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SENATE
S. No. 3134

REPORTED BY: 

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article 2, Section 13 and 15 provide:

Section 13. The State recognizes the vital role of the youth in nation-building and shall promote their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.

Section 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

Many academic studies have shown that there is nothing healthy about carbonated soft drinks or soda.¹ Soft drinks contain sugar, artificial sweeteners, caffeine, phosphorus, and carbon acids which have harmful effects on the body.² Scientific studies show that soda consumption is associated with increased fracture risk due to reduced bone mass.³ Soft drink intake also increases the incidence of dental caries or tooth decay and obesity especially among adolescents and young adults.⁴ Phosphorus, high fructose corn syrup, caffeine, and the carbon acids impair the body's capacity to absorb calcium. Soft drink consumption of children was link to insufficient calcium in the body, impaired calcification of growing bones, and increased risk of bone fracture.⁵ The high levels of caffeine in soft drinks could "disrupt sleep and lead to,

¹ Mahmood M, Saleh A, Al-Alawi F & Ahmed F., "Health effects of soda drinking in adolescent girls in the United Arab Emirates," *Journal of Critical Care*, 23(3), (2008), 434-440.

² <http://www.helium.com/items/682701-the-effects-of-soda-on-your-body>

³ Wyshak, Grace, Frisch, Rose E., Albright, Tenley E., Albright, Nile L., Schiff, Isaac, & Witschi, Jelia, "Nonalcoholic carbonated beverage consumption and bone fractures among women former college athletes," *Journal of Orthopaedic Research*, 7(1), (1989), 91-99.

⁴ Nestle, Marion, "Soft drink 'pouring rights' marketing empty calories," *Public Health Reports*, 115, (2000), 308-319.

⁵ Prentice, Ann, Schoenmakers, Inez, Laskey, M. Ann, Bono, Stephanie de, Ginty, Fiona, & Goldberg, Gail R., "Symposium on nutrition and health in children and adolescents' Session 1: Nutrition in growth and development," *Proceedings of the Nutrition Society*, 65(4), (2006), 348-360.

anxiety and DNA damage and hyperactivity especially among children.”⁶ The World Health Organization recognized that consumption of soft drinks contributes to the growing incidence of obesity.⁷ Soft drinks also increase the risk for heart disease.⁸

Coca-cola is the most popular soft drinks in the country. In its 2005 report, it stated that the Philippines consumed 151 8-ounce servings of Coke beverages per capita annually. This is way above the global average consumption of Coca-cola soft drink at 77 servings.⁹ The report that Coca-cola is increasing its investment in the Philippines with an additional P1 billion pesos¹⁰ and the plan of the South Korean beverage company Lotte Chilsung of acquiring a 34.4% stake in Philippine Pepsi bottler Pepsi-Cola Products Philippines (PCPP) for US \$101.9mn¹¹ is evidence of expanding demand for soft drinks in the country.

Although this is great news in terms of investment, this is not good for public health especially the children. A study involving children aged 6-12 years old in La Trinidad, Benguet shows the prevalence of dental caries and high consumption of sugar. Soft drinks are one of the most common sources of dietary sugar (84%).¹² The 1998 National Monitoring and Evaluation Dental Survey reported the prevalence of dental caries among children aged 12 years was 91.7%.¹³

Dr. Tim Gill, the Regional Coordinator of the Asia-Pacific International Obesity Taskforce of Australia revealed that in the Philippines, 1% of young children (0-10 years) and 3% of adolescents (11-17 years) were overweight.

Overweight children are more likely to develop health problems and their complications. The greater the weight excess—the higher a child's body mass index (BMI)—the greater the risk of acquiring the so-called metabolic syndrome early in life, which includes type 2 diabetes, high

⁶ Chua, Philip S., “Liquid candy: Unhealthy,” *Philippine Daily Inquirer* (2009), from <http://globalnation.inquirer.net/cebudailynews/opinion/view/20091012-229660/Liquid-candy-Unhealthy>

⁷ World Health Organization. “Diet, Nutrition and Prevention of Chronic Diseases,” *WHO Technical Report Series* (2003), 148.

⁸ Chua, Philip S., *id.*

⁹ <http://www.suite101.com/content/coca-cola-global-sales-a8625>

¹⁰ <http://www.reuters.com/article/2010/09/28/coke-philippines-idUSN2816018120100928>

¹¹ <http://www.companiesandmarkets.com/Market-Report/philippines-food-and-drink-report-2011-470261.asp>

¹² Yabao, R. N., Duante, C. A., Velandria, F. V., Lucas, M., Kassu, A., Nakamori, M., & Yamamoto, S., “Prevalence of dental caries and sugar consumption among 6-12-y-old schoolchildren in La Trinidad, Benguet, Philippines,” *Eur J Clin Nutr*, 59(12), (2005), 1429-1438.

¹³ Department of Health, “National Monitoring and Evaluation Dental Survey,” Manila, Philippines: Dental Health Service, Department of Health (1998).

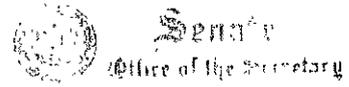
blood pressure and other cardiovascular diseases. Obesity, in both children and adults, is a significant health danger.

The risk factors that characterize this syndrome are elevated triglycerides (blood fats), blood sugar, and blood pressure, low HDL (High Density Lipoproteins, the good cholesterol), and abdominal obesity. These precede the development of type 2 diabetes and cardiovascular diseases.

The national nutrition survey conducted by the Food and Nutrition Research Institute (FNRI) revealed a steady increase in obesity cases from 5.7 percent in 1989 to 8 percent in 1993 and then to 8.8 percent in 1998.

It is the responsibility of the State to protect our children from exposure to harmful substance. The sale of beverages that pose serious health risks can be curbed under the State's police power.

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO



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SENATE
S. No. 3134

RECORDED BY: *Rw*

Introduced by Senator Miriam Defensor Santiago

1 AN ACT
2 REGULATING THE AVAILABILITY OF BEVERAGES TO CHILDREN IN SCHOOLS
3 AND FOR OTHER PURPOSES

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

4 SECTION 1. *Title.* - This act shall be known as the "Healthy Beverage Options Act of
5 2011."

6 SECTION 2. *Declaration of Policy.* - The Constitution provides that it is the policy of
7 the State to protect and promote the right to health of the people and instill health consciousness
8 among them. Pursuant to said provision, it is hereby declared the policy of the State to actively
9 promote the health of children and to take necessary steps to prevent serious health risks that can
10 be brought on by the consumption of soft drinks. Towards this end, the State shall ensure that
11 children are provided with healthy choices when purchasing beverages in schools, and shall
12 regulate the sale of beverages in schools.

13 SECTION 3. *Coverage.* - This Act shall apply to all schools in the Philippines. As used
14 in this Act, the term "school" shall include preschools, grade schools, and high schools, whether
15 public or private.

16 SECTION 4. *Prohibitions.* - (a) The following beverages shall not be provided or sold at
17 schools:

- 18 (i) Soft drinks, sports drinks, punches, and iced teas;
19 (ii) Fruit-based drinks that contain less than 50 percent real fruit juice or that contain
20 additional sweeteners; and

- 1 (iii) Drinks containing caffeine, excluding low-fat or fat-free chocolate milk.
- 2 (b) The following beverages may be sold at schools:
- 3 (i) Fruit-based drinks that contain at least 50 percent fruit juice and that do not
4 contain additional sweeteners;
- 5 (ii) Water and seltzer; and
- 6 (iv) Low-fat or fat-free milk, including but not limited to, chocolate milk, soy milk,
7 rice milk, and other similar dairy or nondairy calcium-fortified milks.

8 SECTION 5. *Implementation.* – The Secretary of Education, in consultation with the
9 Secretary of Health, shall formulate and promulgate the Implementing Rules and Regulations of
10 this Act within sixty (60) days from the effectivity of this Act. The Secretary of Education shall
11 implement this law and shall conduct periodic reviews of compliance by schools.

12 SECTION 6. *Penalties.* – Schools found violating of this law shall be fined Fifty
13 Thousand Pesos (P50,000.00) for every violation.

14 SECTION 7. *Separability Clause.* – If any provision or part hereof is held invalid or
15 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
16 valid and subsisting.

17 SECTION 8. *Repealing Clause.* – Any law, presidential decree or issuance, executive
18 order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent
19 with, the provisions of this Act is hereby repealed, modified, or amended accordingly.

20 SECTION 9. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
21 publication in at least two (2) newspapers of general circulation.

Approved,