

*Unofficial Translation*

**First National Health Assembly  
Agenda 3.6**

**Draft Resolution 1/6  
22 November 2008**

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**Strategy in Dealing with the Alcoholic Beverage Consumption Issue**

The First National Health Assembly

Having reviewed the report on Strategies in Dealing with the Alcoholic Beverage Consumption Issue,

Informed about the impacts of alcoholic beverage consumption causing up to 2.3 million deaths a year among the population and creating a burden of disease as high as 4.4% of all burdens of disease in 2002. The consumption of alcohol is considered the highest health risk among developing, low mortality rate countries such as Brazil, Mexico, China and Vietnam. It is also the third highest health risk in developed countries. In Thailand, the consumption of alcohol is considered the second highest health risk factor, creating a disease burden of as much as 8.1% in 2004.

Informed about the alcoholic beverage consumption situation in Thailand, where there is a strong trend that the average consumed amount to population ratio will increase and that the consumption frequency will be elevated with increased numbers of daily or almost daily drinkers. Furthermore, the consumer density and consumption frequency among youth groups and young people, especially women has increased significantly and it is found that there is a tendency for youth to start consuming alcohol at a younger age.

Informed that alcoholic beverage consumption brings forth issues which have long term effect on the nation's future by creating significant problems for the youth and young people groups. Such problems include premature death, injury, temporary and permanent disability, brain abnormality and other problems as well as unprotected sex, unprepared pregnancy and crime issues.

Informed that alcohol abuse may be avoided and controlled through the use of alcohol measures. The alcohol policy framework must be balanced and provide enough coverage, consisting of measures at all policy levels, from the community level to the international level. The framework must comprise measures to reduce alcohol consumption, reduce consumption risks and rehabilitate affected persons. The measures must be aimed at the overall population body and risk groups, including youth.

Informed that countries having limited resources should concentrate their efforts on measures which are most efficient and cost-effective in minimizing alcohol use issues by employing tax measures and measures which limit access to alcoholic beverages and informed that measures which totally prohibit the advertisement of alcohol produce distinct results in the long term reduction of problems among youth groups while certain

popularly implemented measures such as educating youth, self regulation among members of the alcohol industry where there is no legal penalty and providing alternative activities to replace alcohol use have all proved to have little efficiency or cost-effectiveness,

Informed that Thailand implements various measures and policies which affect the issue of alcohol consumption where there are many responsible agencies at many levels but the available measures have not yet been so effective in controlling the severity of the issue of alcohol use,

Informed about developments in the Thai alcohol policy process in the past years and the promulgation of the Alcohol Beverage Control Act B.E. 2551, which stipulates the establishment of the National Alcohol Beverage Policy Committee, chaired by the Prime Minister or assigned Deputy Prime Minister, to be tasked with drafting policies, plans and controls for alcoholic beverages as well as to assume monitoring, assessing and inspecting duties,

Informed about the different limitations of the process to limit alcohol use issues in Thailand, especially the lack of strategic plans or policy frameworks to tackle the problem, being in a situation where there is a lack of common direction and objective in related policies and measures, the lack of technical knowledge and limitations in applying that knowledge to the policy process, the lack of transparency and participation as well as the threat of influence from stakeholders in situations of interest conflict,

The National Health Assembly hereby issues the following resolutions:

1. The National Health Commission is urged to

1.1 Announce the control of alcoholic beverage consumption as a national as well as local agenda and ask the Cabinet and the Decentralization Committee to inform local government organizations of the matter accordingly,

1.2 Strengthen the mechanisms of the control of alcoholic beverage consumption as follows:

1) To bring to pass a widely participatory process in which a national strategic plan and policy for alcohol is developed within one year and submit it to the Second National Health Assembly for adoption. The activities conducted shall be based on technical knowledge and support the work of the National Alcoholic Beverage Policy Committee.

2) To support mechanisms for cooperation created by public agencies responsible for handling alcoholic beverage problems to ensure that any development measure and policy that affects or may affect problems deriving from alcoholic beverage issues, including trade negotiation, shall focus solely on controlling the problem and/or shall not be used as the condition for and/or obstacle to the control of the problem, e.g. in the signing of a “Memorandum of Understanding” between national and local agencies.

2. All State agencies, academia, professional organizations, the private sector, and civil societies at every level and member partners of the National Health Assembly are urged to actively participate in the process of developing the strategy.