

Strategy in Dealing with the Alcoholic Beverage Consumption Issue

1. Alcohol consumption affects all dimensions of health; physical, mental, social and spiritual well-being, of not only consumers themselves but also their family, acquaintances, community, and the society as a whole. From the report of the World Health Organization¹, alcohol consumption caused 2.3 million deaths in 2002 and accounted for 4.4% of total global burden of disease. The negative impact from alcohol consumption disproportionately affects male and younger population more than their counterparts. In Thailand, alcohol consumption is the second greatest health demoting factor, creating 8.1 percent of total burden of disease in 2004. This figure is almost double the international average reported by the World Health Organization. The burden from alcohol contributed to 13.3% of total burden of disease for male population and 1.0% for female.

Situation on Alcohol Consumption and related Impact

2. While the alcohol consumption in most developed countries has stabilized or declined, the average consumption volume or per capita consumption in many developing countries, including Thailand, has constantly risen. Low and middle income countries, with conventionally low drinking volume, then have become the 'emerging market' for alcohol industry. Each Thai adult drank averagely 50.3 litres of beverage in 2007. In particular, the beer consumption had increased 12 times between 1987 and 2003. It is estimated that the unrecorded alcohol consumption, mainly illegal, among Thai population is about 2 litres of pure alcohol per capita per year².

3. Not only an increase in the consumption volume, drinking pattern of Thai consumers is considered as high risk. This is particularly when consider on high drinking volume per occasion and high prevalence of heavy use. Drinking frequency among Thai consumers, especially among young and female, has increased significantly, while the starting age for consumption has decreased. All these are threatening signs for the well-being of Thai society.

¹ World Health Organization. Evidence-based strategies and interventions to reduce alcohol-related harm: Global assessment of public-health problems caused by harmful use of alcohol (Document A60/14 add.1). 2007

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

4. Alcohol consumption relates to over 60 types of diseases and injuries³, short and long terms.. Some drinking patterns by a certain groups of population may create health benefit, preventing coronary heart disease and diabetes. Such drinking pattern, however, is not easily to achieve and also has negative impacts on other organs. More importantly, neither has there been any report on heart protective effect at population level. Meanwhile there exists other that are easier, more effective and cost effective. Overall, health burden from alcohol consumption is 28.7 times greater than benefit it can generate. Among many categories of alcohol-related problems, psychological problem has the highest share in terms of burden of disease, followed unintended injuries (including traffic accidents), intended injuries such as violence and physical assault, cardio-vascular diseases and cancer, respectively⁴. For Thailand, the severity of many health problems, such as road traffic morbidity and mortality and liver disease mortality, associate with per capita consumption.

5. Alcohol consumption, directly and indirectly, leads to many social consequences. It causes family and marital problems, career problems- manifested as presenteeism absenteeism and unemployment, as well as violence and crimes. Alcohol consumption has long term effects on the country's competitive capacity and social prospect, from the impact to children and youth. It also relates with domestic violence, premature deaths and disabilities. To parents, alcohol undermines physical and mental health, as well as ability to foster spouse and independents. These situations negatively affect children's intelligence and mental health. Most importantly, alcohol use among youth can lead to permanent neurological damage, halting their life achievement. To many youth, alcohol is a main gateway leadint them to other misconducts, and health problems. Similar to health problems, incidences of many social consequences associate with average alcohol consumption volume. Thus, the control of alcohol consumption at population level is crucial to harness alcohol-related problems.

6. Alcohol consumption creates both positive and negative effects to the economy. Positive impacts include state revenue, mainly from alcohol excise tax, and employment in alcohol-related businesses. The cost of alcohol-related harms, however, were estimated to be between 1.1% to 6% of the country's GDP⁵. From WHO report, the global cost of alcohol-related problems in 2002 was between 210 and 665 billion U.S. Dollars. In Thailand, the social cost of alcohol problems in 2006 was as high as 150 billion Baht, equivalent to 1.92% of GDP, which was more than twice the state revenue from alcohol excise tax. Alcohol consumption relates to poverty at individual and population levels. Thai households with drinking members spend 6-8% of all expenditures on alcohol, which is many times higher than expenditures for cigarette and health care.

³ World Health Organization. The World Health Report 2002: Reducing risks, promoting healthy life. 2002

⁴ World Health Organization. Evidence-based strategies and interventions to reduce alcohol related harm: Global assessment of public-health problems caused by harmful use of alcohol (Document A60/14 add.1). 2007

⁵ World Health Organization. *Global status report: Alcohol Policy*. 2004

The Alcohol Policy

7. Alcohol-related problems are avoidable and controllable through effective alcohol policy. Alcohol policy interventions can be categorized into seven groups: tax and pricing, physical availability control, drinking context modification, intervention targeting at drink driving, control of alcohol promotion, education and persuasion and scencing and treatment programs. An effective alcohol framework should strike a balance between measures directed at the individual and at the environment, as well as target at general and high-risk populations, protect both non-consumers and consumers, and must aim at control or reduce consumption as well as deter harms.

8. Alcohol policy interventions differs in terms of effectiveness and cost effectgiveness. The 'ten best practice' interventions to reduce alcohol-related problems ⁶ are: minimum purchasing age, , state monopoly for retail outlet, control of outlet density, alcohol taxation, random breath testing, lowering blood alcohol content limit for driver, driver license suspension, graduated licensing for novice drivers, and brief intervention for hazardous drinkers. The most cost effective interventions for Thailand are alcohol tax increase and well enforced random breath testing. Some intervention, although s bear very limited effectiveness may produce significant by-products for the policy process.

9. Seven groups of alcohol policy interventions:

9.1 Tax and price: The price of alcoholic drinks affects decision to consume alcohol, drinking volume and and therefore risk and severity of problems. Taxation can reduce both amount and frequency of drinking, delay drinking onset. Taxation is particularly effective on youth and young people, and also has certain impact on high risk drinkers, including those with alcohol dependence. Comparatively, alcoholic beverages in Thailand are cheaper than global average⁷. Major limitations for Thai alcohol taxation include tax rate anomaly among beverage types causing very cheap price for some categories, the irrelevance to economic situation particular to inflation rate causing the decline of beverage real prices and higher affordability, emerging of cheap youth-targeted beverages such as alcoholic frappe and fruit-flavoured alcohol (Ready-to-Drink), and inability to compensate the negative impact trade agreements.

⁶ Babor et al. Alcohol No-ordinary Commodity, 2003

⁷ World Health Organization. Global Report on Alcohol Policy, 2004

9.2 Physical availability control (accessibility control): Physical availability control aims to increase difficulty for consumers and population to access alcoholic beverages. It is considered a highly effective intervention in reducing alcohol-related problems, especially among youth and young population, and high risk population groups. Interventions in this group in Thailand include outlet licensing, regulation on time of sale, minimum purchasing age, and ban of sale to people with intoxication. . Major weakness for Thai physical availability control are the poor enforcement, lack of control on number and density of outlets, and many interventions are not designed to reduce problems.

9.3 Drinking context modification: Thailand has two types of intervention in this group; public campaigning on alcohol-free period and events, and ban of drinking in some certain venues. The promotion of ‘Alcohol-free : Buddhist Lent’ campaign, as well as ‘Alcohol-free Freshmen Welcome ceremony’, have shown their initial success. In 2005, for example, more than one million people expressed intent to refrain from/reduce alcohol consumption and 63% of alcohol consumers stopped or reduced their consumption in 2006⁸. The Alcohol Beverage Control Act, B.E. 2551 prohibits drinking in many venues such as religious venues, hospitals and clinics, government offices, academic institutions, petrol stations and public parks. The effectiveness of this zoning measure is to be further monitored.

9.4 Drink driving countermeasures: Although much attention has been more concretely given to addressing drink driving, the severity of the problem has not decreased. Incidence of road traffic accident, morbidity and mortality remain high. A significant limitation for the intervention is the lack of strong and consistent law enforcement. Responsible agencies are usually attentive on a blitz basis, focusing only on festival periods. This scenario make the overall chances of being tested, commonly known as ‘visibility to public’, very low.

9.5 Regulation on alcohol promotion: Alcohol advertising, as well as sponsorship on sports ,music and cultural events, have accumulative effect on both consumption decision and on social climate toward the use of alcohol. The effect of alcohol promotion is especially felt on youth and young population, with particularly on decision to start drinking The World Bank recommends countries to comprehensively control of alcohol promotion in order to protect young people⁹. There still exist many limitations in advertising regulation in Thailand , in areas of policy content, enforcement integrity and punishment.

⁸ Parichart Sathapitanonda et al. 2006. Social Movement on Alcohol Consumption Control – Evaluation Result during 2005 – 2006.

⁹ World Bank Group. World Development Report 2007: Development and the Next Generation. 2006

9.6 Education and persuasion: This intervention group yields low effectiveness and requires large budgets, therefore is not cost effective. However, these are popular interventions, partly because on the absence of counter forces since the interventions do not directly control or intervene alcohol market. Interventions, implemented in Thailand, may be classified into two groups: mass media campaign and warning label on alcoholic products. Currently, Thailand does not any official health education system or curriculum specific to alcohol.. Despite the poor outcome, education and persuasion campaign can produce a significant by-product, in shaping social attitude on alcohol consumption, alcohol-related problems, and alcohol policy.

9.7 Screening and treatment program: Providing treatment high-risk population and persons who already experienced problems can limit and reduce the severity of the problem for the patient themselves, their family and society, as well as prevent and reduce the potential of future problems. At present, Thailand still lacks an official treatment system for alcohol dependences. Furthermore, screening program, particularly the brief intervention technique, has not been well integrated into Thai primary health care setting. Accessibility to care of those in need and technical capacity of health care providers are still significant limitations.

Limitations in the Thai Alcohol Policy

10. Four important limitations in Thai alcohol policy process include weaknesses of policy enforcement, lack of effective monitoring and evaluation, lack of technical knowledge and knowledge utilization in the policy process, and policy process transparency.

11. Important limitations in Thai alcohol policy content include:

11.1 The lack of a national alcohol policy framework to provide direction and strategy for related policies and interventions

11.2 The lack of alcohol policy at local level

11.3 Many interventions are not primarily aim at problem reduction value

11.4 The lack many effective regulations such as control on number and density of alcohol outlet, lowering blood alcohol content for general and novice drivers, special control of time and place of sale and place of drink in high-risk periods, and high screening program for high risk population.

11.5 The lack of integrity of policy content of measures such as the regulation on location of sale and drink, treatment program, and alcohol advertising control.

12. Limitations of alcohol policy stakeholders

12.1 Stakeholders come from different sectors and have different needs, interests and values on alcohol policy. The conflict of interest and ideas are common, part of which is caused by the different problem structuring and incomprehensive information

12.2 Many stakeholders participate in the process on an occasional and reactive basis. Many stakeholders with potential have not yet involved in the process.

12.3 There are also capacity limitations of many stakeholders involved in policy formulation, implementation and evaluation, as well as limitations in coordination between public agencies and others.

13. Although Thai society has become more aware of the negative consequences from alcohol consumption and has provided more support for the alcohol policy, attention tends to be restricted only to the problem magnitude of the problem, and as problem at individual level. These public awareness and support have rarely been transformed into social pressure and desire for a sound policy. Moreover, the concept of neo-liberalization and free trade, country modernization, economic growth and globalization all have affected the situation of alcohol use and alcohol policy. Increasingly, many view alcoholic beverages as ordinary commodity, with no difference from other harmless products. This paradigm overlooks the significant role of alcohol policy in protecting health and well-being.

14. Effective mechanisms to address limitations, in order to support existing alcohol policy and achieve policy objective-to reduce alcohol-related problems, include:

14.1 Development of a national alcohol policy framework to provide direction and platform for various policy and interventions at national and local level

14.2 Reviewing international experience and exploring the opportunity to employ such effective interventions in Thailand, including revising existing interventions

14.3 Strengthening technical capacity and knowledge management.

14.4 Creating interactive and participatory learning processes to all stakeholders

14.5 Strengthening policy enforcement and monitoring and evaluation

14.6 Promoting public awareness and policy monitoring by civil society

14.7 Promoting the transparency, integrity and free from conflicts of interest of alcohol policy process and stakeholders

Action by the National Health Assembly

The National Health Assembly is invited to consider the *Draft Resolution 1/6*.