations: Mexico, 7 April 2011, UN Doc. CRC/C/OPAC/MEX/CO/1, para. 29.

## 8.2 NO SPECIALIZED AND SUITABLE SERVICES

States have a particular obligation under international human rights law to protect children and adolescents from the risks and harms of drugs and drug control policies, including those stemming from the use of drugs and from policing and other law enforcement efforts.<sup>170</sup> When developing and implementing drug policies for children and adolescents, States must ensure that the best interests of the child are a primary consideration.<sup>171</sup>

States must ensure the adequate availability and accessibility of prevention, harm reduction and treatment services specifically tailored to the needs of children and adolescents, including youth-led interventions and peer-to-peer strategies.<sup>172</sup> Drug-related programmes for children and adolescents should be objective and evidence-based, taking into consideration the types of drugs they use and the socio-economic factors that drive its use. Children and adolescents must also be provided with accurate and objective information in an accessible and easy-to-understand formats, including on minimizing drug-related risks and harms and where to find help if they require it.<sup>173</sup> These policies must be crafted with care to ensure they do not disproportionately infringe on their rights, including their rights to privacy, bodily integrity and education.

***“During the height of Oplan Tokhang, the government reported almost 27,000 children surrendered and they were supposed to be under the PNP [Philippine National Police] recovery programme. But why the PNP? We were afraid that those who surrendered were just included in the [drug watch] lists, and then they would be targeted later on for extrajudicial killings.”***

Loyz Suamen, children's rights advocate

Treatment and rehabilitation of children and adolescents for drug dependence must be tailored to their specific needs and must be safeguarded by informed consent in accordance with their evolving capacities.<sup>174</sup> Decisions for children to undergo treatment or rehabilitation for drug dependence should always ensure the meaningful participation of the child and their right to give or withhold consent in line with their evolving capacities.<sup>175</sup>

Civil society organizations in the Philippines have documented the lack of specialized treatment suitable for children who use drugs. Loyz Suamen, a children's rights advocate from Kalitawhan Network, explained to Amnesty International, “We don't have any specialized government shelter or programme for children who use drugs to access treatment”, adding that national and local government efforts

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170 Convention on the Rights of the Child, Article 33.

171 Convention on the Rights of the Child, Arts. 3(1) and 40(2)(b)(iii).

172 Committee on the Rights of the Child, General Comment 20 on the implementation of the right of the child during adolescence, 6 December 2016, UN Doc. CRC/C/GC/20, para. 64; Committee on the Rights of the Child, General Comment 15: The Right of the Child to the Highest Attainable Standard of Health, UN Doc. CRC/C/GC/15, para 66; Committee on the Rights of the Child, General Comment 3: HIV/AIDS and the rights of the child, UN Doc. CRC/GC/2003/3, para 39

173 Committee on the Rights of the Child, Concluding Observations: Andorra, 17 October 2023, UN Doc. CRC/C/AND/CO/3-5, para. 33 (d); Committee on the Rights of the Child, Concluding Observations: Kyrgyzstan, 18 October 2023, UN Doc. CRC/C/KGZ/CO/5-6, para. 37 (d); Report of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 4 April 2016, UN Doc. A/HRC/32/32, para. 101.

174 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 4 April 2016, UN Doc. A/HRC/32/32, paras 101-103.

175 Convention on the Rights of the Child, Article 5.

focus only on adults and not minors.<sup>176</sup> “During the height of *Oplan Tokhang*, the government reported almost 27,000 children surrendered and they were supposed to be under the PNP [Philippine National Police] recovery programme. But why the PNP? We were afraid that those who surrendered were just included in the [drug watch] lists, and then they would be targeted later on for extrajudicial killings,” Suamen said.

Children detained at drug detention centres are generally asked to carry out all activities in the programme together with adults. The daily routines that children in these facilities follow are not tailored to their specific needs and do not include strategies that have been recommended by the WHO and UNODC to address other socio-economic risk factors such as social skills training, family-based interventions and sexual health interventions, as appropriate.<sup>177</sup>

International standards related to drug treatment for children and adolescents suggest that psychosocial approaches should cover a wide range of their needs and use an individualized approach considering their developmental history from birth to the present, including life skills approach, family-based interventions and psycho-education.<sup>178</sup>

The DDB issued new regulations in 2023, supposedly to address concerns around children who use drugs after confirming that 27,000 children came forward to the police following the crackdown in 2016 and 2017.<sup>179</sup> Concerningly, the regulation allowed the creation of watch-lists involving children, as long as they’re separated from the names of adults, for them to be “encouraged or persuaded to submit for screening and assessment and to possibly undergo treatment and rehabilitation.”<sup>180</sup>

The regulation further states that treatment and rehabilitation prescribed for children must not involve mixing them with adults, and interventions and other services must be “delivered in a child-appropriate manner.” As suggested by evidence gathered by Amnesty International and confirmed by children’s right advocates, such guidelines are not being implemented.

## LEA'S “TRAUMATIZING” EXPERIENCE AT A DRUG DETENTION CENTRE

*Lea was arrested in a police raid in Davao City when she was just 15 years old. Speaking with Amnesty International, she described her experience at a drug detention centre as “traumatizing”. She spent 11 months arbitrarily detained at a drug detention centre in Davao City, even though the court order stated six months. She said she needed to obtain better scores from facility staff for her behaviour to be able to leave the facility. “I felt I was treated like an adult the whole time. I never felt that I was a minor,” Lea said.*

*Upon her arrest in 2021, Lea was detained at a police station for five months and made to go through hearings at a regular court because the police would not believe she was a child. The police only moved her to a youth shelter after her mother was able to produce her birth certificate and her case was then transferred to a special court.*

176 Interview with Loyz Suamen, a children’s rights advocate from Kalitawhan Network, 5 April 2024.

177 WHO and UNODC, *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing*, 31 March 2020, p. 87.

178 WHO and UNODC, *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing*, 31 March 2020, p. 88.

179 Dangerous Drugs Board, Board Regulation No. 2: Amending Board Regulation No. 6, Series of 2019, Protocol when Handling Children Allegedly Involved in Dangerous Drugs, 8 May 2023, <https://ddb.gov.ph/wp-content/uploads/2023/06/BOARD-REG-2023-NO.-2.pdf>

180 Dangerous Drugs Board, Board Regulation No. 2: Amending Board Regulation No. 6, Series of 2019, Protocol when Handling Children Allegedly Involved in Dangerous Drugs, 8 May 2023, <https://ddb.gov.ph/wp-content/uploads/2023/06/BOARD-REG-2023-NO.-2.pdf>, pp 6-8.

*A children's rights advocate, who requested anonymity owing to the continuing targeting of human rights defenders in the country, said Lea's experience was not an isolated incident. "In 2022, there were several reports of minors being detained at different police stations in Davao City... Because stations know it is illegal to detain minors, they hide them. Every time there are visitors, minors like Lea are moved out of detention and asked to stay inside another room, like an office," the children's rights advocate explained.*

*Inside the drug detention centre, Lea was the only child at the time so she was made to join adult women in the programme. "The tasks for adults were heavier. Since I was not treated as a minor, I was assigned to do kitchen work for a month which was the most difficult." Like in the case of Nano and Tol, Lea did not get an assessment of her individual needs nor a specialized support that took into consideration her risks and capacities.*

*Lea also recounted experiences of verbal abuse from staff who would repeatedly call them "addicts" who have "no hope of changing". "If you go through rehabilitation, it is important to be told that you can do it, not that you are an addict and you cannot change. You would think rehabilitation would change you and help you, but that was not the case," Lea said.*

*Lea said she developed depression after she was arrested and sent to a drug detention centre. A medic prescribed medicines for her condition, which she had to source on her own, at times with the help of other women also arbitrarily detained at the centre.*

## 8.3 PHYSICAL ABUSE

Children and adolescents have also faced physical abuse outside of drug detention centres, particularly at the hands of police, often as a way to force them to stop using drugs. In many instances, the physical abuse also amounts to torture or other ill-treatment.

Amnesty International also spoke with three young people, including a child, who were arrested by police and auxiliary officers for allegedly sniffing an addictive contact cement. As early as 2007, the DDB classified this contact cement as a dangerous drug prohibited in law,<sup>181</sup> but this product remains available with certain restrictions.<sup>182</sup>

Live-in partners Myra and Rey, along with their friend Ben, were arrested, interrogated and at times physically abused by the police and local officials in Davao City for allegedly using *shabu* and cannabis, as well as for sniffing contact cement.<sup>183</sup> In April 2023, they said they were arrested, detained and physically abused by police and auxiliary officers in Davao City for allegedly sniffing contact cement.

Rey, who was 17 years old at the time of arrest, said the police cocked a gun in front and hit him on the head twice with it. "The police told me, 'It would be easy to kill you here because no one would see'," Rey said, adding that two other individuals working with the police repeatedly punched him in the body. Ben, then 15 years old, said a police officer also pointed his gun at him, but stopped the abuse when Rey started crying. Rey, Ben and Myra, along with two other young people, were taken to the police station.

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181 Dangerous Drugs Board, Board Regulation No. 2 Series of 2009: Implementing Guidelines for the Implementation of Board Regulation No. 6, Series of 2007, 21 April 2009, [https://ddb.gov.ph/images/Board\\_Regulation/2009/BD.%20REG2%20%2009.pdf](https://ddb.gov.ph/images/Board_Regulation/2009/BD.%20REG2%20%2009.pdf)

182 Manufacturers, for example, can apply to be exempted from the law's requirements, including adding mustard oil to their contact cement products, for a fee. And while stores are prohibited from selling these products to minors, those interviewed by Amnesty International said they can simply pay an adult to buy these products for them.

183 In-person interview with Myra, Rey and Ben (not their real names), 21 May 2024.

***“The police told me, ‘It would be easy to kill you here because no one would see’.”***

Rey, not his real name

“At the police station they took pictures of us, like mug shots. They asked us to hold a board that had our names and birthdates, and it also stated we were ‘Rugby’ leaders or ‘Rugby’ sellers,” Myra said, referring to the popular contact cement brand. The police also repeatedly hit them with wooden sticks on their hands, knees and feet. “They hit us so hard that we could not get up or walk for a few minutes,” Ben recalled.

Eventually, all five of them were released on the same day without charges, but Ben said the police threatened them with even harsher treatment if they were to be found using drugs again. “A police officer even said, ‘Just dump them, place them inside a barrel and throw them off the bridge’. He said we were always getting arrested so it might be better to just get rid of us.”

***“The police hit us so hard we that could not get up or walk for a few minutes... A police officer even said, ‘Just dump them, place them inside a barrel and throw them off the bridge’. He said we were always getting arrested so it might be better to just get rid of us.”***

Ben, not his real name

Children’s rights advocate Loyz Suamen further stressed the lack of clear policies that address the effects of different drugs, including contact cement. “There are no appropriate services for minors who use any substance like Rugby, especially for street-connected children. Always, the response has been through the police and law enforcement, to arrest them. And the police don’t even know where to refer them to, because we don’t have any community-based service that should help address the issue. If they don’t know what to do with these minors, they just punish them. And the punishment often involves torture.”

“I hope they stop judging and oppressing us, especially as we’re still young and we can still change. They should not be hurting us or verbally abusing us. If they arrest us minors, they should help us instead of judging us and thinking we’re hopeless. We can listen if they try talking to us,” Ben told Amnesty International.



# 9. THE NEED FOR REFORM

***"There should be an amendment to the law so that the court can do otherwise, to comply with human rights standards. Without a shift in the policy, the court will continue to do what is prescribed."***

Richard Palpal-latoc, chairperson, Commission on Human Rights

## 9.1 ONGOING CRIMINALIZATION BY LAW

Two years into the administration of Marcos Jr, the Department of Justice (DOJ), alongside other government agencies and the UN Office on Drugs and Crime, held a “drug summit” in July 2024. The summit, according to the DOJ, sought to “bring together all relevant stakeholders to review [the government’s] anti-illegal drug approach”.<sup>184</sup> The three-day event was to date the biggest attempt to have a wide-ranging discussion on drug law and policy reform involving government officials and civil society organizations.

Civil society groups attending the summit were advocating for increased access to evidence-based services, including harm reduction and treatment, as well as reforms to decriminalize the use and possession of drugs for personal use to replace the current punitive measures.

During the Summit, the government pledged to review and amend the 22-year-old RA 9165.<sup>185</sup> Other government officials have also expressed support for reforming this outdated law, though there has been no clarity on the process or the scope of such reforms.<sup>186</sup>

Civil society groups have for years drawn attention to the need to revisit RA 9165. Johann Nadela of IDUCare told Amnesty International that “[Until now,] it’s the same punitive situation for us regardless of who is the President. It was worse of course under the Duterte administration because of the killings. But for as long as you have RA 9165, it’s still the ‘war on drugs’ for us”.

Lawyer Richard Palpal-latoc, the chairperson of the Commission on Human Rights, pointed to the flaws of drug laws that, in turn, allow courts to send individuals to drug detention centres.<sup>187</sup> “It’s in the law. The court is forced to enforce what’s in the law. There should be an amendment to the law so that the court can do otherwise, to comply with human rights standards. Without a shift in the policy, the court will continue to do what is prescribed,” Palpal-latoc explained.

“Our hands are tied because as per the law, drug use and drug possession are still considered an offence. But I think the penalties can be reviewed,” Repomanta, from the DDB, told Amnesty International.

Statements from both government and civil society point to the existence of support for law reform, including by ending use of drug detention centres and moving towards decriminalizing the use and possession for personal use of drugs. This presents a key opportunity for the government to improve access to harm reduction and treatment services that can have a beneficial impact on people who use drugs if they are brought in line with international standards.

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184 Philippine Department of Justice, in an invitation letter sent to Amnesty International to the drug summit, 16 April 2024, on file with Amnesty International.

185 Philippines, Comprehensive Dangerous Drugs Act, 2002, [https://ddb.gov.ph/images/RA\\_9165/RA%209165.pdf](https://ddb.gov.ph/images/RA_9165/RA%209165.pdf).

186 Inquirer.net, “Gov’t set to review ‘antiquated’ anti-drug policy”, 28 May 2023, <https://newsinfo.inquirer.net/1775683/govt-set-to-review-antiquated-antidrug-policy>.

187 In-person interview with Atty. Richard Palpal-latoc, chairperson of the Commission on Human Rights, 4 April 2024.

## DECRIMINALIZING THE USE, POSSESSION, CULTIVATION AND ACQUISITION OF DRUGS FOR PERSONAL USE

***“It’s the same punitive situation for us regardless of who is the president. It was worse of course under the Duterte administration because of the killings. But for as long as you have RA 9165, it’s still the ‘war on drugs’ for us”***

Johann Nadela, executive director of harm reduction group IDUCare

*Decriminalizing the use and possession of drugs for personal use can improve health outcomes, uphold human rights and address stigma and discrimination.<sup>188</sup> The UN High Commissioner for Human Rights, for example, noted that in Portugal, the decriminalization of personal consumption and possession of drugs has resulted in an overall reduction in drug use levels, drug use among adolescents, overdoses and HIV infections among people who inject drugs.<sup>189</sup> Despite evidence that this decriminalization can help protect health and human rights, however, the majority of countries, including the Philippines, have not removed sanctions against people who use drugs.*

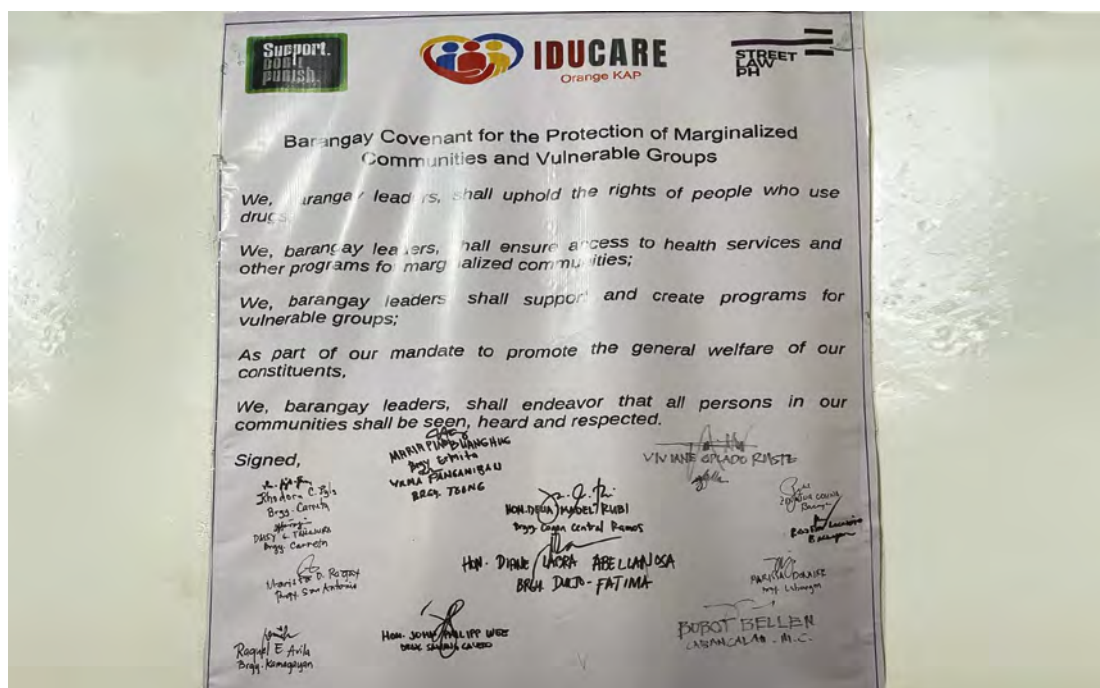
*Amnesty International has called on States to stop criminalizing and punishing the use, possession, cultivation and acquisition of all drugs for personal use.<sup>190</sup> States should end criminal sanctions for using or possessing drugs for personal use, including where this is done in a public space where individuals are not intentionally causing harm to others. Threshold quantities to determine what is considered as “possession for personal use”, intended to distinguish personal possession from other offences such as trafficking, should only be used to set minimum quantities below which a person cannot be prosecuted. If a person is found with a quantity that exceeds the threshold, it should not be assumed that a person can be charged with an offence for distribution or trafficking unless the intent to sell or distribute is proven. Thresholds should be meaningful enough to ensure that these are not so low that people continue to be prosecuted merely for their use of drugs and be based on the realities and meaningful participation of people who use drugs. States should also ensure a process to review convictions and sentences for such offences and, where appropriate, quash, commute or reduce existing convictions and/or sentences.*

*Decriminalization policies must be accompanied by an expansion of health and other social services to address the risks related to drug use, which has demonstrated to have beneficial impacts on public health, public security and human rights. Law enforcement and judicial authorities should be adequately trained about new regulations to ensure people who use drugs are not arbitrarily detained or stigmatised simply for their use, possession, cultivation or acquisition of drugs for personal use.*

188 Report of the UN High Commissioner for Human Rights, “Human Rights Challenges in Addressing and Countering All Aspects of the World Drug Problem”, 15 August 2023, UN Doc. A/HRC/54/53, para. 29.

189 Report of the UN High Commissioner for Human Rights, “Human Rights Challenges in Addressing and Countering All Aspects of the World Drug Problem”, 15 August 2023, UN Doc. A/HRC/54/53, para. 57.

190 Amnesty International, “Time for change: advancing new drug policies that uphold human rights (Index: POL 30/8042/2024)”, 22 June 2024, <https://www.amnesty.org/en/documents/pol30/8042/2024/en/>



A "barangay covenant" signed by local village officials in Cebu City expressing their commitment, made with the harm reduction and support group IDUCare and other local organizations, to "uphold the rights of people who use drugs", including access to health services © Amnesty International

## 9.2 MOVING TOWARDS HARM REDUCTION SERVICES

Harm reduction services that aim to reduce the adverse health, social and economic consequences of the use of drugs remain largely absent in the Philippines aside from specific programmes launched by civil society organizations.

There have been no government efforts to develop harm reduction services for people using *shabu* (methamphetamine hydrochloride) and cannabis, despite these being the most commonly used drugs in the country according to a 2019 survey by the DDB.<sup>191</sup>

"There's no such thing as harm reduction in the Philippines. It's really all geared towards just stopping use and punishing any indications of use and misbehaviours that the government associates with use," said Feria of NoBox.

Government officials have even vilified harm reduction services, calling them "pro-illegal drugs" and have also suggested that efforts by non-governmental organizations to provide such services were illegal.

***"There's no such thing as harm reduction in the Philippines. It's really all geared towards just stopping use and punishing any indications of use and misbehaviours that the government associates with use."***

Inez Feria, executive director of NoBox Philippines

191 Dangerous Drugs Board, *National Household Survey on the Patterns and Trends of Drug Abuse, 2019*, [https://ddb.gov.ph/images/downloads/2019\\_Drug\\_Survey\\_Report.pdf](https://ddb.gov.ph/images/downloads/2019_Drug_Survey_Report.pdf), p. 4.

IDUCare told Amnesty International that they started providing harm reduction services in Cebu City as early as the 1990s, mainly by distributing clean needles and syringes in communities at a time when the number of people who inject drugs were increasing, to prevent the transmission of HIV and hepatitis C. In 2014, the DDB supported some research into this work, including some harm reduction approaches, and was funded by the World Bank and the Asian Development Bank.<sup>192</sup>

However, the project was halted in 2015 when former Senator Vicente Sotto III said it violated Section 12 of RA 9165 that criminalizes the possession of paraphernalia for drugs, including needles and syringes.<sup>193</sup> In a public speech, the former Senator said: “The harm reduction strategy is, in reality, a pro-illegal drugs strategy”.

Harm reduction services are an inherent component of the right to health, necessary for achieving universal coverage and reaching the most marginalized populations, specifically those affected by ill-conceived policies in the context of the “war on drugs”. As noted by the UN Special Rapporteur on the right to health, harm reduction services are conducive to the realization of the right to health and must be available, acceptable, accessible and of quality.<sup>194</sup> In order to comply with their obligations under the right to health, States must also ensure the distribution of harm reduction information, facilities, services and goods through various means of outreach, especially in spaces and during times when people are using drugs.<sup>195</sup>

States must provide a wide array of harm reduction services to reduce the risks of different types and ways of using drugs,<sup>196</sup> including needle and syringe programmes, prescription of substitute medications and naloxone distribution (a medicine that counters the effects of an opioid overdose). In addition, this should consider drug checking services, supervised drug-consumption rooms, distribution of safer smoking kits, integration of harm reduction into nightlife settings (for example chill-out spaces and hydration points), peer-led information sharing and the promotion of non-injecting routes for the administration of drugs.<sup>197</sup>

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192 Sun Star, “Special Report: Syringe scrimmage (When drugs and Aids collide)”, 2 December 2015, <https://www.sunstar.com.ph/more-articles/special-report-syringe-scrimmage-when-drugs-and-aids-collide>

193 Senate of the Philippines, “Privilege Speech: Senator Vicente C. Sotto III”, 15 May 2011, [Press Release - Sen. Vicente C. Sotto III Privilege Speech \(senate.gov.ph\)](#)

194 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para 85 (d).

195 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, para 85 (e).

196 Commission on Narcotic Drugs, Resolution 67/5: Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harm associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach, in accordance with domestic law and circumstances, para. 1.

197 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 30 April 2024, UN Doc. A/HRC/56/52, paras. 59-66.

# 10. CONCLUSION AND RECOMMENDATIONS

Through the enactment and implementation of RA 9165 or the Comprehensive Dangerous Drugs Act of 2002, the Philippines has relied on punitive approaches to drugs based on the criminalization of the use and possession of drugs. This has resulted in increasing human rights violations against people who use drugs, particularly those from the poorest and most marginalized sectors of society, amidst a wider context where the use of drugs is not only stigmatized but also severely punished.

The killing of tens of thousands of people and other human rights violations became the hallmark of the “war on drugs” since it was declared by former President Duterte in 2016. Beyond the killings, however, the government’s punitive anti-drug campaign has continued, leading to a vicious cycle of arbitrary detention and other abuses committed against people who use drugs who are confined against their will and punished as a way to force them to stop using drugs.

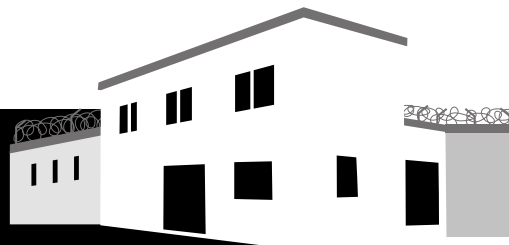
In many occasions, police officers have planted evidence to arrest people and send them to drug detention centres, after allegations of torture and other ill-treatment. Faced with the possibility of years of incarceration before and during trial, those arrested are coerced into “confessions” and forced into drug detention centres to avoid being sent to jail in proceedings that often violate fair trial guarantees.

Before and during their stay at these centres, people accused of using drugs are subjected to further human rights violations, including mandatory drug tests that lack informed consent; lengthy arbitrary detention that lacks adequate health services for treating drug dependence and instead relies on harsh treatment and punishment. Once released from the centres, they are then required to undergo regular reporting and mandatory drug testing for up to 18 months in the form of an “aftercare programme” that violates the right to health and privacy.

The prohibition and criminalization of drugs has further fuelled stigma and discrimination against people who use drugs, with government officials, police and healthcare providers expressing support for harmful practices such as arbitrary detention and non-voluntary drug treatment programs that are not evidence-based. Despite a change in narrative, the government has done too little to raise awareness and shift societal attitudes towards people who use drugs.

THE GOVERNMENT’S PUNITIVE ANTI-DRUG CAMPAIGN HAS CONTINUED, LEADING TO

**A VICIOUS CYCLE OF ARBITRARY DETENTION AND OTHER ABUSES COMMITTED AGAINST PEOPLE WHO USE DRUGS**



**WHO ARE CONFINED AGAINST THEIR WILL AND PUNISHED AS A WAY TO FORCE THEM TO STOP USING DRUGS**

Following pronouncements from the administration of President Marcos Jr seeking to improve drug treatment and rehabilitation using the “prism of health”, Amnesty International calls on the government to use this opportunity to carry out safe, genuine and meaningful consultations with stakeholders, especially people who use drugs and civil society organizations, towards improving access to harm reduction, treatment and rehabilitation services that respect, protect and promote human rights, including the right to health. This involves closing drug detention centres and replacing them with voluntary, evidence-based services in the community. This also involves divesting the billions of pesos and other resources channelled into the “war on drugs” and reinvesting these in health and harm reduction services co-developed with people who use drugs and health professionals for an approach grounded in human rights and evidence-based good practices. The government must also urgently initiate work, as it has committed, to replace the punitive anti-drug law with one that puts human rights front and centre.

## RECOMMENDATIONS

### TO THE PRESIDENT

- Immediately end the ongoing “war on drugs”, including by rescinding all policy directives and other issuances under the former administration that allow or justify drug-related killings or other human rights violations by state officials.
- Entirely review the punitive approach to drugs, ensuring the protection of public health and human rights are at the centre by expanding health and other social services to address the underlying socio-economic factors that increase the risks of using drugs or that lead people to engage in the illicit drug trade, including illness, denial of education, unemployment, lack of housing, poverty and discrimination.
- Explicitly and categorically call on law enforcement agencies to stop violating the rights of people suspected of using or selling drugs, especially during police operations that have led to unlawful killings, arbitrary detentions, torture and other ill-treatment and invasions of privacy.
- Put in place a wide set of gender-sensitive and holistic socio-economic protection measures to ensure that drug control laws and policies contribute to overcome structural sources of vulnerability, stigma and discrimination that affect people who use drugs, especially women and those belonging to marginalized and disadvantaged communities.
- Allow international human rights monitoring and investigative mechanisms, including investigators of the International Criminal Court, immediate and unhindered access to the country.
- Respond favourably, with no further delay, to the request by the UN Special Rapporteur on the right to health to conduct a visit to the country.
- Order thorough, independent and impartial investigations into killings and other allegations of human rights violations during anti-drug operations conducted by law enforcement agencies, with a view to holding accountable all those reasonably suspected to have committed such violations.

## TO THE DEPARTMENT OF HEALTH

- Take the necessary steps to increase access to health and social services to reduce the risks and harms associated with the use of drugs, including prevention, information, harm reduction, and voluntary treatment and rehabilitation services where medically indicated and on a non-discriminatory basis.
- Ensure that drug testing, treatment and rehabilitation is voluntary, medically indicated, based on scientific evidence and safeguarded by free and informed consent. Treatment must never be used as a form of punishment or an alternative to detention that is mandated by courts as judges do not have the medical expertise to prescribe such treatment.
- Ensure that drug treatment and rehabilitation programmes affiliated to health facilities are available, acceptable, of good quality and easily accessible to everyone without discrimination.
- Undertake thorough, impartial and transparent monitoring and supervision of all government and private drug treatment centres, in line with its duties. Where such centres fail to comply with international health and human rights standards, including because of their compulsory or coerced nature that results in the arbitrary detention of people and other violations of their human rights, order their immediate closure and the release of people detained therein with sufficient provisions of health and social services available to them, as required.
- Prioritise health care and social support for the treatment and rehabilitation of drug dependence in community settings rather than in institutions.
- Promote a clear understanding of the complexity of drug dependence as a chronic and relapsing health condition that is clearly distinguished from the use of drugs.
- Advocate for a drug policy based on the protection of health and human rights, and that prioritizes the meaningful involvement of people who use drugs and civil society organizations. To this end, work collaboratively with international partners to formulate a public health approach in lieu of the current emphasis on prohibition and punishment.
- Take an active part in government efforts to review and amend RA 9165, with particular focus on ensuring that the law respects and upholds the right of everyone to the highest attainable standard of physical and mental health.
- Guarantee the adequate availability and accessibility of prevention, harm reduction and treatment services specifically tailored to the needs of children and adolescents, including youth-led interventions and peer-to-peer strategies. Drug-related programs for children and adolescents should be objective and evidence-based, taking into consideration the types of drugs they use and the socio-economic factors that drive its use.
- Provide children and adolescents with drug-related information in an accessible manner, including on minimizing drug-related risks and harms and about where to find help if they require it.
- Ensure that treatment and rehabilitation of children for drug dependence is voluntary and safeguarded by informed consent. Decisions for children to undergo treatment or rehabilitation for drug dependence should always ensure the meaningful participation of the child and their right to give or withhold consent in line with their evolving capacities.

- Work with the relevant government agencies to develop and implement new policy and practices relating to drug treatment and rehabilitation that are informed by international standards and best practices on health, including those relating to harm reduction programmes and services. Additionally, work with international partners and donors to provide continuous training and education for health care professionals on evidence-based harm reduction approaches that comply with the “do no harm” principle.
- Ensure harm reduction services are available, acceptable and easily accessible to everyone on a non-discriminatory basis, and of good quality. This means paying particular attention to the needs of the most marginalized and to the specific needs of women, children and adolescents. To ensure equal access to harm reduction services, collaborate with organizations led by LGBTQI+ people, sex workers, women and other marginalized groups to develop peer-led programs and rebuild trust within communities disproportionately targeted by punitive policies that push people away from services that can support their health.
- Provide a wide array of harm reduction services to reduce the risks of different types and ways of using drugs, including needle and syringe programmes, prescription of substitute medications and naloxone distribution (a medicine that counters the effects of an opioid overdose). In addition, expand the range of harm reduction services that have proven to reduce the risks and harms associated with different type of drugs such as drug-checking services, supervised drug-consumption rooms, distribution of safer smoking kits, integration of harm reduction into nightlife settings (for example, chill-out spaces and hydration points), peer-led information sharing and awareness of alternatives to injecting drugs.

## **TO THE DANGEROUS DRUGS BOARD AND THE PHILIPPINE DRUG ENFORCEMENT AGENCY**

- End the use of “drug watch lists” that have led to unlawful killings and other human rights violations, including the arbitrary deprivation of liberty and confinement in drug detention centres of people who use drugs.
- Implement community-based drug treatment and rehabilitation programmes that are voluntary, accessible, based on scientific evidence and safeguarded by free and informed consent. To this end, immediately divest the vast resources channelled into the “war on drugs” and reinvest them in health and harm reduction services co-developed with people who use drugs and public health officials for an approach grounded in human rights and evidence-based good practices.
- End the practice of placing drug treatment and rehabilitation facilities inside or in close proximity to police or military camps and bases. Where such facilities exist, steps must be taken to close them down and/or transfer them to more appropriate and accessible locations.
- Develop and implement campaigns, in consultation with people who use drugs, to counter current stereotypes and to raise awareness throughout society of the rights of people who use drugs.



# TO THE DEPARTMENT OF JUSTICE

- Remove all powers of courts to mandate drug treatment in the course of judicial proceedings, including in diversionary programmes, as they inherently coerce people into undergoing medical treatment without their consent. The threat of imprisonment should never be used as a means to coercively influence an individual into drug treatment.
- Engage in safe, meaningful and inclusive consultations with people who use drugs and other affected communities, as well as civil society organizations, human rights defenders and experts in health, social services and other relevant fields, to initiate a process for the review of RA 9165 and consider their recommendations seriously to introduce legislative recommendations.
- Take steps to initiate a shift towards broader and more comprehensive changes to drug laws and policies, including by decriminalizing the use, possession, cultivation and acquisition of drugs for personal use, and ensure that these reforms are accompanied by an expansion of health and other social services to address the risks related to drug use.
- Ensure a process to review convictions and sentences for offences related to the use, possession, cultivation and acquisition of drugs for personal use and, where appropriate, quash, commute or reduce existing convictions and/or sentences.
- Prohibit mandatory drug testing as it is an arbitrary interference with an individual's privacy and is counterproductive from a right to health perspective. Drug testing should be conducted only after informed consent and carried out in a non-discriminatory and transparent way.
- Promptly initiate thorough, independent and impartial investigations into allegations of torture and other ill-treatment, as well as into allegations of fabrication of evidence and other abuses leading to the arbitrary arrest and detention of people suspected of using drugs, with a view to bringing all those responsible to justice in fair trials.
- Prevent medical professionals and health care providers from being compelled to report to the authorities on an individual's use of drugs, as this may amount to a violation of their right to privacy, breaches patient confidentiality and medical ethics, and compromises access to health services.
- Avoid children's imprisonment or other forms of deprivation of liberty solely for their use or possession of drugs. The deprivation of a child's liberty for drug-related offences should be a last resort and for the shortest appropriate period of time and must be in a facility especially suited to their needs.

## **TO THE UN OFFICE ON DRUGS AND CRIME AND THE WORLD HEALTH ORGANIZATION**

- Continue engaging with the government, in consultation with human rights defenders and civil society organizations, to ensure the development and implementation of new drug policies that comply with international human rights law and standards, including with regards to the provision of harm reduction, drug treatment and rehabilitation.
- Ensure that any financial and technical assistance provided to the government does not contribute or does not carry a real risk of contributing to the commission of human rights violations. Any such cooperation, including training or technical advice, must be halted if used, or if there is a real risk of it being used, to commit human rights violations, either directly or indirectly.
- Actively encourage the government to act on their commitment to review RA 9165, including to advance on the decriminalization of the use, possession, cultivation and acquisition of drugs for personal use.


## **TO THE INTERNATIONAL COMMUNITY**


- Use all diplomatic and political tools at their disposal to put pressure on the Philippines to immediately end the human rights violations in the context of the continuing “war on drugs”.
- Ensure that any financial or technical support for the Philippine government does not contribute to the commission of human rights violations in relation to the “war on drugs,” including in relation to the implementation of drug treatment and rehabilitation and other related programmes. Any such cooperation, including training or technical assistance, must be halted if used, either directly or indirectly, to commit human rights abuses or violations.
- Increase the financial and technical support provided to civil society organizations that prioritize peer-led harm reduction initiatives and respond to the needs of people who use drugs in the Philippines. Such approaches have proven effective in reducing the health harms associated with drug use, as well as important for collecting data required to inform the scale-up of good practice health interventions.
- Call on the Philippine government to allow immediate and unhindered access to international human rights monitors, including UN monitors, and other international investigators.



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# SUBMIT AND SURRENDER

## THE HARMS OF ARBITRARY DRUG DETENTION IN THE PHILIPPINES

Amnesty International found that the criminalization of the use and possession of drugs for personal use has enabled the Philippine government to continue implementing harsh anti-drug measures.

In this report based on interviews with 56 people, 26 of whom were accused of using and/or selling drugs, Amnesty International shows that these measures are intended to force people to stop using drugs where the use of drugs is not only stigmatized but also severely punished. This approach has resulted in numerous human rights violations – people are targeted in violent police operations that often involve torture and other ill-treatment, arbitrary detention, forced or otherwise unreliable confessions and multiple violations of the right to health, including mandatory “treatment and rehabilitation”. The prosecution of drug-related offences has also failed to protect people’s right to a fair trial, forcing them to choose between going to drug detention centres for compulsory “treatment” or pursuing a protracted trial. It has also resulted in children being arrested and detained and sometimes subject to various forms of torture and other ill-treatment, exposing them possibly life-long trauma.

The Philippine government must move away from punitive and harmful responses. Instead, it must explore evidenced-based initiatives that respect the dignity of all people and have been demonstrated to be beneficial to public health and human rights. The compulsory and punitive nature of the current model should be discontinued and the government should work to ensure that drug-related services are evidence-based, voluntary, and age- and gender-appropriate. The government must also work towards addressing the stigma and discrimination around the use of drugs.