## FOURTEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES Second Regular Session

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SENATE

MECEIVED BY:

s. No. 2632

Introduced by Senator Manuel "Lito" M. Lapid

## **EXPLANATORY NOTE**

The 2002 World Health Organization (WHO) Report indicates that there are causal relationships between alcohol consumption and more than 60 types of diseases and injuries all over the world. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries, and the third largest risk factor in developed countries. Besides the numerous chronic and acute health effects, alcohol consumption is also associated with widespread social, mental and emotional consequences. These are reflected, for example, as absenteeism or abuse in workplaces and in relationships. On a population level, alcohol-related harm is not confined to the relatively small number of heavy drinkers or people diagnosed with alcohol use disorders. Even non-drinkers can become victims of alcohol-related aggression.

To date, the consumption of beverage alcohol by minors is a rising serious national concern. Data indicate that most youth who drink alcohol obtain alcohol primarily through noncommercial sources, such as family and friends. As such, the role of parents and family members in reducing underage drinking, particularly among middle-school aged children, is critical. Numerous studies confirm the crucial role parents play in shaping the behavior and decision making skills of their children. Studies indicate that parental involvement is associated with a 67 percent less likelihood of drinking.

Significant social transitions in the life of adolescents, such as moving from elementary school to high school or high school to college may increase the likelihood that adolescents will use alcohol, in part because they increase adolescent stress levels. Additionally, evidence shows that youth who spend more time engaged in volunteering, sports, music, academics and leadership are less likely to engage in risky behaviors, such as alcohol use.

In many instances, the consumption of alcohol by underage drinkers were given consent by adults. As such, there is an urgent need to craft legislative interventions that would inform adults of their crucial role in addressing the problem of adolescent alcohol drinking. Thus, providing a community approach to the problem of underage alcohol drinking will maximize scarce government resources and help the nation confront underage drinking in a more effective and cost-efficient manner and enable local communities to implement the most effective tactics to reduce underage drinking.

Some people argue that the relatively high drinking age at 18 years old lowers the risk of road accidents and alcohol addiction in younger people. Others argue that if one is old enough to vote and be drafted, one is old enough to drink, and that being

introduced to alcohol at a younger age in a family environment means people are more likely to learn responsible drinking habits.

The growing recognition that alcohol consumption is a significant contributor to the global burden of disease means that alcohol requires greater attention by the public health community than it is receiving at present. Appropriate policy responses are needed to address the various health and social problems associated with use of and dependence on alcohol, particularly among our young adolescents. With growing awareness of alcohol consumption as one of the major risk factors to public health, countries and communities should search for policies that protect and promote health among our adolescents, prevent harm and address the many social problems associated with alcohol use among our underage population.

Laws surrounding alcohol vary, but generally, minors are not allowed inside of drinking establishments, are not allowed to purchase alcohol, and are not allowed to drink. Proof of age is normally required to enter bars and clubs, or to buy alcoholic beverages in shops. However, experience indicate that any young adolescent can easily purchase alcoholic drinks in our retail stores without having to show any identification cards. This indicates that there is an urgent need on the part of the government and various stakeholders to implement a nationwide information, education and communication (IEC) campaign in order to educate the general public of the health risks associated with underage alcohol drinking.

In view of the foregoing, the early passage of this bill is earnestly sought.

MANUEL "LITO" M. LAPID

Senator

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## **AN ACT**

TO INSTITUTIONALIZE A NATIONWIDE PROGRAM TO PREVENT AND ADDRESS UNDERAGE DRINKING AND IMPROVE ITS MONITORING AND REPORTING SYSTEM IN THE COUNTRY, AND FOR OTHER PURPOSES

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

- SECTION 1. Short Title. This Act shall be cited as the "Underage Drinking Prevention Act of 2008".
- SEC. 2. Declaration of Policy. It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. As such, the State shall promote an environment conducive to the development of the youth to develop their best potentials in becoming independent, self-reliant and productive members of society.

Towards this end, the State commits itself to the establishment of institutional and social programs that will support and assist minors who are engaged in underage drinking.

- SEC. 3. Early Identification and Intervention for Children with Alcohol Drinking Problems. The Department of Health (DOH), in coordination with the DSWD and local government units, is hereby mandated to establish a program for early identification and detection of minors with alcohol drinking problems.
- SEC. 4. Information, Education and Communication (IEC) Campaign. The Department of Health (DOH), in coordination with the Department of Social Welfare and Development (DSWD) and Department of Education (DepEd) shall implement a nationwide Information, Education and Communication (IEC) campaign on the health and other related risks associated with underage drinking.

**SEC. 5.** Counseling Program. - Parallel to the programs being implemented by the DOH, the Department of Social Welfare and Development (DSWD), in coordination with the local government units, shall implement a nationwide counseling program for minors engaged in alcohol drinking problems.

The funds needed to implement this program shall be incorporated in the annual appropriation of the DSWD.

SEC. 6. Comprehensive Study on Underage Drinking. - The Department of Health (DOH), in coordination with the Department of Social Welfare and Development (DSWD) and Department of Education (DepEd), is hereby mandated to conduct a comprehensive study on the trends and prevalence of underage drinking in the country, taking into account the age-levels, socio-demographic, socio-economic factors, cultural, policy environment and pre-disposing factors that affect the high incidence of underage drinking in the country.

The comprehensive study on the state of underage drinking problem shall include, among others, the following:

- (1) The regional trends in the number of minor children with alcohol drinking problems;
- (2) The socio-economic and demographic characteristics of minor children engaged in alcohol drinking problem;
- (3) The relationship between the extent of under-age alcohol drinking and its relation to the ability to finish their college education;
- (4) A volume of alcohol purchased by under-age alcohol drinkers on a per region analysis; and
  - (5) The educational status of under-age alcohol drinkers.

The Department of Health (DOH) shall evaluate all government-funded underage drinking programs and modify programs as needed to reach maximum effectiveness in reducing underage drinking.

Within two (2) years from the date of effectivity of this Act, the Department of Health (DOH) shall make a report to both Houses of Congress on the results of the study conducted by the Department for policy implication, *In Aid of Legislation*, in order to promote the welfare and well-being of the youth and curtail the rising number of under-age alcohol drinkers in the country.

SEC. 7. Grants to Increase Parental Involvement in School-Based Efforts to Prevent Underage Drinking. - The Secretary of the Department of Education (DepEd) shall implement a Technical Assistance Grant, on a competitive basis, to local government units and non-government organizations, which will

implement innovative and effective programs to increase parental awareness and involvement in reducing underage drinking in elementary and secondary schools.

To be eligible to receive the above-cited Technical Assistance Grant under this Section, the project proponent shall prepare and submit to the Secretary of the Department of Education an application, in such manner, and containing such information as the Secretary of Education may require.

Such application shall include--

- (1) a description of the program and activities to be carried out under the Technical Assistance Grant;
- (2) a detailed description that such activities will meet the principles of effectiveness in achieving the purpose of this Act;
- (3) a statement that the project proponent will evaluate its program and submit a report to the Secretary of Education concerning the effectiveness of the programs and activities to be carried out under the Technical Assistance Grant.

## SEC. 8. National Data Collection, Monitoring and Reporting System. The Secretary of the Department of Health (DOH) is hereby mandated to institutionalize a National Data Collection, Monitoring and Reporting System in order to improve the data collection of underage drinking problem in the country. The Secretary of Health shall ensure that national funded surveys and research related to underage drinking is collected and reported in a consistent manner to accurately reflect underage drinking which will allow other users of such data to compare the results of surveys conducted and reported.

Local government units are mandated to collect data on underage drinking and shall institute ways to preserve said data. The LGUs shall ensure that all data collected allow for demographic breakdown related to individuals who are under the age of 18. Furthermore, the local government units are mandated to establish short-term and long-term goals with respect to improving data collection at the local level not later than one year from the effectivity of this Act.

SEC. 9. Alcohol Free Campus. – For purposes of this Act, all public and private elementary, high school, colleges and universities in the country are hereby declared as "Alcohol Free Campuses". Towards this end, it is hereby prohibited to sell alcoholic beverages and drinks for minors below 18 years old within school campuses all over the country.

Any person or retail stores found in violation of the provision of this Section shall be imposed a fine of not less than Ten Thousand Pesos (Php10,000) but not more than

Fifty Thousand Pesos (Php50,000), or imprisonment of not less than six (6) months to six (6) years, or both, at the discretion of the court of competent jurisdiction.

SEC. 10. Annual Conference on Underage Drinking Prevention. - The Department of Health (DOH), in coordination with the Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Commission on Higher Education (CHED), Department of the Interior and Local Government (DILG), Council for the Welfare of Children (CWC) and various stakeholders, is hereby mandated to conduct an Annual Conference on Underage Drinking Prevention which will be participated by various stakeholders, including the academe, school administrators, manufacturers, wholesalers, retailers and marketing agents of alcohol products, government regulators, policy makers and various health providers.

The Annual Conference shall be an avenue to share knowledge on the various issues related to the rising incidence of underage drinking problem in the country.

The proceedings of the Annual Conference on Underage Drinking Prevention shall be published and be made available to the public.

- SEC. 11. Appropriation. The amount necessary to carry out the provisions of this Act shall be included and incorporated in the annual general appropriations of the Department of Health (DOH), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG) and Council for the Welfare of Children (CWC).
- SEC. 12. Implementing Rules and Regulations (IRR). Within sixty (60) days from the date of effectivity of this Act, the Department of Health (DOH), Department of Education (DepEd) and Commission on Higher Education (CHED) shall adopt the necessary implementing rules and regulations (IRR) to implement the provisions of this measure.
- **SEC. 13.** Appropriations. The funds needed for this purpose shall be taken from the appropriations of the respective Departments tasked to implement the provisions of this Act. Thereafter, such amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act.
- **SEC. 14.** Repealing Clause. All laws presidential decrees, executive orders, proclamations, rules and regulations which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

- **SEC. 15.** Separability Clause. If any provision or part of this Act, or the application thereof to any person or circumstance, is held unconstitutional or invalid, the remainder of this Act shall not be affected thereby.
- **SEC. 16.** *Effectivity Clause.* This Act shall take effect fifteen (15) days from its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,