HARM REDUCTION INTERNATIONAL

Briefing

THE COST OF THE PHILIPPINE ANTI-DRUG CAMPAIGN

A PUBLIC BUDGETARY ANALYSIS OF THE DRUG POLICY

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Harm Reduction International is a leading non-governmental organisation (NGO) dedicated to reducing the negative health, social and legal impacts of drug use and drug policy. Through research and advocacy, we promote the rights of people who use drugs and their communities to help achieve a world where drug policies and laws contribute to healthier, safer societies. The organisation is an NGO with Special Consultative Status with the Economic and Social Council of the United Nations.

NOBOX Transitions Foundation INC, the national civil society organisation based in Philippines carried out original research and analysis for this report; while Hester Philips authored the briefing in consultation with Catherine Cook, Gaj Gurung and Ailish Brennan.

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ACRONYMS

ADACs	Anti-Drug Abuse Councils
AADAC	Association of Anti-Drug Abuse Coalitions of the Philippines
BADAC	Barangay Anti-Drug Abuse Council
BDCP	Barangay Drug Clearing Program
BuCor	Bureau of Corrections
BJMP	Bureau of Jail Management and Penology
DDB	Dangerous Drugs Board
DILG	Department of Interior and Local Government
DoH	Department of Health
DoJ	Department of Justice
DSWD	Department of Social Welfare and Development
GAA	General Appropriations Act
NADPA	National Anti-Drug Plan of Action
PADS	Philippine Anti-Illegal Drugs Strategy
PAO	Public Attorney's Office
PDEA	Philippine Drug Enforcement Agency
POPS	Peace and Order and Public Safety
PNP	Philippine National Police

Section 1:
WHAT THIS BRIEFING IS ABOUT?

The Philippines' anti-drug campaign, commonly known as the 'war on drugs', has been marked by thousands of deaths, extrajudicial killings and serious human rights violations.

The campaign, begun by the former Philippine President Rodrigo Roa Duterte, is a state-led, enforcement-driven initiative, which at its peak resulted in a scale of violence unprecedented in the country's recent history. Making the state accountable is now a matter of international concern. On 23 April 2026, the International Criminal Court's Pre-Trial Chamber confirmed charges against Duterte and committed him to trial for crimes against humanity, specifically murder and attempted murder.

Far less examined, however, is the financial architecture that enabled and sustained this response: where the funds came from, how much was spent, where resources flowed and what these funding patterns reveal about the priorities of the country's former and current drug policy.

This brief addresses these questions. It is based on a study led by Harm Reduction International and Nobox Inc[1] which analysed publicly available budget documents, public records, donor data and other literature relating to the Philippine government's drug policy between 2015 and 2024.

At its core, this report is about more than money. It is about how public funds are being used to build, sustain and legitimise how the Philippines treats many of its citizens in the name of the 'war on drugs'. Budgets show what former and current Philippine administrations are prioritising within their drug policy, what kinds of responses they are willing to support and which lives they are prepared to invest in – or not.

RESEARCH METHODOLOGY

The study focused on the three funding streams for the Philippines' drug response:

1. National government allocations
2. Local government budget allocations
3. Foreign assistance (in the form of aid and international grants)

National spending was mainly analysed through the annual General Appropriations Act (GAA), specifically relating to the agencies and programmes involved in the control of illegal drugs in the Philippines, as defined by the Philippine Anti-Illegal Drugs Strategy (PADS). This analysis was done by reviewing budget line-items and calculating proxy-based estimates for agencies with aggregated budgets.

Local government spending was mainly analysed through 2024 Peace and Order and Public Safety (POPS) plans, published by the Department of Interior and Local

[1] Nobox Inc, the national civil society organisation based in Philippines, led this study as a national partner of Harm Reduction International.

Government (DILG). In these plans, 'anti-illegal drugs' is a mandatory sub-area for local government spending, listed under crime and disorder.

International funding was reviewed through the Organisation for Economic Co-operation and Development's Creditor Reporting System, which provides records of official development assistance, donor budget documents and related literature. Records were filtered using the following categories: narcotics control, health, security system management and reform, and legal and justice development.

The study used the International Guidelines on Human Rights and Drug Policy[2] as a framework to assess public spending for drug control in the Philippines.

You can find the full study, including a detailed breakdown of the methodology, here.3

KEY FINDINGS

- The Philippine drug policy remains shaped by a framework that treats 'drug-free' progress as the clearest sign of success.
- As a result, current drug policy financing in the Philippines is mainly used to fund law enforcement, criminal justice, surveillance, and institutional responses framed as treatment and rehabilitation, despite harm reduction – which is proven to have clear health and societal benefits – being severely limited or absent.
- The police receive the largest share of national drug policy financing, followed by jail and correctional facilities. Less than 5% goes to health, social and livelihood programmes, and the effectiveness of these programmes are not publicly documented.
- Within local government, at the barangay,[4] city and municipal levels, budget allocations for drug responses mainly support surveillance of 'drug personalities' and 'surrenderers',[5] intelligence-gathering, monitoring and enforcement, without clear public health justification, transparent safeguards or meaningful accountability for any harm caused.
- Local government spending framed as being related to health or community needs tends to support compliance-driven programmes, rehabilitation based on drug-free goals or other interventions tied to monitoring and control. Harm reduction and low-threshold, voluntary services, which are proven to respond to people's actual risks and needs, are largely absent.
- Reward systems and performance-based incentives for those involved in anti-drugs campaigns, from national agencies down to local government Anti-Drug Abuse Councils (ADACs), reinforce punitive practices at all levels.
- International funding for the Philippine's drug response has overwhelmingly focused

[2] United Nations Development Programme, (2020), International Guidelines on Human Rights and Drug Policy, UNDP, New York.
[3] Because drug control spending is often not identified as a distinct budget category and is instead embedded in broader line items, the figures in this brief should be read as estimates based on available public information. This may also lead to an underestimation of total drug control allocation. The analysis is also generally limited to reported budget allocations and does not include actual expenditure data, except for international funding.
[4] A barangay is the smallest administrative division in the Philippines, roughly equivalent to a village, district or ward.
[5] A 'surrenderer' is an official government term for a person who is suspected of either using or being associated with drugs (a 'drugs personality') who 'surrenders' themselves to authorities under threats of sanction, arrest and the risk of being killed.

on law enforcement and criminal justice. Donor countries provide only limited support for health, and no support for harm reduction. US assistance, in particular, has reinforced the country's enforcement-led, drug-free ethos, both nationally and within local government.

- Drug policy financing is difficult to trace. Drug-related budgets are not classified or tracked consistently enough to clearly show what is being funded, whether resources are released and used as intended, what outcomes they produce, what harms they may be causing, who benefits, who is excluded or who is pushed further into punitive systems.
- This lack of transparency is reinforced by the government's policy and evaluation framework. The success of PADS, the Philippine's national drugs strategy, is largely measured through the number of arrests, seizures, convictions, 'drug cleared' barangays, 'treatment' admissions, trainings, reports and public satisfaction with the war on drugs. These measures are used to justify public spending, but none of them measure whether public funds reduce harm, improve health, protect rights or make communities safer and better supported.
- Transparency in drug financing is not a technical detail. It is what makes accountability possible. Without budget clarity linked to meaningful measures of health, rights and wellbeing, there is no credible basis to judge PADS' effectiveness, cost-effectiveness, human rights compliance or opportunity cost.
- As long as the Philippine's drug laws and drug-related policies remain anchored in criminalisation and drug-free measures, public money will continue to sustain surveillance, punishment and control rather than what individuals and communities need: health, support and rights.

Section 2:
THE PHILIPPINE'S LEGAL AND POLICY APPROACH TO DRUGS

A TIMELINE OF THE PHILIPPINE'S DRUG POLICY

2002

The Comprehensive Dangerous Drugs Act becomes law. This is the Philippine's primary legislation governing the production, sale, distribution, use and possession of 'dangerous drugs'.

Under the new law, the government establishes the Dangerous Drugs Board (DDB) (the policymaking body) and the Philippine Drug Enforcement Agency (PDEA).

2007

The DDB establishes Operation Double Barrel through the Barangay Drug Clearing Program.[6]

[6] See Republic of Philippines National Police Commission, (2016), 'Command Memorandum Circular No. 16 - 2016', letter J: 'Dangerous Drugs Board Regulation No. 2, Series of 2007, Revised Guidelines in the Conduct of Barangay Drug Clearing Operations dated June 6, 2007', PNP, Quezon City.

2015

President Benigno Aquino III releases the National Anti-Drug Plan of Action (NADPA) 2015-2020, with the goal of achieving a drugs-free Philippines. This policy focuses on:

- reducing the supply and demand of illegal drugs
- reducing and eliminating marijuana cultivation
- raising awareness of drug-related harms through public information and education campaigns
- engaging in regional and international cooperation on drug control.

2016

President Rodrigo Roa Duterte assumes office in July.

Duterte administration makes a 'war on drugs' the cornerstone of domestic policy.

The day after his inauguration, Duterte publicly encourages citizens to "go ahead and kill drug addicts".[7] Vigilante-style attacks on people alleged or suspected of using or selling drugs follow.

The Philippine National Police (PNP) steps up Operation Double Barrel. This intensified anti-drugs crackdown consists of *Oplan Tokhan* (knock and plead)[8] and Project HVT (operations targeting 'high-

[7] The Guardian, (1 July 2016), 'Philippines president Rodrigo Duterte urges people to kill drug addicts' [online article, accessed June 2026], Guardian Media Group, London.

[8] This is the 'lower barrel' approach of Operation Double Barrel where police visit homes to pressure people suspected and associated with drugs to 'surrender' themselves to authorities under threats of sanction, arrest and the risk of being killed.

value targets'[9])[10].

NADPA remains in effect, but the blueprint for PADS begins to form.

Policy focus is on barangay drug-clearing operations, drug-free workplaces (giving employers the right to dismiss employees on first drug-related offence, for example), mandatory drug testing for public officials and employees, and an expanded reward systems to incentivise the public to report drug-related activities.

[9] The PNP defines 'high value' individuals as financiers, distributors, traffickers, manufacturers, importers, target-listed personalities, those on the 'narco-list', leaders and members of drug groups, foreign nationals, members of armed groups, government officials or employees, celebrities, drug den maintainers/owners, clandestine laboratory/ warehouse workers, people arrested during high-impact drugs operations, protectors of illegal drugs activities, and other targets who are seized with any of the following: 50 grams and above of shabu, 500 grams and above of marijuana dried leaves, 20 pieces or more of ecstasy, 20 grams or more of other illicit drugs. See Republic of Philippines National Police Commission, (2024), 'Memorandum Circular 2024-046, PNP, Quezon City.

[10] Republic of Philippines National Police Commission, (2016), 'Command Memorandum Circular', PNP, Quezon City.

2017

In the first six-months of the Duterte administration, national police:

- conduct over **43,000 drug operations,** affecting **5.6 million households**
- make more than **53,000 arrests**
- record over **1.1 million 'surrenders'**.

Government data reports over **7,000 drug-related killings** by police and vigilantes.

Community groups estimate the **death toll to be higher, at around 13,000 people**.[11]

[11] Simbulan, M, et al., (2019) 'The Manila Declaration on the Drug Problem in the Philippines' in Annals of Global Health, 85(1), p.26.

2018

PADS is released. The strategy establishes priority actions for national agencies and local governments with the goal of achieving a drug-free Philippines by 2022.

PADS is framed as 'a comprehensive and balanced approach to demand and supply reduction'. The strategy has two key focuses: reducing the supply of drugs through law enforcement and reducing the demand for drugs through policy formulation, preventive education, 'treatment and rehabilitation' and research.[12]

FUNDING APPROACHES OUTLINED BY THE PHILIPPINE ANTI-ILLEGAL DRUGS STRATEGY

PADS emphasises resource mobilisation at the local government level. In line with Republic Act No. 9165, local government units are mandated to allocate a substantial portion of their annual budget to support anti-drug initiatives. Priority areas include providing preventative education, treatment and rehabilitation for people who use drugs, and alternative livelihood and development programmes for affected communities.

[12] Dangerous Drugs Board, (2018), Philippine Anti-Illegal Drugs Strategy, DDB, Quezon City.

2020

Duterte administration announces a 'securitised' response to COVID-19.[13] This intensifies drug-related killings, arrests and other human rights violations.[14]

Drug-related killings increase by more than 50% from April to July 2020 compared with the preceding four months.[15]

[13] Hapal, K, (2021), 'The Philippines' COVID-19 Response: Securitising the Pandemic and Disciplining the Pasaway' in Journal of Current Southeast Asian Affairs, 40(2).

[14] Human Rights Watch, (2021), Human Rights Watch World Report 2021, HRW, New York.

[15] Ibid.

2021

The government reports **693,527 arrests** in total, of which **45% (323,579) are drug-related**.[16]

[16] Department of Interior and Local Government, (2022), 2021 DILG Annual Report Special Edition: Excellence in the midst of adversities, DILG, Quezon City.

2022

President Ferdinand Marcos Jr. assumes office.

Marcos administration announces the Buhay Ingatan, Droga'y Ayawan (BIDA) ('Value Life, Avoid Drugs') programme.[17] Anchored within PADS, BIDA is presented as an advocacy campaign to raise awareness about the harms of drugs and mobilise communities to reduce drug demand.[18]

PNP launch ADORE (Anti-Illegal Drugs Operations through Reinforcement and Education). This focuses on barangay-level drug clearing and the continued 'neutralisation' of 'drug personalities'.

[17] BIDA, the programme's acronym, roughly translates as 'protagonist' in English.

[18] Department of Interior and Local Government, (2022), 'Memorandum Circular: Guidelines on the implementation of the Buhay Ingatan, Droga'y Ayawan (BIDA) program', DILG, Quezon City.

2024

President Marcos pledges to pursue a 'bloodless war on drugs'. This is framed as operating 'within the framework of the law, with respect for human rights, and with a focus on rehabilitation and socio-economic development'.[19]

[19] Caliwan, CL, (22 July 2024), 'Bloodless drug war to continue: PBBM', Philippines News Agency, News and Information Bureau of the Presidential Communications Office, Manlia; Department of Interior and Local Government, (2022), 'Memorandum Circular: Guidelines on the implementation of the Buhay Ingatan, Droga'y Ayawan (BIDA) program', DILG, Quezon City.

2025

The Marcos administration appears to shift its focus back to people engaged in the low-level sale of drugs, returning to the tactic of instilling fear by deploying police to conduct patrols in local communities and pursue minor players in the drug trade.[20]

[20] Romero, A and Tupas, E, (21 May 2025), 'Grassroots drugs war: Government targets small-scale peddlers' [online article, accessed June 2026], The Philippine Star, Manila.

BARANGAY DRUG-CLEARING OPERATIONS (TIMELINE 2007 – 2016)

Barangay drug-clearing operations are part of the Barangay Drug Clearing Program, a 'whole-of-nation approach' recognised as the Philippine government's main strategy to address illegal drugs within local communities.[21]

Led by the Barangay Anti-Drug Abuse Council, these operations aim to transition a barangay from being 'drug-affected' to 'drug-cleared'.

Under this framework, local governments are required to support drug clearing operations, referrals to 'treatment' or criminal justice processes for people who 'surrender', household visits, drug watchlisting,[22] citizen-led surveillance and monitoring of people suspected of using drugs, drug testing, and validation activities used to determine the drug status of a barangay.

[21] International Criminal Court, (2022), 'Situation in the Republic Of The Philippines', ICC, The Hauge.

[22] As outlined by the PNP, a drug watchlist contains 'information on suspected drug users and pushers in every affected barangay'. Under DDB Board Regulation 4 (2021) on the BDCP, section 6.1.4, BADACs are mandated to identify and list the following individuals: 'people who use drugs, pushers, drug den maintainers, coddlers, protectors, financiers, cultivators, manufacturers and others' for continuous monitoring and surveillance.

HUMAN RIGHTS STANDARDS IN PUBLICLY-FUNDED DRUG TREATMENT AND REHABILITATION

There are limited guidelines governing human rights standards in drug treatment and rehabilitation in the Philippines. Guidelines for facility-based treatment and rehabilitation centres are outlined by a Department of Health operational manual, under a short section on patient rights.[23] Guidance for community-based programmes is even more limited. The DDB Board Regulation No.7 (2019) and the Department of Health's Administrative Order 2017-0018 list 'respect for human rights and dignity, including confidentiality' as a key principle of community-based programmes. These guidelines use phrasing from UNODC's Guidance on Community-based Treatment and Care for People Affected by Drug Use and Dependence in the Philippines. But they do not outline the practical steps, safeguarding measures, accountability processes or grievance and redress mechanisms to implement to ensure human rights standards are met. This lack of clarity makes rights violations more likely.

[23] Republic of Philippines Department of Health, (2013), Manual of Operations for Drug Abuse Treatment and Rehabilitation Centers, DDB, Quezon City.

Section 3:
WHERE THE MONEY GOES: DOMESTIC AND INTERNATIONAL FUNDING SOURCES AND SPENDING PRIORITIES

Ultimately, the policies outlined in Section 2 require significant funding. This section summarises national government, local government and international financing for the Philippine's drug response between 2015 and 2024 to answer this question.

NATIONAL GOVERNMENT ALLOCATIONS

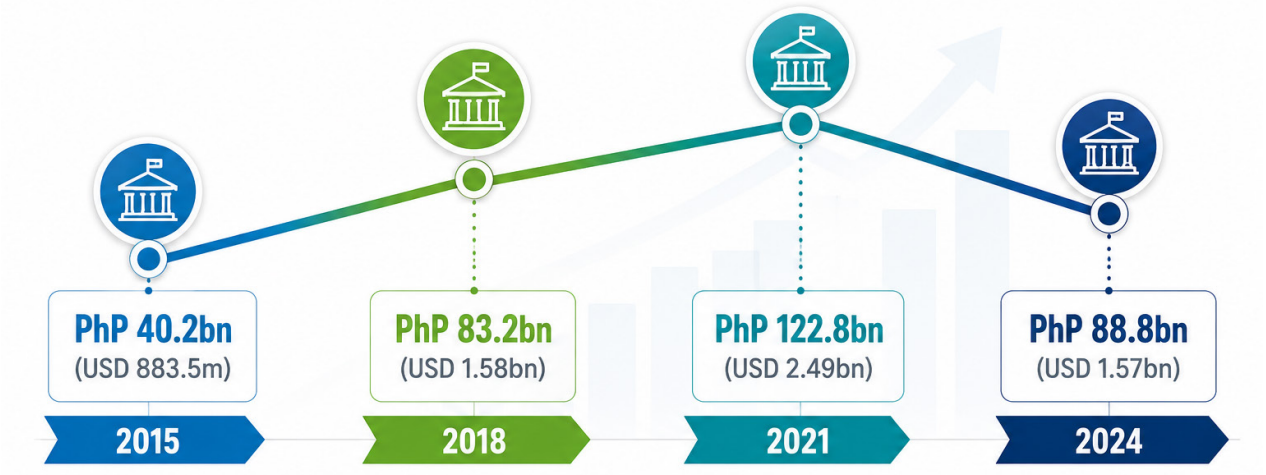
Key findings:

- The national budget figures show a drug response still anchored in criminalisation. The largest shares flow to police, jail, correctional and legal systems.
- In 2024, even at the lowest-range estimate, police, jail, correctional and legal systems accounted for at least PhP 63,000 (USD 1,200) per person who uses drugs (based on the DDB's 2023 National Household Survey). By contrast, less than PhP 3,000 (USD 55 per person) – or 5% of the total drug-response budget – went on health, social and livelihood programmes, the effectiveness of which have not been publicly documented.

Summary of national budget analysis

The Philippine's national drug-response budget more than doubled between 2015 and 2024. It peaked in 2021 at an estimated PhP 122.8bn (USD 2.49bn); an increase of over 200% compared with 2015.

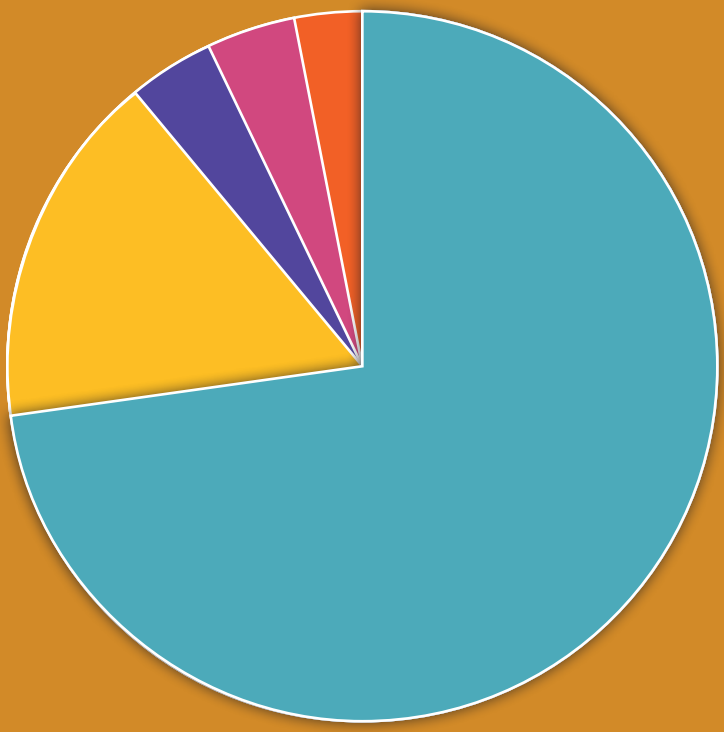
National Budget Trend 2015-2024



GOVERNMENT SPENDING ON THE DRUGS RESPONSE COMPARED WITH OTHER RELATED SECTORS: 2024

SECTOR	AMOUNT SPENT PhP/USD (2024)
Drug response	PhP 88.8 bn (USD 1.57 bn)
Housing	PhP 11.2 bn[24,25,26] (USD 184 m)
Mental health	PhP 682 m[27] (USD 12.4 m)
Food Production System (National programs of Department of Agriculture)	PhP 54.2 bn[28] (USD 889 m)
The Presidential Commission for the Urban Poor	PhP 54.2 bn[29] (USD 889 m

In 2024, the estimated national drug control budget was PhP 88.8bn (USD 1.7 bn), of which:



- **73%** **Public order and law enforcement** through the DILG and its attached agencies, primarily the PNP and the Bureau of Jail Management and Penology (BJMP)
- **16%** **Criminal legal system** through the Department of Justice (DoJ) and its attached agencies
- **4%** **Anti-drug control measures** through the PDEA (the main implementing arm of the DDB)
- **4%** **Other agencies involved in responding to drugs,** such as the Bureau of Customs and the Department of Social Welfare **and** Development
- **3%** **Public health** through the Department of Health (DoH).

[24] GAA 2024: https://www.dbm.gov.ph/wp content/uploads/GAA/GAA2024/VolumeI/DHSUD/DHSUD.pdf
[25] GAA 2024: https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2024/VolumeI/BSGC/F.pdf
[26] Other source of funding for housing are from Social Housing Finance Cooperation (SFHC)- PhP 5bn and National Home Mortage Finance Corporation (NHMFC)- PhP 0.3bn
[27] Retrieved from: https://www.foi.gov.ph/documentview/view/doh-726519165672-39_241106_154219/
[28] 2025 People's proposed budget, p. 26. Retrieved from: https://www.dbm.gov.ph/wp-content/uploads/Our%20Budget/2025/2025-People's-Proposed-Budget-(as-of-10.2).pdf
[29] GAA 2024: https://www.dbm.gov.ph/wp-content/uploads/GAA/GAA2024/VolumeI/DSWD/H.pdf

PUBLIC ORDER AND LAW ENFORCEMENT

Although the estimated national drug-response budget had declined by 2024, it remained far above the 2015 baseline. This shows that the expansion of drug-response financing has persisted beyond the peak years of the country's anti-drugs campaign.

This trend mirrors the estimated PNP drug policy budget, which more than doubled between 2015 and 2018, peaked at an estimated PhP 86.74bn (USD 1.76bn) in 2021 (reflecting the Duterte administration's anti-drugs crackdown), then remained at approximately PhP 49bn (USD 867m) to 2024.

The BJMP, the second highest funded agency, had an estimated budget of PhP 16.3bn (USD 288.5m) in 2024. Its allocations between 2015-2024 shows consistent and accelerating growth.

CRIMINAL LEGAL SYSTEM

The DoJ and its attached agencies, such as the Bureau of Corrections (BuCor) and the Public Attorney's Office (PAO), had a budget of PhP 15.6bn (USD 297m) in 2024. The fact that the criminal legal system has the second largest share of funding after public order and law enforcement reflects the cost of a drug policy anchored in enforcement, prosecution, detention and correctional systems.

BuCor, which manages national prisons, is the third highest funded agency after the PNP and the BJMP. In 2024, it held more than 52,000 people across seven prisons nationwide. Around 70-80% of people were incarcerated for drug-related offences.[30]

In 2024, the PAO received PhP 3.9bn (USD 69m), making it the second highest funded organisation among DOJ agencies. The PAO is mandated to provide independent legal assistance to people who cannot afford to pay,[31] including filing petitions for compulsory treatment and rehabilitation. It also provides legal assistance to police officers sued in the performance of anti-drug duties.[32]

An estimated attorney-to-client ratio of 1:4,000[33] severely undermines the quality of legal assistance provided. It also contributes further delays to an already backlogged system where the scale of low-level drug arrests far outpaces court capacity. Between 2000 and 2022, more than 405,000 drug-related cases were filed, yet only 28% were resolved.

PUBLIC HEALTH

The only clearly identifiable DoH allocation was for the operation of Drug Abuse Treatment and Rehabilitation Centers (DATRCs). These are residential centres which are compulsory to attend at the order of the courts. The DoH has also helped local government establish local drug testing centres, and it supports local government units to operate in-patient Recovery Clinics and outpatient Recovery Homes. The DoH drug-response budget allocation amounted to approximately PhP 3.5bn (USD 626m) in 2024.

[30] Pulta, B, (15 April 2024), 'BuCor: Inter-agency Ops Center boosts war vs. drugs in prisons', Philippines News Agency, News and Information Bureau of the Presidential Communications Office, Manlia.
[31] Respicio & Co, (13 June 2025), 'Free Legal Assistance and PAO Services Philippines' [online article, accessed June 2026], Respicio & Co, Taguig.
[32] Dangerous Drugs Board, (2022), 'The Philippine Anti-Illegal Drugs Strategy 2018-2022 Term-End Report', DDB, Quezon City.
[33] Respicio & Co, (13 June 2025), 'Free Legal Assistance and PAO Services Philippines' [online article, accessed June 2026], Respicio & Co, Taguig.

This represents only 3% of the total estimated national drug-response budget.

Funding for DATRCs fluctuated between 2015 and 2024. It declined in 2018, then increased sharply to PhP 2.5bn (USD 44.25m) in 2024. Data from the DDB in 2024 reports 88 treatment and rehabilitation facilities, consisting of 76 residential centres and 12 outpatient centres[34] — 55 more facilities than under the Duterte administration. While this increase may suggest greater attention is now being given to treatment and rehabilitation, it is largely provided through compulsory, court-linked or custodial settings. This undermines the founding principle of voluntary consent in treatment. Visible investment in voluntary, community-based or harm reduction-oriented support is lacking. Despite calls from various UN agencies to close compulsory rehabilitation and detention centres[35] — citing a lack of evidence on their effectiveness – government policy, and spending, continues to prioritise such facilities.

SOCIAL WELFARE

Under PADS, 'aftercare and reintegration' for people who have completed drug treatment and rehabilitation is the responsibility of multiple national agencies, led by the Department of Social Welfare and Development (DSWD). Since 2017, the DSWD has implemented the *Yakap Bayan* (Community Embrace) aftercare module for local government ADACs. While DSWD's GAA does not include a specific budget line for Yakap Bayan, our research estimates the agency's drug-response allocation was around PhP 1.1bn (USD 19.47m) in 2024. This amounts to 1% of total national drug-response funding and is likely to be an overestimate of actual utilisation.[36]

THE LINK BETWEEN INCENTIVE SYSTEMS AND ABUSIVE PRACTICES

In 2024, legislative inquiries confirmed the existence of a controversial quota and reward system reportedly tied to the killing of people allegedly linked to drugs. Testimonies from law enforcement officers and subsequent investigations revealed that police were incentivised through monetary rewards and operational reimbursements, allegedly sourced from intelligence and discretionary funds.

Although no regulation formally authorises a quota system, the existence of an official reward mechanism for 'anti-drug operations' is documented under DDB Board Regulation No. 1 (2016) (Operation: Lawmen).[37] This provides monetary incentives for 'meritorious anti-drug operations', including the arrest of people suspected of drug use or selling drugs and the seizure of illegal drugs. While the regulation does not sanction killings or unlawful conduct, its incentive structure, combined with weak oversight, has been cited in investigations as potentially having enabled, or been exploited to justify, abusive practices.[38]

[34] Dangerous Drugs Board, '2024 Statistical Analysis: Profile of Drug Abusers' [web page, accessed June 2026], DDB, Quezon City.
[35] UNAIDS, (9 March 2012), 'Joint UN Statement calls for the closure of compulsory drug detention and rehabilitation centers' [online article, accessed June 2026], UNAIDS, Geneva; World Health Organization, (1 June 2020), 'Compulsory drug detention and rehabilitation centres Joint statement', WHO, Geneva; Human Rights Council, (July 2021), 'Arbitrary detention relating to drug policies', UNGA, New York.
[36] Funding for the DSWD's drug response was estimated by identifying the attributable fraction of the agency's Promotive Social Welfare Program, particularly the Sustainable Livelihood Program. The number of Community-Based Drug Rehabilitation Program graduates was used to estimate the portion of appropriations related to drug response.
[37] Dangerous Drugs Board, (2016), 'Board Regulation No 1: 2016: Guidelines In The Implementation Of Operation: "Lawmen"', DDB, Quezon City.
[38] Mangaluz, J., (13 January 2025), 'DILG chief: Reward system may have driven criminal enterprise in PNP' [online article, accessed June 2026], The Philippine Star, Manila.

This highlights a long-standing pattern of misconduct and institutional vulnerability dating back to previous administrations, where performance in drug enforcement became increasingly associated with output-based incentives. PNP leadership has since publicly denied the existence of a quota system and asserted a shift toward 'quality-based policing'. Nevertheless, testimonies before Congress, including claims of fixed operational targets and monetary rewards for 'neutralising' suspects, suggest that an informal and highly problematic incentive system had become deeply embedded in law-enforcement practice.

Similar reward structures are increasingly evident in local government ADACs, where targets based on the number of drug-cleared and drug-free barangays are used to justify incentives. This raises critical concerns about safeguards, accountability and the adequacy of institutional checks and balances.

LOCAL GOVERNMENT BUDGET ALLOCATIONS

Key findings:

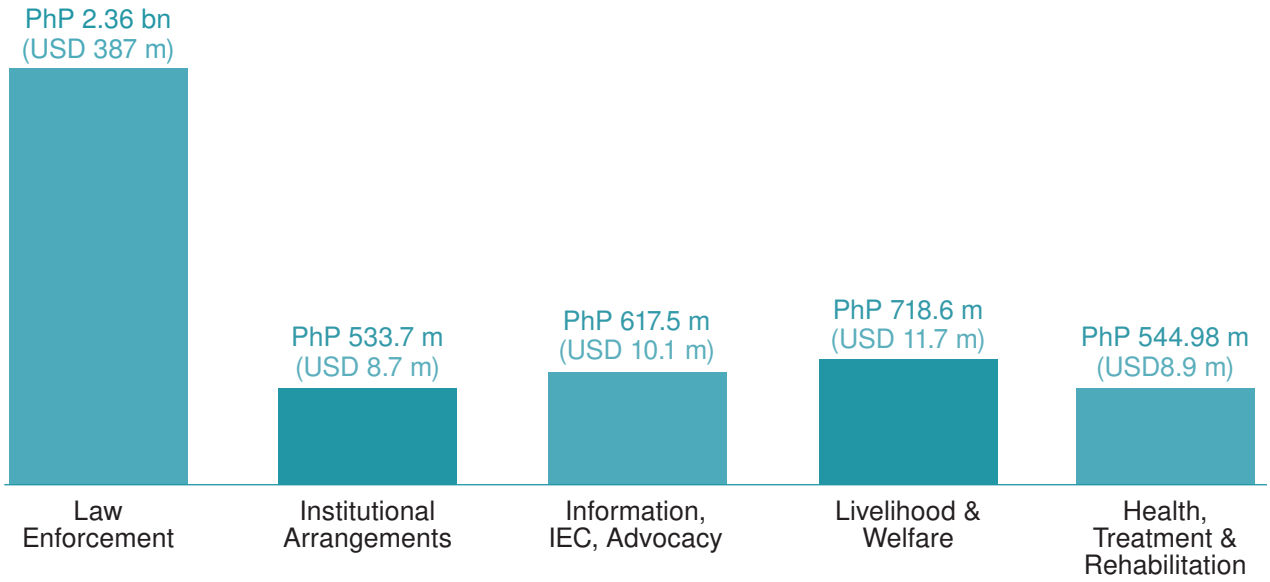
- Local drug-response spending focuses on peace and public order rather than health and social support.
- Budget data from 2024 reflects a continued and substantial investment in punitive and enforcement-based approaches, despite an official shift toward rehabilitation.
- Public money is helping to entrench local government practices that blur care, control and surveillance in everyday community life.
- Local allocations do not appear to correspond to general population sizes (and, by extension, levels of drug use in that area).

SUMMARY OF LOCAL GOVERNMENT BUDGET ANALYSIS

Local government units are responsible for maintaining peace and order and ensuring public safety. In 2024, the overall local government peace-and-order budget was PhP 4.9bn (USD 93.3m). Of this total, 97% (nearly PhP 4.8bn) was programmed for 'anti-illegal drugs' activities. This finding is based on POPS plans submitted by 1,632 cities and municipalities and 81 provinces. This shows how local drug-response spending, at least as reflected in POPS plans, is framed as a peace-and-order concern rather than as a health and social support priority.

FIGURE 1. LOCAL GOVERNMENTS' DRUG RESPONSE 2024, ACCORDING TO BUDGET LINE ANALYSIS

Based on data extracted from DILG POPS 2024. Figures are rounded.



LAW ENFORCEMENT

Law enforcement accounts for the largest portion of local government drug-response spending, estimated at PhP 2.36bn (USD 41.8m) in 2024. A review of budget line items shows substantial allocations for enforcement-oriented drug operations (Figure 1) in which terms such as 'neutralisation' and 'negation' (the definitions of which remain contested) are frequently used. These figures reflect a continued and substantial investment in punitive and enforcement-based approaches, underscoring the enduring nature of the Double Barrel campaign despite official shifts toward rehabilitation.

While the study was not able to provide a complete per-capita or needs-based expenditure analysis, available data show patterns that raise serious questions about proportionality and value for money. Regions with higher general populations (based on DDB's 2023 National Household Survey) do not necessarily allocate proportionately larger drug-response budgets than areas with smaller general populations. This suggests that factors other than population need are driving regional budget allocations, and highlights the absence of clear public standards for determining what level of allocation is justified, for whom and toward what end.

A major share of local spending is tied to the Barangay Drug Clearing Program (PhP 240m or USD 4.3m in 2024), law enforcement coordination, surveillance, intelligence gathering, monitoring and compliance. These allocations financially sustain and normalise surveillance-heavy practices within communities without a clear public health justification, transparent safeguards or meaningful accountability for harm.

INSTITUTIONAL ARRANGEMENTS

At least PhP 533.7m (USD 10.6m) was allocated to ADAC line items. ADACs are local coordinating councils, organised at the city/ municipal and barangay levels, which plan, coordinate and monitor local anti-drug programmes, under DILG policy direction. Approximately 72% of ADAC-related activities involve regular meetings, capacity-building activities and operational support, while 18% is allocated to support monitoring, audits

and institutional strengthening. The remaining 10% covers planning, advocacy and 'special interventions'.

LIVELIHOOD AND WELFARE

At least PhP 84.9m (USD 1.6m) was allocated across 249 livelihood-related budget items, which includes PhP 19.7m (USD 375,000) for financial assistance (109 items) and PhP 2.89m (USD 55,000) for employment. Yet many of these programmes lack a clear pathway from training to actual employment and do not provide enough sustained support to help people use the skills they have gained to generate income.[39]

HEALTH, TREATMENT AND REHABILITATION

Community-based rehabilitation, aftercare and reintegration programmes were introduced in 2016. They repeatedly appear in local drug-response budget allocations and are often presented as health or welfare responses yet appear to be tied to monitoring, reporting, short seminars, drug testing and compliance checks. For example, One-Stop Shops integrate intake, profiling and drug testing in a single venue, often with police presence. These allocations are not being used to fund sustained support, shaped by people's circumstances and needs, which people attend voluntarily. Harm reduction is largely absent; the term appeared in one line item among more than 10,000 during the analysis.[40] When health, social support and enforcement are folded together, it becomes difficult for people to see where care ends and control begins.

This is especially visible in recurring and substantial budget support for drug testing, which operates less as a neutral health measure and more as a mechanism for compliance and ongoing surveillance. In 2024 local budget data, drug testing appeared in 522 budget line items, with a total allocation of PhP 112m (USD 2.18m). These funds covered drug testing kits and testing operations and was often framed as a way to monitor 'drug surrenderers', although some local government units also funded mass drug testing. In addition, approximately PhP 76m (USD 101.4m) was earmarked to extend drug-free compliance into workplaces, schools, homes and other community settings.

Often, reintegration is also tied to an individual having a negative drug test result, plus other compliance requirements. This means access to assistance depends less on someone's need than on their ability to fully abstain from drug use and conform to a punitive system's expectations.

INFORMATION, EDUCATION AND ADVOCACY

In 2024, POPS plans indicate that local government units allocated around PhP 432m (USD 8.2m) for drug-related information, education, advocacy and awareness campaigns, largely though the BIDA programme. This is typically delivered through awareness raising campaigns, community dialogues and school-based lectures on drug law and the risks of illegal drugs. Local government units also fund youth camps, leadership summits and 'wellness' activities, alongside 'diversion-oriented programmes' which present sports and

[39] Monsada, MDY, et al. (2025), 'War on Drugs in the Philippines: Evaluating Fear Appeals as Antidote to Continued Drug Use' in Acta Med Philipp, 59 (14), p.132–144.

[40] This was for an allocated budget of PhP 3m (USD 57,000) for an 'aftercare intervention for the rehabilitated persons who use drugs and drug personalities'.

recreational activities as alternatives to drug use.

The PNP plays a central role in anti-drug programmes for young people, which take a predominantly police-led and security-focused approach. For example, the Drug Abuse Resistance Program (and local variants, such as Project READY) is mainly delivered in classrooms by police officers in coordination with the Department of Education and the DILG. This approach reflects an ethos that prioritises discipline and authority over evidence-based public health interventions.[41]

Civil society appears most often in this area, but funding is minimal at only PhP 724,000 (USD 13,000) across POPS plans.

FOREIGN ASSISTANCE

Key findings:

- International funding for the Philippine's drug response has overwhelmingly prioritised law enforcement and the criminal legal system over public health.
- US assistance, in particular, has reinforced the government's enforcement-led, drug-free ethos, not only through direct support to the country's criminal legal system and anti-drug programming, but also through coalition-based prevention models embedded in local governance.
- What limited international funding for 'health-related' drug responses exists has mainly been used to construct compulsory treatment and rehabilitation facilities, despite longstanding concerns about voluntariness, long-term efficacy and rights protections. No foreign assistance has been provided for harm reduction.

SUMMARY OF FOREIGN ASSISTANCE BUDGET ANALYSIS

Between 2015-2023, foreign assistance for the Philippine's drug response was approximately USD 90.9m (PhP 3.78bn); an average of almost USD 10m per year.

Funding rose sharply from 2015 to 2017, more than tripling between 2015-2016 and peaking in 2017, before declining in 2018 and showing only limited growth in later years. The US, China, Japan and South Korea are the main donor countries.

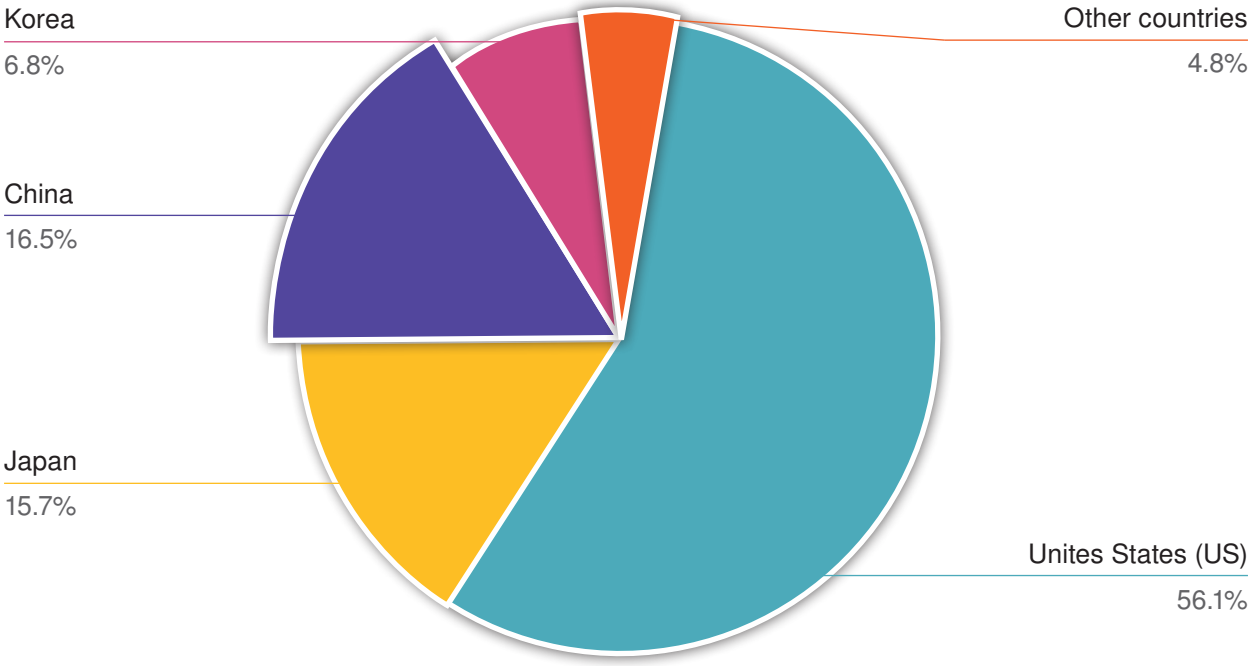
US foreign assistance heavily prioritised law enforcement and drug-free aims over health. Of the total US foreign assistance provided to the Philippines for drug control-related OECD categories, 99% funded law enforcement and criminal legal systems, while only 0.87% funded health responses.

US support was largely funded through the State Department's International Narcotics Control and Law Enforcement department. This funding focused on disrupting drug markets and transnational crime, addressing corruption and illicit trafficking, strengthening criminal legal systems, supporting law enforcement through specialised training, plus joint investigations, evidence handling, intelligence sharing and cooperation with US law enforcement agencies.

[41] Brief Addiction Science Information Source, (19 January 2012), 'Addiction & the Humanities, Vol. 8(1): DARE to be Ineffective? A look at Drug Education Programs in Schools' [online article, accessed June 2026], Cambridge Health Alliance Division on Addiction, Harvard Medical School, Malden, MA.

FIGURE 2: FOREIGN ASSISTANCE FOR DRUG CONTROL, 2015-2023

Amounts are disbursements (money spent) only for the public sector, at constant price, except for China and Japan. Figures are rounded.



US funding assistance also helped build local anti-drug coalitions aligned with the US Drug-Free Communities Program. This was done through the Community Anti-Drug Coalitions of America initiative and its Philippine counterpart, the Association of Anti-Drug Abuse Coalitions of the Philippines (AADAC). AADAC's role as an accredited civil society partner and the CSO involved in the DILG's National Anti-Drug Audit meant it was responsible for assessing local government compliance with the pursuit of drug-free barangays tied to the Barangay Drug Clearing Program. This means US assistance helped legitimise and reinforce a local governance architecture shaped by surveillance, drug watchlisting, monitoring, compliance and other coercive and punitive practices, which influenced what local governments were expected to prioritise and fund.

Notably, between 2019-2024, USAID funded a five-year USD 15m (PhP 789.9m) project called RenewHealth: Expanding Access to Community-Based Drug Rehabilitation,[42] which promoted a model of community-based drug rehabilitation and recovery programmes for individuals assessed as having 'low to mild severity' drug use. This became known as KKDK and was institutionalised in 2021 then integrated into BIDA in 2023.[43] However, the (comparatively limited) funding for this 'health' response must be treated with caution, as these community-based drug rehabilitation initiatives remain anchored in punitive and prohibitionist practices and are associated with outcomes that violate human rights.

China was openly supportive of Duterte's war on drugs. It has funded at least USD 15m (PhP 825m) in infrastructure or 'hard' projects, primarily drug treatment and rehabilitation facilities, which take an abstinence, detoxification-focused approach and offer little or no

[42] University Research Company, 'USAID RenewHealth – Expanding Access to Community-Based Drug Rehabilitation in the Philippines' [web page, accessed June 2026], Bethesda, MD.
[43] Ibid.

evidence-based harm reduction. This figure excludes a separately financed USD 28.11m (PhP 1.5bn) 'mega-rehab' centre housed in a military camp in Nueva Ecija, funded by a Chinese tycoon.

Japan's drug-control financial assistance amounted to USD 14m (PhP 770m). It mainly focused on 'health' initiatives, including the construction of a treatment and rehabilitation centre, which was awarded to a Japanese contractor and again took an abstinence, detoxification-focused approach.

South Korea provided over USD 6m (PhP 330m) for PNP capacity-building, narcotics crime investigation and marine security, while **Australia** funded a Transnational Organized Crime Threat Assessment to support agencies countering organised crime and drug trafficking.

BILATERAL FUNDING

USD 4m (PhP 220m) was allocated to the United Nations Joint Programme for Technical Cooperation and Capacity-Building for Human Rights in the Philippines. This is the only government-led project that has engaged with different stakeholders and taken steps towards policy reform in line with human rights-based approaches to both drugs and prison decongestion. However, it represents a small share of overall international drug-response funding.

Section 4:
RECOMMENDATIONS TO IMPROVE DRUG POLICY FINANCING

RECOMMENDATIONS FOR THE PHILIPPINE GOVERNMENT

RECOMMENDATION 1: MAKE DRUG POLICY FINANCING VISIBLE. ESTABLISH A DRUG-RESPONSE BUDGET TAGGING AND REPORTING SYSTEM.

- The government should make drug policy financing more visible by requiring all national agencies and local governments to clearly identify and tag drug-related allocations, releases, obligations and actual expenditures. This should cover drug-related allocations in the GAA, agency budget submissions, PADS reporting and POPS plans.
- Reporting should distinguish between spending on law enforcement, intelligence gathering and confidential expenses, detention and corrections, prosecution, preventing risk and harm, voluntary treatment, harm reduction, HIV and hepatitis C services, other health-related services, social protection, livelihood support, monitoring and evaluation. Doing this will make it clear what is being funded, how much is being spent and whether resources match stated health and human rights commitments.
- The following agencies should produce a public annual report which reconciles drug-related appropriations, releases, expenditures, donor funding and PADS-reported figures:
    - Dangerous Drugs Board
    - Department of Budget and Management
    - Department of Interior and Local Government
    - Department of Health
    - Department of Justice
    - Philippine Drug Enforcement Agency
    - Philippine National Police
    - Bureau of Jail Management and Penology
    - Bureau of Corrections
    - Other relevant agencies

These reports should identify implementing agencies, programmes, intended beneficiaries, service reach and cost per result.

RECOMMENDATION 2: CHANGE WHAT COUNTS AS SUCCESS.

- **Revise PADS and related indicators so success is no longer measured through drug-free targets.**

  The government should revise indicators on 100% drug-free communities, drug-cleared barangays, arrests, seizures, admissions to treatment and rehabilitation, trainings and reports, and public satisfaction with the war on drugs. These indicators do not show whether spending reduced harm, improved health, protected rights, ensured voluntariness or left communities better supported.

  Instead, drug policy financing should be assessed through clear indicators on health, rights, wellbeing, access to voluntary support, reduced coercion, reduced surveillance and improved community outcomes.

- **Review local anti-drug budgeting under POPS plans and ADACs.**

  The DILG and local governments should review how local drug-response funds are used for surveillance, intelligence gathering, drugs monitoring, drug testing, informant systems, incentives and allowances to report drugs-related activities, and coordination with law enforcement.

  The goal of local allocations should not only be to comply with peace and order, drug-clearing or ADAC functionality requirements. Local allocations should be justified by documented need, intended service reach, safeguards, and measurable health and social support outcomes.

RECOMMENDATION 3: STRENGTHEN ACCOUNTABILITY FOR PUBLIC FUNDS AND PEOPLE DIRECTLY AFFECTED BY DRUG POLICIES.

- **Commission an independent review of drug policy financing, programmes and outcomes.**

  In line with the International Guidelines on Human Rights and Drug Policy, the Philippine's major drug-related laws, policies, programmes, facilities and budget proposals should undergo prompt, transparent and independent human rights, public health and cost-effectiveness reviews before they are renewed, expanded or further funded.

  These reviews should assess whether programmes are voluntary, evidence-based, medically and ethically sound, rights-protective, dignity-respecting and able to demonstrate clear outcomes and reasonable value for money. Reviews should also examine whether allocations are proportionate and justified by documented need, intended service reach, demonstrated results, unintended harms and opportunity costs.

- **Build independent grievance and redress mechanisms into drug-related programmes.**

  Every drug-related programme and facility should include independent, accessible and confidential complaint mechanisms. This is particularly important for those involved in drug testing, treatment referral, drug watchlisting, local monitoring, community surveillance, detention or denial of support.

  Complaint mechanisms should provide protection against retaliation as well as

independent investigation, remedy, redress and public reporting of aggregate complaints and corrective action.

- **Ensure safe and meaningful participation of people whose lives include drugs.**

  People whose lives include drugs[44] should be included in government/institutional budget planning, programme design, implementation, monitoring and evaluation at both national and local levels.

  Participation should be safe and resourced and never conditional on abstinence, public identification, law enforcement exposure or compliance with drug-free expectations. It should be supported by safeguards and conditions that allow people to speak honestly about what works, what causes harm, what is missing and what communities actually need.

  This is necessary not only as a rights obligation, but for policies and budgets to be accurate, relevant and effective.

RECOMMENDATION 4. REBALANCE FUNDING TOWARDS VOLUNTARY, COMMUNITY-RESPONSIVE HEALTH AND SOCIAL SUPPORT.

The government should create and fund dedicated budget lines for harm reduction, HIV and hepatitis C services, social protection, viable livelihood support, mental health support and community-based care. Accepting support should be voluntary and not tied to surveillance or compliance.

In line with the International Guidelines on Human Rights and Drug Policy, public resources should prioritise the right to health, meaningful participation, and access to harm reduction and rights-affirming services. Programmes that operate mainly through surveillance, coercion or custodial control should not be presented or funded as health responses. Public funds should prioritise supporting care, protection and wellbeing.

RECOMMENDATIONS FOR DONOR GOVERNMENTS AND MULTILATERAL ACTORS

RECOMMENDATION 1: PUBLICLY DISCLOSE ALL DRUG-RELATED ASSISTANCE TO THE PHILIPPINES

International donors should publish project-level information on objectives, funding amounts, funding channels, implementing partners, activities, safeguards and oversight arrangements. Evaluation findings on all drug-related assistance should be disclosed, including support for policing, the criminal legal system, treatment, prevention, demand reduction, local governance, data systems and community programming.

RECOMMENDATION 2: ADOPT AND PUBLISH CLEAR HUMAN RIGHTS GUIDELINES AND CONDUCT DUE DILIGENCE BEFORE FUNDING DRUG-RELATED PROGRAMMES.

Donors should establish clear policy guidelines integrating human rights standards into financial and technical assistance, including judicial and law enforcement cooperation, demand reduction, treatment, prevention and related programmes.

Before committing funds, donors should assess whether assistance may reinforce

[44] This includes all people who are impacted by the Philippine's drug policy and is not limited to people who use drugs (e.g., people participating in drug trade systems for survival, and communities impacted by the drug policy).

the criminalisation of people who use drugs, coercive treatment, surveillance, drug watchlisting, punitive drug testing, drug-clearing systems or drug-free compliance models. If financial assistance will reinforce such approaches, funding should not be provided.

RECOMMENDATION 3: DO NOT FUND PROGRAMMES THAT REINFORCE PUNITIVE OR SURVEILLANCE-HEAVY DRUG RESPONSES.

International assistance should not support activities that increase exposure to arrest, detention, coercive treatment, surveillance or rights violations. This includes programmes that appear preventive or capacity-building in form, but are tied in practice to drug-clearing systems, local compliance audits, enforcement-led governance or punitive monitoring.

RECOMMENDATION 4: REDIRECT ASSISTANCE TOWARD HARM REDUCTION, VOLUNTARY SERVICES AND COMMUNITY-LED SUPPORT.

Donor funding should prioritise harm reduction, HIV and hepatitis C services, voluntary health and social support, legal empowerment, access to justice, community-led monitoring and the meaningful participation of people whose lives include drugs. Assistance should widen the space for reform, not entrench the systems that make reform harder.

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