

**(Draft) the National Alcohol Policy Strategy**

**To be presented to**

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**by Dr.Thaksaphon Thamarangsi)**

# 1. Introduction

Alcohol consumption leads to many negative impact on all dimensions of health; physical, mental, social and spiritual. The extent of alcohol-related harm does not confine to only those drinkers. Their family and surrounding people, community and society as a whole all together bear the burden derived from drinkers. Alcohol consumption relates to over 60 groups of diseases, and caused 2.3 million global deaths in 2004. It also largely associates with plenty of social and economic adverse consequences, undermining social asset in the long run, and therefore impedes social and economic development. In Thailand, alcohol consumption is the second greatest risk factor, accounting for 8.1 % of overall total burden of diseases, which is roughly two times higher than global figure. The cost of alcohol-related problems was 0.151 trillion Baht, equivalent to 1.97% of the Gross Domestic Product. This cost is much higher than public benefit in the form of state revenue generated from alcohol production and trade. Alcohol-related problems are fundamentally avoidable and preventable with effective alcohol policy and strong implementation

## 2. Situations of alcohol consumption, alcohol-related problems, and alcohol policy

2.1 Alcohol consumption among Thai adult continuously increased over time. Adult Per-capita consumption rose from 7.28 in 1997 to 7.71 litres of pure alcohol in 2007<sup>1</sup>. This is particular for western-style beverage including whisky and beer. Beer consumption had a 12 times growth during 1987 and 2003. Meanwhile, consumption of unrecorded alcohol was estimated to be around 2 litre of pure alcohol per adult. Consumption situation in this few years seems to be stable, compared to the previous period.

2.2 The number of new drinkers in Thai society is worrisome. Around 0.26 million Thais, mostly youth and young people, have started their drinker life each year. Drinker proportion among sun population groups, which were conventionally low, had constantly increased. These are for example female population, youth and young people who are national future. By the way, drinker prevalence among elderly has a decreasing trend.

2.3 Alcohol consumption has become more and more common in Thai society. The Proportion of regular users, particularly those daily drinkers, has increased. The number of occasional drinkers has moved in the opposite direction. Among Thai drinkers, the percentage of regular drinkers<sup>2</sup> increased from 37.14 in 1996 to 40.67% in 2007.

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<sup>1</sup> Calculated from the report on alcoholic beverage production and importation of Excise Department, unit in liter of beverage, with exemption on Sura Samthap (over 90% alcohol beverage) category, converted to liter of pure alcohol by the calculation method used by the World Health Organization

<sup>2</sup> Those who drink more than once a week

2.3 Drinking pattern in Thai society is considerably harmful compare to those of high income countries. Thai male drinkers averagely consumed 85.72 grams of pure alcohol per drinking day, and 51.99 grams for female drinkers. Among teenage (12-19 years old), male drinkers averagely consumed as high as 118.35 grams per drinking day, and 61.95 grams for female. All of these figures are considered as binge drinking.

2.4 Alcohol market in Thailand generally has a significant and continuous growth, both in terms of market volume and value. Particularly for western-style beverages, new beverages types and brands have been introduced to Thai market recently. This is especially for drink with specific customer segments, such as drinks for female group and for youth. Availability of and accessibility to alcoholic beverages, as well as exposure to direct and indirect alcohol advertisement, for Thais are generally high.

2.5 Magnitude and severity of many health and social problems attributable to alcohol in Thailand are more prominent than other countries. Moreover, evidence found the relationship between magnitude of many problems and consumption increase, such as d traffic mortality. Alcohol consumption associates with poverty at individual and collective scales. Thai household with drinker(s) spent 6-8% of total expenditure on alcohol. Further, alcohol expense of Thai household expanded with higher growth rate than total income and expenditure. Drinkers from lower socio-economic stratum generally consume alcohol in a more harmful way.

2.6 Alcohol consumption connects to many health risks and problems to society, in various patterns; causal relationship, reinforcement, coincidence, gateway. These undesirable behaviors related to alcohol include tobacco use, illicit drug abuse, violent behaviours, unsafe sex, crime, financial problems and unemployment.

2.7 Thailand had had a continuous effort addressing alcohol-related problems for a while, in particular the development of the Alcohol Control Act B.E. 2551 (2008) which provided the structure for alcohol problem prevention and control to Thai society. Compared to other countries, Thailand has a lot of alcohol policy interventions, with an increasing recognition among general population over time. The major limitations are, however, the strength of policy content and consistency of implementation. Considering on situation of consumption and harms, therefore, Thai alcohol policy is much far away from being effective.

2.8 Major drawbacks of Thai alcohol policy process include the weakness and inappropriateness of alcohol policy content in many areas, weakness in implementation and enforcement, lack of alcohol policy at local levels, lack of efficient policy monitoring and evaluation, unavailability and poor utilization of technical knowledge to support the process, transparency of the process, and the preparedness to confront with new threats including negative impact from international trade agreements. Moreover, the concept of modernization and neo-liberalization limits the eligibility of alcohol policy to protect Thai society, and make stakeholders and Thai people see alcohol as another 'ordinary commodity', with inadequate attention on alcohol-related harms.

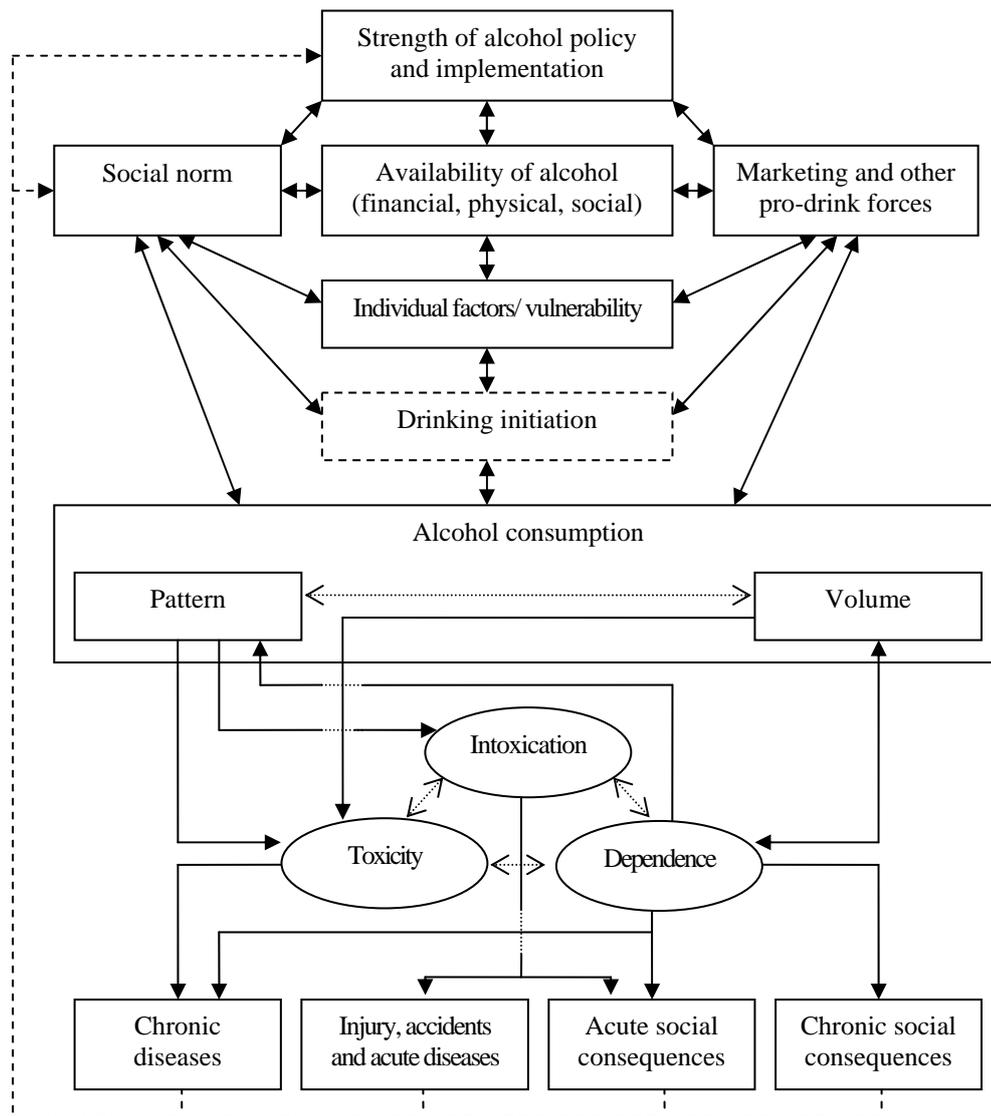
### **3. Determinants of alcohol consumption and alcohol-related problems**

Alcohol consumption is a complex behaviour, involving with five groups of determinants of which have relationship to each others, as depicted in Figure 1. These are strength of alcohol policy, social norm on alcohol consumption, availability of alcohol (financial, physical and social), supportive factors for drinking particularly marketing strategies conducted by the alcohol industry, and personal factors/vulnerability. These factors affect drinking initiation, and later drinking practices.

Both volume and pattern of consumption lead to consumption consequences through three major intermediate mechanisms; toxicity, Intoxication or effect of alcohol on central nervous system, and addictive nature of alcohol. Alcohol-related impacts include both short- and long-term consequences, and consist of both health, social, and economic effect. To close the loop, the magnitude and severity of alcohol-related problems then feed backs to social norm on consumption and public policy addressing these harms.

Evidence confirms the correlation between average alcohol consumption volume and the magnitude and severity of alcohol-related problems in the society, acute and chronic. This is because many health and social consequences have a dose-response relationship with consumption. Therefore, it is scientific to use consumption at aggregated level, such as Adult Per capita Consumption and drinker prevalence, to forecast and monitor magnitude and severity of alcohol-related problems. Furthermore, an effective alcohol policy framework should comprehensively covers five determinant groups attributable to alcohol consumption, and pay attention to consumption volume, patterns as well as directly addressing alcohol-related harms.

**Figure 1: Determinants of alcohol consumption and related harms**



Modified from 1) Birckmayer et al, A general casual model to guide alcohol, tobacco and illicit drug prevention: assessing the research evidence (2004), and 2) Babor et al, Alcohol No Ordinary Commodity (2003)

## **4. Declaration of Commitment, Fundamental values, Objectives, intermediate mechanisms, Indicators and Targets of the National Alcohol Policy Strategy**

### **4.1 Declaration of Commitment**

“Addressing alcohol-related problems is the national and local agenda”

### **4.2 Fundamental values**

1. Every sector of Thai society has collective responsibility to address alcohol-related harms
2. Being prevented from harms, accessing to care provided by state and receiving information essential for preventing and control of negative consequences to individuals, family and community are fundamental right of Thais
3. Growing in society and environment equipped with mechanisms preventing them from alcohol-related harm is the fundamental right of Thai children and youth
4. Being prevented from forces to drink is fundamental right of Thai abstainers and those who do not want to drink, youth in particular
5. Being prevented from negative consequences, deriving from alcohol consumption and marketing strategy disrespectful to local culture and wisdom, is fundamental right of Thai community

### **4.3 Objectives**

#### General objective

To support the control of the magnitude and severity of alcohol-related problems in Thai society

#### Specific objectives

1. To support the work of public sector agencies, especially the National Alcohol Policy Committees, in attempts to formulate, strengthen implementation of, and evaluate alcohol policy
2. To support proactive role and participation of all sectors concerned, especially at the local level, in the process addressing alcohol-related harm
3. To set direction, comprehensiveness and long-term targets of Thai society in addressing alcohol-related problems

#### By-products

The National Alcohol Policy Strategy and related processes, prior and post the adoption of the Strategies, are social innovative tool for collective learning in order to better understand alcohol consumption, related problems and problem-solving approaches.

#### **4.4 Principles of the Strategy**

1. Review and formulation of alcohol policy, comprehensively integrating all five sub-strategies with a special focus on effectiveness and cost-effectiveness of interventions, at all policy levels from the community to national, as well as strengthening their implementation toward intensive, consistent and continuous basis
2. Strategy will determine the extent and direction of the formulation of action plans, interventions and all alcohol policy at various levels
3. The Strategy takes into account the flexibility in development of action plans in each Strategy's component, depending on the level of readiness and preparedness of components and relevant sectors
4. The implementation of the Strategy and plan of action generated from the Strategy will be in phasing basis, including declaring targets and deliverables at various policy settings

#### **4.5 Intermediate Mechanisms of the Strategy**

In order to control magnitude and severity of alcohol-related problems, the Strategy employs four intermediate mechanisms, aiming at different target groups;

1. Control of alcohol consumption in Thai society
2. Preventing new drinkers and control of drinker prevalence among general population
3. Minimizing consumption risks through consumption volume, drinking pattern, and post-consumption behaviors
4. Minimizing extent and severity of alcohol-related negative consequences

#### **4.6 Success indicators of the strategic plans and targets**

The assessment of the success of the Strategic plans should be based on specific key indicators that can predict the problem severity, that can be consistently measured, that do not incur too much cost in obtaining information, and that correspond with the four intermediate mechanisms. The illustration is shown in Table 1, consisting of basic indicators and additional indicators which are more complex in nature and require additional investment.

In general, the main targets of the Strategy are set for five years (2015) and ten years (2020), based on the Per-capita consumption, drinker prevalence among general adult population and among young people, percentage of regular drinkers who drink more than once a week, as illustrated in Table 2.

**Table 1: Basic and additional indicators of the National Alcohol Policy Strategy**

| <b>Intermediate mechanisms</b>                                | <b>Basic indicators</b>                                  | <b>Additional indicators</b>   |
|---|--|--|
| 1. Control of Aggregated consumption volume in Thai society   | Adult Per-capita consumption                             |  |
| 2. Preventing new drinkers                                    | Drinker prevalence among 15-19 and 20-24 years age group |  |
| 3. Control of drinker prevalence                              | Drinker prevalence among adult population                |  |
| 4. Minimizing risk  |  |  |
| Drinking volume   |  | <ul style="list-style-type: none"> <li>• Prevalence of binge drinkers (who consume more than 5 standard drinks)</li> <li>• Drinking intensity, (average consumption volume per drinking session/ per drinking day)</li> <li>• Proportion of heavy drinkers*</li> </ul> |
| Drinking patterns   | Prevalence of regular drinker                            | Proportion of those who report of being intoxicated  |
| Post-consumption behaviors                                    | Prevalence of drink driving consumers                    |  |
| 4. Minimizing extent and severity of alcohol-related problems |  | <ul style="list-style-type: none"> <li>• Prevalence of alcohol-dependence</li> <li>• Proportion of drinkers with alcohol-related problems**</li> <li>• Severity of health and social problems largely attributable to alcohol, e.g. road accidents</li> </ul>          |

*Note:*

\* e.g. percentage of the consumers who consume alcohol more than 40 grams per drinking session/ drinking day or per day

\*\* e.g. proportion of those with Alcohol Use Disorder Identification Test (AUDIT) score higher than 7 in the population or among drinkers

**Table 2: Targets of National Alcohol Policy Strategy**

| Target   | Unit                                     | 2007   | 5 years (2015)      |        |                  | 10 years (2020)    |        |                  |
|--|--|--------|---------------------|--------|------------------|--------------------|--------|------------------|
|  |  |        | Primary prediction* | Target | Change from 2007 | Primary prediction | target | Change from 2007 |
| Per-capita consumption                               | Liter of pure alcohol per adult per year | 7.71   | 8.20                | 7.71   | constant         | 8.78               | 7.32   | -5%              |
| Drinker prevalence among adult                       | percentage                               | 30.0%  | 30.69%              | 28.5%  | -5%              | 39.25%             | 27.0%  | -10%             |
| Drinker prevalence among population aged 15-19 years | percentage                               | 12.70% | 15.37%              | 12.70% | constant         | 16.67%             | 12.07% | -5%              |
| Proportion of regular drinkers ** per all consumers  | percentage                               | 40.67% | 45.88%              | 40.67% | constant         | 48.837%            | 38.63% | -5%              |

*Note:*

\* Forecasted from the linear trend based on 1996-2007 data from the National Statistical Office and Excise Department

\*\* Those who averagely consume at least once a week

## 5. Strategies to reduce alcohol-related problems

Alcohol policy interventions are largely different in terms of effectiveness and cost-effectiveness. The ten best practices to reduce alcohol-related harms include ten measures are: minimum purchasing age ; state-owned alcohol outlet; restricting time of sale; restricting outlet density; alcohol taxation; random breath testing; lowering blood alcohol concentration limit for drivers , confiscating driving license for drunk drivers, and brief intervention. Comprehensive regulation or banning alcohol advertising and other marketing strategies are effective in preventing new drinkers and controlling young people's consumption, thus benefiting the society in the long run. Most effective and cost-effective interventions in Thailand are taxation and price measures, restriction on physical availability, ban on alcohol advertising and strong enforcement of drink driving countermeasures.

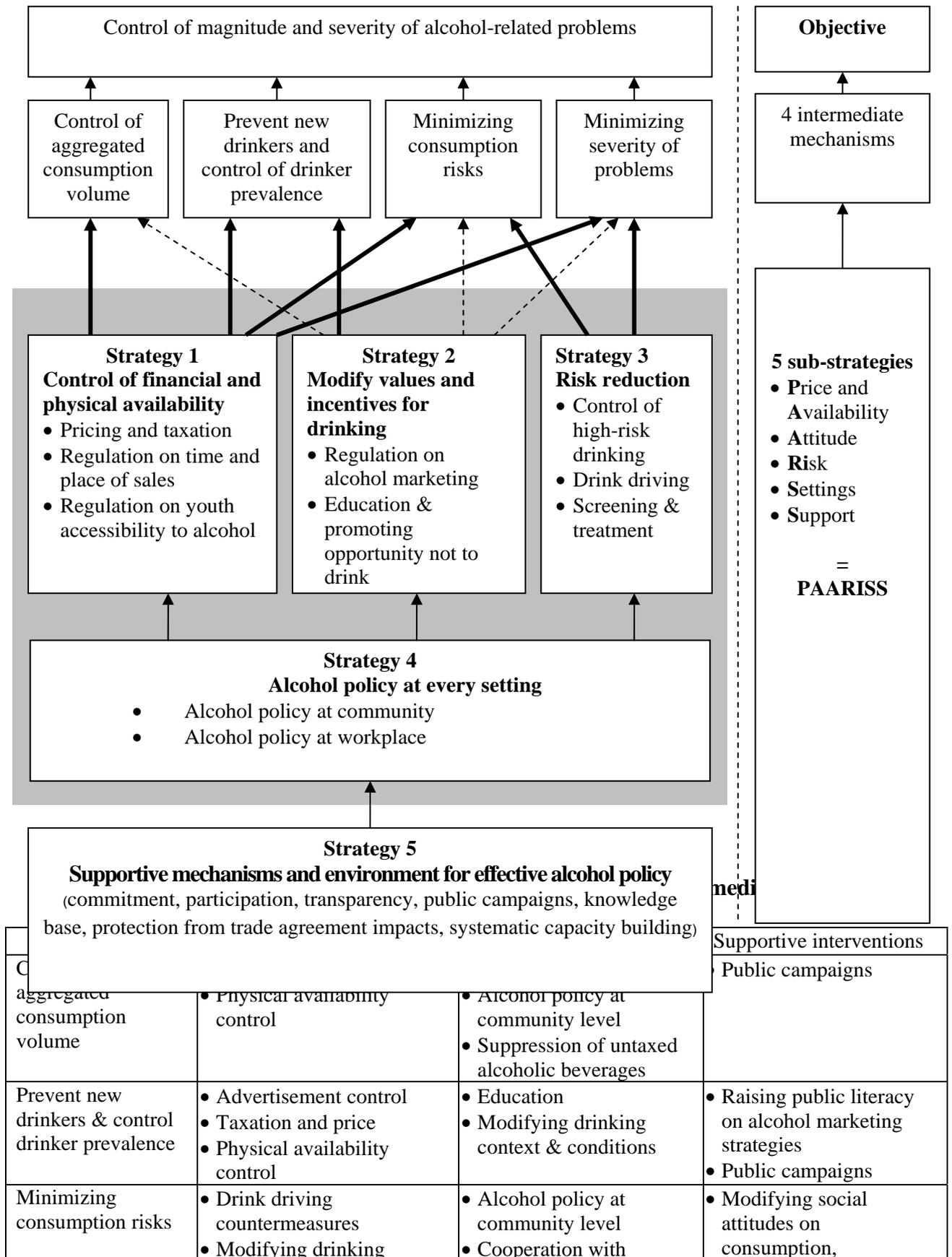
Education and raising awareness have limited effectiveness and therefore not cost effective interventions. Despite their own poor impact in control of alcohol-related problems, these two measures could bring about significant by-products useful to the policy process. There is no evidence to support the claim on the effectiveness on problem reduction of self-regulation systems of the alcohol industry in sales and advertising practices. On the other hand, some education programs could even worsen the problem situation. For instance, evidence shows that “responsible drinking” campaigns are able to promote the familiarity with alcohol consumption in young people and general public.

The National Alcohol Policy Strategy consists of five sub-strategies. Each sub-strategy has different objectives, but supports each other and all are relevant to the four intermediate mechanisms, as seen in Figure 2. Further, each sub-strategy consists of a number of interventions which may respond to more than one objective. In the situation of limited resources, the Strategy categorizes alcohol policy interventions based on effectiveness, cost-effectiveness and nature of interventions, as seen in Table 3.

- Strategy#1: Control of financial and physical availability (**P**rice and **A**vailability)
- Strategy#2: Modify values and incentives for drinking (**A**ttitude)
- Strategy#3: **R**isk reduction
- Strategy#4: Alcohol policy at every **S**etting
- Strategy#5: Supportive mechanisms and environment for effective alcohol policy (**S**upport)

Acronym for the Strategy: **PAARISS** Strategy

**Figure 2: Five sub-strategies and their relationship to intermediate mechanisms and objective of the National Alcohol Policy Strategy**



|                                    |  |  |   |
|------------------------------------|--|--|---|
|                                    | context & conditions <ul style="list-style-type: none"> <li>• Taxation and price</li> <li>• Physical availability control</li> </ul>                 | business operators   | intoxication and impacts <ul style="list-style-type: none"> <li>• Public campaigns</li> </ul> |
| Minimizing severity of the problem | <ul style="list-style-type: none"> <li>• Screening &amp; treatment</li> <li>• Taxation and price</li> <li>• Physical availability control</li> </ul> | <ul style="list-style-type: none"> <li>• Health service system</li> <li>• Alcohol policy at community level</li> </ul> | <ul style="list-style-type: none"> <li>• Public campaigns</li> </ul>                          |

## 5.1 Strategy 1: Control of financial and physical availability

**Expectation:** To control alcohol consumption of general population and vulnerable groups toward mechanisms making alcoholic beverages the commodity that is not cheap and not easy to purchase.

### 5.1.1 Taxation and price interventions

#### Concept and situations

- Price of beverages affects alcohol consumption of all drinkers group, as well as drinker-to-be abstainers. Youth is among the most price sensitive drinker groups. State can gain higher revenue and lower consumption from tax rate raise
- Cheap alcohol should be prioritized in the taxation system to control alcohol-related problems. Cheap alcohol can be either in terms of low price per package (i.e. beer and alcoholic frappe) or low price per volume of pure alcohol (i.e. White Spirit)
- Price of alcohol in Thailand is comparatively low. After adjusted by living cost, beer in Thailand is 2.36 times cheaper than international standard, while price of distilled spirit is 75.7% lower. Furthermore, real price of alcohol in Thailand has stabilized and decreased in the recent years, contradicting to economic growth, and finally leads to higher alcohol affordability among Thai population
- Excise tax is the most significant component of taxes determining the retail price. Thailand has a combination tax system, where beverages will be taxed by either Ad valorem (by price) or Specific tax rate (by alcohol content), whichever yield higher revenue for that beverage. By principle, this 2-for-1 approach is better than single tax rate. Major draw backs, however, include low tax rates, tax rate anomaly across beverage categories-making retail price of some types much cheaper than others, no regular practice for tax rate adjustment-making real price of beverages cheaper over time, weakness of illegal beverage suppression. Moreover, the local alcohol tax, additional 10% of excise tax revenue, has not yet been allocated for alcohol problem prevention, including as incentive for local governments.

#### Indicators

##### Basic indicators

- Retail prices of cheapest beverages (cheapness defined in terms of both price per package and price per pure alcohol quantity)
- Proportion of excise tax amount on retail prices of cheapest beverages

##### Additional indicators

- Affordability of low-income people in each locality on cheapest beverages<sup>3</sup>
- Consumption volume of untaxed alcohol

Guidelines:

- Enhance the value of consumption control and problem prevention in alcohol taxation policy
- Increase tax rates across the board and reduce tax rate anomaly between beverage categories, with particular focus on cheap beverages
- Set up the taxation adjustment system, in a transparent, regular and relevant to economic situation basis
- Increase production license fees as an indirect pricing and availability-reduction mechanism
- Develop mechanisms to allocate Alcohol Tax for Local Governments for addressing alcohol-related problem including as incentive for local government organizations
- Enhance the capability to suppress untaxed alcohol, beverages outside the tax system, review the tax collection practices that may encourage the sale and consumption of untaxed beverages especially the system and mechanisms enforcing to local producers, and set a dedicated part from alcohol excise revenue to strengthen the suppression of untaxed alcohol as well as to support grassroots operators to seek alternative less-harmful source of income

### **5.1.2 Regulation on time and place of sales**

Concept and situations

- Regulation on physical availability of alcohol is one of the most effective alcohol policy intervention. This availability can be controlled through outlet licensing system, outlet location as well as on operating hours. Retail sale licensing procedure and fee Thailand are not primarily designed for problem reduction, but to ease the process for those applicants.
- The current regulation include to prohibit alcohol sales in religious venues, health care institutions, public buildings, dormitory, inside and location next to education institution, gas station, and public park. Meanwhile alcohol sales is permitted only during 1100-1400 and 1700-2400 hours.
- Access to alcohol is easy for Thai drinkers, who averagely spend 7.5 minutes to get their drink. Only 3% of drinkers would decide not to drink if the expected outlet is close. There were 585,700 licensed outlets, equivalent to one outlet per 110 Thais.
- Major limitations of physical availability regulation include the lack of control on number and density of alcohol outlets, weakness in enforcement, lack of monitoring and surveillance system, and too light penalty. Moreover, little priority on problem prevention, easy process and low license fee are still the problems, as well as the license categories that are more risky than pother, such as license for mobile selling. By the way, the proportion of unlicensed outlets was estimated to be around 80% of total outlets.

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<sup>3</sup> e.g. the number of working hours to earn sufficient income to buy beverages among those receiving minimum labour pay rate

- By the decentralization trend, it is likely that local administrative organizations would replace Excise Department for outlet license issuing practices

#### Indicators

##### Basic indicators

- Number of alcohol retail sales licensees
- Alcohol outlet density (number of outlets per population/ and per administrative area)
- Number of offenses of alcohol sales by unlicensed outlet, in prohibited areas and during prohibited period

##### Additional indicator

- Success rate in purchasing in prohibited period (sting operation)

#### Guidelines:

- Review and improve the outlet licensing system by enhancing value of consumption control and problem prevention, particularly on control and reduce number and density of alcohol outlets, including through the improvement of license issuing procedure and fee
- Support local government organizations in the development of the outlet license-issuing system in line with consumption control and problem prevention through community participation, for instance by limiting the number and density of outlets or setting alcohol-free area in the community
- Strengthen the surveillance, monitoring and law enforcement including administrative measures on time and place of sales offenses
- Consider to declare additional place of sale prohibition, focusing on high risk setting such as pavements, public ways, areas near education institutes and dormitories, sport and music events, and cultural events, as well as to setup zoning for alcohol sale under various conditions.
- Consider to declare additional time of sale prohibition, focusing on high risk setting such as long holidays

### **5.1.3 Regulation on youth accessibility to alcohol**

#### Concept and situations

- Youth consumption is more harmful and risky than practices of other age groups. Prevention for problem related to youth consumption is very important, taking into account on the impact on societal future. From limited disposable incomes, youth drinkers tend to be more price sensitive, and therefore likely to drink cheap beverages. Recently, many youth-friendly beverages and outlets have been more and more prominent.
- Regulations on youth accessibility to alcohol in Thailand include setting 20 years old as minimum purchasing price, and 18 years old is minimum drinking age (prohibition of providing alcohol to U-18 regardless to commercial interest except for medical treatment), prohibition of under 18 to enter drinking venues, and U-20 for entertainment venues.
- Major limitations are poor enforcement, lack of evaluation, light penalty, lack of specific regulation on youth-friendly beverages and outlets (such as higher tax rate), lack of sales prohibition in areas and conditions easily accessed to by youth (i.e. around camping ground, concert and sport events), and lack of minimum purchasing price intervention.

## Indicators

### Basic indicator

- Drinker prevalence among population aged 15-19 years

### Additional indicators

- Drinker prevalence among under-15 population
- Rate of age verification on alcohol purchase (e.g. identity cards)
- Success rate of alcohol purchasing by under-20 youth (sting operation)

### Guidelines:

- Strengthen the surveillance, monitoring and law enforcement including administrative measures, with community participation, on sales to youth offenses
- Develop special tax and pricing interventions for youth-friendly beverages
- Consider the possibility of using minimum price intervention either through excise tax and non-excise tax approaches
- Consider to declare additional place of sale prohibition, focusing on density and accessibility of youth such as public ways, areas near education institutes and dormitories, sport and music events
- Verify, and develop punishment mechanism to, sources offering or selling alcohol to under-18 and under-20, respectively, that later committed crime and/or drink driving offenses

## **5.2 Strategy 2: Modify values and incentives for drinking**

**Expectation:** To modify the social climate conducive to creating an attitude that alcohol is no ordinary commodity and to lessen alcohol appeal, particularly for young people.

### **5.2.1 Regulation on alcohol marketing**

#### Concept and situations

- Evidence, domestic and international, confirms that alcohol advertising and sponsorship have influence on drinking initiation, temptation to try, decision to consume, positive attitude on drinking and operators, positive expectation from drinking, and attitude seeing alcohol consumption is normal. Many studies show the relationship between advertising budget as well as exposure to advertisement and drinking and harms among young people. Control on marketing strategy, therefore, is an essential approach to control alcohol-related problems in the long run, particular through the prevention of new drinkers.
- Regulation on alcohol marketing strategy should cover advertisement channels-direct and hidden, advertisement content, sponsorship, compulsory warning labels. However, warning message attached to advertisement has a very limited effectiveness.
- Modern alcohol advertising regulation in Thailand embarked in 2003 from the Cabinet Resolution, which later led to many legislations covering advertising channels, content (ban on drinking persuasion, leading to success, sex appeal, health benefit, using celebrity as presenter, and prohibition of lucky draw and gift away), and warning messages. Many of these regulations have been

repealed. Currently, alcohol advertising is mainly controlled through the Alcohol Consumption Control Act, which still needs further legislations for the thorough implementation. The lack of these regulations creates a policy vacuum, particularly on control of advertising content.

- Limitation of Thai marketing regulations include the comprehensiveness of regulations where many advertising channels are free from control such as sponsorship and hidden advertising, lack of surveillance and enforcement, and penalty.

#### Indicators

##### Basic indicators

- The number of explicit and hidden advertisements in the mass media (from surveillance) including marketing communication seen as advertisement by general population
- The number of complaints and number of offenders persecuted for violation of advertising regulation

##### Additional indicators

- Prevalence and frequency of exposures to alcohol advertisements in general population and youth
- Rate of advertising awareness and recall in general population and youth

#### Guidelines:

- Expand the comprehensiveness of advertising regulation, including advertisement-by-person (e.g. brand ambassador, presenter and sale person), advertisement through product placement, direct and indirect marketing aimed at youth and students.
- Develop regulation on marketing activities and events sponsored by the alcohol industry, including marketing strategies of brand- and logo-sharing products, with particular focus on marketing practices mainly exposed to and participated by youth and activities organized in education institutes and government offices, for example through the memorandum of understanding declared by administrators of education institutes not to accept support from the alcohol industry or allow the industry to conduct indirect marketing activities on their premises
- Support the surveillance system on advertising regulation with participation of community, local government organizations, local public sector, and civil society
- Educate youth, general public, and other stakeholders on the impact of alcohol marketing strategy aimed at young people, sponsorship to various societal sectors, and marketing in the form of corporate social responsibility (CSR)
- Develop the system to approve alcohol marketing strategies, prioritizing on channels, contents and potential adversaries, and involving the participation of the academic sector and civil society with no conflict of interests.
- Support mass media to be free from hidden advertisement and avoid presenting alcohol consumption as should-do behaviour, presenting alcoholic beverages as ordinary product and presenting behaviours under alcohol influence as normal occurrences that society should condone, including avoid enhancing the attractiveness of alcohol consumption and beverages, and the negative image of non-drinkers, especially in the youth-relevant media

## **5.2.2 Education & promoting opportunity not to drink**

### Concept and situations

- Education and persuasion interventions are intervention with very limited effectiveness in behaviour change and problem reduction. Moreover, these campaigns need substantial resource, and have to confront and compete with pro-drinking messages including advertisement. This low cost-effectiveness intervention group includes classroom education, community education, public campaign and warning message in product label. Despite of the poor efficacy, this intervention group is an essential mechanism to change the social climate or how the society see alcohol consumption, related problems and alcohol policy.
- Thailand has a compulsory warning message attached to product label (bottle or case), but has not had official alcohol education curriculum. Positively, many activities promoting no alcohol use seem to have initial success. These are alcohol-free events and periods including alcohol-free Buddhist Lent period, and alcohol-free university freshman orientation. As well as many alcohol-free programs have been organized at local level, such as music and sport events, funeral, cultural events and food festivals. In 2009, Thai government declared the beginning day of Buddhist Lent period as the National No Alcohol Day.
- Some alcohol entrepreneurs and their nominee have launched alcohol education programs to promote 'responsible drinking' and how to drink safely, among youth in secondary and tertiary education systems. With no effect in problem prevention, this interventions can have an adverse effect making these youth to be familiar with drinking and have positive impression on operators.

### Indicators

#### Basic indicator

- Proportion of drinkers refraining from and reducing their use during the Buddhist Lent

#### Additional indicator

- Public awareness rate on various interventions

### Guidelines:

- Develop and strengthen communication mechanisms through mass media at various levels and communication through various activities with a view to promote social attitudes supportive to efforts to address alcohol-related problems and enhancing effectiveness of other alcohol policy interventions
- Selection and later promote idol and role model for youth and general population with a clear image of non-drinker, both celebrities and non-celebrities, including those experienced alcohol-related e.g. quitter role model
- Develop and review regulations on alcohol labels, including written warning messages, information on the product ingredients, and possibility of developing pictorial warning labels
- Support local government organizations and civil societies at the local level to organize alcohol-free activities and festivals, e.g. alcohol-free cultural events, focusing on high-risk settings and high expenditure on, and taking into account the role of religious and cultural mechanisms.

- Develop and promote the use of communication mechanisms and channels to disseminate good practices and localities in addressing alcohol-related problems, in order to promote the expansion and sustainability
- Promote the collaboration with relevant sectors in developing curriculums and media to educate students and various groups of populations, and building capacity of those teachers, trainers, and message gate keepers, paying attention to the message format that is simple, relevant to targets, cost-effective, and attractive for and able to support target groups in preventing and controlling alcohol-related problems at individuals, family as well as enhancing the effectiveness of other interventions
- Develop incentive to abstain from and reduce alcohol use among general population, public and private institutions, and local government organizations, i.e. through education loans and other lending schemes, health insurance scheme, and budget allocation system.
- Screen and follow up on behaviour and support for extension of duration and intensity of those who participate in alcohol-free initiatives, i.e. those drinkers who declare to refrain from or reduce drinking during the Buddhist Lent, including the extension to lifelong abstention, with priority on drinkers with facing alcohol-related problems
- Raise awareness on strategies, intention and potential impact of the marketing communication employed by the alcohol industry in forms of education and corporate social responsibility programs

### **5.3 Strategy 3: Risk reduction**

**Expectation:** To reduce risks for alcohol-related problems among drinkers and to limit the magnitude and severity of the problems among those inflicting and affected by alcohol-related problems

#### **5.3.1 Control of high risk drinking**

##### Concept and situations

- Consumption patterns, including drinking conditions and context, are essential determinants of alcohol-related harms. The current control in this regard is mainly to declare no-drinking areas. The Alcohol Control Act BE2551 prohibits drinking in education venues, public offices, and public parks, for examples.
- Policy content gaps include to regulate drinking on public vehicles, public pathways/roads, in private workplaces, music and sport events and cultural activities.
- The alcohol industry and related businesses have organized few harm-reduction programs such as server training and replacing glass with plastic cup. However, there is no evidence showing the effectiveness of such self-control and self-initiated programs.

##### Indicators

###### Basic indicators

- -

###### Additional indicators

- Incidence of alcohol-related problems (e.g. number of crimes, incidence of violence) and consumption-oriented indicators (e.g. consumption volume, prevalence of consumption, expenditure on alcohol) in a particular period and setting (e.g. in festival period or in a specific locality)

Guidelines:

- Consider further strengthening regulations to prohibit consumption in high-risk settings, e.g. consumption on on-road mass transportation, and music and sport events
- Support local government organizations to declare areas and conditions of consumption ban, including the time allowed for consumption, e.g. public venue, places of tourist attraction, and local festival events
- Support the surveillance system for violation of rules and regulations with participation from civil society, local government organizations, and local public sector

### **5.3.2 Drink driving countermeasures**

Concept and situations

- Road traffic accident gains the highest public attention among alcohol-related problems. It is the second highest cause of death, with around 13,000 death tolls or equivalent to 22 per 100,000 mortality rate. Around 40-60% of injured patients consumed alcohol prior to road traffic crashes. The relationship between alcohol and mortality and morbidity becomes more prominent during festival long weekend periods. During the international New Year and Thai New Year period, the proportion of drinking before accident is 40% higher than other periods. Moreover, evidence shows the correlation between adult percapita consumption and the magnitudes of road traffic morbidity and mortality.
- Effective approaches to drink driving problem include taxation and price, random breath testing with high public visibility, effective and timely penalty, lowering blood alcohol concentration (BAC) limit for general drivers and setting a very low BAC for novice and commercial drivers (zero tolerance<sup>4</sup>) and ban of sale in high risk period. Intervention with much less effectiveness and cost-effectiveness 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.
- Thailand has BAC limit for all drivers at 50 mg%, which is a medium strength compared to international regulation. However, Thailand still require the specific BAC limit(s) for high-risk drivers including novice and young people and drivers of commercial vehicles.
- Overall, drink driving countermeasures in Thailand has shown a initial success. It has been regarded as a national agenda, and created broad public attention and participation. However, the magnitude and severity of road traffic accident have not decreased much as expected. Drink driving practice is still obvious. The law enforcement intensity is far from being effective. Those regulating agencies tend to focus only in festival periods, leading to a low possibility of being tested in other times of the year.

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<sup>4</sup> For example 20 mg% of BAC

## Indicators

### Basic indicators

- Number of alcohol breath testing done

### Additional indicators

- Percentage of drivers experienced alcohol breath test within a year  
Prevalence of drink driving behaviour among drinkers

## Guidelines:

- Intensify law enforcement, raise the target for random breath testing, and promote the engagement of local government organizations and civil society in enforcement practice
- Lower the ceiling of the blood alcohol concentration for general and high-risk drivers (novice drivers and drivers of commercial vehicles)
- Develop safe and adequate public transport systems to reduce prevalence of drink driving
- Regulate alcohol availability in high-risk setting for drink driving behaviours, including prohibition of sales during long festivals.

## **5.3.3 Screening and treatments**

### Concept and situations

- Screening and treatment programs for those people with alcohol-related problems have ethical value, despite the low effectiveness at aggregated level. Among programs, brief intervention has the highest cost-effectiveness, and can be conducted at primary health care infrastructure and by others professional, not only physician. Compulsory or other non-voluntary treatment, such as for those who offend regulations or other high risk groups, has lower success.
- Treatment for alcohol dependence is the responsibility of Ministry of Public Health. Up to now, however, there is neither the national system specific for screening and treatment nor the specific inclusion of screening and treatment into primary health care and health insurance schemes. The major limitations include accessibility to care, quality of screening and treatment program provided, infrastructure and resources, and the lack of evaluation at macro level. Meanwhile, treatment programs provided by non health workforces, such as Self-help group and religion-based therapy, are not well recognized at national scale.

## Indicators

### Basic indicators

- Number of institution with screening and treatment services
- Number of cases receiving screening and treatment program

### Additional indicator

- Proportion of those high-risk and experienced alcohol-related problems (e.g. those with an AUDIT score higher than 7) that have received screening and treatment programs

## Guidelines:

- Develop and strengthen screening and treatment programs for alcohol-related problems, including guidelines, in the health care and health insurance systems, with particular focus on primary health care and referral system

- Increase the number and availability of health care institutions with screening and treatment programs, and enhance quality and effectiveness of such programs
- Promote the participation of the community and civil society in the screening and treatment system.
- Integrate screening and treatment program in the training curriculum of health professionals, especially for those going to work in primary health care system, and provide in-service training on a regular basis.
- Develop the system and facilities to promote quality of life for those undergone treatment program, in order to prevent problem relapse

## **5.4 Strategy 4: Alcohol policy at every setting**

**Expectation:** To strengthen the mechanisms addressing alcohol-related problems at the local level and for specific population

### **5.4.1 Alcohol policy at community<sup>5</sup>**

#### Concept and situations

- Alcohol-related problems can be addressed at community levels, including geographic community (household, village, sub-district, district, and province) and community in other dimensions, such as by professional and institutional.
- Interventions to address alcohol-related problems can be either alcohol policy interventions (for examples; 5.1-5.3 above) or indirect interventions that can affect alcohol consumption, harms and community strength. The later group includes campaign to promote self-sufficient economy, to educate people on household account, and to promote general moral and ethic. By the way, tackling alcohol problems also positively contribute to programs in other areas, particularly behaviours with alcohol consumption as gate way-such as illicit drug.
- In terms of public policy process, community interventions can be in policy formulation, implementation, and monitoring phases. Community action can also strengthen and reinforce the implementation of national interventions. Local Administrative Organizations and local public sectors, as well as the Provincial Alcohol Control Committee can have essential role to address alcohol-related problems, particularly in issuing local regulations.

#### Indicators

##### Basic indicators

- (indicators for strategies 5.1-5.3)

##### Additional indicators

- (indicators for strategies 5.1-5.3)
- Consumption volume-related indicators at local level e.g. household expenditure on alcohol, alcohol expenses at cultural and community events, and money saved from being abstention

#### Guidelines:

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<sup>5</sup> Community hereby does not only confined to geographical community and community by administrative system, but also include community in other dimensions, such as by sector/institution and by professional

- Raise awareness about potential role of community to address alcohol-related problems
- Support alcohol policy process at local level, including local alcohol policy formulation and enhancing national alcohol policy enforcement (see Table 4)
- Synthesize and disseminate lesson learned on effort addressing alcohol-related problems at local level, and promote knowledge sharing among localities and institutions
- Promote community leaders to be abstainer and anti-alcohol role models for youth
- Promote the availability of non-alcoholic beverages at cultural events and community activities
- Support knowledge management practices at local level in addressing alcohol-related problems, especially in the collection consumption and harm data

## **5.4.2 Alcohol policy at workplace**

### Concept and situations

- Alcohol consumption largely undermines the productivity. It relates to absenteeism and presenteeism, unemployment and career growth.
- Workplaces, either public or private, have potential in addressing alcohol-related problems.

### Indicators

#### Basic indicator

- Absentee rate and accident rate, focusing on the causes related to alcohol consumption

#### Additional indicators

- Consumption volume of and prevalence of high-risk drinkers (e.g. those with an AUDIT score higher than 7) among staff members

### Guidelines:

- Create awareness about alcohol negative impact on productivity and capacity to attain incomes, both individual and organizational levels, to public sector administrators, private entrepreneurs, employees and worker associations and general public, in formal or informal employment.
- Support for workplace alcohol policy formulation, e.g. screening and treatment system, prohibition of drinking prior and during work hours, prohibition of drinking in workplaces, incentive to quit drinking, and creating workplace climate to support abstention and drinking reduction
- Support the value of not using alcohol as positive incentives in workplaces, e.g. reward and gift, and support for alcohol-free socialization activities/parties.
- Support the prohibition of using alcohol as financial incentive or part of payment for staff members
- Support private sectors not to allow youth to work in production, distributions, sales, and marketing of alcohol
- Encourage agencies and business enterprises to address alcohol-related problems, e.g. reward system, dissemination of experiences, with intention to expand good practices of alcohol policy in workplace

**Table 4: Examples of interventions addressing alcohol-related problems at community level**

|   | <b>Formulation of local alcohol policy</b>  | <b>Support to national regulation enforcement in community</b>  | <b>Other supports</b>   |
|---|---|---|---|
| Alcohol policy interventions              |   |   |   |
| Taxation and price                        | Tax and fee on production and sales of alcohol  | Monitor and suppress of untaxed alcohol   | Promote for other income sources for illegal producers  |
| Physical availability                     | Time and place of sale prohibition, promote for alcohol-free groceries/ restaurants   | Surveillance system for regulations on time and place of sales and minimum purchasing age   | Surveillance on practices of alcohol outlets  |
| Modifying drinking context and conditions | Declare drinking prohibition and periods, expansion of alcohol-free initiatives   | Surveillance on drinking in prohibition areas and youth drinking in community   | Monitoring on drinking behaviour and conditions   |
| Drink driving countermeasures             | Planning for participatory and effective law enforcement mechanisms   | Participation in law enforcement  | Social sanction on sales to already intoxicated customers (with knowing on risk of drink driving)           |
| Regulation on marketing                   | Declare advertising-free zone, avoid alcohol sponsorship on cultural events and community activities                                  | Surveillance on violation of advertisement regulation   |   |
| Education and persuasion                  | Planning for public campaign in community   | Working in accordance with national public campaigning program  | Using social control, religious and cultural mechanisms to create social attitude toward problem prevention |
| Screening and treatment                   | Support for setting up screening and treatment facilities at local level including program infrastructure, setting up self-help group | Develop and strengthen the monitoring system for population with alcohol problems} support the role of family to promote alcohol abstention and consumption reduction | Lessen negative attitude of community and stigmatization on people with alcohol problem                     |
| Non-alcohol policy interventions          | Set up community fund and community-own saving fund, promote household account program  | Promote the implementation of self-sufficient economy   | General health promotion activities, enhance family relationship and social control mechanism               |

## **5.5 Strategy 5: Supportive mechanisms and environment for effective alcohol policy**

**Expectation:** To create and strengthen mechanisms to support effective alcohol policy process

### **5.5.1 Promote commitment, ownership and participation of all sectors at all levels**

Concept and situations

- Alcohol policy process is a public policy domain involving with many stakeholders from different sectors. Participation, ownership and commitment

of stakeholders, particularly those policy makers and system administrators, are crucial for the success of alcohol policy process.

- Alcohol policy consists of many policy components. Many stakeholders limit their roles in area with priority to themselves or areas with potential impact to their interest and benefit, while many have inconsistent participation. Therefore, many parts of the process and policy areas have gained much less social attention.
- Currently, many social sectors with potential have not had a proactive role in addressing alcohol-related problems. Major factors for this limitation are the lack of commonality, the paradigm seeing alcohol as individual problem, inadequate awareness on negative impact of alcohol to society, and the poor coordination.
- Effort to address alcohol-related problems in Thailand is still focusing on national level, which means the community action is largely ignored. Mechanism to promote participation and ownership among local public sector and local governments, as well as local civil groups, is urgently needed.

#### Guidelines:

- Create commitment: addressing alcohol-related problems is national agenda and local agenda.
- Create ownership and engagement in addressing alcohol-related problems for all sectors, in particular, alcohol policy process at local level, as well as coordination and inter-sectoral communication
- Create problem-prevention policy value to every sector involved with alcohol consumption and related problems
- Promote good practices and role models in addressing alcohol-related problems to each others, youth and the whole society
- Local public sector to support local organizations, at both but not limited to provincial and district levels, to implement the Strategy

### **5.5.2 Promote alcohol policy transparency**

#### Concept and situations

- Like everywhere, Thai alcohol policy process is manipulated by different values, interests, and ideologies. Many of these contradict to each others. Therefore, confrontation among stakeholders is not unusual.
- In Thai alcohol policy process, six groups of factor determine the role and influence of stakeholders. These are resources, management, mechanism of influence, presence of stakeholder with opposite/different stance, awareness and stance of system regulator/administrators, and timing of influence. Relationship among stakeholders also important to the role of stakeholders. For mechanism of influence, having representation including nominee (from either public or private sectors) in policy forum is essential in the process. In many circumstances, participation of stakeholders with conflict of interest in the process, as well as their relationship to public officers can create major negative impact on alcohol policy process in health perspective.
- The process to address alcohol-related problems should be a transparency with high attention on conflict of interest issue, and should be the process to protect and promote public benefit.

#### Guidelines:

- Develop surveillance system on the protection of commercial interest, on the cost to public, in alcohol policy process at every level, especially in policy decision-making
- Ensure that any policy development that has or may have impact on alcohol-related problems, including international trade negotiation, shall be on problem prevention basis and/or shall not create any condition and obstacle to the society in addressing alcohol-related problems

### **5.5.3 Promote knowledge-based and collective learning alcohol policy process**

#### Concept and situations

- The use of technical knowledge in alcohol policy process is another limitation. Policy discourses usually rely on a same set of frequently used information; publications, surveys and researches. Policy debates through mass media are still largely dominated by personal opinion and stance of debaters, rather than technical evidence.
- Three major factors chiefly determine this limitation. These are availability of knowledge on alcohol policy, ability to use knowledge in the process (including to apply knowledge from abroad to fit with Thai context and limited capacity to synthesize knowledge) , and systematic capacity for knowledge utilization including communication mechanisms among stakeholders.
- To have a concerted effort addressing alcohol-related problems, particularly under the Strategy, is also a collective learning process for stakeholders and Thai society, in order to understand alcohol-related problems and policy to tackle them, and would be a sustainable societal capacity building process.

#### Guidelines:

- Support the generation and dissemination of knowledge about the consumption and problem situation and factor involved, as well as the necessity, suitability, effectiveness and cost-effectiveness of alcohol policy interventions, for example through technical capacity strengthening, communication mechanisms, and knowledge utilization in alcohol policy process
- Develop communication mechanisms among stakeholders involved and society as a whole, through formal structure (e.g. structure of the National Alcohol Policy Committee) and informal channels such as through mass media and public campaigns
- Develop monitor and evaluation system on performance and outcome of the Strategy at all levels, in a participatory manner

### **5.5.4 Protect alcohol policy from potential detrimental impact of international trade agreements**

#### Concept and situations

- The concept of free market, at some extent, contradicts to the mechanism to curb alcohol-related problems. Free trade policy can lead to lower beverage price with higher accessibility. Most important it international trade system has potential to weaken national alcohol policy, including to lower taxes and fees related to alcohol, fading regulation on physical availability and marketing.

- Trade negotiation is usually conducted in a close circle basis, mainly by a group of public officers, concealed to public. Civil society and academic have difficulty to either participate or monitor the negotiation process. From media reports, on the other hand, the process is frequently influenced by the interest of private sector involved.
- Health and social consequences attributable to alcohol have not been adequately recognized in the trade negotiation process. Alcohol is generally regarded as an ordinary commodity, with no difference from other products. In this concept, expansion of alcohol market is beneficial to the society.
- In general, the alcohol industry, particularly global operators, clearly declared its stance to have a best use of free trade system maximize commercial benefit, including by weakening alcohol policy. A social aspect organization of the alcohol industry declared Thailand as a target for alcohol market liberalization.

#### Guidelines:

- Support the bracketing of alcoholic beverages and other related services out of international trade agreements and possible impacts and/or exempting alcohol from the list of commitment in any ongoing international trade negotiation, at bilateral and multilateral levels.
- Support the protection of alcohol policy from the detrimental impact of the free trade agreements, and consider strengthening national alcohol policy as compensation if such effects are unavoidable, focusing on effective and cost-effective interventions, e.g. increasing excise taxes to compensate for the reduction of customs duties
- Promote the transparency and participation in the trade negotiation processes related to alcohol consumption and problems; through the reduction of direct and indirect influence of stakeholders with conflict of interest such as the alcohol industry
- Promote collective learning of the Thai society on effects of international trade agreements on problem derived from commodities with major health impacts

### **5.5.5 Public campaign to support alcohol policy**

#### Concept and situations

- Public campaigning intervention has limited impact in terms of drinking behaviour changes. Therefore, it is not cost effective approach to prevent alcohol-related problems.
- However, public campaign can enhance the effectiveness of other interventions, including promoting public awareness and strengthening law enforcement.

#### Guidelines:

- Use public campaigning, at various mechanisms, to support other alcohol policy interventions including strengthen law enforcement and public education, through a participatory process

### **5.5.6 Strengthen capacity of Thai society to address alcohol-related problems**

#### Concept and situations

- Capacity of involved stakeholders largely determines the success of the process addressing alcohol-related problems. These include policy makers,

academics and technocrats, regulators and implementers, evaluators, mass media and general population.

- Apart from individual capacity, the Strategy should pay attention to capacity at institution, network and coordination, and collective levels, including capacity of the whole society.

Guidelines:

- Promote the participatory process in identifying system gaps in all levels, needing an urgent and sub-urgent responses
- Promote the across-sector and sustainable knowledge management mechanism including sharing of experiences and expertise in addressing alcohol-related problems across through many possibilities such as training course, workshop, conference and mass media, as the mechanism to strengthen collective capacity of the Thai society to address alcohol-related problems

## **6. Roles of stakeholders in addressing alcohol-related problems**

### ***6.1 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 Thai society, as well as being a model to Thai 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

### ***6.2 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

### ***6.3 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

### ***6.4 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

### ***6.5 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

### **6.6 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

### **6.7 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

### **6.8 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

**Table 5: Potential roles of stakeholders in the National Alcohol Policy Strategy**

|   | Tax and price |                 | availability |                |                     | Drinking context & conditions |                      |                 | Drink driving countermeasures | Marketing regulation | Education and persuasion |       | Screening & treatment |           | Policy at community | Policy at workplace | International trade agreement |
|---|---------------|-----------------|--------------|----------------|---------------------|-------------------------------|----------------------|-----------------|-------------------------------|----------------------|--------------------------|-------|-----------------------|-----------|---------------------|---------------------|-------------------------------|
|   | tax           | Untaxed alcohol | Time of sale | Place of sales | Youth accessibility | Alcohol-free events           | Drinking prohibition | Self-regulation |                               |                      | Public campaign          | label | screening             | treatment |                     |                     |                               |
| National Alcohol Policy Committee       | 1,3           | 1,3             | 1,3          | 1,3            | 1,3                 | 1,3,6                         | 1,3                  |                 | 1,3                           | 1,3                  | 1                        | 1     | 1,3                   | 1,3       | 5                   | 5                   | 1,3                           |
| Ministry of Public Health               |               |                 | 1,2,3        | 1,2,3          | 1,2,3               | 1,2,3                         | 1,2,3                |                 | 2,3                           |                      | 2                        | 1,2,3 | 1,2,3                 | 1,2,3     | 5                   | 5                   | 5                             |
| Thai Health Promotion Foundation        |               |                 |              |                |                     | 1,2,3                         |                      |                 |                               |                      | 1,2,3                    |       |                       |           | 5                   | 5                   |                               |
| Ministry of Finance & Excise Department | 1,2           | 1,2,3           | 1,2,3        | 1,2,3          | 1,2,3               |                               |                      |                 |                               |                      |                          |       |                       |           |                     |                     |                               |
| Office of Fiscal Policy                 | 1,3           | 3               |              |                |                     |                               |                      |                 |                               |                      |                          |       |                       |           |                     |                     |                               |
| Ministry of Commerce                    | 3             | 3               |              |                |                     |                               |                      |                 |                               |                      |                          |       |                       |           |                     |                     | 1                             |
| Royal Thai Police                       | 2,3           | 2,3             | 2,3          | 2,3            | 2,3                 |                               | 2,3                  |                 | 2,3                           |                      |                          |       |                       |           | 5                   | 5                   |                               |
| Ministry of Education                   |               |                 |              |                | 3                   | 5                             | 5                    |                 | 3                             |                      | 2,5                      |       | 5                     |           | 1,5                 | 5                   |                               |
| Ministry of Labour                      |               |                 |              |                |                     | 1,2                           | 1,2,3                |                 |                               |                      |                          |       | 1,2                   |           | 1,2,5               | 1,2,3,5             |                               |
| Public Relation Department              |               |                 |              |                |                     | 5                             |                      |                 |                               | 1,2,3                | 1,2,5                    |       |                       |           | 5                   | 5                   |                               |
| Local Administrative Organization       | 1             | 3               | 3            | 3              | 1,2,3,5             | 1,2,5                         | 1,2,3                | 5               | 1,2,3,5                       | 1,2,3                | 1,2                      |       | 1,2,5                 | 5         | 1,2,3               | 5                   |                               |
| Local public Sector                     | 2,3           | 2,3             | 2,3          | 2,3            | 2,3                 | 1,2,5                         | 1,2,3                | 5               | 2,3,5                         | 3                    | 1,2,5                    |       | 1,2,5                 | 5         | 1,2,5               | 5                   |                               |
| Community-religion leaders              |               | 3               | 3            | 3              | 3                   | 1,2,5                         | 1,2,5                | 5               | 5                             | 3,5                  | 1,2,5                    |       | 1,2,5                 | 2,5       | 1,2,3               | 1,2,3               |                               |
| Civil Society                           | 3             | 3               | 3            | 3              | 3                   | 1,2,3                         | 3                    | 3               | 2,3                           | 3                    | 5                        | 3     | 2,                    | 2,5       | 1,2,3               | 1,2,3               | 3                             |
| Mass media                              | 3             | 3               | 3            | 3              | 3                   | 3,5                           | 3                    | 5               | 3,5                           | 4,5                  | 2,5                      |       | 5                     | 5         | 5                   | 5                   | 3                             |
| The alcohol industry                    |               | 4               |              |                |                     |                               |                      |                 |                               | 3                    |                          | 4     |                       |           |                     |                     |                               |
| Retail sellers                          |               |                 | 4            | 4              | 4                   |                               |                      | 1               | 4                             | 3                    |                          |       |                       |           |                     |                     |                               |
| Entrepreneurs                           |               |                 |              |                |                     |                               |                      |                 |                               |                      |                          |       | 3                     |           |                     |                     | 2,3,1                         |
| Health workforce                        |               |                 |              |                |                     |                               |                      |                 | 2,3                           |                      | 1,2                      |       | 1,2                   | 1,2       | 5                   | 5                   |                               |
| Academics                               | 3             | 3               | 3            | 3              | 3                   | 3                             | 3                    | 3               | 3                             | 3                    | 3                        | 3     | 3                     | 3         | 3                   | 3                   | 3                             |

**Note** 1) formulation and legislation of policy, regulation and intervention, 2) implementation and enforcement, 3) surveillance, monitor and evaluation, 4) comply to regulations, 5) support