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PDP-Center



**PEOPLE'S PERCEPTION ON HARMFUL USE OF ALCOHOL
AND
MEASURE To REDUCE ALCOHOL USE**

Funded by IOGT

Yong Kim Eng, September 2015

GEOGRAPHIC RESEARCH STUDY



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I. Introduction

In 2014, 1800 people (consisting of 1081 males and 719 females) completed a survey detailing the current trends relating to alcohol consumption. The survey attempted to identify and understand the current inclinations towards alcohol in Cambodia and to assess the community's understanding of the negative health and social effects that excessive use of alcohol can lead to.

Alcohol is a major problem in Cambodia, where alcohol consumption is extremely high and embedded into society. Lack of legal enforcement and age restrictions on alcohol consumption, the dominance of alcohol advertising and alcohol being too accessible all contribute to further alcohol related issues. Alcohol causes adverse effects on health, road safety, domestic violence and work productivity. It essentially affects all facets of society, hence it is crucial to eradicate the lack of understanding towards these negative consequences of such a prevalent issue.

A push for alcohol harm reduction has resulted in a higher degree of awareness of the dangers of drinking alcohol. This has been achieved through community networking and interventions: through organized activities such as forums and workshops and allowing independent bodies to support community based projects. People Center for Development and Peace is an example thereof, advocating strategic policy and facilitating regular meetings and forums between all tiers of the community. To accomplish a reduction in alcohol related harms, working in partnerships at a national and grassroots level is the most influential tool.

Strategies have been implemented in collaboration with the Cambodian Ministry of Health to combat the prevalence of these issues. Some of the most important milestones include the placement of the alcohol issue on the national agenda, the implementation of mandatory slogans on alcohol advertisements nation-wide and alcohol bans during elections. Moreover, the National Alcohol Policy and Strategic Plan for the Reduction of Use of Alcohol, 2013-2017 decrees that alcohol related offences are punishable by law. Most notably these include violations of the road traffic law and domestic violence, two issues that are among the biggest alcohol related harms in Cambodia. The aforementioned achievements all aim to promote public health and show the progress that has already been made in the public policy arena.

According to the Advocacy and Policy Institute (API), in a partnership with the Coalition for Road Safety (CRY), drinking and driving in Cambodia is the second leading cause of motor accidents. Alcohol related traffic accidents put a strain on health, finance and social services; however, due to limited financial resources, traffic safety efforts aren't easily supported. As a consequence, a lack of enforcement and understanding of the road rules is widespread and readily accepted. An increase in the number of vehicles on the roads does nothing to help this issue.

Advertising is an extremely powerful tool to influence consumers. Its prevalence in Cambodia is immense, particularly in the mass media. It has served to encourage people to drink, particularly the younger generations who have not yet begun drinking. It has the ability to set an expectation that social circumstances are more enjoyable when accompanied with alcohol, or that it is needed on a daily basis. This is a result of effective and aggressive marketing campaigns by liquor companies, often displaying groups of people having a good time with their product in hand. Consequently, advertising has the aptitude to shape attitudes and perceptions of the consumer.

Marketing and sponsorship as outlined in the National Alcohol Report of 2012 have been the biggest drivers in creating awareness of the dangers of drinking. The message promoting awareness of the dangers of drinking, displayed on billboards and in advertisements, is formulated differently according to the alcohol industry's intention such as 'driving, don't drink', 'drink responsibly', 'drunk, don't

drive...’. The fundamental message introduced by the National Committee for Road Safety stated that ‘if you drink, don’t drive’.

Presumably the most obvious change that is needed regarding alcohol related harms and drinking amongst young persons is the legal implementation of age restrictions on buying and consuming alcohol. Similarly, the sale of alcohol to a person under the age limit should be punishable by law. In turn, monitoring and enforcing these rules would be just as important.

Given alcohol’s effects such as decreased capital, lesser quality of life, impaired social development, lack of employment productivity, lack of safety and order, increased number of crimes and accidents, Cambodia needs to make some changes to alleviate the social and cultural problems attached to drinking alcohol:

- Stricter laws regarding the buying and selling of alcohol;
- Introducing an age restriction on the consumption of alcohol;
- Strengthening and increasing the tax on alcohol;
- Allocating a budget to road safety;
- Promoting better law enforcement on the roads;
- Less advertising or a total ban.

History of alcohol policy development in Cambodia

Alcohol awareness campaigns were introduced to people in the community in 2006 by PDP-Center with a project on prevention and reduction of alcohol consumption in 5 capital/provinces (Phnom Penh, Svay Rieng, Siem Reap, Banteay Meanchey and Battambang)

In 2007, PDP-Center started to advocate for alcohol policies by organizing a series of meetings with stakeholders in order to share information and seek a way toward alcohol control policy or law development.

In 2007, alcohol issues were increasing in public interest and among members of parliament, especially the 8th Commissions of National Assembly and Senate. That year PDP-Center and IOGT NTO Movement were invited by Sweden to attend workshops and conferences on the alcohol policies of many countries.

In October 2007, the 8th Commission of National Assembly was invited to attend the first regional alcohol control workshop in Lao.

In March 2008, the Ministry of Health established a working group to draft an alcohol policy consisting of mixed compositions from the Ministry of Health, WHO and Civil Society representatives. As they began to draft the policy, they could not decide whether the policy should be developed for the ministry level or government level.

In December 2008, the 8th Commission of National Assembly was invited to attend a workshop in Kuching city, Malaysia on alcohol control measures.

In October 2011, the 8th Commission of National Assembly and the Senate organized the second regional workshop on Alcohol Reduction Measures in Phnom Penh with 80 participants from Cambodia, Lao, Vietnam, Sri Lanka, New Zealand and Thailand as well as experts from IOGT International and civil society representatives.

In September 2012, a National Workshop on Cambodian Measures to reduce alcohol consumption was organized by the 8th Commission of National Assembly and Senate with 80 participants from the National Assembly, Senate, Ministries, Thailand, IOGT International and the Civil Society.

In early 2012, five members of parliament from the 8th commission of National Assembly were invited to attend the Global Alcohol Policy Conference in Thailand.

The 8th commission of National Assembly funded by the IOGT, organized a provincial workshop in cooperation with Kandal provincial hall on prevention and reduction measures caused by alcohol consumption. 200 participants from all districts and trainee teachers in Kandal province attended.

In April 2013, two senators from the 8th commission including a senior staff from National Assembly, were invited to attend the parliamentary workshop on alcohol control measures in Hanoi, Vietnam.

In October 2013, three senators from 8th commission of senate were invited to attend the Global Alcohol Policy Conference in South Korea, including two senior staffs. After a conference in South Korea, a youth consultation (in the morning at the Korean Cultural Center) and a parliamentary consultation (including representatives from many government ministries) happened in the same month in 2013 at Sunway Hotel, supported by IOGT International through PDP-Center and CMH. The youth consultation raised 4 main points to include in the policy (tax increase, availability restriction, advertisement restrictions and age limitations). These four points were presented by PDP-Center to a parliamentary consultation that afternoon.

In Phnom Penh, on the 27th of January 2014, a consultation on the mechanism towards the national alcohol policy development adopted the resolution as follows:

We, 120 participants from parliaments, government, universities and civil society who attended the consultation on mechanism toward alcohol policy development, held by the 8th and 5th commissions of senate, learned that alcohol is the third leading cause of death in the world.

Alcohol causes about 3.3 million deaths every year and contributes to about 200 diseases such as esophageal, liver cancers, hypertensive diseases, ischemic heart disease, liver cirrhosis, pancreatitis, hemorrhagic stroke and mental disorders.¹ Moreover, it is the leading cause of violence, traffic accidents and disorder in society.

The alcohol industry states that alcohol increases the tax income for the government. However, many countries in the world contradict this and state that the tax income from alcohol is less than the expenses incurred by alcohol related harms.

For example, research in Thailand in 2006 found that tax income from alcohol was 70 thousand million bath, yet the government expended 150 thousand million bath on alcohol related harms annually. Consequently, the government lost about 80 thousand million bath due to alcohol use².

In Cambodia in 2012, more than 2000 accidents resulting in casualties and injuries were caused by the effects of alcohol. This also cost an 40 million USD in damaged property³.

¹ Institute of Health Matrix and Evaluation, 2012

² The Center for Alcohol Study, Gain or loss: social cost study of alcohol-related harms in Thailand 2006

³ Handicap International, Analysis of 2012 Road Crash Cost in Cambodia

In 2011, a Cambodian research report on the knowledge and attitude of alcohol use found that 11% of alcohol users committed violence when they were drunk.

Seeing the need for necessary and urgent measures to reduce traffic accidents and violence and to promote public health and a common social well-being, the participants of the consultation came up with the following key points as a basic outline for the development of a national policy to control alcohol:

1. An effective and confident mechanism with participation from inter- ministries should be introduced. This mechanism will be an inter-ministry committee, led by the ministry that is highly concerned with public health and social well-being.
2. The inter-ministry committee should create a road-map to develop a policy to introduce a law on alcohol in Cambodia, to be finished by the middle of 2014.
3. The 8th session of parliament will be invited to follow up on the progress of the policy development.
4. WHO should provide technical support and resources to develop the policy and law.
5. The inter-ministry committee should include civil societies that are working to prevent and reduce alcohol harms as well as advocate for an alcohol policy.
6. The committee will be able to accept comments from international specialists as well.

The development of this policy should be formed in the spirit of the consultation on the 27th of January 2014 and include the recommendations of Her Excellency Deputy Prime Minister and Minister of National Assembly and Senate Relation and Inspection as follows:

1. Tax Increase: The alcohol industry cannot be totally eliminated as it supports many societal needs. However, specific measures need to be introduced to maximise control and order for the safety of consumers and social order.

The consumers will be balancing expenditure. Communicational and non communicational diseases and violence caused by alcohol will be automatically reduced, consequently reducing other risks to society.

2. The restriction or banning of alcohol advertisements:

The Kingdom of Cambodia has welcomed the successful banning of tobacco advertisements and smokers now strongly understood tobacco's harms. This success can be used as a measure to reduce alcohol and other substance harms.

The restriction of all forms of alcohol advertisement in the media was seen as an efficient measure to reduce alcohol harm.

We cannot prevent the advertisement of this commodity but it should only be allowed to advertise brand name, or logos; without encouraging drinking or providing rewards or lucky draws to consumers. Advertisements should not be allowed in prime time.

3. Restriction of alcohol availability

This is a special measure. We should consider restricting the place or location alcoholic commodities can be sold, the restriction should be in places such as schools, hospitals, pagoda...The alcohol shops or substantial commodity should have a license issued by the authorities to sell alcohol.

4. Age limitation of alcohol use:

The last recommendation can be confused as violating the universal rights of humans but the rights that cause harm should be prohibited. There should be an age limitation defined which prevents a person of any age from buying these commodities.

a. Literature review:

Cambodia is challenged with alcohol related harms because of many people's misconception that alcoholic beverages do not negatively affect their health. The main factors for this are as follows:

○ Advertising

Advertising is mushrooming in urban areas, trying to lure people into drinking, especially the youth and women. The ads make use of special promotions such as "buy one, get one free", use popular sponsors for their packaging, and utilize billboards, singers and artists to promote their products. TV and radio advertisements are the most popular forms.

The Ministry of Information issued many notifications and circulations to restrict alcohol advertisements but it was not effective. At the end of 2014, the Minister issued a circulation to totally ban alcohol advertisements between 6-8pm from January 2015 but the measures did not differ from the previous ones. This time the Minister has threatened to withdraw the licenses of any radio or television company that does not abide by the circulation date of October 1st 2014.

Shops

The sale of alcohol is not regulated by the government; many shops such as family shops and individual companies sell various alcoholic products. The family shops and beer gardens play an important role in serving alcoholic beverages. There are a lot of shops in urban areas, villages and a few in rural areas, based on PDP-Center's observations.

Promotion

In Cambodia, many companies use women to promote their products. These women are encouraged or forced by their customers to drink with them; if they refuse, the customers might not buy the company's products. The beer promotion girls are putting their health in danger, risking the contraction of diseases such as ulcers, lung diseases, HIV/AIDS etc.

Underage drinking

There is 17 % of underage drinking in Cambodia, especially in the target provinces we have chosen. In Cambodia, everyone can buy alcohol because there is no regulation to prevent young people from buying or drinking. The Ministry of Education, Youth and Sport has banned alcohol within school compounds.

The draft of law on alcoholic product controls stipulates that there shall be "no selling or distribution of all types of alcoholic product to people under 21 years old".

Policy

The Ministry of Health drafted a law in July 2014, on alcohol product control with inputs from the Jurist Council, Ecosoc Council, Civil society and WHO. The draft includes the four main elements established

by the youth consultation: increased alcohol tax, restriction/bans on alcohol advertisements, restriction on alcohol availability and under age drinking. Currently, the draft has been sent to the Ministry of Justice to check the punishment chapter.

Commune councils in Cambodia have adopted more than 30 notifications to restrict alcohol use in their communes, in order to reduce alcohol related harms and promote public health and well-being.

There are three actors pushing the alcohol product control law:

- The Ministry of health: the main actor advocating for the law to be adopted by parliament.
- The 8th Commissions of the National Assembly and Senate: the influential body advocating for the law. They are very active in updating the information from the Ministry of Health and NGOs. The two commissions are in a strong position to put the law in place.
- Working group on alcohol policy: the working group is facilitated and coordinated by PDP-Center and plays a very important role in advocating with the government for alcohol product control law. They do both advocate and provide technical support to the Ministry of Health and the parliament.

Notwithstanding the fact that the law has not been supported by the government, some parliamentarians stated that they will push for the law to be adopted by 2015.

○ Importance of the survey

This study aims to examine the effects of alcohol use and people's perception of alcohol. Alcohol consumption is widely accepted by Cambodian people, especially within local communities.

Alcohol related harms must be dealt with by a specific law that must include four main elements: increased alcohol tax, a restriction or ban on alcohol advertisements/marketing, a restriction on the availability of alcohol and a minimum age for consuming alcohol.

The survey is important for determining a baseline of PDP-Center's strategic plan 2014-2018 and a 3-year alcohol project plan for 2014-2016.

○ Geographic areas

The research study has been conducted in six communes of six provinces. The geographic areas chosen among the border provinces that are actively accessed by the people (represented by Svay Rieng and Banteay Meanchey), the provinces connected to Tonle Sap lake (represented by Battambang and Pursat), Siem Reap, Banteay Meanchey and the capital (represented by Phnom Penh)⁴.

○ Objectives:

1. To understand about the alcohol consumption situation in the community;
2. To learn about the experience of alcohol related harms and social consequences as well as actions taken by the community people; and
3. To study on the trends of industry production and the impacts of alcohol advertisement.

⁴ The communes were conducted the survey, Toek Thla commune of Phnom Penh Capital, Beung Kantuot Commune of Pursat province, Wat Tamoem commune of Battambang province, Koh Pongsat commune of Banteay Meanchey province, Krobei Real commune of Siem Reap province, and Svay Chek commune of Svay Rieng province.

○ **Methodology**

The survey was conducted between November and December 2013. Questionnaires were used to interview household representatives of a random sampling within the communities. PDP-Center trained staff and community network members in six provinces to conduct the survey. During the training they shared information with each other in order to understand the situation.

PDP-Center also met with local authorities, particularly the village chief, to participate, cooperate and coordinate the interview. When entering a village, each team would start at the first house and then skip ten houses. If the villager of the tenth house was not home, they moved on to house eleven.

The PDP-Center team interviewed a total of 1800 people. Note that the results of the survey were also used for analysis by PDP-Center staff and IOGT NTO Movement office in Chiang Mai.

PDP-Center did desk reviews of the secondary data in order to broaden its analysis and as a basis to support the survey results.

○ **Sample**

The total sample of the survey interviews consisted of 1800 people across six provinces. The samples consisted of people from all six communes regardless of whether or not they drank alcohol.

○ **Questionnaire**

The questionnaires consisted of open-ended questions with a series of answers provided. Fieldwork team members would just need to select and tick the relevant answers during the interview. The questionnaires were first tested on 20 people to ensure they were effective before being officially implemented.

○ **Scope of work and limitation**

This survey was not a broad country-wide study; it was only conducted in six provinces (Svay Rieng, Siem Reap, Banteay Meanchey, Battambang, Porsat and Phnom Penh). Limited resources and a short timeframe meant that it was impossible to conduct a deeper study. The PDP Center plans to conduct the survey in the same provinces for a further three years.

○ **Data entry**

SPSS was used for data entry for this survey. A number of questionnaires were found irrelevant and scratched.

II. Summary of survey findings

The majority (65%) of participants in the survey were alcohol drinkers, 50% of whom started drinking between the ages of 25 and 30. Farming is the profession with the highest percentage of drinkers with 57%.

Of the types of alcohol consumed, beer is the most popular choice among men and women. Of the male participants, 63% drink every other day and 60% admitted to frequently drinking every day, whereas 94% of the female participants drink every other day.

Most drinkers (male as well as female) started consuming alcohol due to socializing and an eagerness to try. Other significant reasons included entering adulthood, anxiety, increased appetite and using alcohol as a medicinal substitute. Amongst males, friends were cited as the biggest instigator of advising each other to drink. Amongst females, it was primarily an independent decision, though friends were also cited as the second biggest instigator.

Among the female participants, the main negative social effects they believed were caused by alcohol include accidents caused by drinking, relationships in the family, fighting after drinking and effect on housework. Similarly, among the male participants, the main negative effects of alcohol included effects on housework, work, study, marriage and violence.

Accessibility is one of the contributing factors to the high use of alcohol amongst Cambodians, with 37% of participants being able to access alcoholic drinks less than 100 meters from their home and 33% having access just 100 to 200 meters from their home. Beer is the most readily available alcoholic drink. Advertising is another factor that can influence consumers. The survey shows that most of the participants received alcohol advertising from television (39%) and radio (36%).

When asked about the negative effects of alcohol, 97.5% of respondents thought that alcohol was a problem in Cambodian society. Domestic violence, traffic accidents and poor health were the main negative consequences that respondents were aware of.

When male participants were asked if they had thought of ceasing or starting to drink, 817 said they had thought of quitting, whilst just 21 had thought about starting. Similarly, of the female participants, 234 stated they had thought of quitting and just 29 had thought about starting.

III. Survey Findings

1. Personal information from the participant

To put it into perspective, 53% of the sample size is made up of individuals aged 31 to 60 years old. This is followed by those aged 25 to 30 years old, making up 19%. Those that have just obtained their primary education make up the bulk of the participants with 39%, followed by 29% with secondary education. With 65%, farming is the dominant occupation. Self-employed individuals make up 12% of the participants, followed by students at 10%. The income bracket of \$100 per week produced 34% of participants, followed by \$51 to \$100 per week with 30%. Those with an income between \$20-\$50 made up 22%. 69% of respondents were married whilst 25% were single.

a. Drinking habits and background in context of the past *twelve months*

The number of alcohol consumers made up the bulk of participants at 65% compared to the non-drinkers at 35%. 87% of the alcohol consumers had drunk alcohol in the past twelve months.

b. Age of alcohol consumption

Those that began drinking between the ages of 18 and 24 years old age made up 50%, whilst 28% began when they were between the ages of 25 and 30. The 31 to 60 year-old age bracket had the highest number of alcohol consumers with 81% being male and 19% female. These numbers easily surpassed the 25-30 year olds that made up 20% of the alcohol consumers, with 80% being male and 20% being female. Farmers were the profession that obtained the largest number of alcohol consumers at 57%. Self-employed individuals followed with 12%.

c. Income

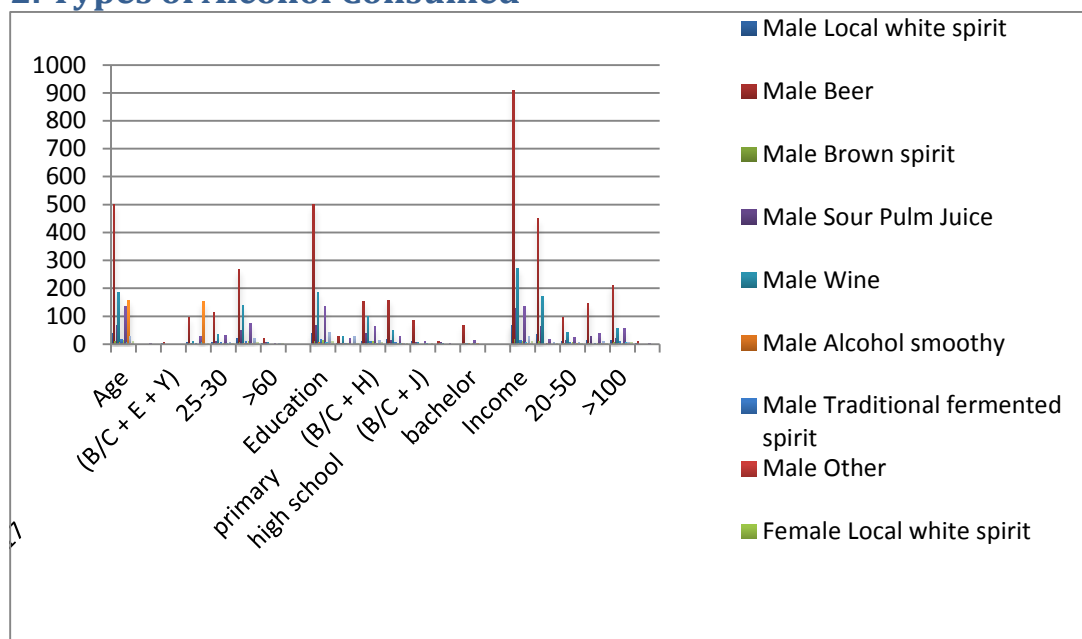
Those with an income of \$100 or more per week totaled 39% of participants and 32% had an income between \$51-\$100 per week. \$20-\$50 made up 20%. 76% of participants were married and 21% were single.

d. The current trend of alcohol consumption

The current trends towards alcohol included their alcohol consumption, reasons for drinking, effects of alcohol on the body, accessibility, along with attitudes, awareness and limitations.

The study indicated that whilst health and social consequences are still not adequately understood, there is a general consensus amongst participants that alcohol is a problem in society.

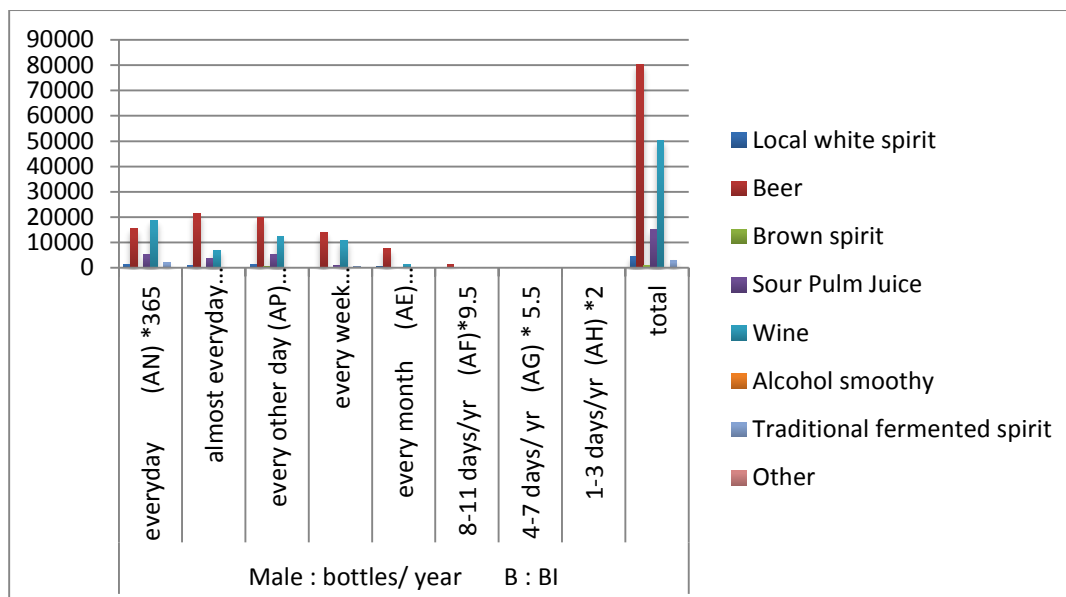
2. Types of Alcohol Consumed



Beer easily prevailed as the most common choice of drink among the male participants with 61%. 53% of those were in the 31 to 60 year-old age bracket. 44% of females preferred sour plum juice and 99% were between 18 to 24 years old. Those possessing secondary education had the biggest prevalence of beer drinkers amongst men whilst primary-educated females had the largest number of beer drinkers.

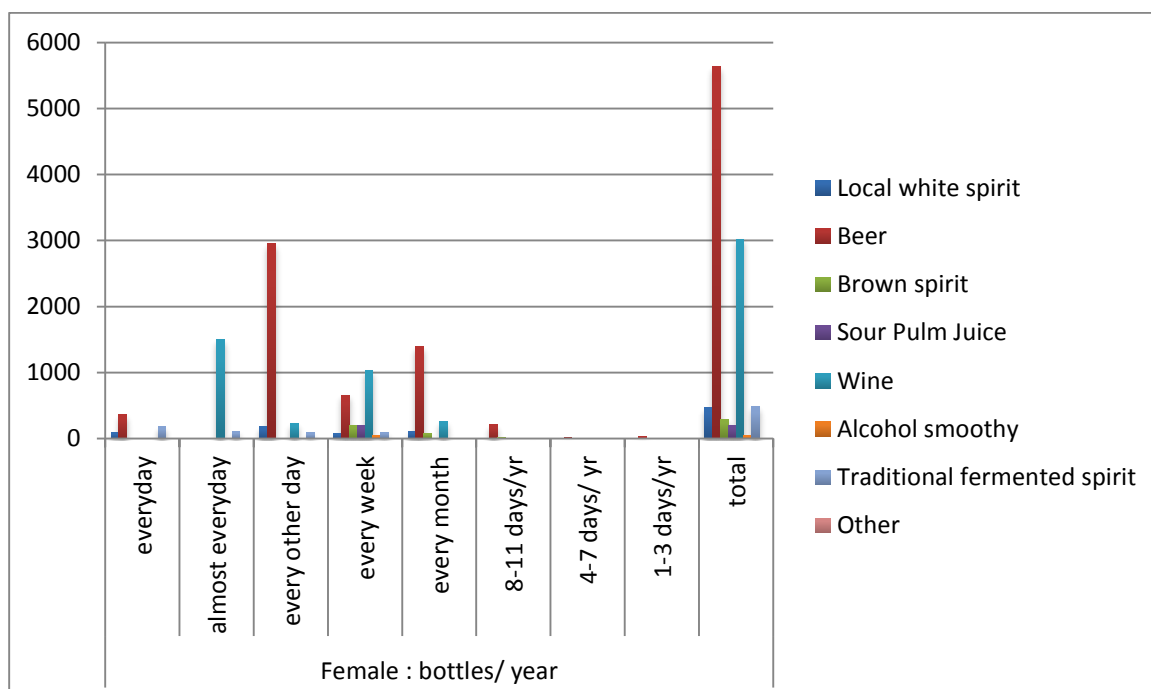
3: Volume of Drinking

Males:



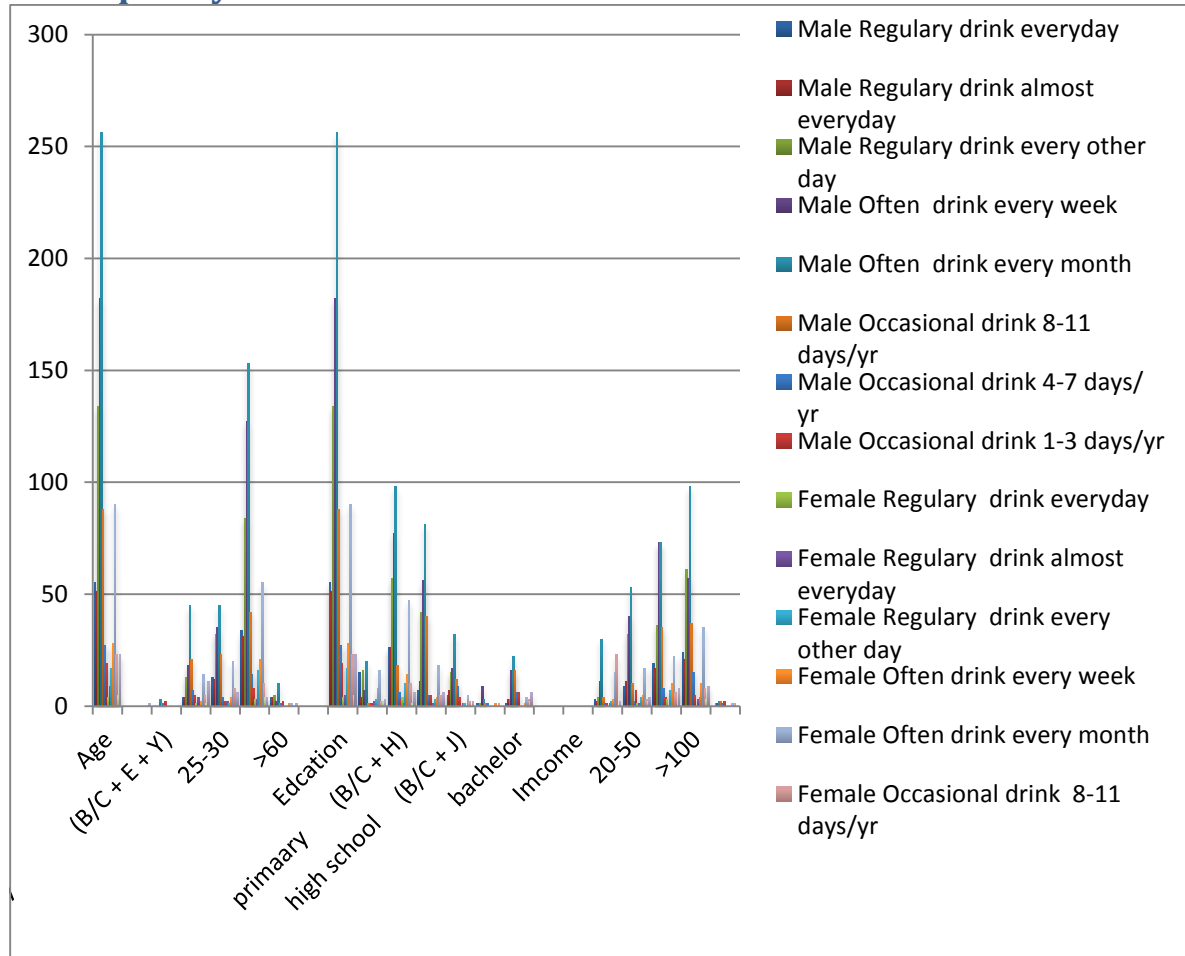
Men in the survey cited beer as the most popular choice of drink; it was also the drink with the highest volume consumption. A total of 80,175 bottles of beer were consumed in the past twelve months, along with 50,366 bottles of wine. What should also be noted is that respondents claimed to have drunk a total of 21,414 bottles of beer almost everyday for the past twelve months, with ‘almost everyday’ being equated to 5 ½ days out of 7 days. 18,615 of bottles of wine in the past twelve months claimed to have been consumed on a daily basis. Beer and wine were easily the two primary drinks where the highest amount of volume was consumed.

Females:



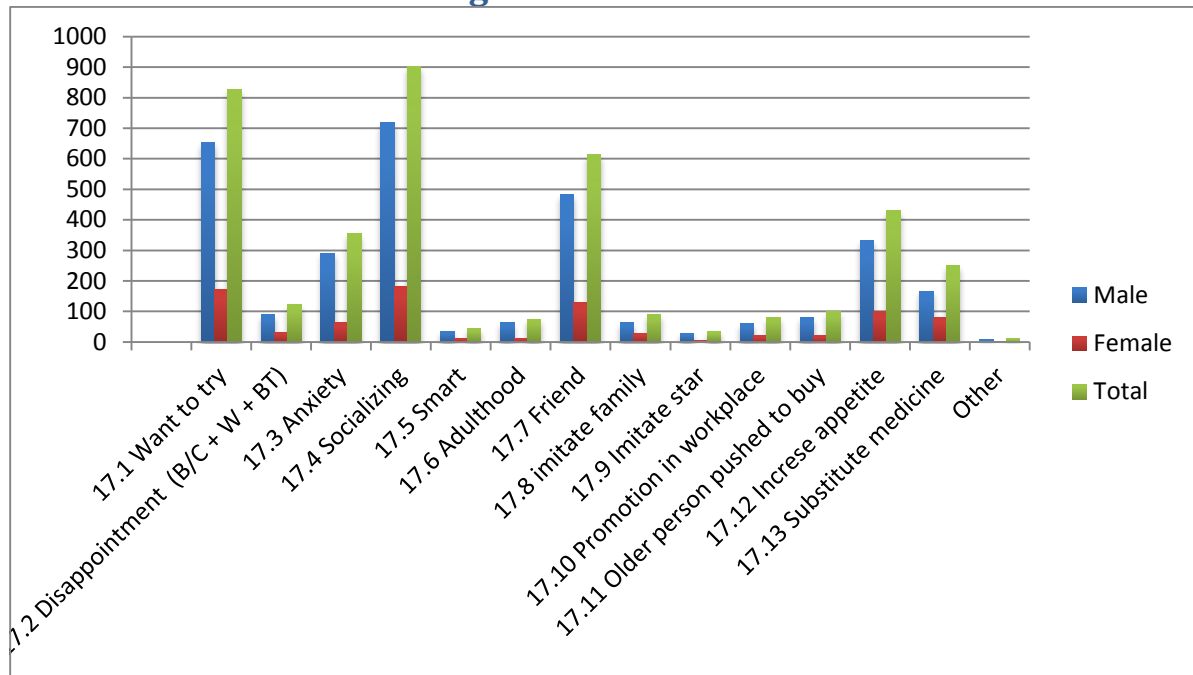
Similarly to the male participants, beer was the most popular choice amongst the female participants followed by wine. 5632 bottles of beer were consumed, along with 3022 bottles of wine. In the above graph, ‘every other day’ is equated to 3 ½ days out of a 7-day week. In the past twelve months, female participants claimed to have consumed 2958 bottles of beer every other day and 1502 bottles of wine almost everyday.

4. Frequency of Alcohol Use



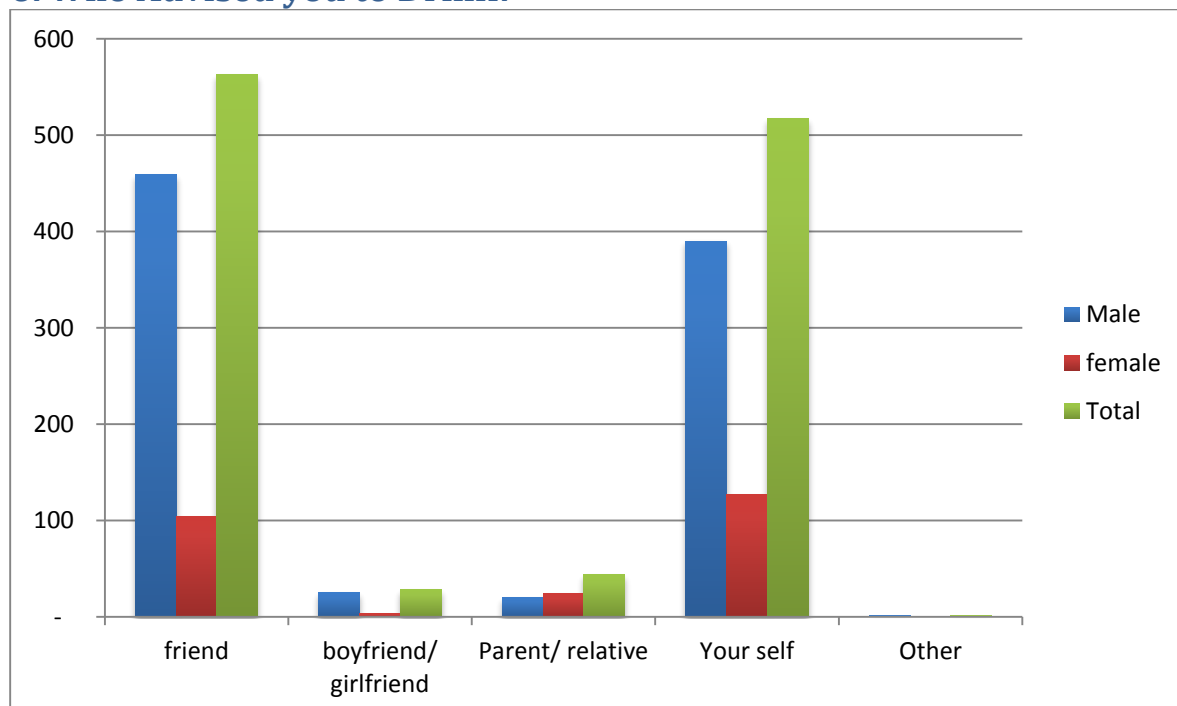
The above chart depicting the frequency of participants' drinking indicates 63% of the male participants drink every other day, 60% have admitted to frequently drinking *everyday*, and 59% of the total number of respondents agree that they drink, on average, eight to eleven days per year. Among females, 94% drink every other day, 61% drink every month, and 48% drink eight to eleven days per year. In the 31 to 60 year-old age bracket one finds the most regular alcohol consumers.

5. Reasons to Start Drinking



Based on the survey, motivations to start drinking can be attributed to social reasons. The highest number of participants started drinking due to socializing and an eagerness to try alcohol. Other significant reasons included entering adulthood, anxiety, increased appetite, and using alcohol as a medicinal substitute. These reasons characterize social, individual, and physical needs.

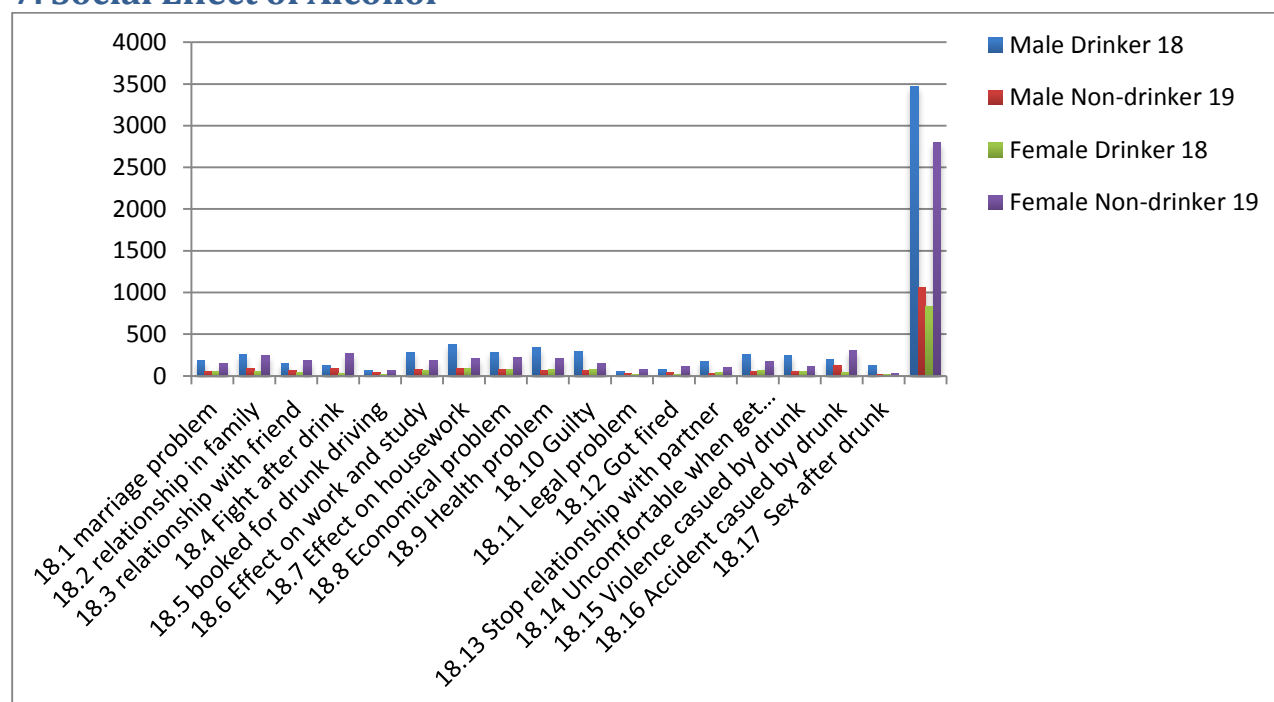
6. Who Advised you to Drink?



Amongst males, friends were cited as the biggest instigator of advising each other to drink. Amongst females, it was primarily an independent decision though friends were also cited as the second biggest instigator of drinking. In total however, most people tend to drink due to friends pressure, as shown on

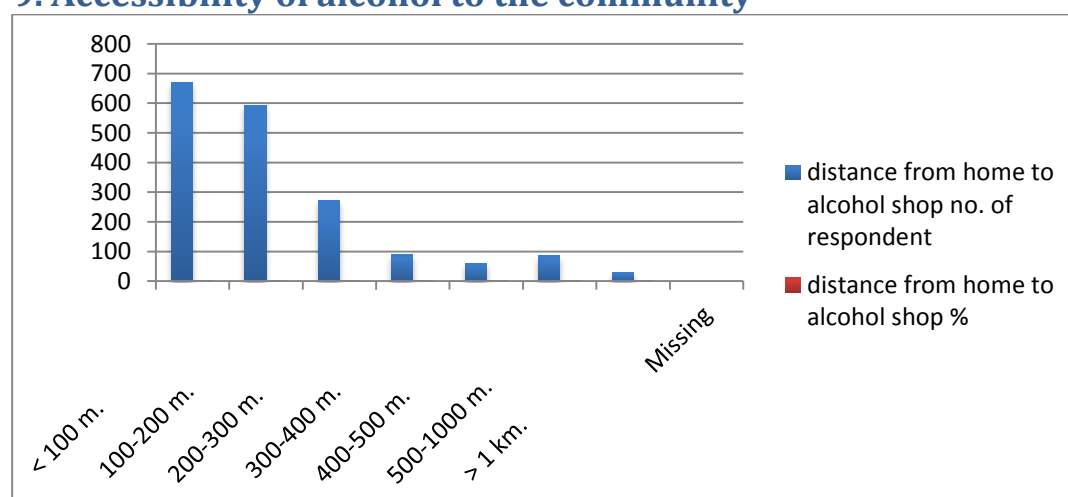
the graph. This indicates that drinking is an activity that has become part of the social norm and can therefore be considered a social issue.

7. Social Effect of Alcohol



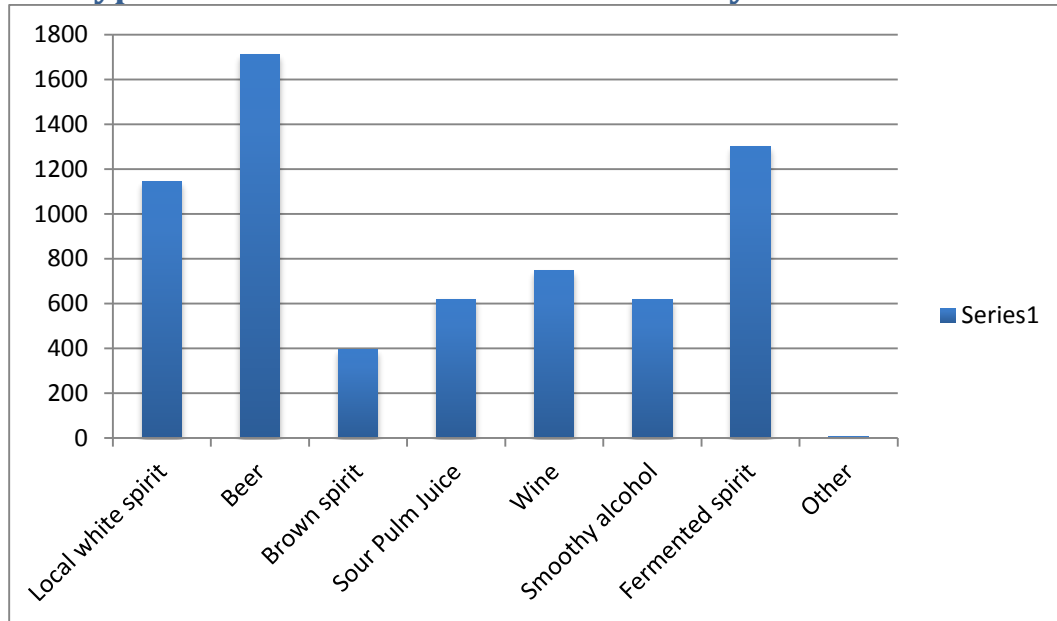
Among the female drinkers and non-drinkers, the main negative social effects that they believed were a cause of alcohol included accidents caused by drinking, relationships in the family, fighting after drinking and effect on housework. Similarly, among male drinkers and non-drinkers, the main negative effects of alcohol included effect on housework, on work and study, marriage problems, and violence due to intoxication.

9. Accessibility of alcohol to the community



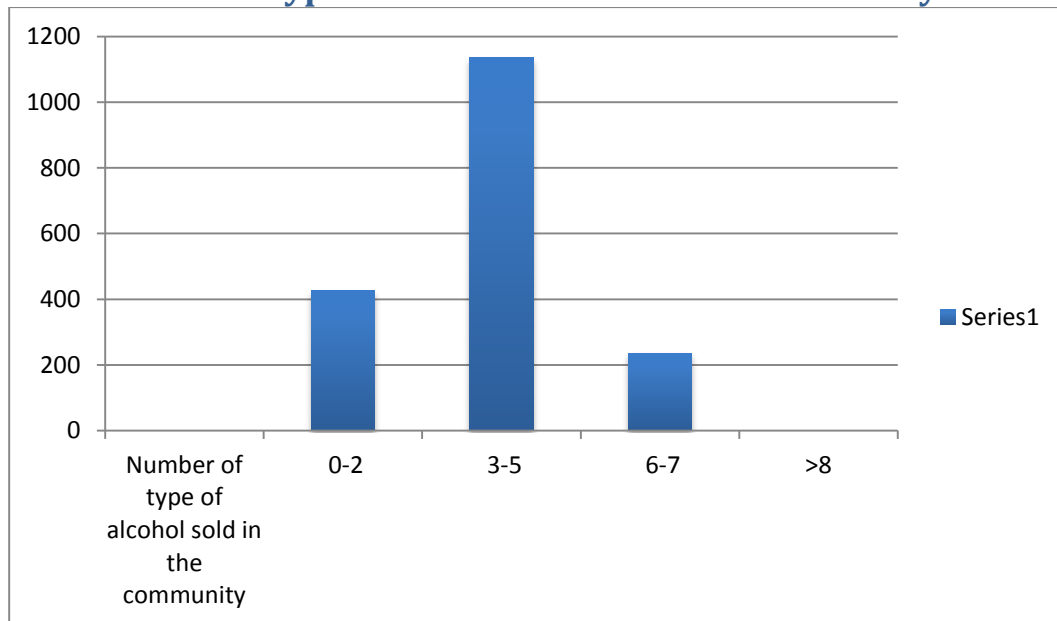
Accessibility could be regarded as one of the mitigating factors when explaining the high use of alcohol amongst Cambodians. The results of the 2014 survey show that 37% are able to access alcoholic drinks less than 100 meters from their home, along with 33% having access just 100 to 200 meters from home.

10. Types of Alcohol Sold in the Community



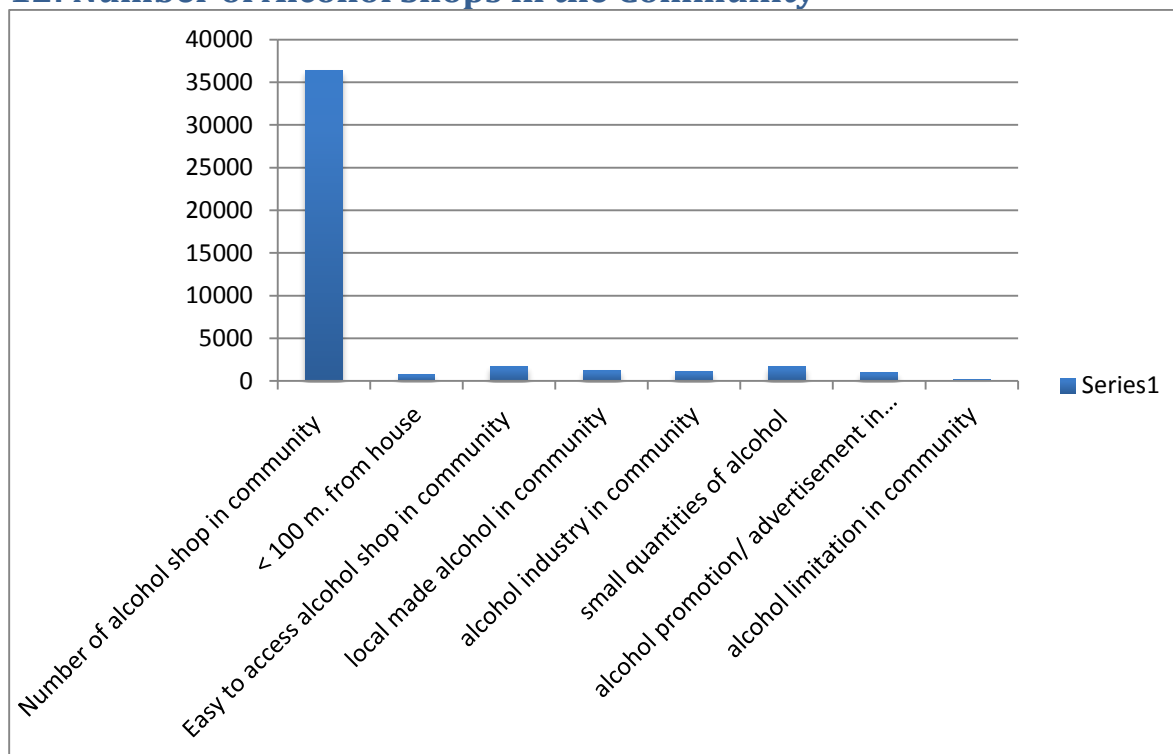
When asked about the types of alcohol sold in communities, respondents clearly stated beer as the most available type of alcoholic beverage. Fermented spirits, local white spirits, and wine closely followed as the next available types of alcoholic beverage.

11. Number of Types of Alcohol Sold in the Community



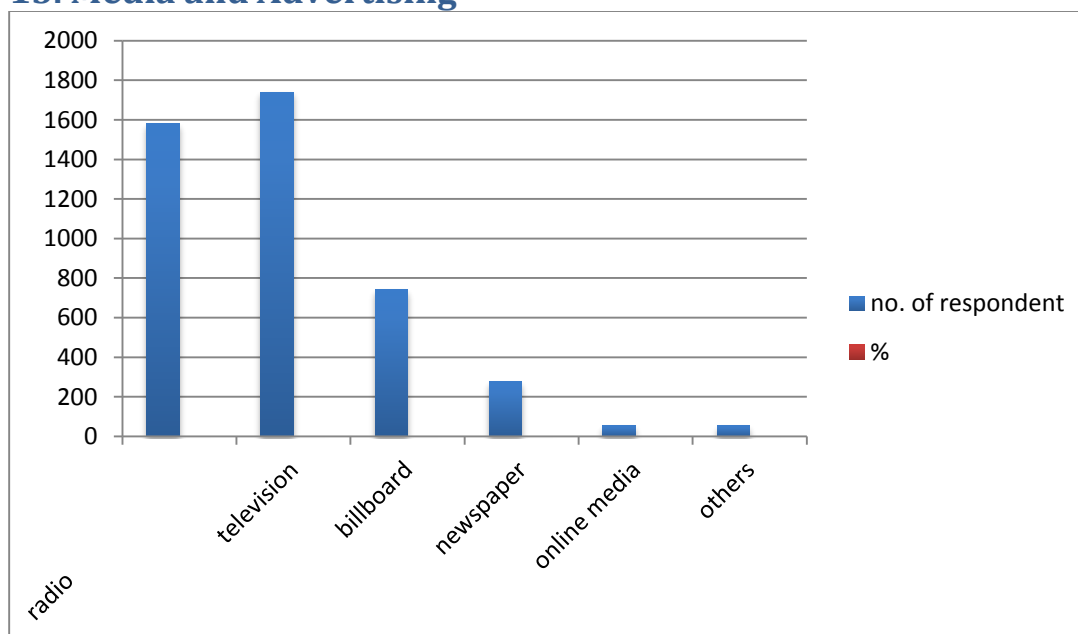
As depicted in the above graph, most respondents agreed that on average, there are commonly 3 to 5 different types of alcohol available on hand at their local shop.

12: Number of Alcohol Shops in the Community



The above graph depicts the number of alcohol shops in the communities where participants live and their accessibility. Easy access to alcohol and locally made alcohol was their reasoning for why there are so many venues where alcohol is available.

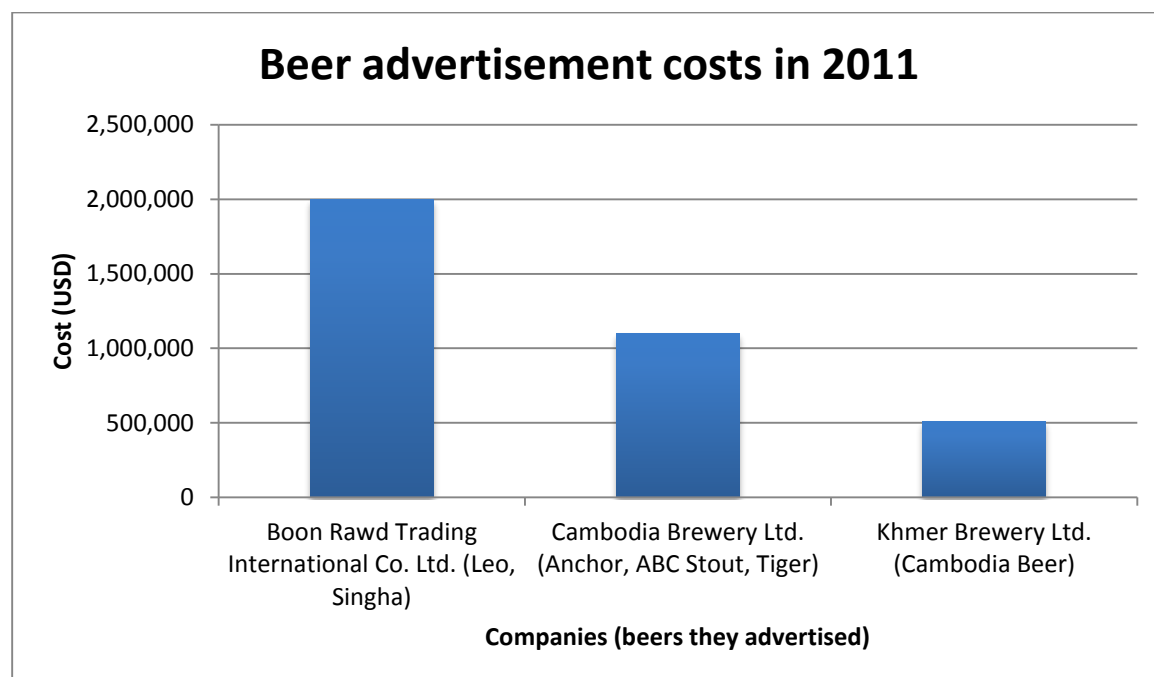
13. Media and Advertising



Advertising is an extremely powerful tool that influences consumers. Its prevalence in Cambodia is immense, particularly amongst the mass media. From the survey, 39% received alcohol advertising from television, 36% from radio and 17% from billboards. The remainder saw adverts through newspapers, online media or other avenues.

To further understand the effects of advertising on consumers, it should be emphasized that one of the main reasons that many people are led to consume alcohol in Cambodia is due to the unrestricted, disproportionately high levels of advertising that lack enough health warnings, information, and limitations. Alongside roads and side streets there are often many stores and restaurants advertising the sale of beer, putting alcohol on prominent and frequent display. Such alcohol advertisements often encourage people to drink more alcohol, especially when depicting people having a good time while drinking without warning of its negative health effects. Other advertising techniques include portraying a strong sense of nationalism through pictures of the temples and the country, as seen in Cambodia Beer adverts, or through slogans like the Angkor Beer ‘My Country, My Beer’.

Recently in May 2014 alcohol advertising through television was to be reduced to between 6.00pm and 8.00pm⁵, the likelihood of which seems low looking at the ineffective ban on public alcohol advertisements in 2011. The ban was an attempt to reduce the amount of alcohol-related traffic accidents, but still advertisements remain on display.⁶ This is shown by the 164% increase in advertising in 2011 with beer companies spending more than \$5 million on beer advertisements.⁷ The following graph below shows just a sample of the companies in 2011 and the amount they spent on advertising.



Looking at just a few figures⁸, one can see the amount of money spent on advertising has been immense and it will continue to grow over the years without regulations and restrictions. This will further encourage people to drink and can lead to worsening conditions such as increased domestic abuse, poverty, human rights violations. In 2013, it was noted that an increase in alcohol advertisements could

⁵ AKP Phnom Penh, 2014. TV alcohol advertising to be reduced. *Agence Kampuchea Presse*, [online]. 22 May. Available at: <<http://www.akp.gov.kh/?p=45641>> [Accessed 31 July 2014].

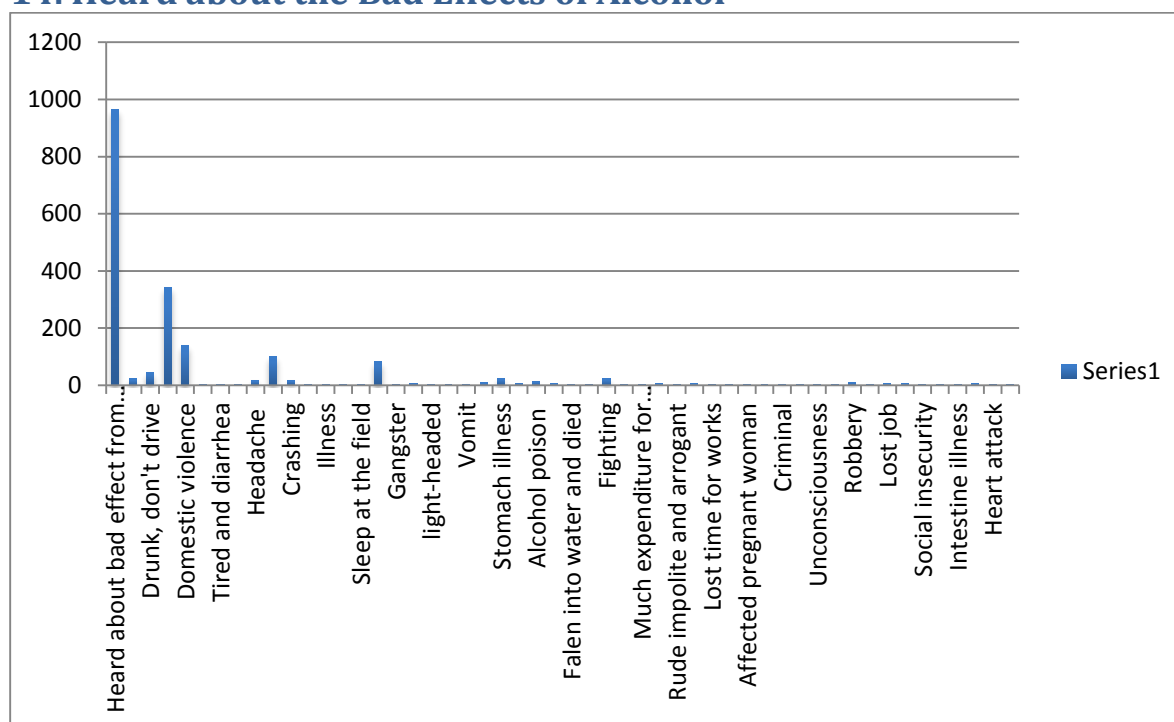
⁶ Kunthea, M. and Boyle, D., 2011. Capital bans booze adverts. *The Phnom Penh Post*, [online]. 22 September. Available at: <<http://www.phnompenhpost.com/national/capital-bans-booze-adverts>> [Accessed 23 July 2014].

⁷ Weinland, D. 2012. Beer makers binge on ads. *The Phnom Penh Post*, [online]. 17 January. Available at: <<http://www.phnompenhpost.com/business/beer-makers-binge-ads>> [Accessed 30 July 2014].

⁸ Retrieved from Weinland, 2012.

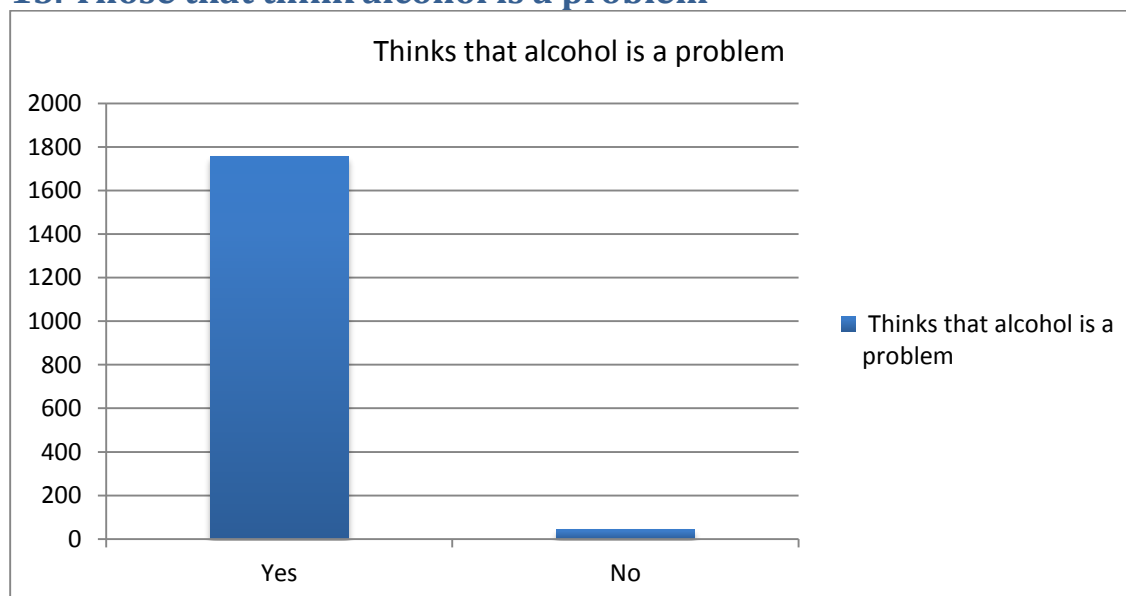
be linked to an increase in traffic accidents with the amount of advertising attracting people to drink that will then end up on the road.⁹

14. Heard about the Bad Effects of Alcohol



As far as the respondents being aware of potential negative effects, a total of 965 have heard of some kind of bad effect as a result of drinking alcohol. Domestic violence, traffic accidents and poor health were the main negative consequences that respondents were aware of.

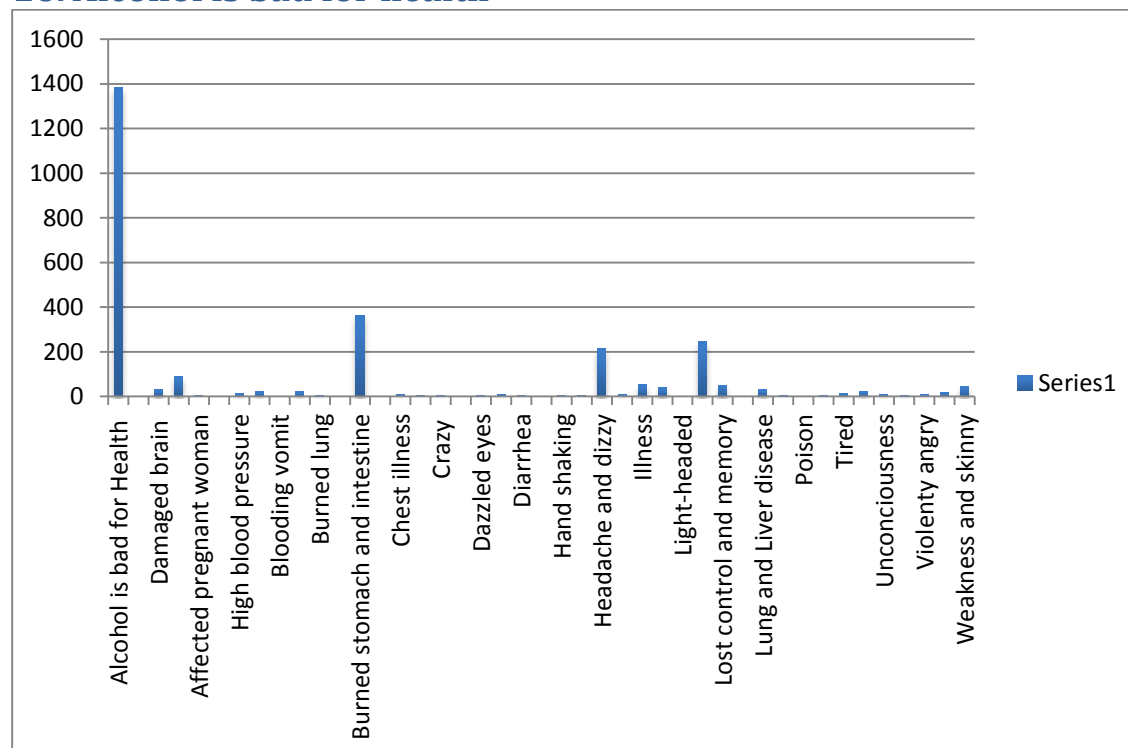
15. Those that think alcohol is a problem



⁹ Theara, K., 2013. Healthcare workers want less ads for alcohol and less traffic accidents. *Voice of America*, [online] 9 May. Available at: <<http://www.voacambodia.com/content/healthcare-workers-want-less-ads-for-alcohol-and-less-traffic-accidents/1657276.html>> [Accessed 25 July 2014].

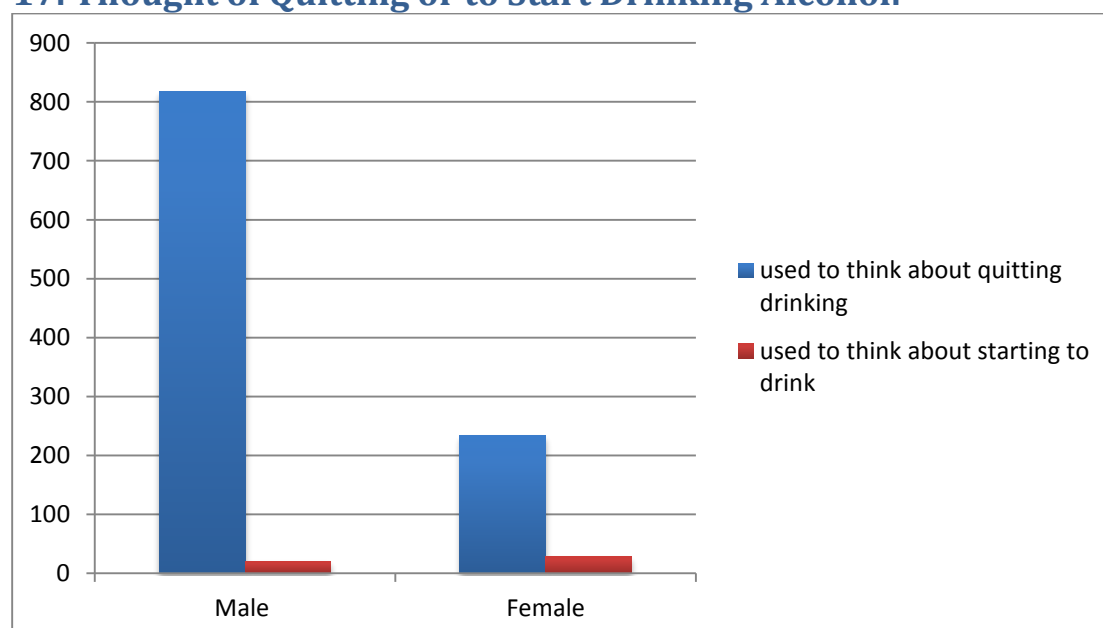
97.5% of respondents think alcohol is a problem in Cambodian society, compared to just 2.5% that believe alcohol consumption is not an issue.

16. Alcohol is bad for health



Most respondents agreed that drinking alcohol has health consequences. The main health effects that were heard about in the survey included 26% with burned stomach and intestines, 17% who knew about liver cancer and 15% who experienced headaches/dizziness. Concerning is the fact that lung and liver cancer, poisoning, pregnancy and damage to the brain rated very low on the effects of alcohol on one's health.

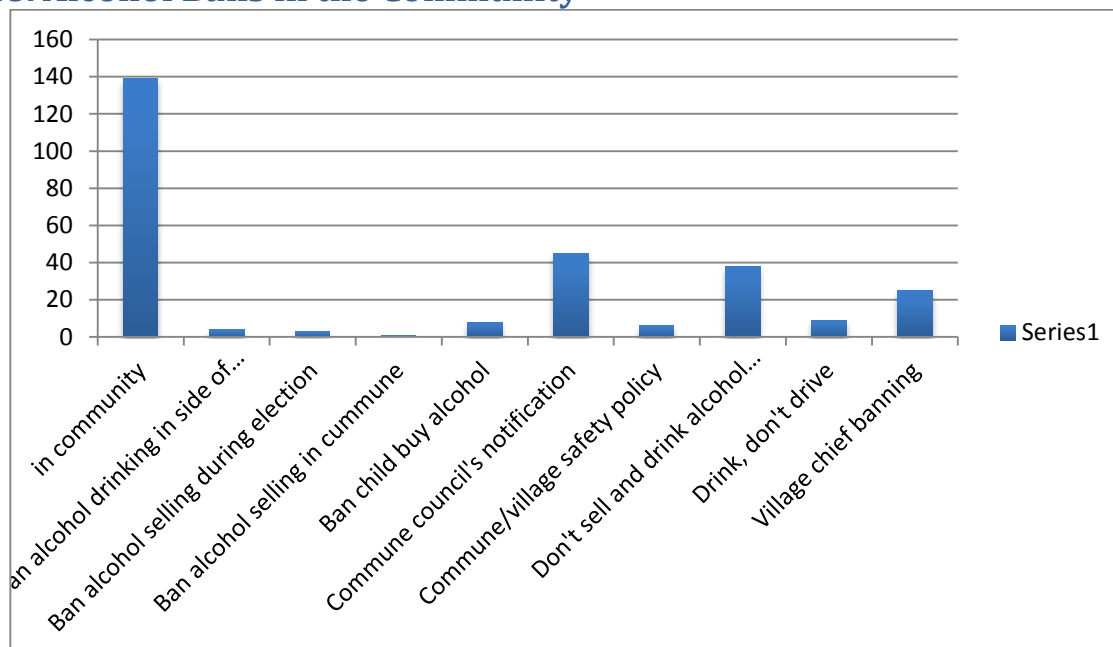
17. Thought of Quitting or to Start Drinking Alcohol:



When male participants were asked if they have thought of ceasing or beginning drinking, 817 said they have thought of quitting, whilst just 21 have thought about starting. Similarly in females, 234 stated they have thought of quitting and just 29 have thought of starting to drink.

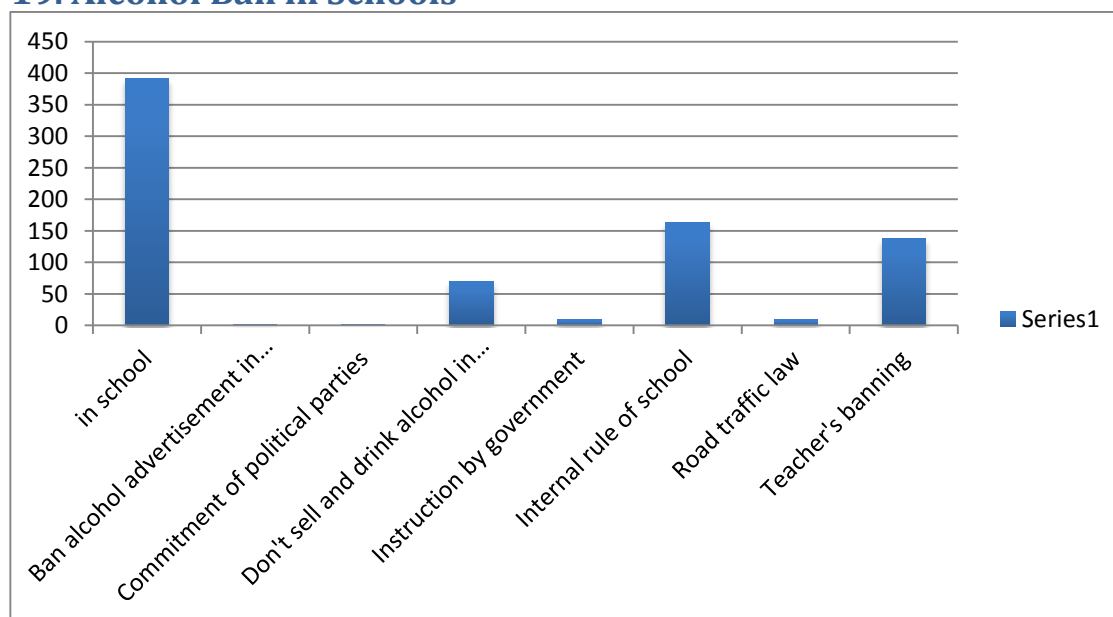
Alcohol Bans and Regulations

18. Alcohol Bans in the Community



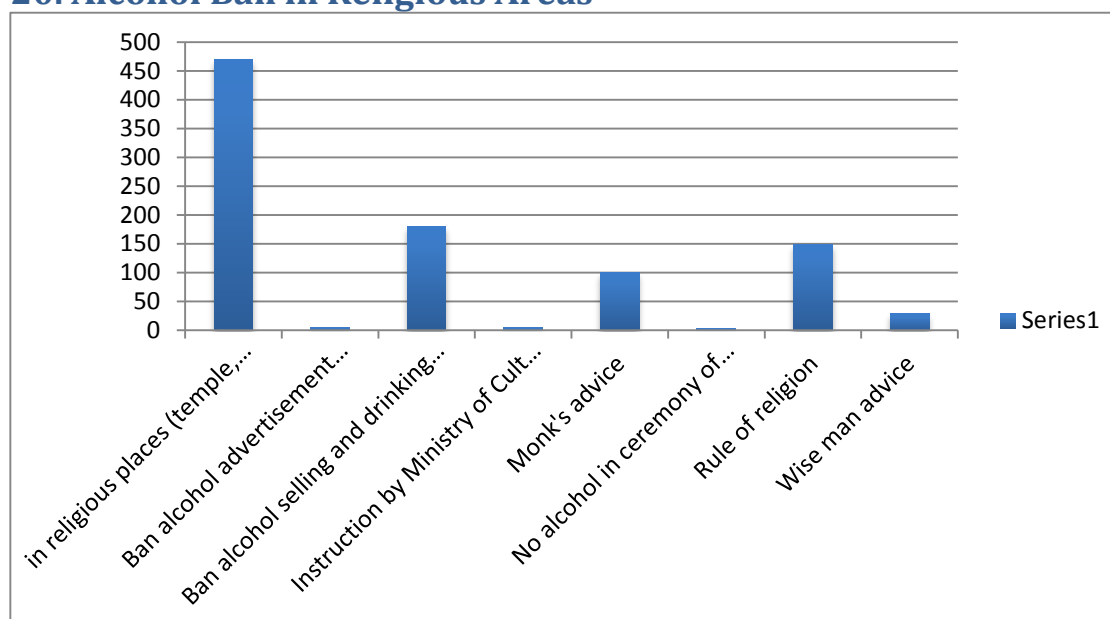
Alcohol regulation is present in the community. The commune council's policy of banning alcohol made up 32% of participants. Not selling alcohol to those U18 or drinking alcohol if under 18 totaled 27% of respondents and a ban by the village chief made up 18%.

19. Alcohol Ban in Schools



At school, 41% of drinking is restricted due to the internal rules of the school, with 35% being due to a teacher's ban on alcohol.

20. Alcohol Ban in Religious Areas



Drinking bans have been put in place in religious areas that prohibits the consumption of alcohol in or around pagodas. This also applies to the sale of alcohol. This made up 38% of the reason for abstaining from alcohol in a religious context. 32% stated that the rule of religion prevented drinking, followed by a monk's advice not to drink at 21%.

21. Alcohol Industry in Cambodia

To put the above survey results into further context, it is also necessary to examine the industry and sales aspect of the effects of alcohol in Cambodia.

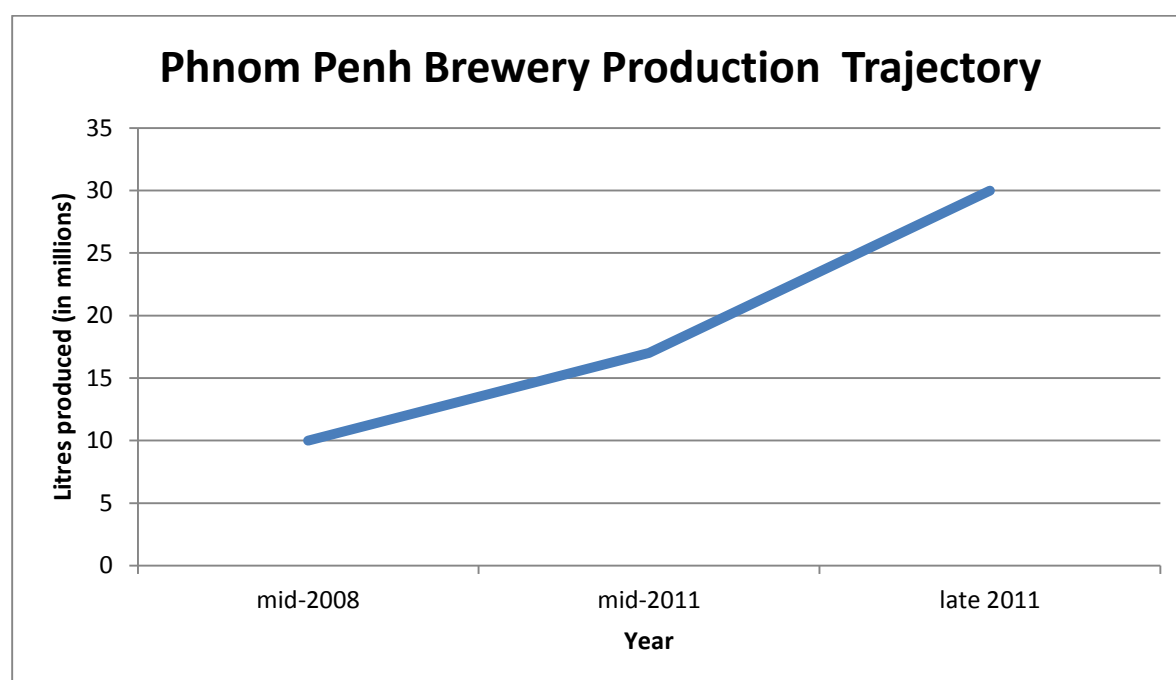
The lacking regulations and restrictions on alcohol sales in Cambodia contribute greatly to the alcohol industry. Policing measures such as checking the blood alcohol content of drivers, whilst in place¹⁰, overall lacks enough enforcement. This suggests drivers may be likelier to cause more car accidents. The additional absence of a minimum drinking age further contributes to the dangers as it leaves on and off-premise alcohol sales unregulated. Youths are able to easily obtain alcohol, which can negatively impact their natural development, health, and education, whilst further contributing to a rapidly growing, dangerous drinking culture.¹¹ Furthermore, despite excise duties, alcohol prices remain extremely low. For example, beer can often be found at a very cheap rate. Local Angkor beer costs approximately range

¹⁰ Equity Weekly – UNDP/TVK Television Show, 2012. *Alcohol and society*. [video online] Available at: <<https://www.youtube.com/watch?v=5HienhKLLIE>> [Accessed 24 July 2014]; Jamieson, R., 2012. *Health impacts of alcohol abuse in Cambodia*. [online] Available at: <http://www.indochinaresearch.com/Content/Archive/302/health_impacts_camb.htm> [Accessed 24 July 2014].

¹¹ World Health Organization, 2014. *Cambodia, alcohol risk factor report*. Available at: <http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/khm.pdf?ua=1> [Accessed 24 July 2014].

from \$0.50 to \$1.50. Many people also rely on the sale of alcohol to sustain themselves and their families¹²; hence they are likely to push alcohol sales as much as they possibly can.

Alcohol production itself is at a high level with breweries producing large amounts of alcohol such as CamBrew at 850,000 hectolitres per annum.¹³ Below is a chart that depicts the production of alcohol at one brewery, the Phnom Penh Brewery, over a few years. The gradual increase over four years between mid-2008 to mid-2011 becomes a steeper increase within the span of just a few months in 2011. Although this is just one brewery, its depiction of the suddenly very rapid production of alcohol in a short span of time suggests an increased demand and could indicate the beginnings of a growing sector in which alcohol could soon become a very significant source of revenue for Cambodia's economy.¹⁴



Recent years have seen similar increases such as with the Khmer Brewery Limited factory whose initial 2011 production rate of 500,000 hectolitres per annum is expected to increase to 2 million hectolitres over the next few years.¹⁵ Kingdom Breweries is expected to reach over \$10 million in sales over the year 2014.¹⁶ These continued increases reveal a pattern that suggests the production of alcohol in Cambodia will continue to grow. This further indicates the possibility that alcohol will gain a greater presence and thus, there will be a greater need to sell the product that is being made. Unless regulations and restrictions are put in place, alcohol will continue to be a big problem.

The Influence of the Alcohol Industry on Public Policy

In February 2014, following the senate consultation at the end of January 2014, Tiger Beer, a big shareholder from Singapore, approached the Ministry of Health during the initiation of the draft of the alcohol control law. They made appointments with many high-ranking officials at the Ministry from the

¹² Kunthea, M. and Leakhana, K., 2009. Study shows rise in youth alcohol use, *The Phnom Penh Post*, [online] 14 September. Available at: <<http://phnompenhpost.com/national/study-shows-rise-youth-alcohol-use>> [Accessed 24 July 2014].

¹³ Say, S., 2011. Brewery eyes October launch, *The Phnom Penh Post*, [online] 24 May. Available at: <<http://www.phnompenhpost.com/business/brewery-eyes-october-launch>> [Accessed 30 July 2014].

¹⁴ Equity Weekly – UNDP/TVK Television Show, 2012.

¹⁵ Sopha, C. and Mullins, J., 2011. Competition bubbles for breweries. *The Phnom Penh Post*, [online]. 19 January. Available at: <<http://www.phnompenhpost.com/business/competition-bubbles-breweries>> [Accessed 31 July 2014].

¹⁶ Styllis, G., 2014. Kingdom Breweries up for sale. *The Cambodia Daily*, [online]. 10 June. Available at: <<http://www.cambodiadaily.com/business/kingdom-breweries-up-for-sale-2-60905/>> [Accessed 30 July 2014].

under-secretary of state up to the secretary of state to lobby their agenda. One of the under-secretaries conveyed the appointment to someone at the Department of Preventive Medicine who, upon meeting the shareholders, stated, “we take care about public health, we don’t meet the industry because we have different direction.”

The alcohol industry is now becoming an obstacle for alcohol controlling laws. Their connection with high-ranking officials is a concern for the instigation and depth of alcohol control laws, and the delay in its adoption..

IV. Conclusion

Results of the survey showed a distinct consensus that alcohol is a large problem amongst Cambodians. Of the questions asked, most were social or health driven questions to determine what is understood of the risks associated with alcohol.

Of the sample size, the 31 to 60 year-old age bracket contained the biggest drinkers, although all age groups consumed alcohol. The survey showed that generally, men are bigger drinkers than their female counterparts. Social norms and practices allow for the approval of drinking amongst men, whereas for women it is more socially and culturally unacceptable to consume alcohol, which can explain why the ratio of men to women drinkers is largely different. However, women still suffer the negative consequences of excess alcohol consumption, particularly in the case of domestic violence. Both genders cited traffic accidents and domestic violence as the two main negative consequences that arose as a result of drinking. Similarly, other negative impacts of alcohol consumption on health is understood to a degree, however most respondents only comprehended stomach-related diseases, headaches, and dizziness, rather than identifying numerous other, and some more serious, health related issues that alcohol consumption can cause. These include cancer, high blood pressure, depression, liver cirrhosis, and more.

This survey has emphasized the popularity of beer as the drink of choice, predominately among men. Alcohol consumption from spirits, such as rice wine, also proved to be common amongst men and women. The prevalence of these two drinks can be attributed to the wide and easy accessibility of alcohol in various communities. As Cambodia lacks a legal minimum age for the sale, purchase and serving of alcohol, and businesses are able to sell drinks at any venue or location in the country, this means individuals are able to buy alcohol anywhere at any time. It is worth noting however that positive changes such as established sanctions in religious areas and schools have been effective in deterring alcohol consumption in these areas. Survey results depicting the ban of alcohol in these areas and imposed by commune councils, teachers, and schools, have been adhered to.

Respondents agreed that the mass media heavily advertises the promotion of alcohol, dominated by television, radio and billboards. These advertisements will tend to show people enjoying themselves though this kind of encouragement does not adequately represent the many negative consequences that can arise due to excessive consumption or alcohol addiction. Cambodia currently does not have in place any restrictions or regulations on advertising made by the national government or parliament.

Although the survey shows that 97.5% of participants believe alcohol is a problem in society, it has also been shown that negative health and social consequences are not fully understood. Alcohol carries a serious risk of negative social and health consequences with the potential to damage individuals, families and communities. The Cambodian government has a responsibility to address the prevalence of alcohol issues in their national agenda, in hopes of eradicating the negative social and health implications from alcohol consumption. From this survey and extraneous data collected from other online sources, we can understand there is much progress to be made in terms of creating minimum drinking age limits,

increasing awareness, restricting availability of alcohol, regulating alcohol production, establishing advertising limitations, and reducing road traffic accidents, amongst others.

V. Recommendations:

1. Government:

- 1.1 The law to restrict alcohol availability, advertisement and underage drinking as well as to increase the tax is very important to reduce alcohol related harms and promote public health and social well-being.
- 1.2 Alcohol advertisement should be totally banned by the government to reduce the consumption among young people.
- 1.3 The government should have a policy to increase the alcohol tax annually in order for it to be equal to that in other countries in the region, especially Thailand.
- 1.4 Sangkat/commune safety should highlight alcohol is another issue to address.

2. NGOs and institutions:

- 2.1 Alcohol badly affects people's income, creates a high risk of HIV/AIDS and drug use and affects women's and children's rights; the NGOs aiming to improve people's livelihoods and health should make alcohol abuse an important part of their program.
- 2.2 NGOs should raise awareness among community people in all provinces of Cambodia.
- 2.3 Evidence-based research should be conducted and updated annually on alcohol related harms.
- 2.4 The connection and cooperation between Cambodian NGOs and ASEAN should be strengthened to address the harms of alcohol.