**Basic Act on Measures against Alcohol-related Harm (Act No. 109 of 2013)**

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**Chapter I** General Provisions

(Purpose)

**Article 1**

The purpose of this Act is to set out basic principles for measures against Alcohol-related Harm, clarify responsibilities of the national government, local governments and other parties, and take other necessary actions such as setting forth basic matters of measures against Alcohol-related Harm, thereby promoting measures against Alcohol-related Harm in a comprehensive and systematic manner, channeling energy into prevention of occurrence, progression and recurrence of Alcohol-related Harm, and enhancing support to those who suffer from Alcohol-related Harm and other parties in order to protect the health of citizens and contribute to realization of a society where citizens can live with peace of mind, while taking into consideration the fact that although liquors are a source of enrichment and relaxation in the lives of the people and traditions and cultures surrounding liquors are ingrained in their lives, inappropriate drinking is the cause of Alcohol-related Harm, which is not only a health issue of drinkers themselves but also poses a high risk of seriously affecting their family members and presenting major difficulties in society.

(Definition)

**Article 2**

For the purpose of this Act, the term “Alcohol-related Harm” shall refer to mental or physical health impairment caused by alcoholism or other forms of heavy drinking, underage drinking, drinking during pregnancy or other forms of inappropriate drinking.
**Basic Principles**

**Article 3**

Measures against Alcohol-related Harm shall be implemented with the following matters deemed to be the basic principles:

1. Preventive measures shall be implemented appropriately according to each stage of occurrence, progression and recurrence of Alcohol-related Harm, and support shall be provided so that a person who does or did suffer from Alcohol-related Harm and his/her family members can lead a normal life and a social life without difficulties.

2. Taking into consideration the fact that Alcohol-related Harm is closely linked to issues such as drunk driving, violence, maltreatment and suicide, measures against Alcohol-related Harm shall be implemented to contribute to fundamental resolution of those issues arising in connection with Alcohol-related Harm, with necessary consideration given to ensuring organic coordination between the said measures and measures for tackling those issues.

**Responsibilities of the State**

**Article 4**

The State shall be responsible for formulating and implementing measures against Alcohol-related Harm in a comprehensive manner in accordance with the basic principles set forth in the preceding Article.

**Responsibilities of Local Governments**

**Article 5**

Local governments shall be responsible for formulating and implementing measures that suit the actual condition in the relevant local area, in connection with measures against Alcohol-related Harm in accordance with the basic principles set forth in Article 3, while ensuring coordination with the State.

**Responsibilities of Companies**

**Article 6**

Companies engaged in production or sales (including offering of liquors for drinking; the same shall apply hereinafter) of liquors shall cooperate in the measures taken by the national government and local governments against Alcohol-related Harm and, when conducting their business activities, give consideration to prevention of occurrence, progression and recurrence of Alcohol-related Harm.

**Responsibilities of Citizens**

**Article 7**

Citizens shall endeavor to cultivate their own interest and understanding of Alcohol-related Problems (referring to Alcohol-related Harm and problems arising in connection therewith, such as drunk driving, violence, maltreatment and suicide; the same shall apply hereinafter) and pay necessary attention to prevention of Alcohol-related Harm.
(Responsibilities of Physicians and Other Parties)

Article 8
Physicians and other medical personnel shall endeavor to cooperate in the measures taken by the national government and local governments against Alcohol-related Harm, contribute to prevention of occurrence, progression and recurrence of Alcohol-related Harm, and provide good quality and well-suited medical care for Alcohol-related Harm.

(Responsibilities of Health Promotion Service Providers)

Article 9
Health promotion service providers (referring to health promotion service providers set forth in Article 6 of the Health Promotion Act [Act No. 103 of 2002]) shall endeavor to cooperate in the measures taken by the national government and local governments against Alcohol-related Harm.

(Awareness Raising Week for Alcohol-related Problems)

Article 10
(1) An awareness raising week for Alcohol-related Problems shall be established to cultivate the interest and understanding of Alcohol-related Problems among a wide range of citizens.
(2) The awareness raising week for Alcohol-related Problems shall be from November 10 to 16.
(3) The national government and local governments shall endeavor to ensure that projects that suit the purpose of the awareness raising week for Alcohol-related Problems are implemented.

(Legislative Measures and Other Matters)

Article 11
The government shall take legislative, financial, taxation and other necessary measures to implement measures against Alcohol-related Harm.

Chapter II Basic Plan for Promotion of Measures against Alcohol-related Harm, and Other Matters

(Basic Plan for Promotion of Measures against Alcohol-related Harm)

Article 12
(1) The government shall formulate a basic plan for promotion of measures against Alcohol-related Harm (hereinafter referred to as the “Basic Plan for Promotion of Measures against Alcohol-related Harm”) to promote measures against Alcohol-related Harm in a comprehensive and systematic manner.
(2) For measures set forth in the Basic Plan for Promotion of Measures against Alcohol-related Harm, the specific goals of such measures and the timing of achieving the goals shall be set out as a general rule.
(3) The government shall conduct research on the progress towards the goals set out pursuant to the provisions of the preceding paragraph and publish the research results via the Internet or other appropriate means.
(4) In view of changes in circumstances surrounding Alcohol-related Harm, and taking into consideration the results of reviews on the effect of measures against Alcohol-related Harm, the government shall review the Basic Plan for Promotion of Measures against Alcohol-related Harm at least once every five years and revise such plan if it deems it necessary to do so.

(5) When intending to revise the Basic Plan for Promotion of Measures against Alcohol-related Harm, the Minister of Health, Labour and Welfare shall discuss with the heads of relevant administrative organs beforehand, and must, after hearing opinions of the Stakeholder Council for Measures against Alcohol-related Harm, draft the revisions to the Basic Plan for Promotion of Measures against Alcohol-related Harm and seek a Cabinet decision thereon.

(6) If the government has revised the Basic Plan for Promotion of Measures against Alcohol-related Harm, it shall report to the Diet to that effect without delay and publish the revisions via the Internet or other appropriate means.

(Request to Relevant Administrative Organs)

Article 13
The Minister of Health, Labour and Welfare may make a necessary request to the heads of relevant administrative organs for submission of materials used to revise the Basic Plan for Promotion of Measures against Alcohol-related Harm or for implementation of measures under their jurisdiction that are set forth in such plan, when he/she finds it necessary to do so.

(Prefectural Plan for Promotion of Measures against Alcohol-related Harm)

Article 14
(1) A prefectural government must endeavor to formulate a plan for promotion of measures against Alcohol-related Harm (hereinafter referred to as the “Prefectural Plan for Promotion of Measures against Alcohol-related Harm”) according to the actual situation of the relevant prefecture based on the Basic Plan for Promotion of Measures against Alcohol-related Harm.

(2) The Prefectural Plan for Promotion of Measures against Alcohol-related Harm shall be in harmony with medical plans under Article 30-4(1) of the Medical Care Act (Act No. 205 of 1948), prefectural health promotion plans under Article 8(1) of the Health Promotion Act, and other plans that are in accordance with laws and regulations and that set out matters related to public health, medical care or welfare.

(3) In view of changes in circumstances surrounding Alcohol-related Harm in a relevant prefecture, and taking into consideration the results of reviews on the effect of measures against Alcohol-related Harm in the relevant prefecture, the prefectural government shall review its Prefectural Plan for Promotion of Measures against Alcohol-related Harm at least once every five years and revise such plan if it deems it necessary to do so.
Chapter III Basic Measures
(Promotion of Education and Other Matters)

Article 15
The national government and local governments shall take necessary measures to promote education and learning related to Alcohol-related Problems at homes, schools, workplaces and other various locations and disseminate knowledge about Alcohol-related Problems through public relations and other activities, so that citizens can cultivate their own interest and understanding of Alcohol-related Problems and pay necessary attention to prevention of Alcohol-related Harm.

(Prevention of Encouragement of Inappropriate Drinking)

Article 16
While respecting voluntary efforts of companies engaged in production or sales of liquors, the national government shall take necessary measures concerning indication, advertising and other selling methods for liquors so that inappropriate drinking that may lead to Alcohol-related Harm is not encouraged.

(Medical Examinations and Health Guidance)

Article 17
The national government and local governments shall take necessary measures to ensure that in medical examinations and health guidance, Alcohol-related Harm is properly detected and guidance and other instructions on drinking are appropriately provided to contribute to prevention of occurrence, progression and recurrence of Alcohol-related Harm.

(Enhancement of Medical Care for Alcohol-related Harm, and Other Matters)

Article 18
With respect to medical care for Alcohol-related Harm, the national government and local governments shall enhance guidance on cutting down on or giving up drinking with the aim of preventing progression of Alcohol-related Harm and guidance on receiving specialized medical care and rehabilitations for alcoholism, enhance such specialized medical care and rehabilitation programs, ensure coordination between medical institutions providing such specialized medical care and rehabilitation programs and other medical institutions, and take other necessary measures.

(Guidance, etc. to Those Who Have Engaged in Driving under the Influence of Alcohol or Caused Other Problems in Association with Alcohol-related Harm)

Article 19
The national government and local governments shall take necessary measures to promote an environment where a person who has engaged in drunk driving, behaved violently, abused someone else, made a suicide attempt or otherwise caused problems in association with Alcohol-related Harm is provided with guidance, advice, support, etc. related to Alcohol-related Harm, according to the status of Alcohol-related Problem of such person.
(Consultation Support, etc.)

Article 20
The national government and local governments shall take necessary measures to promote consultation support, etc. provided to a person who does or did suffer from Alcohol-related Harm and his/her family.

(Support for Re-integration into Society)

Article 21
The national government and local governments shall take necessary measures to promote job assistance and other support to contribute to smooth re-integration of a person who has suffered from alcoholism into society.

(Support for Activity Conducted by Private Bodies)

Article 22
The national government and local governments shall take necessary measures to support activities in which those who have suffered from alcoholism help each other with the aim of preventing recurrence of addiction to alcohol, and other voluntary activities conducted by private bodies in connection with measures against Alcohol-related Harm.

(Securing of Human Resources, and Other Matters)

Article 23
With respect to human resources working for medical care, public health, welfare, education, correction and other tasks related to Alcohol-related Problems, the national government and local governments shall take necessary measures to secure, foster and improve the quality of human resources with sufficient knowledge about Alcohol-related Problems.

(Promotion of Research and Study, and Other Matters)

Article 24
The national government and local governments shall take necessary measures to promote a study on prevention of occurrence, progression and recurrence of Alcohol-related Harm and how to remedy such harm, a study on the actual situation of Alcohol-related Problems, and other studies and research.
Chapter IV Council for Promotion of Measures against Alcohol-related Harm

Article 25
(1) The government shall establish the Council for Promotion of Measures against Alcohol-related Harm that consists of officials from the Cabinet Office, the Ministry of Justice, the Ministry of Finance, the Ministry of Education, Culture, Sports, Science and Technology, the Ministry of Health, Labour and Welfare, the National Police Agency and other relevant administrative organs to conduct liaison and coordination activities with the aim of promoting measures against Alcohol-related Harm in a comprehensive, systematic, effective and efficient manner.

(2) When conducting liaison and coordination activities set forth in the preceding paragraph, the Council for Promotion of Measures against Alcohol-related Harm shall hear opinions of the Stakeholder Council for Measures against Alcohol-related Harm.

Chapter V Stakeholder Council for Measures against Alcohol-related Harm

Article 26
(1) The Stakeholder Council for Measures against Alcohol-related Harm (hereinafter referred to as the “Stakeholder Council”) shall be established under the Ministry of Health, Labour and Welfare.

(2) The Stakeholder Council shall take charge of the following affairs:
   (i) Processing matters set forth in Article 12, paragraph (5) in relation to the Basic Plan for Promotion of Measures against Alcohol-related Harm; and
   (ii) Stating its opinions to the Council for Promotion of Measures against Alcohol-related Harm when conducting liaison and coordination activities set forth in paragraph (1) of the preceding Article.

Article 27
(1) The Stakeholder Council shall consist of not more than 20 members.

(2) Members of the Stakeholder Council shall be appointed by the Minister of Health, Labour and Welfare from among those who have specialist knowledge about Alcohol-related Problems as well as representatives of those who do or did suffer from Alcohol-related Harm and their family members.

(3) The members of the Stakeholder Council shall serve on a part-time basis.

(4) Other than matters set forth in the three preceding paragraphs, necessary matters for formation and operation of the Stakeholder Council shall be set out in a Cabinet Order.
**Supplementary Provisions**

**(Effective Date)**

**Article 1**

(1) This Act shall come into effect as from the date specified by Cabinet Order within a period not exceeding six months from the date of promulgation; provided, however, that Article 3, Article 4, Article 6 and Article 7 of the Supplementary Provisions shall come into effect as from the date specified by Cabinet Order within a period not exceeding three years from the date when the Basic Plan for Promotion of Measures against Alcohol-related Harm is formulated.

(2) In establishing the Cabinet Order under the proviso of the preceding paragraph, the government shall give consideration to the implementation status of measures set forth in the Basic Plan for Promotion of Measures against Alcohol-related Harm.

**(Review)**

**Article 2**

With respect to the provisions of this Act, the state of enforcement of this Act shall be reviewed approximately five years after this Act comes into effect, and necessary measures shall be taken based on the review results, if it is deemed necessary to do so.

**(Partial Amendment of the Basic Act on Measures against Alcohol-related Harm)**

**Article 3**

The Basic Act on Measures against Alcohol-related Harm (Act No. 109 of 2013) shall be partially amended as follows:

The part “within two years after this Act comes into effect” in Article 12, paragraph (1) shall be deleted, paragraphs (3) and (4) of the same Article shall be deleted, “paragraph (2)” in paragraph (5) of the same Article shall be replaced with “the preceding paragraph”, said paragraph (5) shall be revised to paragraph (3) of the same Article, paragraph (6) of the same Article shall be revised to paragraph (4) of the same Article, paragraph (7) of the same Article shall be deleted, and the following two paragraphs shall be added to the same Article.

(5) When intending to revise the Basic Plan for Promotion of Measures against Alcohol-related Harm, the Minister of Health, Labour and Welfare shall discuss with the heads of relevant administrative organs beforehand, and must, after hearing opinions of the Stakeholder Council for Measures against Alcohol-related Harm, draft the revisions to the Basic Plan for Promotion of Measures against Alcohol-related Harm and seek a Cabinet decision thereon.

(6) If the government has revised the Basic Plan for Promotion of Measures against Alcohol-related Harm, it shall report to the Diet to that effect without delay and publish the revisions via the Internet or other appropriate means.

“The Prime Minister” in Article 13 shall be replaced with “the Minister of Health, Labour and Welfare” and “formulate” shall be revised to “revise”.

“The Cabinet Office” in Article 26, paragraph (1) shall be replaced with “the Ministry of Health, Labour and Welfare”, and “Article 12, paragraph (3) (including as applied
mutatis mutandis pursuant to paragraph (7) of the same Article)’’ in Article 26, paragraph (2), item (i) shall be replaced with “Article 12, paragraph (5)”.

“The Prime Minister” in Article 27, paragraph (2) shall be replaced with “the Minister of Health, Labour and Welfare”.

(Transitional Measures concerning the Stakeholder Council for Measures against Alcohol-related Harm)

**Article 4**

Those who are actually the members of the Stakeholder Council for Measures against Alcohol-related Harm under the Cabinet Office when the provisions set forth in the proviso of Article 1, paragraph (1) of the Supplementary Provisions come into effect shall be deemed to be appointed as members of the Stakeholder Council for Measures against Alcohol-related Harm under the Ministry of Health, Labour and Welfare, in accordance with the provisions of Article 27, paragraph (2) of the Basic Act on Measures Against Alcohol-related Harm as revised pursuant to the provisions of the preceding Article, on the date when the provisions set forth in said proviso come into effect.

(Partial Amendment of the Act for Establishment of the Cabinet Office)

**Article 5**

The Act for Establishment of the Cabinet Office (Act No. 89 of 1999) shall be partially amended as follows:

The following item shall be added after Article 4, paragraph (3), item (xlvi)-3:

(xlvi)-4 Matters related to formulation and promotion of the Basic Plan for Promotion of Measures against Alcohol-related Harm (referring to a plan set forth in Article 12, paragraph (1) of the Basic Act on Measures Against Alcohol-related Harm [Act No. 109 of 2013])

The following information shall be added after the item “Commission on Policy for Persons with Disabilities” in the table of Article 37, paragraph (3):

| Stakeholder Council for Measures against Alcohol-related Harm | Basic Act on Measures against Alcohol-related Harm |

**Article 6**

The Act for Establishment of the Cabinet Office shall be partially amended as follows:

Article 4, paragraph (3), item (xlvi)-2 shall be deleted.

The item “Stakeholder Council for Measures against Alcohol-related Harm” in the table of Article 37, paragraph (3) shall be deleted.
(Partial Amendment of the Act for Establishment of the Ministry of Health, Labour and Welfare)

Article 7

The Act for Establishment of the Ministry of Health, Labour and Welfare (Act No. 97 of 1999) shall be partially amended as follows:

The following item shall be added after Article 4, paragraph (1), item (lxxxix)-3:

(lxxxix)-4 Matters related to formulation (limited to those pertaining to amendments) and promotion of the Basic Plan for Promotion of Measures against Alcohol-related Harm set forth in Article 12, paragraph (1) of the Basic Act on Measures against Alcohol-related Harm (Act No. 109 of 2013)

“The Council for Promotion of Measures to Prevent Deaths from Overwork and Other Problems” in Article 6, paragraph (2) shall be revised to “The Council for Promotion of Measures to Prevent Deaths from Overwork and Other Problems, the Stakeholder Council for Measures against Alcohol-related Harm”.

The following Article shall be added after Article 13-2:

(Stakeholder Council for Measures against Alcohol-related Harm)

Article 13-3 The Stakeholder Council for Measures against Alcohol-related Harm shall be as set forth in the Basic Act on Measures against Alcohol-related Harm (including orders based on this act).