

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 1161

HOUSE OF REPRESENTATIVES

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Introduced by REPRESENTATIVE MARIA LOURDES ACOSTA-ALBA

EXPLANATORY NOTE

The Constitution, in Article II, Sections 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 socio 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.”

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 There is a continuous stream of scientific studies that show the health risks of soda intake.

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 is linked 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 anxiety and DNA damage and hyperactivity, especially among children.”⁶

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. Print.

² Sassafras. “The Effects of Soda in your Body.” *Living Healthy 360*. Helium Publishing. 4 Nov. 2007. Web. 26 Jan 2014

³ Wyshak, Grace et al. “Nonalcoholic Carbonated Beverage Consumption and Bone Fractures Among Women Former College Athletes”. *Journal of Orthopedic Research* 7(1)(1989): 91-99. Print.

⁴ Nestle, Marion. “Soft Drink “Pouring Rights”; Marketing Empty Calories t Children”. *Public Health Reports* 115(4)(2000): 308-319. Print.

⁵ Prentice, Ann et al. “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. Print.

⁶ Chua, Philip S. “Liquid Candy”; Unhealthy.” *Philippine Daily Inquirer* 10 Dec. 2009: n. pag. *Inquirer Net*. Web. 26 Jan. 2014.

The World Health Organization recognized that consumption of soft drinks contributes to the growing incidence of obesity.⁷ Soft drinks also increases the risk for heart disease.⁸

Recent studies associate soft drink consumption by young children with aggression, attention problems, and withdrawal behavior.⁹

Researchers from the University of Edinburgh found an association between higher risk of the colorectal cancer and eating “high-energy snack foods” (snack foods high in sugar and fat) and high-energy drinks (including sodas and other sugary beverages). Their findings are published in the *European Journal of Cancer Prevention*.¹⁰

According to a 2010 study in *Diabetes Care*,¹¹ drinking one to two sugary drinks per day increased the risk of type 2 diabetes by 26 percent, compared with having less than one serving a month.

Drinking just one can of soda a day increases the risk of developing diabetes by more than a fifth, according to a European study. Using data from 350,000 people in eight European countries, researchers found that every extra 12 fluid ounce (340 ml) serving of sugar-sweetened drink raises the risk of diabetes by 22 percent compared with drinking just one can a month or less.

These trends have also been detected in the Philippines. 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 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 (bloodfats), blood sugar, and blood pressure, low HDL (High Density Lipoproteins, the good cholesterol), and

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

⁸ Chua, Philip S. “Liquid Candy”; Unhealthy.” *Philippine Daily Inquirer* 10 Dec. 2009: n. pag. *Inquirer Net*. Web. 26 Jan. 2014.

⁹ Suglia, Shakira et al. “Soft Drink Consumption is Associated with Behavior Problems in 5-year Olds.” *The Journal of Pediatrics* 163(5)(2013): 1323-1328. Print.

¹⁰ Theodoratou, Evropi et al. “Associations Between Dietary and Lifestyle Risk Factors and Colorectal Cancer in the Scottish Population.” *European Journal of Cancer Prevention* 23(2014):8-17. Print.

¹¹ Malik, Vasanti et al. “Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes.” *Diabetes Care* 33(2010):2477-2483. Print.

¹² Yabao, R. N. et al. “prevalence of Dental Caries and Sugar Consumption Among 6-12-y-old Schoolchildren in La Trinidad, Benguet, Philippines.” *European Journal of Clinical Nutrition* 59(12)(2005): 1429-1438. Print.

¹³ Philippines, Department of Health. *National Monitoring and Evaluation Dental Survey*. DOH, Manila: 1998. Print.

abdominal obesity. These precede the development of type 2 diabetes and cardiovascular diseases.

The Manila Doctors Hospital warns that in the Philippines, studies on obesity reveal that the prevalence rate of obesity among Children was at 4.9% in 2003. Overweight children aged 0-5 years rose from 0.4% to 1.4%. The prevalence rate of overweight children aged 6-10 years was almost negligible in 1998 but increased to 1.3% in 2003. The results of a survey conducted by the Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology revealed that in 1989, the prevalence rate of obesity among Filipino children was at 5.7%. In 1993 it increased to 8.8%

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.

Passage of this bill is urgently requested.


MARIA LOURDES ACOSTA-ALBA
First District, Bukidnon

¹⁴ The Manila Doctors Hospital, "More Obese Filipinos Due to Social Media, Fast-food Meals," *Interaksyon* 15 Nov. 2013: n. pag. Web. 26 Jan. 2014.

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HOUSE BILL NO. 1161

Introduced by REPRESENTATIVE MARIA LOURDES ACOSTA-ALBA

AN ACT
PROMOTING THE AVAILABILITY OF HEALTHY BEVERAGES TO CHILDREN
IN SCHOOLS BY REGULATING SODA AND OTHER ARTIFICIAL BEVERAGES,
AND FOR OTHER PURPOSES.

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

SECTION 1. Title. – This Act shall be known as the “Healthy Beverage Options Act.”

SECTION 2. Declaration of Policy – It is hereby declared a policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Pursuant to this, the State shall actively promote the health of children and to take necessary steps to prevent serious health risks that can be brought on by the consumption of unhealthy beverages. Further, the state shall ensure that children are provided with healthy choices when purchasing beverages in schools and shall regulate the sale of beverages to achieve this goal.

SECTION 3. Coverage – This Act shall apply to all persons, institutions, and entities in the Philippines, whether public or private, which provide, in whole or in part, basic education as defined under Republic Act No. 10533, otherwise known as the “Enhanced Basic Education Act of 2013.”

SECTION 4. Prohibitions – a) The following beverages shall not be provided or sold in schools:

1. Soft drinks, sports drinks, punches, and iced teas;
2. Fruit-based drinks that contain less than 50 per cent real fruit juice or that contain additional sweeteners; and
3. Drinks containing caffeine, excluding low-fat or fat-free chocolate milk.

b) The following beverages shall be sold at schools:

1. Fruit-based drinks that contain at least 50 per cent fruit juice and not contain additional sweeteners;
2. Water and seltzer; and
3. Low-fat or fat-free milk, including, but not limited to, chocolate milk, soy milk, rice milk, and other similar dairy or non-dairy calcium-fortified milks.

Provided, that these prohibitions will also apply to a radius of 100 meters from the boundaries of all schools covered by this Act.

SECTION 5. *Duty to provide potable water.* – Schools covered by this Act shall make free potable water available for all school personnel, staff, and students. Local school boards shall include the costs for providing potable water consistently with Sections 99 and 100 of Republic Act No. 7160, otherwise known as the “Local Government Code of 1991.”

SECTION 6. *Duty to educate students on healthy food choices.* – All schools shall have the duty to incorporate into their curriculum lessons on the effects of the consumption of unhealthy foods and drinks, including the effects of sugar in the human body.

SECTION 7. *Implementation.* – The Department of education in consultation with the Department of Health shall formulate and promulgate the implementing rules and regulations of this Act within sixty (60) days from its effectivity. The Department of Education shall implement this Act and conduct periodic reviews of compliance by schools.

SECTION 8. *Penalties.* – Schools and restaurants found violating of this Act shall be fined one hundred thousand pesos (P100,000.00) for every violation.

SECTION 9. *Repealing Clause.* – All laws, decrees, executive orders and issuances, and rules and regulations which are inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

SECTION 10. *Separability Clause.* – If for any reason, any portion or provision of this Act shall be held unconstitutional or invalid, all other parts or provisions not affected shall continue to remain in full force and effect.

SECTION 11. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspaper of general circulation.

Approved,