Regional Action Plan to Implement Global Strategy to Reduce Harmful Use of Alcohol for the South-East Asia Region (2014–2025)
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SEAR regional situation

Alcohol consumption leads to many negative impact on all dimensions of health; physical, mental, social and spiritual. Alcohol consumption relates to over 60 groups of diseases, caused 3.3 million global deaths in 2012 (5.9% of all global death) including 634,539 deaths in the South-East Asia Region (SEAR). Alcohol attributed to 5.1% of global burden of diseases, in term of total Disability-adjusted life years (DALYs) in 2012, and 4.0% for SEAR. Alcohol consumption also leads to many Non-communicable diseases (NCDs), including cardiovascular diseases and many cancers, as well as many communicable diseases including HIV/AIDS, TB and lower respiratory infection, that altogether attributed to a great proportion of global and regional burden of diseases.

Alcohol consumption also has a negative impact on other people surrounding drinkers and largely associates with many social and economic adverse consequences to population, especially the poor. It also undermines social asset in the long run, and therefore impedes social and economic development, particularly in low and middle-income countries through productivity loss, poverty enhancement, and impacts on social safety and quality of life. Magnitude and severity of alcohol-related problems in SEAR are prominent particular on NCDs, violence, domestic violence and traffic injuries.

Many health risks and social problems are also associated with alcohol consumption, in various patterns; causal relationship, reinforcement, coincidence, gateway. These undesirable behaviors related to alcohol include tobacco use, illicit drug abuse, violent behaviours, unsafe sex, HIV/AIDS, crime, financial problems and unemployment. These alcohol-related problems are also impediments of achievement of socio-economic development agenda, including the Millennium Development Goals (MDGs).

Compared to other regions, SEAR has relatively low drinker prevalence (13.5%) but a high percentage of heavy episodic drinking or binge drinking. The Region has witnessed an increasing consumption among youth and female population, which conventionally have low drinking prevalence. Adult Per-capita consumption rose continuously from 2.2 in 2005 to 3.4 litres of ethanol in 2010 and is forecasted to further increase to be close to 4 litres of ethanol in 2025. Although with significant drop in recent years, estimated unrecorded alcohol consumption still has a significant share in SEAR, accounted for almost 50% of regional consumption. Meanwhile, there is a shift of drinking pattern from indigenous style to metropolitan western-style beverages, as well as from ritual use to life style-related drinking. Majority of alcohol consumed in the Region is in the form of spirit (77.3%).

As an emerging market for alcohol industry, alcohol market in SEAR generally has a significant and continuous growth, both in terms of market volume and value. Alcohol
industries have progressively been investing and doing marketing in the region. In addition to globalization and a growing of bilateral, regional and multi-lateral trade agreements that facilitate the free flow of and investment in alcohol, alcohol marketing (product, price, place, promotion) might boost the consumption and negative impact of alcohol in the Region, as well as might limit the ability of Member States to prevent and control alcohol-related harms.

Overall, situation of policy and intervention to address harms from alcohol in SEAR countries is quite weak in term of incomprehensiveness, inconsistency, and outdate. The existing policies and legislation, furthermore, are lack of effective implementation and enforcement and have not taken well enough in to account public health interest. Most SEAR MSs have ineffective alcohol-specific infrastructures to support the alcohol policy process including agency, policy and strategy, law and regulation.

Global and regional initiatives on NCDs and alcohol

Global initiatives

- Resolution WHA58.26 on public health problems caused by harmful use of alcohol
- Resolution WHA63.13 on the Global Strategy to reduce the harmful use of alcohol and the WHO global networks of the National Counterparts to implement the Global Strategy to Reduce the Harmful Use of Alcohol was set up later in 2011
- Resolution WHA66.10 on the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013-2020 and global target on reduction of harmful use of alcohol as one of the nine voluntary targets

Regional initiatives

Resolution SEA/RC54/R2 on Mental Health and Substance Abuse, including Alcohol, SEA/RC59/R8 on Alcohol Consumption Control: Policy Options which endorsed the Regional Policy Framework, document SEA/RC59/15, to provide strategic guidance to Member States are the key policy milestones to address the issues of the alcohol-related problems in the SEAR.

SEARO has provided support to Member States for the development of alcohol policy and implementation of the Global Strategy to reduce the harmful use of alcohol. The Regional networks of National Counterparts to implement the Global Strategy to Reduce the Harmful Use of Alcohol has set up in 2011. Many technical tools and materials have been developing in consultation with experts within the Region. Many community programmes have also initiated in SEAR countries and documented their good practices for collective learning in the Region. SEARO has also hosted several intercountry workshops to discuss the issue of harm from alcohol in the community and how this can be taken forward by Member States, these are:

- Symposium on Reducing Harm from Alcohol Use in the community, Bali, Indonesia, 4-6 October 2007
- Regional conference of Parliamentarians on ‘Legislative and Policy Action for Promoting Health’, Bali, Indonesia, 8-9 October 2007
Follow-up session in the Sixty-first session (New Delhi, September 2008) and the Sixty-second session (Kathmandu, September 2009) of the Regional Committee

Possibility of Developing a Framework Convention on Control of Harm from Alcohol Use, Intercountry Consultation of Harm from Alcohol Use, Intercountry Consultation, SEARO, New Delhi, 5-6 January 2009.

The WHO Regional Technical Consultation on the draft Global Strategy to Reduce the Harmful Use of Alcohol, co-sponsored by the Government of Thailand, Nonthaburi, Thailand 24-26 February 2009

Community Action to Reduce Harm from Alcohol Use- Meeting of Experts, Bangkok Thailand, 22-23 April 2009

Mobilize the Global Alcohol Strategy in Regional Context, Global Alcohol Policy Conference, Nonthaburi, Thailand, 13-15 February 2012

There has been an initiative to integrate alcohol and NCD programs of works in the SEAR, including the Bi-Regional Workshop on Building Capacity for Reducing the Harmful Use of Alcohol at Country Level in Coordination with NCD Prevention and Control, held for selective WPR and SEAR Member States in Bangkok October 2012 and adopted by the 66th meeting of the SEAR RC on the Regional Action Plan and Targets for Prevention and Control of NCDs (2013–2020) (resolution SEA/RC66/R6) that endorsed a regional voluntary target on 10% reduction of harmful use of alcohol, and recommended Member States to use total Adult Per Capita Consumption as the basic indicator.
Principles of the action plan

Alcohol consumption and drinking initiation are complex behaviors, affecting by many interrelated factors, including social norms, physical-financial-social availability of alcohol, pro-drinking influence such as marketing and peer pressure, individual factors such as knowledge and attitude, and strength of alcohol policy content and implementation.

Both consumption volume and drinking pattern are major determinants of alcohol-related harms, through three intermediate mechanisms; alcohol toxicity, intoxication and dependence. Therefore comprehensive alcohol policy framework should address all five groups of factors, two determinants and three intermediates. Ethanol is the most health detrimental substance in both legal and illegal alcoholic beverages. In some circumstances, contamination of Methanol and other toxic compounds may pose additional negative health impact at collective level.

Alcohol Policy Framework should be comprehensive in at least three dimensions. Firstly balance among policy mechanisms, the framework should aim; (1) to control for consumption in society including to address underage drinking and prevent new drinkers, (2) to reduce probability of alcohol-related consequences, and (3) to address people with harms including to provide screening and treatment programs. Next, a comprehensive prevention and control strategy needs to balance an approach aimed at population as a whole with one directed at high-risk individuals. And lastly, it should balance between legislative interventions, such as laws and regulations, and soft power interventions such as community actions, which are not alternative to each others.

Evidence confirms that collective consumption volume in a society, such as total Adult Per Capita Consumption (APC), strongly associate with magnitude and severity of alcohol related harms, both acute and chronic as well as both health and social consequences. In most if not all societies, most alcohol in consumed by a minority of drinkers, who drink heavily and regularly. Therefore APC can robustly reflect the prevalence of high-risk uses of alcohol in a society, while also does not neglect currently-low-risk drinking which may move toward severe end in the near future. Furthermore, APC is cheaper and more direct to attain, compared with heavy episodic drinking (HED) and alcohol-related morbidity and mortality.
The regional action plan relies on the following overarching principles.

**Alignment and action:**

The Plan is based on existing tools and mechanisms, at national and international levels, including aligning with Global Strategy to Reduce Harmful Use of Alcohol, Global Action Plan on NCD Prevention and Control 2013-2020 (WHA66.10), Global Monitoring Framework on NCD Prevention and Control and Voluntary Targets, as well as focusing on current mechanisms such as Global and Regional Networks of National Counterparts in Implementing the Global Strategy to Reduce Harmful Use of Alcohol and UN Taskforces on NCD.

**Alcohol is everybody’s business:**

The plan emphasizes on ownership, engagement and partnership within the health sector and across sectors, at all levels, involving multiple stakeholders including governments, civil society, academia, the private sector without conflict of interest, and international organizations.

**Focus on equity and all-inclusive protection:**

All people, particularly the poor, youth and vulnerable, should be protected from preventable alcohol-related harms, without discrimination. Policies and programmes should rely social determinant concept in addressing alcohol-related harms in population groups, differ in education, gender, socioeconomic status, ethnicity and migrant status.

**Evidence-based and context-relevant strategies:**

Policies and programmes to address alcohol problems should be developed based on scientific evidence and/or best practice, cost-effectiveness, affordability, and public health principles, while taking into account social and cultural context including existing social structures.

**Management of real, perceived or potential conflicts of interest:**

Policies for the prevention and control of alcohol-related problems should be protected from undue influence by any form of vested interest. Real, perceived or potential conflicts of interest must be acknowledged and managed. The alcohol industry should not involve, directly and indirectly, in the policy formulation process, but should play significant role in ensuring their compliance with health-related and consumer-protection regulations and to limit their impact on the population.
Structure of the action plan

**Vision:** Reduction of health and societal burden from alcohol consumption

**Goal:** SEAR Member States with tools and capacity to address alcohol-related problems

**Target:** At least a 10% relative reduction in total adult per capita consumption\(^1\) within a calendar year in litres of pure alcohol, as appropriate, within the national context, to be achieved by 2025

**Optional Additional Targets:**
- At least a 10% relative reduction in age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- At least a 10% relative reduction in alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

**Strategy:**

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\(^1\) Total of recorded and unrecorded alcohol consumed by populations 15 years old and older, and might be adjusted for tourism consumption
Strategy I: Promoting the implementation of alcohol policy interventions, listed in the global strategy (10 target areas)

Area 1: Leadership, awareness and commitment

Alcohol and health issues related to it should be accorded as high national priority. In doing so, there is a need to have an authoritative body, commission or committee, responsible for developing and updating a national alcohol policy and programmes, as well as for policy implementation. This body could represent the highest level of government administration, according to national context, and should be open for engagement of stakeholders beyond health system boundary, and supported with adequate resources. Innovative financial mechanisms, such as dedicated tax system, might promote the adequacy and sustainability of alcohol programs.

Political leadership and commitment is crucial for the development of national targets, and national strategy/policy/plan to address alcohol problems. This national alcohol strategy/policy/plan should be based on available scientific evidence, and tailored to local social economic and cultural circumstances. Further it should be inter-sectoral by nature, with clear objectives, strategies and targets. The policy should be accompanied by a detailed action plan and supported by effective and sustainable implementation and evaluation mechanisms.

**Monitoring indicators**

- Number of Member States with national alcohol strategy/policy/plan
- Number of Member States with responsible authoritative body(s)

**Actions by Member States**

- Adopt and accelerate the Global Strategy to Reduce the Harmful Use of Alcohol
- Set up the national targets on alcohol consumption, taking into account the Global Monitoring Framework and Voluntary Targets to prevent and control NCDs
- Establish and/or strengthen dedicated agency(s), at least at national level, to be responsible for alcohol strategy/policy/plan development, coordination, implementation and monitoring and evaluation.
- Review of existing alcohol-related policy/regulations, and identify policy gaps taking into account the Global Strategy to Reduce the Harmful Use of Alcohol and the Global and Regional Action Plan for the Prevention and Control of NCDs and current situations on alcohol consumption and its determinant
- Develop and/or strengthen a comprehensive evidence-based and context-relevant alcohol strategy/policy/plan, preferably with adequate resources and open for multi-sectoral engagement, and taking into account existing social capitals, culture and structures while protecting public benefit from any conflict of interests.
- Raise public awareness, including through public campaigning and public education, to support alcohol policy and its implementation taking into account low drinking prevalence context and avoiding stigmatization. Mobilize resources to support alcohol programs, including through innovative mechanisms such as dedicated tax system
**Actions by WHO**

- Support the development of national alcohol strategy/policy/plan and related-plan of action, including through the work of regional technical advisory group and global and regional network of national counterparts, develop and disseminate alcohol policy advocacy data and tools and provision of technical consultation.
- Continue to strengthen advocacy to for a priority and commitment in addressing alcohol-related harms and provide technical support to integrate alcohol into health policy as well as development agenda strategies.
- Support Member States in establishing and strengthening institutional and coordinating mechanisms, including to promote the experience sharing on different models of alcohol policy authorities.
- Provide technical evidence on any potential detrimental impacts of the free trade agreements on alcohol consumption, related determinants and alcohol policy.
- Promote transparency of alcohol policy process and effective mechanisms to manage conflicts of interest.

**Area 2: Health services’ response**

The traditional role of the health sector is to provide treatment and rehabilitation services to those with alcohol problems. In addition, an important role of the health sector, which includes primary care physicians, nurses, other professionals and community health workers, could be in screening and early identification of people and family at risk of alcohol problems, particularly at primary health care level. Tools to screen for alcohol-related harm, including the WHO-developed AUDIT (Alcohol Use Disorder Identification Test), are available, and have been tested for its applicability in the region.

Overall, brief intervention, particularly at primary health care level, is the most cost-effective among screening and treatment measures. Preparedness of health workforces and adequate resources are important for health service response.

**Monitoring indicators**

- Guideline and standard for screening and treatment services
- Percentage of screened/treated patients with alcohol problems

**Actions by Member States**

- Provision of context-relevant effective health and social services to people at risk and with alcohol problems, taking into account the potential contribution of self-help activities and programmes.
- Develop and promote the early identification intervention for alcohol-related problems, particularly the brief intervention programs, with concerns given to drinking during pregnancy and other co-morbid conditions such as drug use disorders and mental health disorders, depression.

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• Strengthen health care system and health insurance system to better address alcohol-related harms, with particular focus on primary health care and referral system
• Increasing capacity of health workforces and social service workers to provide screening, treatment and rehabilitation care, including through training
• Enhancing availability, accessibility and affordability of, and addressing social and financial barrier to, health care system among those with alcohol problems.

**Actions by WHO**

• Provide technical support to Member States in strengthening health system responses addressing of alcohol-related harms, including the development of tool and guidelines, and health workforce training, and experience sharing

**Area 3: Community action**

In recent decades, community-level efforts to control harmful use of alcohol in some countries were successful through enhanced partnerships and networks, involving public agencies and NGOs. Community action is not in itself a strategy, but rather a process of implementation of one or more policy interventions at the community level. Communities can be supported and empowered by governments and other stakeholders to use their local knowledge and expertise in adopting effective approaches to prevent and reduce the harmful use of alcohol while being sensitive to local context.

Recognition of harm from use of alcohol within a community is an important step in organizing community based efforts. Various measures of community action include: (a) organizing awareness programmes on alcohol within the community, (b) monitoring alcohol-related social and economic situations, (c) enhancing social control on drinking and harms including through rules and regulations, and (d) supporting measures including community-based treatment and rehabilitation programmes.

**Monitoring indicators**

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**Actions by Member States**

• Develop policy/plan to promote prioritized community actions to address alcohol problems including alcohol-free environment, preferably integrated into national strategy/policy/plan, based on social capitals and cultures, and with adequate resources.
• Evaluate, document, disseminate information and lesson learned from on community actions on alcohol, and promote knowledge sharing among localities and institutions with aim for the upscaling of good practices
• Promote implementation of national policies, local policies and surveillance system at community level, taking into account local context and social structure
• Promote recognition of alcohol-related harms and their linkage to other social consequences such as poverty, social development, safety and equity at the local level, as well as ownership and engagement to address alcohol problem at local level

• Strengthening capacity of local authorities and civil society groups to address alcohol problems at local level and promote their engagement to national and international levels

### Actions by WHO

• Facilitate the knowledge- and experience-sharing mechanisms on community actions to address alcohol-related problems at local level

### Area 4: Drink-driving policies and countermeasures

Road traffic accident gains the highest public attention among alcohol-related problems. Research indicates that the risk and severity of road traffic injuries increases with drink-driving. This suggests that driving under the influence of alcohol, even when the Blood Alcohol Concentration (BAC) is within the legal limit, has a higher risk particularly for new and young drivers. In some settings, policy addressing drink driving should also pay attention to injury among pedestrians and non-motorized vehicles.

Effective countermeasures include: (1) setting legal BAC at appropriate level, and if possible, lowering the legal BAC level; (2) active surveillance system for drink-driving; (3) swift punishment(s) including license suspension; (4) measures for high-risk groups, such as setting a specific lower level of legal limit of BAC among new and young drivers and commercial drivers (“zero tolerance”); and (5) ban of sale in high risk period such as long weekend. It has been shown in research studies that regular and comprehensive Random Breath Testing (RBT) with high public visibility, effective and timely penalty is more effective than setting fixed sobriety checkpoints.

Intervention with much less effectiveness and cost-effectiveness, can introduce for supportive interventions, are campaigning, persuasion, education on volume and pattern of safe drinking, providing public transport, designated driver program, compulsory treatment for those repeated offenders, and ignition lock.

### Monitoring indicators

- Number/percentage of drink-driving injuries
- Number of arrested drink-driving cases
- Number of checked drivers

### Actions by Member States

- Review, develop and/or strengthen legal measures to address drink driving, these may include (1) to set up and/or adjust for an appropriate BAC limit for general drinkers, and consider lowered BAC for high risk drivers such as commercial and young/novice drivers and (2) to review and increase penalties for drink driving. (3) to institutionalize appropriate interventions for repeated drink driving offenders.
• Intensify drink driving law enforcement, preferably by random breath testing approach, including through the engagement of local authorities and civil society
• Conducting public awareness and information campaigns in support of policy to promote public visibility on regulation enforcement
• Increase the coverage and accuracy of drink-driving injury data in health information system

**Actions by WHO**

• Provide technical support for the development and implementation of drink-driving countermeasures
• Support the strengthening of drink driving information system
• Facilitate the knowledge and experience sharing in tackling drink-driving

**Area 5: Availability of alcohol**

Regulation on physical availability of alcohol is one of the most effective alcohol policy interventions. Such strategies provide essential measures to prevent easy access to alcohol by vulnerable and high-risk groups. There is evidence that limiting the availability of alcohol influences the rates of alcohol-related injuries and other problems. Setting a minimum legal purchasing age (MPA) or drinking age is a measure targeted at the youth by restricting their access to alcohol. Evidence suggests that consumption of alcohol is usually influenced by the age at which alcohol is legally available (on or off license) and increasing legal age for purchasing/drinking is one of the most effective interventions in reducing alcohol-related problems and the consumption of alcohol by minors. The minimum age limit in SEAR countries varies from 18 to 25 years. However, to achieve its goal, minimum purchasing/drinking age laws need an effective enforcement and surveillance mechanism. Social availability of alcohol, for example from parents or friends, needs also to be taken into consideration in measures on the availability of alcohol.

There are a number of policy options to regulate alcohol availability, such as restricting the number, density and locations of sale outlets; limiting hours and days of sale; and on sale conditions. Studies have shown that measures such as closing of sales outlets or restriction of sale at certain time of the day/specific days like religious days or paydays, restrictions on sale of high alcohol content beverages or rationing the amount of alcohol sold to an individual, could reduce social and health-related problems linked to alcohol use in the short- and long-term. Restriction on serving and selling alcohol (such as not serving already intoxicated customers) has shown to be effective only if enforced with server/seller liability. Prohibition of public drinking at specific settings such as educational institutions, public places (offices and factories), recreational settings (parks and beaches, cinema halls, sports stadiums) and fast-food restaurants could promote safer public environment.
Monitoring indicators

- Prevalence of underage drinking (aged under minimum purchasing age)

Actions by Member States

- Develop, review and strengthen regulations on physical availability, taking into account national context, with particular focus on retail licensing system, minimum purchasing age, and control on place and time of sale, as well as promotion of permanent and temporary alcohol free zone.
- Strengthen the surveillance system and law enforcement including administrative measures, preferably with community participation.
- Consider setting policies regarding sale and drinking in high-risk public settings including youth gathering events.

Actions by WHO

- Provide technical support for the development and implementation of physical availability control.
- Conduct evaluation on physical availability controls, including implementation, in the Region in order to boost the policy effectiveness.
- Facilitate the knowledge and experience sharing in addressing underage drinking, including to monitor the situation.

Area 6: Marketing of alcoholic beverages

Alcohol advertising has influence on drinking initiation, temptation to try, decision to consume, and promoting changes in social values and attitudes including seeing alcohol consumption is normal, publicizing the desirability of social drinking to its viewers, which all encourage a higher consumption of alcohol and weaken the social climate towards effective alcohol control policy. However, it has proved difficult to measure the exact effects of advertising on alcohol-related harms taking into account the cumulative and long-term effect of marketing.

Alcohol is marketed through increasingly sophisticated advertising and promotion techniques, including linking alcohol brands to sports and cultural activities, sponsorships and product placements, and new hi-technology marketing techniques. The exposure of children and young people to appealing marketing is of particular concern, as is the targeting of new markets in developing and low- and middle-income countries with a current low prevalence of alcohol consumption or high abstinence rates. There is frequent portrayal of alcohol in media materials, hinting that alcohol use as a harmless pursuit, showing solidarity, friendship and masculinity, while neglecting any negative consequences.

Control on alcohol marketing should comprehensively cover both exposure and content of marketing. Self regulation by the industry and mass media could be an additional approach, but cannot replace legislative regulations. It is very difficult to target young adult consumers without exposing cohorts of adolescents under the legal age to the same marketing, as well as to control for marketing across borders. A precautionary approach to protecting young people against these marketing techniques should be considered.
Even in places where alcohol advertising is banned, the alcohol industry could still market their product through legal loopholes, such as surrogate advertising – brand sharing of products including name and logos, advertising at the point of sales, and sponsorship of events particularly in teenager-friendly events such as sports, music and cultural events. Thus an effective monitoring system is needed.

### Monitoring indicators


### Actions by Member States

- Develop the broad and functioning definition and scope of alcohol marketing activities based on potential practices, to be the framework for further regulation
- Set up and strengthen comprehensive legislative regulatory frameworks, and supported when appropriate by self-regulatory measures, on content (i.e. health claim, sex appeal) and volume of alcohol marketing through any means including mass media, new hi-technology media, sponsorship, product placement, point of sale advertising and price promotion
- Strengthen enforcement of alcohol marketing regulation, with adequate resources
- Review and strengthen policy to promote enforcement, including punishment for regulation violations.
- Develop monitor and surveillance system on alcohol marketing, preferably through independent body(s) with participation of community, local authorities and civil society

### Actions by WHO

- Provide technical support for the development and implementation of alcohol marketing regulation
- Review the situation of alcohol marketing strategies in the Region, including cross-border marketing and marketing through new media, in order to draw policy recommendations in need
- Further collect and disseminate the scientific data on impacts of alcohol marketing to gain priority and commitment
- Facilitate the knowledge and experience sharing in addressing underage drinking, including to monitor the situation

### Area 7: Pricing policies

Generally, consumers respond to a price increase in alcoholic beverages. Data from developed countries suggests that the impact is more among price-sensitive consumers such as the youth rather than occasional drinkers. Heavy drinkers also respond to price change. Studies suggest that an increase in taxation on alcoholic beverages and policy to set the minimum price of alcohol can reduce the rates of alcohol-related traffic injuries and mortality, and incidents of alcohol-related violence in the community. Experience in many settings show that alcohol tax raise could bring benefit to both health and revenue generation purposes. Factors such as consumer preferences and choice, changes in income, alternative sources
for alcohol in the country or in neighboring countries, and the presence or absence of other alcohol policy measures may influence the effectiveness of pricing policy. Demand for different beverages may be affected differently.

Taxation on alcoholic beverages should raise its retail price to the level that can alter consumption decision, with an effective enforcement mechanism to prevent consumer’s shifting towards cheaper illegal alcohol. With increasing income the impact of one-time rise in price may be neutralized. Thus the taxation system should be adjusted so that the prices of alcohol beverages rise at or beyond the rate of inflation and purchasing power. With rapid expansion of trade liberalization, taxation for alcohol products has been more rationalized (usually reduced) by treating them like any other ordinary commodity, leading to cheaper prices.

### Monitoring indicators

- Retail prices of cheapest beverages in each beverage type

### Actions by Member States

- Establish and/or adjust alcohol taxation policy preferably taking into account the alcoholic content of the beverage, and with broad coverage across beverage types and strength (% alcohol by volume) and economic situations
- Consider alcohol pricing policy initiatives such as to expand taxation coverage to illegal alcoholic beverages, to use price incentive for non-alcoholic beverages, to set minimum pricing policy and to develop dedicated taxation on alcohol
- Regularly review, collect data and analyse situation on alcohol production, alcohol price in the market, in relative to inflation, income and economic situations, including consumer price index and price elasticity, to be used as the basis of alcohol taxation adjustment
- Strengthen pricing policy implementation, in accordance with efforts to address illicit alcohol and price promotion marketing

### Actions by WHO

- Advocate for the pricing policy on alcohol to promote mutual benefit, gaining more revenue while protecting health, including by facilitating technical knowledge sharing on alcohol taxation among relevant stakeholders from health and non-health sectors
- Conduct a study on alcohol taxation and pricing policy in the Region, in order to draw policy recommendations to Member States and WHO
- Provide technical support, including to develop alcohol taxation guideline that may appropriate with situations in low and middle income and low drinking prevalence countries

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3 Cheapest and popular brand for each beverage type (such as beer, wine and distilled spirit), in some circumstances, cheapest beverage may be different between price per package and price per pure alcohol quantity
Area 8: Reducing the negative consequences of drinking and alcohol intoxication

This target area includes policy options and interventions that focus directly on reducing the harm from alcohol intoxication and drinking without necessarily affecting the underlying alcohol consumption. Current evidence and good practices favour the complementary use of interventions within a broader strategy that prevents or reduces the negative consequences of drinking and alcohol intoxication. In implementing these approaches, managing the drinking environment or informing consumers, the perception of endorsing or promoting drinking should be avoided.

Monitoring indicators

Actions by Member States

- Address and regulate the high risk drinking contexts such as in mass gathering events, youth-focused settings, drinking in public places, workplaces and payday drinking, preferably with adequate resources and support.
- Setting monitoring and surveillance mechanism to promote safety in high risk settings including workplaces.
- Provide education and social campaign to raise awareness on harms from alcohol, especially on crime, social safety, domestic violence, poverty, suicide and harm to others than drinkers.
- Develop and review regulations on alcoholic beverage label including text and pictorial warning messages and information on the product ingredients including percentage of alcohol content and other chemical substances.
- Establish multisectoral care system to address alcohol-related victims, including domestic violence and child abuse.

Area 9: Reducing the public health impact of illicit alcohol and informally produced alcohol

Consumption of illicitly or informally produced alcohol (called hereafter ‘unrecorded’ alcohol) could have additional negative health consequences due to a higher ethanol content and potential contamination with toxic substances, such as methanol. Unrecorded alcohol may also limit the effectiveness of alcohol taxation and physical availability regulations. Information on supply and demand of unrecorded alcohol, as well as its health consequences, is usually scarce. Public policies addressing unrecorded alcohol should not be based on a single paradigm as unrecorded alcohol consists of many beverage types. The interventions to regulate unrecorded alcohol should complement, not replace, other interventions to reduce harmful use of alcohol.

Unrecorded alcohol might be long embedded in many cultures. Thus control measures should be combined with awareness raising and community mobilization, as well as efforts to stimulate alternative sources of income.
Monitoring indicators

Actions by Member States

- Develop the practical definition of illegal and informal alcohol in national contexts to be use as framework for other areas of alcohol policy, including taxation, physical availability control and marketing regulation
- Consider developing policy relevant to unrecorded alcohol, as appropriate, such as to regulate the sale and production, to bring unrecorded alcohol to taxation system, and to control for production quality
- Develop and strengthen mechanism to monitor unrecorded alcohol consumption and related determinants
- Promote effective enforcement of regulations relevant to unrecorded alcohol, such as tax stamps and production licensing system
- Integrate the issue of illicit and informal alcohol into national and local alcohol policy mechanisms, including provide supports for local operators to stop their businesses.

Actions by WHO

- Collect and update and disseminate technical knowledge on health impacts of unrecorded alcohol
- Conduct a study on situations and determinants of unrecorded alcohol in the Region in order to draw context-relevant policy recommendations
- Promote the knowledge and experience sharing on different models to address unrecorded alcohol

Area 10: Monitoring and surveillance

There is a need for countries to work together in collaboration with WHO and interested alliances to monitor national and regional situation on alcohol consumption and related problems including social cost of alcohol consumption, as well as develop a comprehensive set of indicators for the purpose of monitoring and evaluation of various alcohol control policy options and strategies for reducing public health problems caused by alcohol.

Development of sustainable national information systems using indicators, definitions and data-collection procedures compatible with WHO’s global and regional information systems, including the Global Monitoring Framework on NCD Prevention and Control, provides an important basis for effective evaluation of national efforts to reduce harmful use of alcohol and for monitoring trends. The potential for adaptation and use of such indicators depends upon the availability of information and the existence of national programmes. The data from other sectors and sources such as industry, customs, trade and commerce, revenue, police, transport, and national surveys, can be used in mutually consistent and supportive ways to create a valuable national information source. There is a need to have a national information clearing house for alcohol-related information.
Monitoring indicators

- Number of country with responsible agency(s) for alcohol-related information

Actions by Member States

- Set up and/or update the monitoring and surveillance mechanisms, including periodic national surveys and studies on magnitude and trend of consumption, alcohol-related problems, determinants and policy
- Establish or designate and strengthen responsible institution(s) for collecting, collating, analysing and disseminating available data
- Promote the compliance of alcohol-related information systems and mechanisms with the Global Monitoring Framework on NCD Prevention and Control including to report on target achievement
- To strengthen coverage and accuracy of alcohol-related information in health information system
- Strengthen health information system to include alcohol and tobacco information, including patient’s records and causes of death.

Actions by WHO

- Promote the compatibility of data, through standardization of definition, formats and procedures, at both intra- and intercountry level
- Provide technical support to Member States in strengthening alcohol monitoring and surveillance mechanisms and health information system

Strategy II: Strengthening capacity, collaboration and coordination

Production and dissemination of knowledge

Data on trend of alcohol consumption, alcohol-related harms and the societal responses should be monitored and systematized. Knowledge in need to effectively address alcohol problems consists of both research and information from monitoring and surveillance system such as health system registration data. The knowledge and good practices should be and further consolidated and expanded systematically at the regional and national level, especially information on epidemiology of alcohol use and alcohol-related harms, impact of harmful use of alcohol on economic and social development. However, technical evidence to support for effective alcohol policy development and implementation are very limited in low and middle income countries.

Actions by Member States

- Review and analyse available information, and identify knowledge gaps, to set up agreed areas of priority for research and monitoring and surveillance system
- Strengthen national capacity for research and development, including research infrastructure, equipment and supplies in research and academic community institutions, and the competence of researchers to conduct good-quality research
- Promote the linkage mechanisms between knowledge and action at all levels
### Actions by WHO

- Provide technical support to develop national research agenda and assist in resource mobilization to carry out priority research
- Strengthen capacity of national institutions in development of research protocols, analysis of data and dissemination of knowledge
- Foster partnerships and linkages between academia, research institutions and other stakeholders to translate knowledge into policy and action
- Develop and promote the use of policy advocacy tools such as guidelines
- Strengthen the regional alcohol information system and develop appropriate data-collection mechanisms and timeframe, based on comparable data and agreed indicators and definitions
- Organize meetings and conferences, including the SEA Regional forum of key partners from Member States and international partners, to facilitate the sharing of knowledge and experience, as well as new research findings
- Develop and disseminate Regional report on alcohol-related situations and trend, with additional necessary content to the Global Report.
- Support Member States to address potential impacts of trade agreements on alcohol consumption, determinants and alcohol policy.
- Support Member States to conduct a study of economic impact of alcohol-related.

### Collaboration and coordination

While there are variety of opinions, interests and values on prevention and control of harmful use of alcohol, alcohol policy requires engagement and collaboration from many public agencies and sectoral ministries and other law enforcement agencies, health professional organizations, private sectors, as well as faith-based, health, consumer protection, and other civil society groups. Within health sector alone, effort to promote consistency and integration of policy and program on alcohol to other health programs, including primary health care, NCDs prevention and control, mental health, tobacco control, injury prevention, are much needed.

Coordination and cooperation to promote synergistic effort for working together with a clear formulation and effective implementation of national alcohol policy is essential, and should be at all levels, from community to international. The UN NCD Taskforce, One WHO policy and UN Country Team are initiative to ensure consistency between alcohol and other programs.

### Actions by Member States

- Establishing mechanisms to promote multi-sectoral collaborations at executive and operation levels, such as multi-ministerial committee and stakeholder consultation, in implementing the Global Strategy to Reduce Harmful Use of Alcohol
- Promote coherences between alcohol and other initiatives, within and outside health sectors
Actions by WHO

- Provide guidance to Member States for developing effective partnerships for multisectoral actions
- Establish/strengthen an effective coordination and communication between programs of work to address alcohol-related harms and other relevant programs, including in the implementation of the Global and Regional Action Plan on NCD Prevention and Control, and across organization levels
- Communicate and coordinate with other relevant international organizations, to promote the implementation of the Global Strategy to Reduce Harmful Use of Alcohol at country level

Strengthening international networks to support the implementation of the Global Strategy to Reduce Harmful Use of Alcohol

Global and regional networks of public health, economic and social institutions, public policy faculties and experts should address issues related to non-communicable diseases and their risk factors including alcohol. This would generate evidence-based information which would strengthen the planning, implementation, monitoring and evaluation processes, and in the adoption of policies and strategies for reducing public health problems from harmful use of alcohol. In addition, the Global Network of National Counterparts in Implementing the Global Strategy and its subsidiaries, including various taskforces and SEA regional Network, could be an effective platform to provide technical support, share knowledge and experience and facilitate the Global Strategy implementation.

Actions by Member States

- Support national counterparts and members of Technical Advisory Group, and other experts to participate in mechanisms to provide technical support and accelerate the implementation of the Global Strategy

Actions by WHO

- Support and strengthen the WHO Global and Regional Networks of National Counterparts for Implementation of the Global Strategy to Reduce Harmful Use of Alcohol
- Establish the SEA Regional Technical Advisory Group on Alcohol and Health, consisting of experts from but not limited to SEA region, with mandate to provide technical advice to Member States
Annex

Roles of key stakeholders in addressing harmful use of alcohol

At national level

Roles of the Government

- Declare and concretely fulfill the commitment to address alcohol-related problems, with priority in protecting of well-being, peace and harmony, and public interests of the society, as well as being a model to society
- Comprehend the situations on alcohol consumption and related problems, including to structure the factors involved, as an essential competency to formulate effective and cost-effective alcohol
- Ensure transparency and promote the engagement of academic and civil society with no conflict of interests in the alcohol policy process, at policy formulation, implementation and evaluation processes

Roles of the health sector

- Comprehend the situations on alcohol consumption and related problems, including to structure the factors involved, raise awareness, and support social attitudes supportive to effectively address alcohol-related problems
- Participate in the policy process to address alcohol-related problems, particularly through health promotion mechanisms
- Prioritize the value of health service system in providing screening and treatment program to population with or vulnerable to alcohol problems

Roles of the economic sector

- Comprehend the impact of alcohol consumption on productivity, social consequences and social and economic losses.
- Develop and support for alcohol policy, especially tax and price interventions, regulation on physical availability, and control of advertisement, as an effective part of sustainable and long-term national economic and social development
Roles of the public social sector, education, and guardians of social order

- Comprehend the impact of alcohol consumption on social consequences
- Work together with families and communities in overseeing, screening, educating and preventing alcohol-related problems in young people
- Proactively participate in alcohol policy process at national and local levels

Roles of local government organizations

- Develop alcohol policy interventions relevant to local context and resources, especially guidelines for tax and price interventions including retail sales licensing fee, guidelines for retail sales license issuing and practice of licensees, and organize and promote alcohol-free events
- Declaring situation of alcohol consumption and related problem in the locality as performance indicator for of local governments
- Support the implementation of the national alcohol policy at local level
- Monitor the situation on alcohol consumption and related in the locality

Roles of the alcohol industry

- Strictly comply to national and local alcohol policy rules and regulations
- Avoid conducting marketing strategy that is through channels easily accessed to by youth, strategy that promotes positive attitudes on drinking, alcoholic beverages, and entrepreneurs among youth, both in above-the-line advertising and any other indirect or hidden marketing
- Avoid being obstacle to alcohol policy process at national and local levels in the way to protect commercial interest on the cost of public

Roles of civil society, NGOs, employers, business enterprises, and labor organizations

- Comprehend the impact of alcohol consumption on social consequences.
- Avoid any policy and interventions with adverse impact on alcohol-related problems
- Strengthen the surveillance system on consumption and harm situations in areas of interest
- Formulate alcohol policy at every setting, focusing on effective and cost-effective interventions
- Support public sector in the process to address alcohol-related problems
Roles of academe and mass media

- Participate in the generation and dissemination of knowledge on alcohol consumption and related problems, necessity of alcohol policy, and promote social attitudes toward effective alcohol policy
- Avoid any action that may have an adverse effect on problem situation including being used as a tool to protect commercial interest on the cost to public
- Work closely with all sectors in support of effective alcohol policy process

At international level

Roles of the WHO Regional Office in the South-East Asia Region (SEARO)

- The WHO Regional Office, together with its collaborating centres, will continue to play a leading role in coordinating a regional response to the particular challenges of alcohol related harm in SEAR. The Regional Office will work closely with WHO headquarters to support the regional and global implementation of the global strategy to reduce the harmful use of alcohol, in accordance with the implementation of the Regional Action Plan and Targets for Prevention and Control of NCDs.
- The Regional Office will assist countries in the implementation, evaluation and monitoring of alcohol policies, according to their needs, culture and socioeconomic make-up and ensure the seamless coordination within WHO institutional and operation levels between programs of work to address alcohol-related harms and other relevant programs, including NCD, health promotion and mental health. It will liaise with appropriate intergovernmental agencies such as the Unite Nations Development Programme (UNDP), the World Bank, the International Labour Organization (ILO), the World Trade Organization (WTO) and the Organisation for Economic Co-operation and Development (OECD), to seek inclusion of alcohol policies in relevant social and economic development agendas.
- Within the context of a public health approach to alcohol-related problems, the Regional Office will support government bodies at national and subnational levels, and in particular in those countries with the highest burden of alcohol-related problems and has no comprehensive alcohol policy, to give high priority to preventing the harm done by alcohol, with an increased investment in the implementation of policies known to be effective. The Regional Office will support countries in continuing to review the nature and extent of the problems caused by alcohol in their populations, the resources and infrastructures available for reducing their incidence, prevalence and impact, and the opportunities and possible constraints in establishing new policies and programmes. It will also support countries’ efforts to formulate, develop and implement adequately financed action plans on alcohol with clear objectives, strategies and targets, and to establish or reinforce mechanisms and focal points to coordinate the work of public health stakeholders. Furthermore, the Regional Office will assist Member States in implementing and evaluating evidence-based policies and programmes, utilizing existing structures where feasible.
Recognizing the role that NGOs can play in supporting alcohol policy, the Regional Office will strengthen its processes of consultation and collaboration with NGOs and relevant professional bodies that are free of conflict of interest with the public health interest.

The Regional Office is guided by the principle that public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence.
Alcohol consumption has many negative impacts on all dimensions of health – physical, mental, social and spiritual. The Regional Action Plan to implement Global Strategy to reduce harmful use of alcohol for the South-East Asia Region (2014–2025) has been developed with a vision to reduce the health and societal burden of alcohol consumption. The Action Plan, based on existing tools and mechanisms, considers that alcohol is everybody’s business; focuses on equity and all-inclusive protection; advocates evidence-based and context-relevant strategies; and emphasises the management of real, perceived or potential conflicts of interest. The Action Plan targets at least a 10% relative reduction in total adult per capita consumption in a calendar year in terms of litres of pure alcohol, within the national context, by 2025 for Member States of the Region. The Plan outlines the roles of key stakeholders as the WHO South East Asia region works towards achieving this target.