

National Alcohol Policy Strategies**Alcohol Consumption: Situation and Impacts**

1. Average consumption of the Thai population has been constantly on the rise. On average in the adult population the consumption increased from 27.7 liters of beverage/person in 1997 to 39.3 liters in 2007¹. In particular, the constant expansion of the beer and whisky market contributed to the increased beer consumption by 12 times during 1987-2003. It has been estimated that the alcohol consumption outside the tax system is about 2 liters of pure alcohol per annum².

2. In addition, the Thai alcohol consumption pattern is considered to be at a high risk level. It is found that Thai drinkers on average consume a very high quantity of alcohol. Male drinkers consume as high as 85.72 grams of pure alcohol, while the female counterparts consume 51.99 grams. Such consumed amount is considered heavy or binge drinking³. The recent trend saw greater drinking frequency and prevalence, with the proportion of regular drinkers rising from 16.8% to 20.2% during 1996-2007.

3. The consumption of young people began at an early age, reflecting the severity of the problem with a long-term impact. All the academic findings show the average age of alcohol consumption getting younger. Over the years there have been several types of new beverages designed to attract young people and the female population. As a result, each year sees about 260,000 new drinkers. In addition, the prevalence of consumers in the youth group, especially young females, is clearly evident. Young male drinkers (aged 12-19 years) consume as much as 1,118.35 grams/drinking day while the amount consumed by young female counterparts is 61.95 grams. This is considered a considerable amount.

4. Alcohol consumption causes a host of health problems, physical, mental, social and spiritual. The impact is not confined only to the consumers. Their family, people who are near and dear to them, the public, community, society and other sectors of the country are also affected. Alcohol consumption is linked to more than 60 types of disease and injury. It accounted for 2.3 million deaths of the global population or 3.8% of the total deaths in 2004 and for 4.6% of the total burden of disease⁴. With regard to Thailand⁵, the year 2004 shows that the death of 18,000 Thais is attributable to alcohol consumption, the number one health risk factor in the male population and number two health risk factor for the entire population. It accounts for 8.1% of the total burden of disease, almost twice the international average.

¹ Bandit Sonphaisan, 2008 Annual Alcohol Situation

² World Health Organization, Global alcohol database, n.d.

³ Binge drinking is drinking more than 5 standard drinking units or more than 50 grams of pure alcohol.

⁴ Rehm J, et al, Global burden of disease and injury and economic cost attributable to alcohol use and alcohol use disorders, *Lancet* 373, 27 June 2009

⁵ Kanittha Bunthamcharoen, et al.

5. Alcohol consumption has direct and indirect social impacts on several fronts, such as family problems, careers, absenteeism, unemployment, violence and crime. It also has a long-term impact on social potentials and future. It affects children and youths, mental health, parenting capabilities, intellectual and mental development of children, domestic violence, premature loss of life and permanent disability, loss of potentials, and permanent damage to the brains of young people, as well as misleading young people to various other health and social problems.

6. Alcohol consumption has positive and negative impacts on the economy as a whole. Alcoholic beverages are connected to individual and social poverties. Thai households with drinking members bear 6-8% of the total expenditure⁶ for alcoholic beverages. Academic findings show that the negative social impacts constitute more than 1% of the Gross National Product (GNP) in developed and developing countries, i.e. US\$725 (about Baht 25,375) per population after the adjusted cost of living for developed countries and US\$293 (Baht 10,255) for developing countries. With regard to Thailand, the impact in 2006 amounted to 150.7 billion baht or 1.92% of GNP⁷, a figure clearly higher than what the State received in the form of excise tax.

7. Alcohol consumption is a result of the interaction of five factors: strong alcohol policy and its implementation, personal factors and conditions, social values, access to drinks (prices and the extent to which drinks can be bought or obtained from various sources), and consumption promotion including direct and indirect advertisement. In this connection, the management of alcohol consumption problems must take into account all factor groups. The average quantity of alcohol consumption in society relates to the severity of health and social problems as well as social costs. Control of the quantity of social consumption is an important mechanism in the management of alcohol consumption problems including the quantity and patterns of consumption and its health, economic and social impacts. The management covers three areas: toxicity, effects of intoxication (effects on the central nervous system), and addiction.

Alcohol policy

8. Alcohol consumption problems can be controlled by an effective alcohol policy. Measures are divided into seven groups, i.e. tax and price measure, control of access to alcoholic beverages, adaptation of the situation and drinking context, management of drinking-driving, control of advertisement of alcoholic beverages, education and dissemination, and treatment and identification of those with drinking problems. A good alcohol policy framework must have a balance between measures at the individual level and those at the environmental level on the one hand and between measures targeted for the general public and those targeted on specific population groups on the other. It must cover and protect non-consumers, consumers, and problem drinkers alike. The aims are to control consumption and to reduce the risks and severity of the problems.

⁶ Wichai Chokwiwat, et al, Tobacco and Alcohol: Difference of Health Risk Factors between Thai Households with Different Economic and Educational Levels, Warasan Wichakan Satharanasuk, 2007

⁷ Montharat Thawoncharoensap, et al, Study of Economic Costs of Alcohol Consumption in Thailand for 2006-2007

9. Besides these seven groups of measures, there are other measures available, including measures to manage alcohol consumption at the community level, measures related to occupations and work practice, and international trade policy, especially free trade agreements. These measures, however, could enhance the effectiveness of the problem management or pose obstacles to the alcohol policy.

10. Measures in the alcohol policy are all different in terms of efficiency and cost-effectiveness. There are ten most effective measures⁸: age limit imposed on buyers; the State-owned alcohol retail stores; restricted time for alcohol sale; restricted density of points of sale; alcohol tax system; random breath testing to check the driver's blood alcohol level; taking away the driving license, graduated licensing while taking into account drinking-driving behaviors; and identification of high risk offenders with an identification system and brief primary interventions. Measures that yield optimal results and effectiveness for Thai society are tax and price measures, restricted access to alcohol, control or banning of advertisement, and serious regulations on drinking-driving behaviors. On the other hand, measures with little results and effectiveness are education to young people, self-regulation by operators of alcohol industry in the absence of legal provisions for penalty, and alternative activities to alcohol consumption. It must be said, however, that some measures, despite their limited success in the ability to directly control the problems, may create important side-effects useful to the policy process, e.g. public campaigning.

Limitations of alcohol policy in Thailand

11. Thai society has become more alert to problems of alcohol consumption, and in recent years the Thai public clearly more familiar with measures of the alcohol policy. Thailand has developed a number of measures based on the alcohol policy on a continuing basis, as seen in the Alcohol Beverage Control Act 2008 and the structural mechanisms that come with it. However, if one is to evaluate the result of the policy, it must be admitted that the Thai alcohol policy is not satisfactorily effective in terms of its potential to control the quantity of consumption, control of risk behaviors, and control and reduction of the severity of the alcoholic consumption problems.

12. Significant limitations in the alcohol policy process are: weaknesses in policy contents in some groups of measures, weak policy implementation, little or no policy and measures at the local level, little or no monitoring and evaluation, problems in the application of academic/technical knowledge to the advancement of the policy process, problems of transparency in the policy process, and preparedness in the handling of new threats including repercussions of economic agreements and international trade. In addition, capitalism and free-trade economy influence social attitudes toward alcoholic beverages which are viewed as "ordinary commodities", just like any other merchandise, without due attention paid to the important role of alcohol policy in the protection of social wellbeing.

⁸ Babor, et al, Alcohol No Ordinary Commodity, 2003

National strategic plan of the alcohol policy

13. The national strategic plan of the alcohol policy is developed in light of Resolution 1.6 of the First National Health Assembly 2008. It is expected to be based on academic/technical knowledge, in line with the country's culture and morals, and as a result of an extensive participatory development process.

14. The national strategic plan of the alcohol policy is designed to support the work of the State agencies, especially the Alcoholic Beverage Control Policy Committee, in the development of measures for the alcohol policy, strengthening of policy implementation, monitoring and evaluation of the alcohol policy. It acts as a mechanism to support the roles and participation of all sectors, especially at the local level, in the prevention and control of alcohol-related problems. It also promotes coordination between legal mechanisms, especially under the Alcohol Beverage Control Act 2008, and other social mechanisms. It serves as a tool for setting a long-term target for the Thai society in the management of alcoholic beverage problems. Equally, it serves as a learning mechanism for the society to better understand alcohol-related problems and how to solve them.

15. The objective of the national strategic plan of the alcohol policy is to control the magnitude and severity of the problems deriving from alcoholic beverages in the Thai society through four major policy mechanisms as follows: control of the quantity of social consumption, prevention of new drinkers and control of consumer prevalence, reduction of consumption risks, and limitation and reduction of severity of the consumption problems.

Issue for Consideration by the National Health Assembly

The National Health Assembly is requested to consider documents: Health Assembly 2/ Draft Resolution 10, and Draft National Alcohol Policy Strategies in Document National Health Assembly 2/ Draft Resolution 10/ Annex 1.