

National and Local Policies Related to AIDS and Drug Use: Content Review and Assessment

POLICY REVIEW

Prof. Armando F. de Jesus, Ph.D.

Prof. Minerva P. Calimag, M.D., Ph.D.

Asst. Prof. Maria Carinnes A. Gonzales, M.A.

Asst. Prof. Frederick I. Rey, M.S., M.A.



This report was developed with support from the Open Society Institute (OSI) Global Drug Policy program (GDPp) and with technical support of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat and World Health Organization (WHO).

The information contained in this report is drawn from multiple sources including key informant interviews, focus group discussions and extensive literature review. The views expressed in this publication are those of the authors and do not necessarily represent those of the United Nations, including UNDP, UNAIDS and WHO, or UN Member States, OSI, UST, RCCESI and LGA.

December 2012
Manila, Philippines

United Nations Development
Programme (UNDP)
30th Floor Yuchengco Tower,
RCBC Plaza, 6819 Ayala Avenue
cor. Sen. Gil Puyat Avenue,
Makati City 1226
Tel: (632) 901-0100
Fax: (632) 901-0200

UST Research Cluster on Culture
Education and Social Issues
(RCCESI)
Rm. 211, Thomas Aquinas
Research Complex, University of
Santo Tomas, España Blvd.,
Sampaloc Manila
Telefax: (632) 731-3535 or
Trunk Line (632) 406-1611 local
4040

Local Government Academy
(LGA)
8th and 9th Floors Agustin I Bldg.,
F. Ortigas Jr. Road, Ortigas
Center, Pasig City 1605
Tel: (632) 633-6134/ 637-1672
Fax: (632) 634-6567/ 633-6134

Context

There has been a rise recently in the incidence of human immunodeficiency virus (HIV) transmission among people who inject drugs (PWID). This is traceable to the practice of sharing syringes and needles among PWIDs. Unless something is done about it, the goal of controlling the spread of HIV will be put in jeopardy.

Many countries with prevalence of PWIDs have responded to the problem by distributing clean needles and syringes among the drug injecting community. Called Needle Exchange Program (NEP) or Needle and Syringe Program (NSP), the goal of the program is to increase access to sterile needles and to remove contaminated syringes from circulation in the drug injecting community. By providing PWIDs with sterile needles and uncontaminated syringe, the risk of an HIV-infected PWID transmitting the virus to a non-infected person is minimized.

According to the 2010 Harm Reduction Global Update needle exchange programs are operating in eighty-two countries. In Asia, of the twenty-four countries where injecting drug use has been reported, fifteen have needle and syringe exchange services available in varying degrees. China and Taiwan are the two countries in Asia with a notable number of needle exchange sites. In the rest of Asia, NEP services are in very small scale if not totally absent. The Philippines is among the countries in Asia with very limited NEP/NSP services. According to the 2010 Harm Reduction Global Update, the ratio is less than ten needles and syringes per person per year.

With the Philippines experiencing a mounting incidence of HIV transmission among PWIDs, there is a developing interest in the NEP/NSP as a possible strategy for managing the problem. However, question has been raised about whether there is sufficient legal and social support for the program.

Policy Review

In 2010, the Philippine National AIDS Council concluded that, in the face of this development, there was a need to scale-up response to the problem through a harm reduction scheme, specifically, the needle and syringe distribution program. However, it also recognized that an enabling policy environment is essential to advance such program and that there is, therefore, a need to ascertain whether, in the context of existing legislation, such favorable policy environment exists.

The present policy review had for its main objective, “To review national and local policies related to HIV and AIDS and drug use, assess their relevance and responsiveness to the current epidemiology and emerging risks on HIV among PWID, and generate recommendations that would help enhance policy environment and programme implementation of comprehensive HIV programme for PWID.”

The mandate translates into the following research questions:

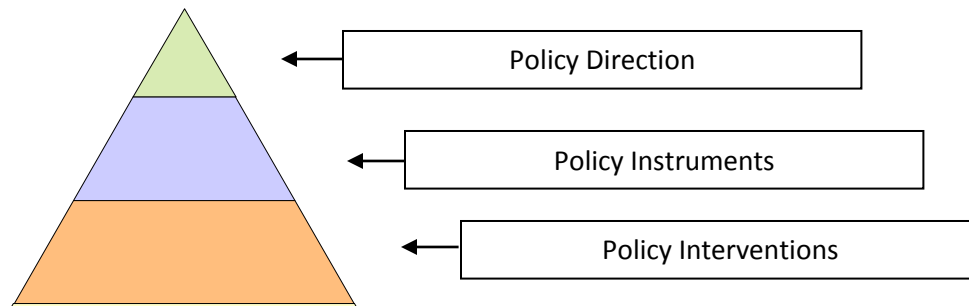
1. What are the existing national and local policies on HIV and AIDS and drug use prevention and control?
2. How supportive are they to the harm reduction approach, particularly to the needle and syringe exchange program (NSP) in particular?

3. What policy changes are needed in order to make the existing policy environment responsive to the existing HIV and AIDS situation, particularly the increasing HIV incidence among PWIDs?

The present review involved an analysis of the contents of Republic Act 9165 (The Comprehensive Dangerous Drugs Act of 2002), the basic national legislation on drugs, R.A. 8504 (The Philippine AIDS Prevention and Control Act of 1998), 23 local legislations on HIV and AIDS - 15 ordinances, 6 resolutions, 2 executive orders – promulgated between 2001 and 2012, and one local ordinance on drugs.

Content

A policy may be envisaged as three layered. On the topmost layer are the broad policy directions. At the intermediate level are the policy instruments. Finally, at the lower level, are the policy interventions. The image below illustrates the framework.



Policy direction is a statement of broad, high-level objectives. Policy instruments are the means by which these broad objectives are put into effect (Ritter & McDonald, 2008a). Policy interventions are the specific strategy, response or intervention that are expected to impact on the broad objectives (Ritter & McDonald, 2008b). The above framework was employed as template for the analysis. Summarized below are the provisions of R.A. 9165 and R.A. 8504 according to the three levels of analysis.

R.A. 9165 and R.A. 8504

Policy Direction	
RA 9165	RA 8504
<ul style="list-style-type: none"> ▪ “an intensive and unrelenting campaign against the trafficking and use of dangerous drugs”; ▪ “to re-integrate into society individuals who have fallen victims to drug abuse or dangerous drug dependence.” 	<ul style="list-style-type: none"> ▪ the “protection of non-infected persons from contracting HIV”; ▪ “minimizing the impact of the condition of persons living with HIV.”

Policy Instrument	
RA 9165	RA 8504
<ul style="list-style-type: none"> ▪ Criminalization of trafficking and use of dangerous drugs; ▪ Drug education and information; ▪ Drug testing ; ▪ Community action and partnership; ▪ Treatment and rehabilitation. 	<ul style="list-style-type: none"> ▪ The institution of a nationwide HIV/AIDS information and educational program (Section 2 a, Article I, Sections 4-11), education and information (Section 2 a, Article I, Sections 4-11); ▪ The promotion of safety and universal precautions in practices and procedures that carry the risk of HIV transmission (Section 2 c; Article II, 12, 13, 14); ▪ The eradication of conditions that aggravate the spread of HIV infection (Section 2 d); ▪ The provision of health and support services to persons with HIV-AIDS (Article IV); ▪ The establishment of a comprehensive HIV/AIDS monitoring system (Article V); and ▪ The strengthening the Philippine National AIDS Council (Article VIII)

Policy Interventions	
RA 9165	RA 8504
<p>Policy Intervention I: Education (Articles IV, V, VI, VII)</p> <ul style="list-style-type: none"> ▪ Drug education in the family (Section 41); ▪ Drug Education in the school (Sections 42, 43); ▪ Drug information and prevention in the workplace (Sections 47, 49). 	<p>Policy Intervention I: Education and Information (Article I)</p> <ul style="list-style-type: none"> ▪ HIV and AIDS Education in Schools (Section 4); ▪ Making HIV and AIDS education and information dissemination as part of the delivery of health services by health practitioners, workers and personnel(Section 5); ▪ HIV and AIDS Education in the Workplace (Section 6); ▪ HIV and AIDS Education for Filipinos Going Abroad (Section 7); ▪ Information Campaigns for Tourists and Transients (Section 8); ▪ HIV and AIDS Education in Communities (Section 9).
<p>Policy Intervention II: Community Action and Partnerships (Sections 42, 46, 49, 50, 51)</p> <ul style="list-style-type: none"> ▪ Shared responsibility and collaborative action for drug prevention; ▪ Inter-agency cooperation: government agencies (Department of Education, Commission on Higher Education, Technical Education and Skills Development Authority, the Department of Labor and Employment, Department of Interior and Local Government, National Youth Commission, the Department of Social Welfare and Development, the local government units, enforcement agencies) to cooperate and render support to the general effort towards drug prevention; and ▪ Inter-sectoral cooperation, e.g., between labor and management, between students and school administration. 	<p>Policy Intervention II: Community Action and Partnership</p> <p>II.A: Health and Social Services for Individuals with HIV (Sections 22, 23, 26)</p> <ul style="list-style-type: none"> ▪ Access to health is a dimension of human right; ▪ Hospital-based services (Section 22) and community-based health care (Section 23) be made easily available to persons with HIV; and ▪ Expansion of health insurance coverage to HIV-infected individuals (Section 26). <p>II.B: Eradication of Conditions Abetting HIV and AIDS</p> <ul style="list-style-type: none"> ▪ Poverty; ▪ Gender inequality; ▪ Marginalization; ▪ Ignorance; ▪ Prostitution; ▪ Drug abuse; and ▪ Sexually transmitted disease

Policy Interventions

RA 9165

RA 8504

II.C: Safe Practices and Procedures (Article II)

- Compulsory HIV screening of all donated blood;
- Proper handling and disposal of contaminated blood, cadavers, body fluids or wastes of persons known or believed to be HIV-positive; and
- Use of appropriate protective equipment. DOH to set up guidelines that would provide adequate safety measures against unintentional HIV transmission during surgical, dental, embalming, tattooing or similar procedures.

II.D: Social Integration of Persons with HIV

- Principle: discrimination, in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV” as “inimical to individual and national interest.”
- Unlawful acts under the Law:
 - Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service or the continued enjoyment of said undertakings” (Section 16);
 - Depriving HIV-AIDS infected individuals of full participation in any livelihood self help and cooperative programs for reason of their health conditions (Section 24);
 - “Discrimination in any form from pre-employment to post-employment, including hiring, promotion or assignment, based on actual, perceived or suspected HIV status of an individual.... Termination from work on the sole basis of actual, perceived or suspected HIV status” (Section 35);
 - For schools to “refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student or a prospective student on the basis of his/her actual, perceived or suspected HIV status” (Section 36);

Policy Interventions	
RA 9165	RA 8504
	<ul style="list-style-type: none"> ▪ Unlawful acts under the Law (continuation): <ul style="list-style-type: none"> ○ To restrict “ freedom of abode, lodging and travel of a person with HIV ... To quarantine, put in isolation, or refused lawful entry or deported from Philippine territory any individual on account of his/her actual, perceived or suspected HIV status” (Section 37); ○ To deny to a person with HIV the right to seek an elective or appointive public office (Section38); ○ To exclude a person from credit and insurance services on the basis of his/her actual, perceived, or suspected HIV status (Section 39); ○ To deny “a person health care service or charge with a higher fee on account of actual, perceived or suspected HIV status” (Section 40); and ○ To deny “a deceased person who had AIDS or who was known, suspected or perceived to be HIV positive any kind of decent burial services” (Section 41).

Policy Interventions

RA 9165	RA 8504
<p>Policy Intervention III: Drug Testing (Articles III)</p>	<p>Policy Intervention III: HIV Testing as Control Measure (Article I)</p>
<ul style="list-style-type: none"> ▪ Mandatory for: <ul style="list-style-type: none"> ○ Obtaining license to drive and to carry firearms; ○ Election or appointment to public office, (has since been rendered ineffective by SC decision); ○ For posting in military, police, and enforcement agencies; ○ For promotion in the military; and ○ As a procedure for individuals charged with specified criminal offense and those under arrest for violations of the Act. ▪ School drug testing (Section 36); ▪ Workplace drug testing (Section 15). 	<ul style="list-style-type: none"> ▪ Principles in HIV testing: <ul style="list-style-type: none"> ○ High standard of service; ○ Respect for right to freedom and privacy ▪ To guarantee adherence to the first principle, RA 8504 requires government accreditation of HIV testing centers (Section 19), adequate training of the center personnel (Section 21), and provision of counseling services (Section 20); ▪ To guarantee adherence to the right to freedom and privacy, informed consent and confidentiality of information are made strict requisites in HIV Testing (Section 15, 30, 32.); ▪ In addition the creation of a mechanism for anonymous testing is enjoined (Section 18).
<p>Policy Intervention IV: Prohibition and Penalization (Article II)</p>	
<ul style="list-style-type: none"> ▪ Prohibited substances: <ul style="list-style-type: none"> ○ Dangerous drugs; ○ Controlled precursors; and ○ Essential chemicals. ▪ Prohibited activities: <ul style="list-style-type: none"> ○ Importation (Section 4) of dangerous drugs, their sale, trade, administration, dispensation, delivery, giving away, distribution, dispatch in transit or transport (Section 5); ○ Manufacture (Section 8); ○ Possession in specified quantities (Section 11, 13); ○ Planting, cultivation, or culture of plants including marijuana and opium poppy or parts thereof and substances (Section 16); ○ Unlawful prescription of dangerous drug (Section 19); ○ "Planting" evidence (Section 29); ○ Use of dangerous drugs; ○ Failure by any practitioner, manufacturer, wholesaler, importer, distributor, dealer or retailer to comply with the record keeping and reporting requirement; ○ Possession of equipment, instrument, apparatus and other paraphernalia fit or intended for drug use; 	

Policy Interventions	
RA 9165	RA 8504
<ul style="list-style-type: none"> ▪ Prohibited activities (continuation): <ul style="list-style-type: none"> ○ Actual use of an equipment, instrument, apparatus, and paraphernalia for drug use; and ○ Violation of any regulation duly issued by the Board. ▪ Penalties: <ul style="list-style-type: none"> ○ Life imprisonment; ○ Term incarceration; ○ Fine, escheatment, confiscation, forfeiture; ○ Revocation of license or permit; ○ Disqualification from public office; ○ Deportation; and ○ Other accessory penalties. 	
<p>Policy Intervention V: Drug Court Program (Section 54 to 60)</p>	
<ul style="list-style-type: none"> ▪ Procedures for availing of the programs as well as the terms and conditions for acceptance into them are spelled out in Sections 54 to 60. A major eligibility criterion for acceptance is evidence of drug dependency; ▪ The parameters for successful treatment are the same for both: confinement for at least a year, compliance with the commitment conditions, satisfactory observance of after care and follow-up for a period not exceeding 18 months, and certification of rehabilitation by the treatment center; ▪ The penalty for failure to comply on any of the above success parameters would lead to the continuance of the deferred legal proceedings: arraignment for those under voluntary submission, and prosecution or sentencing for those under compulsory submission. On the other hand, those who are able to hurdle the criteria could expect any of the following outcomes: dismissal of the charges, lightened penalty such as community service, probation, reduced sentence. 	
<p>Policy Intervention VI: Support Systems</p>	<p>Policy Intervention VI: Support Systems</p>
<ul style="list-style-type: none"> ▪ Dangerous Drugs Board ▪ Special Drug Courts ▪ Congressional Oversight Committee 	<ul style="list-style-type: none"> ▪ Monitoring system ▪ Philippine National AIDS Council

Local Ordinances on HIV and AIDS

While the national policy for the prevention and control of HIV and AIDS is spelled out in R.A. 8504, the implementation of its provisions at the local level lies largely on the shoulder of local government units. For this to happen, the provisions of R.A. 8504 need to be worked into the local legislation so that the local responses to the AIDS problem would not only gain legitimacy but also obtain the needed budgetary support. Article IV, Section 23 of R.A. 8504 states that “Local Government Units, in cooperation with concerned government agencies, NGOs, persons with STD/HIV/AIDS and groups most at risk of the infection shall provide community-based STD/HIV/AIDS prevention and care services.”

The present review covers 23 local legislations – 15 ordinances, 6 resolutions, 2 executive orders – dealing with the HIV and AIDS issue, promulgated between 2001 and 2012 and one local ordinance on drugs. These ordinances were sourced from the websites of the local government units (LGUs) or of the Philippine National AIDS Council. These are:

Ordinances by Year of Promulgation	
Ordinance/Resolution/Executive Order	Year of Promulgation
On HIV and AIDS	
▪ City Ordinance No. Sp 1053, S. 2001, Quezon City	2001
▪ Resolution No. 02-2140, Approving Ordinance No. 1952, Cebu City	2002
▪ City Ordinance No. 041-02, Series of 2002, Davao City	2002
▪ City Ordinance No. 23421, Series of 2002, Pasay City	2002
▪ Executive Order No. 30 Providing for The Rules and Regulation Implementing the Davao City Aids Ordinance 2002 and for Other Purposes, Davao City	2003
▪ City Ordinance No.2003-053, City of Naga	2003
▪ Municipal Ordinance Number 5, Series of 2004, Bauang, La Union	2004
▪ Municipal Ordinance No. 2005-05, Isabel, Leyte Province	2005
▪ Resolution No. 41 S. 2005, Municipality of Matnog, Sorsogon Province	2005
▪ City Ordinance No. 2005-026, City of San Fernando, Province of Pampanga	2005
▪ Resolution No. 338, Series Of 2005, Enacting City Ordinance No. 002, Series Of 2005, City of Sorsogon	2005
▪ City Ordinance No. 03-2005, Tabaco City	2005
▪ City Ordinance No. 249, Series 2006, Surigao City	2006
▪ Resolution No. 1734-2006, Enacting Ordinance No. 320-2006, Lapu-Lapu City	2006
▪ City Ordinance No. 1896-2007, Dagupan City	2007
▪ Municipal Ordinance No. 28, Series of 2008, Maribojoc, Bohol Province	2008
▪ City Ordinance No. 8179, City of Manila	2009
▪ Provincial Ordinance No. 04, 2010, Province of Guimaras	2010
▪ City Ordinance No. 298, S-2011, Angeles City	2011
▪ Provincial Resolution No. 295-2011, Province of Cebu	2011
▪ Resolution No. 2011, 226. Sinalay City	2011
▪ Executive Order 96-12 of Ilocos Norte	2012
▪ Makati City	Undated
On Drugs	
▪ Resolution 779 approving Ordinance No. 1427, Sangguniang Panglungsod ng Cebu City	1992

The policy provisions contained in these ordinances may be grouped into five major categories:

1. Provisions on educational strategies
2. Regulatory provisions
3. Surveillance provisions
4. Support and care services
5. Provisions on principles

The overall policy goal is the prevention and control of sexually transmitted infection (STI), particularly HIV and AIDS. These goals are served through a set of policy instruments that include education and information, regulation of entertainer establishments and health institutions, close monitoring of STI, HIV and AIDS cases, and provision of support and care services to persons affected by the diseases.

Provisions on Educational Strategies

Operators and employees of entertainment establishments are special targets for education and information. So are other susceptible sectors such as tourists and transients, Filipinos travelling abroad, particularly contract workers. The school, the workplace, and barangay are identified as focal sites of education and information. Teachers, peers, the media, and health workers are recognized as important educational agents. Below is a list of the provisions bearing on education and information.

- Provision requiring attendance by owners and operators of entertainment establishments in AIDS and STI seminars;
- Provisions requiring entertainment establishments to engage peer educators;
- Provision requiring local government units to declare AIDS awareness month;
- Provision mandating barangays to conduct educational and information campaign on STI, HIV/AIDS prevention;
- Provision requiring the conduct of STI and AIDS information campaign among tourists and transients;
- Provision directing STI and AIDS education for those going abroad;
- Provision stipulating STI and AIDS information as an essential part of health service;
- Provision mandating schools to provide STI and AIDS education to students and for teachers to undergo training;
- Provision requiring STI and AIDS education in the workplace;
- Provision requiring LGUs to design and adopt comprehensive STI and AIDS education for general public;
- Provision directing LGUs to prepare & implement media campaign plan for STI and AIDS dissemination and advocacy; and
- Provision stipulating that STI and AIDS information, education and communication (IEC) materials and modules be gender sensitive.

Regulation of Entertainment and Health Establishments

Entertainment establishments and health institutions are assumed to be major potential sources of STI and HIV infections. For this reason they are placed under strict regulatory processes. Below are among the typical regulatory provisions.

- Provision requiring regular screening of entertainers & others with similar occupation;
- Provision requiring entertainment establishments to provide prophylactic antibiotics;
- Provision requiring disclosure of condition to the sexual partners;
- Provision requiring establishments to submit work policies;
- Provision requiring regular inspection of entertainer and health establishments;
- Provision requiring health establishment to adhere to safe practices and procedures;
- Provision requiring attendance by owners and operators in AIDS/STI seminars as condition for issuance of permit to operate;
- Provision requiring entertainment establishments to compile a roster of their entertainers and employees;
- Provision mandating revocation of work permit of persons positive of STI, and HIV; and
- Provision requiring health clearance prior to work transfer to another entertainment establishment.

Some ordinances incorporate provisions extracted from other legal enactments such as the Labor Code, the Anti-Child Abuse Law, the Sanitation Code, the Trafficking in Persons Act, and R.A. 9208 on cancellation of license to operate.

Surveillance Measures

Another strategy is the close monitoring of STI and HIV cases. Local Councils are empowered to conduct contact tracing and other intelligence activities as well as passive and active surveillance. Hospitals are mandated to report cases of STI, HIV and AIDS. Below are provisions of this kind.

- Provision vesting local councils with authority to pursue contact tracing and similar intelligence activities;
- Provision requiring all hospital, clinics, laboratories, etc. to report cases of STI, HIV and AIDS;
- Provision encouraging interagency cooperation and private sector collaboration in monitoring of STI, HIV and AIDS cases;
- Provision requiring local councils to conduct passive and active surveillance;
- Reporting procedures – Hospitals, etc. to adopt measures assuring confidentiality when reporting medical records; and
- Provision directing local council to establish comprehensive STI, HIV and AIDS monitoring program.

Provisions Mandating Support services for Persons living with STI and HIV

Part also of the prevention and control program is the provision of support and care services to persons living with STI and HIV. The provisions related to this strategy are those listed below.

- Provision mandating the local council to make available STI and HIV counseling and testing services;
- Provision requiring STI and HIV screening services for high risk groups;
- Provision requiring local council to provide special care and support services for children of person with HIV;
- Provision stipulating universal access to STI Healthcare services;
- Provision encouraging study on the feasibility of extending health care plan for persons with STI and HIV or establishing special welfare fund; and
- Provision stipulating that special care and support be extended to pregnant women with HIV.

Principal Provisions

Another group of provisions stipulate key principles to guide action towards persons living with STI and HIV. These provisions, meant to guarantee and protect the rights of these persons, are made essential part of the overall STI, HIV and AIDS prevention and control strategy.

Right	Provisions Protecting the Right
Right to Privacy	<ul style="list-style-type: none"> ▪ Medical confidentiality ▪ Exceptions to the mandate of confidentiality ▪ Release of HIV results; ▪ Disclosure to sexual partners ▪ Prohibition against divulging of confidential Information of Persons with STI and HIV
Right against Discrimination	<ul style="list-style-type: none"> ▪ Discrimination in the workplace ▪ Discrimination in schools ▪ Restrictions on travel and habitation ▪ Prohibition against medical practice ▪ Discrimination in hospitals and health institutions ▪ Denial of burial services ▪ Elimination of social stigma
Right to Exercise of Individual Freedom	<ul style="list-style-type: none"> ▪ Consent as prerequisite for HIV testing ▪ Prohibition on compulsory HIV testing ▪ Exemption to prohibition on compulsory HIV testing

Provisions regarding the Establishment of the Local AIDS Council

A description of the provisions regarding the Council is given in the table below.

Provisions	
Council Label	The most typical label for the council is “Multi-sectoral STD/HIV Council for the Prevention and Control of Sexually Transmitted Diseases”. Some of the other designations are “STI/HIV/AIDS Council”, “HIV/AIDS Council,” or simply, “AIDS Council.” Other labels have a unique local flavor: “City Council on Reproductive Tract Infection Control,” “City Anti-Flesh Trade Task Force”
Right against Discrimination	The ordinances are typically introduced by a section which provides the background or justification for the ordinance. Some are in the form of “whereas clauses”. Typically, this consists of citations from some existing allied laws. An exception is the Surigao and Cebu ordinance that alludes to an actual local HIV/AIDS situation as backdrop for the legislation. Other ordinances have “declaration of policies and principles” as introduction.
Purpose Clause	The purpose clause is typically a restatement of the wordings found in the PNAC template: “The Council is created to be the central advisory, planning and policy making body for the prevention and control of sexually transmitted infection (STI), human immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).”
Composition of the Council	<p>The councils vary in the membership size. The smallest council is composed of seven members, the biggest, 33. The Council is chaired by the local chief executive (governor, mayor) with the local health officer as vice-chair. The sectors that are typically represented are:</p> <ul style="list-style-type: none"> ▪ Specific committees of the Provincial, City or Municipal Council (such as the Committee on Health, Committee on Family, Committee on Women, Committee on Business, Commerce and Trade, Committee on Gender & Development, Committee on Games, Amusement & Entertainment, Committee on Appropriation) are represented in the Council.; ▪ Local units involved in health delivery (Health Board/Officer, the local DOH, local hospitals, medical society); ▪ Staff officers of the local executive (planning officer, budget officer, information officer, tourism office, licensing office); ▪ Local offices of the DILG, DSWD, CHR, POPCOM, DEPED/CHED/TESTDA; ▪ Enforcement sector (PNP, PPA, ATO, Quarantine Office); ▪ Court system (Prosecutor, Family Court); ▪ Educational institutions; ▪ Mayors’ League, Association of Barangay Councils, SK Federation; ▪ Owners and operators of entertainer establishments; ▪ Employees or workers in entertainer establishments; ▪ Media;

	<ul style="list-style-type: none"> ▪ Religious sector; ▪ Women, youth, gay organizations; ▪ HIV-AIDS advocacy groups; ▪ Persons living with HIV, at risk groups, e.g., OFW; ▪ Some ordinances include provisions regarding the qualification and terms of office of the NGO representatives.
Functions of the Council	The Council is vested with diverse powers and functions: advisory, policy-making, planning, coordinating, motivating/initiating, implementing and supervising. Many of the descriptions are lifted from the PNAC template.

Miscellaneous Provisions

Provisions	
Definition of Terms	More than half of the ordinances have a “definition of terms” of proviso. The number of terms defined range from as few as two to as many as 29. The PNAC template proposes 6 terms to be defined.
Penalty	10 of the ordinances have a penalty provision.
Appropriation	Only six of the ordinances provide an “appropriation” clause. The amount of initial appropriation range from Php50,000 to Php336,000.

Ordinance on Drugs

Below are the summary of content of Ordinance No. 1427, the ordinance that regulates the sale of Nubain, Tramal, and Stadol within the City of Cebu (Sangguniang Panlungsod ng Cebu City, November 11, 1992).

Summary of Content	
Prohibitions	<ul style="list-style-type: none"> ▪ Sale, offering for sale, distribution of the said drugs to persons below 18 years old, persons of age unless carrying a prescription from authorized physician, drugstores and hospitals without clearance from NARCOM; and ▪ Possession, without due authorization or without valid reason of the mentioned drugs.
Regulatory Requirements	<ul style="list-style-type: none"> ▪ Submission of monthly consumption of said drugs; ▪ Ascertaining and recording the identity of authorized buyer before sale of the drugs; ▪ Submission of quarterly report on the quantity of drugs disposed; ▪ Reporting to the NRCOM/COSAP of attempts to buy said drugs by unauthorized persons.
Penalty	Imprisonment of not more than 6 months or a fine of not less than Php5,000.

The National and Local Policies and their Relevance to the Issue of HIV and AIDS among PWID: Some Conclusions

Drug abuse and HIV and AIDS are linked problems. Because of this, it would be reasonable to expect the two legislations to have a great deal of intersecting provisions. However, the fact is that the two laws are running on parallel tracks with minimal region of intersection between them. R.A. 9165 has no mention at all of HIV and AIDS in any of its provisions. On the other hand, R.A. 8504 has only one provision alluding, but in a general sort of way, to drug use as a factor in HIV transmission. Clearly, there is a need to harmonize the articulation of the two legislations if the drug-related aspects of the HIV problem are to be addressed.

The problem of HIV transmission among PWIDs does not appear to be a focal issue in the present national and local policy documents. R.A. 8504 does mention drug abuse in general to be among the aggravating factors for HIV and AIDS. However, it does not refer to the particular phenomenon of PWID as a driver of HIV and AIDS. On their part, the local ordinances are completely reticent on the subject.

All of the ordinances appear to be solely focused on the sexual transmission of HIV. Thus, majority of the control provisions are intended for the regulation of sexual activities particularly in entertainment establishments. The other factors such as men having sex with men and PWID are glossed over. This is a reflection that our policies are still framed by the traditional notion of HIV as a heterosexual activity-driven disease.

The intervention instruments advocated in the ordinances are heavily leaning towards educational, regulatory, and treatment strategies, which are largely peripheral to the problem of HIV transmission among PWID.

The absence of provisions addressing the HIV and AIDS threat among PWIDs would indicate that the problem has not gained enough social notice to merit special treatment in policy. This is likely because the incidence of PWID-driven HIV infection is largely still a spatially confined phenomenon to be of cause of general concern.

Many of the provisions in the ordinances are drawn from either the Philippine National AIDS Council template or are mere re-articulation of provisions found in R.A. 8504. In this sense, the ordinances were passed in compliance to legislative requirements rather than as a response to homegrown needs. There is a need to localize the provisions so that they reflect the real needs and situation on the ground.

References

Bridgman, P., & Davis, G. (2004). *The Australian policy handbook (3rd ed.)*. Crows Nest, Sydney: Allen & Unwin.

Ritter, A., & McDonald, D. (2008). Illicit drug policy: Scoping the interventions and taxonomies. [Article]. *Drugs: Education, Prevention & Policy*, 15(1), 15-35