

THIRTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)

5 MAY 19 11:38

SENATE
S. B. No. 2014

RECEIVED BY: C

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The abuse of illegal drugs and alcohol has been the cause of hundreds of accidents, crimes and deaths each year. In some cases, sharing of drug paraphernalia can cause the spread of a number of communicable diseases, including AIDS and Hepatitis C.

The problem of substance abuse among the youth has long been a social issue. In a study conducted by the University of the Philippines in 1994, it was found that 60 per cent of Filipino youths were said to be drinking alcoholic beverages. It further stated that on the average, Filipino youths start drinking alcohol at the age of 16 or 17. However, there are also many cases when children as young as 12 are already drinking alcoholic beverages.

In a more recent study, the World Youth Report 2003 claimed that many regions of the world experience levels of youth substance abuse that represent historic highs. In Thailand and the Philippines, metamphetamines are currently the leading substance of concern. Inhalants (volatile substances) are generally abused by street children. Furthermore, the age at which young people begin to consume drugs is decreasing.

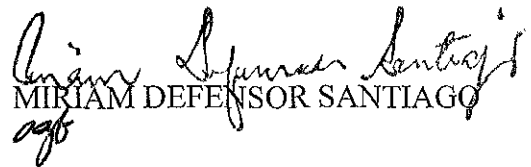
The study further reports that poverty, social disintegration, past traumas, and lack of access to education, health and leisure services put young people at high risk of developing drug abuse problems. The effects of substance abuse range from physical degradation to short and long term mental health risks like depression, paranoia and even psychosis. Eventually, addictive behavior can hamper young peoples' personal and professional potentials and employability.

In Article 33 of the Convention on the Rights of the Child, all states agree to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent children from being exposed to the illicit production and trafficking of such substances.

To effectively fulfill this obligation, the government must take cognizance of the fact that there are certain youth groups more vulnerable or susceptible to substance abuse. These youth groups may not have any access to formal institutional structures precisely because of their marginalized status.

In order to reach out to these disenfranchised sectors of the youth, community-based programs which target these high-risk youth must be put in place. More often than not, non-governmental organizations have the experience and capacity to work at the grass-roots level.


This bill mandates the Department of Health to make grants that would assist such organizations in this noble cause, so that the youth may be saved from the debilitating effects of substance abuse and become competent partners in development.


MIRIAM DEFENSOR SANTIAGO

THIRTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
First Regular Session)

5 MAY 19 A9:38

SENATE
S. B. No. **2014**

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Introduced by Senator Miriam Defensor Santiago

AN ACT

PROVIDING FOR THE PREVENTION AND TREATMENT OF
DRUG AND ALCOHOL ABUSE AMONG HIGH RISK YOUTH

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Title.* – This Act shall be known as the “Saving Young Substance Abusers Act of 2005.”

SECTION 2. *Declaration of Policy.* – The State recognizes the vital role of the youth in nation-building and shall promote their physical, moral, spiritual, intellectual and social well-being.

SECTION 3. *“High Risk Youth” Defined.* – For purposes of this Act, the term “high risk youth” means an individual who has not attained the age of 18 years, who is at high risk of becoming, or who has become, a drug abuser or an alcohol abuser, and who –

- (a) is identified as a child of a substance abuser;
- (b) is a victim of physical, sexual, or psychological abuse;
- (c) does not attend school;
- (d) has become pregnant;
- (e) is economically disadvantaged;
- (f) has committed a violent or delinquent act;
- (g) has experienced mental health problems;
- (h) has attempted suicide;
- (i) has experienced long-term physical pain due to injury;
- (j) has experienced chronic failure in school;

- (k) is from a broken family;
- (l) is a child laborer;
- (m) is a street child or street gang member; or
- (n) lives in conflict areas.

SECTION 4. *Grants to Public and Nonprofit Private Entities.* – The Secretary of the Department of Health shall make grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high risk youth.

SECTION 5. *Priority of Projects.* –

(1) In making grants for drug abuse and alcohol abuse prevention projects, the Secretary shall give priority to applications for projects directed at children of substance abusers, children at risk of abuse or neglect, preschool children, children at risk of dropping out of school, children at risk of becoming adolescent parents, children who do not attend school, child laborers, street children, and children who are at risk of being unemployed.

(2) In making grants for drug abuse and alcohol abuse treatment and rehabilitation projects, the Secretary shall give priority to projects which address the relationship between drug abuse or alcohol abuse and physical child abuse, sexual child abuse, emotional child abuse, dropping out of school, unemployment, delinquency, pregnancy, violence, suicide, or mental health problems.

(3) In making grants under this Act, the Secretary shall give priority to applications from community based organizations for projects:

(a) to develop innovative models with multiple, coordinated services for the prevention or for the treatment and rehabilitation of drug abuse or alcohol abuse by high risk youth.

(b) to demonstrate effective models with multiple, coordinated services which may be replicated and which are for the prevention or for the treatment and rehabilitation of drug abuse or alcohol abuse by high risk youth.

(c) that employ research designs adequate for evaluating the effectiveness of the program.

SECTION 6. *Strategies for Reducing Use.* – The Secretary shall ensure that projects under Section 4 include strategies for reducing the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

SECTION 7. *Equal Distribution of Grants.* – To the extent feasible, the Secretary shall ensure the equal distribution of grants under this Act among urban and rural areas.

SECTION 8. *Application for Grants.* – In order to receive a grant for a project under this Act for a fiscal year, a public or nonprofit private entity shall submit an application to the Secretary. The Secretary may provide the provincial governor or the city mayor the opportunity to review and comment on such application. Such application shall be in such form, shall contain such information, and shall be submitted at such time as the Secretary may by regulation prescribe.

SECTION 9. *Separability Clause.* – If any provision of this Act is held invalid or unconstitutional, the remainder of the Act or the provision not otherwise affected shall remain valid and subsisting.

SECTION 10. *Repealing Clause.* – Any law, presidential decree or issuance, executive order, letter of instruction, administrative rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified or amended accordingly.

SECTION 11. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in at least two newspapers of general circulation.

Approved,