

ASEAN

Framework for Action on Alcohol Control



one vision
one identity
one community



ASEAN Framework for Action on Alcohol Control

The ASEAN Secretariat
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

The ASEAN Secretariat is based in Jakarta, Indonesia.

For inquiries, contact:

The ASEAN Secretariat

Community Relations Division (CRD)

70A Jalan Sisingamangaraja

Jakarta 12110, Indonesia

Phone : (62 21) 724-3372, 726-2991

Fax : (62 21) 739-8234, 724-3504

E-mail : public@asean.org

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1. THE NEED FOR A FRAMEWORK IN ASEAN

1. Alcohol consumption has been embedded into the social and cultural customs in many societies. In the ASEAN region, increased social development and an expansion of modern industrial economy have made alcohol more widely available, leading to increased consumption over the past decade, particularly in young people and women. In many ASEAN countries, except in Muslim majority countries, the average adult per capita consumption was at 6.7 litres of pure alcohol [WHO Global Status Report on Alcohol and Health 2018]. In comparison to many high-income countries, ASEAN countries tend to have lower per capita consumption of recorded alcohol and lower prevalence of current drinkers. However, the volumes of consumption among those who do drink are much higher; this indicates a pattern of heavy episodic drinking. Additionally, the proportion of the consumption of unrecorded alcohol in ASEAN is comparatively much higher than in other regions.
2. The detrimental impact of alcohol consumption on health is known to lead to negative social and economic consequences for drinkers, the people around them and society. It is associated with more than 200 health conditions, including cancers, cardiovascular diseases, injuries, diabetes, mental health and infectious diseases, as well as maternal health and child development. It caused 5.3% of

all deaths worldwide in 2016. In the ASEAN region, alcohol-attributable deaths due to interpersonal violence, road traffic accidents, and alcohol poisoning, were higher than those of countries on other regions. These alcohol-related problems are resulted from various social determinants of health, including, but not limited to, weak governance, ineffective implementation of the policies, income and gender inequality, rapid social changes and inefficient health systems.

3. Besides health impact, alcohol-attributable social problems, such as unemployment, domestic violence, crimes, road traffic accidents, are imminent. These problems become challenges in achieving the 2030 Sustainable Development Goals (SDGs), particularly SDG 3 “Ensure healthy lives and promoting well-being for all at all ages” and SDG Target 3.5 “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. The harmful use of alcohol also hinders the attainment of many other SDGs and their targets, including those related to sustainable economic growth (SDG 8), ending poverty (SDG 1), reducing inequalities between and within countries (SDG 10) and achieving gender equality (SDG 5).

4. In the context of globalization and free trade agreements, supranational alcohol corporations have expanded into new markets, including those of ASEAN countries, including by using their innovative marketing techniques through the latest digital technology to target young people and women, in the forms of social media marketing and corporate social responsibility (CSR) programs. The supply of commercially-manufactured alcohol has outpaced population growth and is now being distributed to a wider range of drinkers in this region.

5. Although several global political commitments were made, including the United Nations (UN) Political Declaration on the Prevention and Control of Noncommunicable Diseases in 2011, 2014 and 2018, the WHO Global Strategy to Reduce the Harmful Use of Alcohol 2010, and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, together with the endorsement of a few regional policy tools, including the WHO Regional Plan of Action for the Reduction of Alcohol-Related Harm in the Western Pacific Region 2009-2014 and the WHO South-East Asia Regional Action Plan to Implement Global Strategy to Reduce the Harmful Use of Alcohol 2014-2025, there continues minimal attention in addressing alcohol drinking as a public health issue at the national level. This results in a slow progress for the development of alcohol policy measures, particularly the effective ones such as

taxation, physical availability control, and advertising restriction, in most ASEAN countries. Furthermore, the enforcement and implementation of existing policies and regulations are lacking in many ASEAN countries. It is likely that some ASEAN countries will not be able to achieve the Global Noncommunicable Disease Target on the 10% Reduction in Alcohol Consumption by 2025.

6. In light of free trade agreements, digital marketing, and policy interference of transnational alcohol companies, AMS have recognised the need for collective actions at both regional and global levels to renew and strengthen national capacity in response to alcohol-related problems. Hence, alcohol is addressed under Health Priority Area 2 on Reduction of Tobacco Consumption and Harmful Use of Alcohol, which is under the purview of ASEAN Health Cluster 1 on Promoting Healthy Lifestyle. Therefore, the ASEAN Framework for Action on Alcohol Control (the “Framework”) has been initiated as stipulated in the 2016-2020 Work Program of ASEAN Health Cluster 1 that was endorsed by the 12th Senior Officials Meeting on Health Development (SOMHD) and adopted by the 13th ASEAN Health Ministers Meeting, in April 2017 and September 2017, respectively, in Brunei Darussalam, specifically the development of the Agreement on One ASEAN Member States (AMS) Voice Commitment in protecting AMS from industrial interference and involvement in alcohol control.

2. GOAL, OBJECTIVES AND SCOPE OF THE ASEAN FRAMEWORK FOR ACTION

7. The ASEAN Community Vision 2025 builds upon and deepens the integration process to realise a rules-based, people-oriented, people-centred ASEAN Community, where people can enjoy human rights and fundamental freedoms, higher quality of life and the benefits of community building, reinforcing the sense of togetherness and common identity, guided by the purposes and principles of the ASEAN Charter. The Vision complements the United Nations 2030 Agenda for Sustainable Development in an effort to uplift the standards of living of the people in ASEAN region. The ASEAN Socio-Cultural Community (ASCC) Blueprint 2025 is a ten-year commitment that strives towards the promotion of sustainable development and heightens the development of policy and legal frameworks, through a committed, participative, socially-responsible, inclusive, sustainable, resilient, dynamic and harmonious Community. The Vision illustrates AMS precedence towards people and their quality of lives, thus focusing on alcohol control strongly conforms to the Vision and the Community's commitment. The goal of this Framework is aligned with the ASEAN Community Vision.
8. This ASEAN Framework is a long-term strategy to support the work of AMS in alcohol control. The main goal of the Framework is to facilitate the

consolidation and synergy of efforts among AMS and with other international and regional health initiatives in effectively addressing the health and societal consequences of alcohol consumption at national and regional levels. The objectives of the Framework are:

- (i) To set long-term strategic directions of ASEAN in addressing alcohol-related problems in the region;
 - (ii) To urge all AMS to develop appropriate approaches to tackle alcohol-related problems at both national and regional levels; and
 - (iii) To support the development of alcohol policy strategies and effective actions to address alcohol-related problems at both national and regional levels.
9. The scope of the Framework: (i) represents a common understanding of the need and the priority areas to address alcohol-related problems in the region; (ii) reiterates global, regional and national commitments to tackle the problems of alcohol consumption, and promotes ASEAN's commitment to advance alcohol control; (iii) provides guiding principles and scope of policy strategies and actions at regional and national levels; and (iv) suggests key actions for AMS, individually and collectively, through the ASEAN Health Cooperation and with the support of ASEAN Secretariat, in advancing the Framework

into the implementation phase. This Framework will benefit all ASEAN countries, especially those with a high burden resulting from alcohol consumption.

3. GUIDING PRINCIPLES FOR THE FRAMEWORK

10. Given that the wide range of alcohol-related problems and the substantial economic impacts of alcohol consumption are obstacles to sustainable development in ASEAN, efforts in alcohol control are, therefore, an important part of public health priorities. The Framework is founded on the following principles to achieve its goals and objectives.

Alignment and responsiveness

The goals and strategies of the Framework align with the existing global and regional political commitments, including the UN Political Declaration on the Prevention and Control of NCD (2011, 2014, and 2018, respectively), the 2030 UN Agenda for Sustainable Development, WHO's Global Strategy to Reduce Harmful Use of Alcohol 2010, WHO's Global Action Plan on NCD Prevention and Control 2013-2020, the Global NCD Targets, and the WHO SAFER initiative. The proposed actions are designed by taking the present regional and national situations into consideration and promoting accountability among AMS and the ASEAN Secretariat; aiming to enhance the focused areas of actions in the ongoing implementation of global and regional policies.

Focus on equity, safety and protection of people and vulnerable population

All people, particularly the poor, young people and the vulnerable, should be protected from preventable alcohol-related harms without being discriminated. The Framework aims to promote safety and to reduce harm and suffering caused by alcohol. Growing in societies and environments equipped with mechanisms that prevent them from alcohol-related harm is a fundamental right of children and young people in ASEAN countries.

Evidence-based and context-relevant strategies

The development of policies and actions should be based on scientific evidence, best practice and public health principles, taking into consideration cultural, social, economic and legal contexts at national and regional levels. It is important to address the multi-factors and mechanisms that drive alcohol consumption and its related problems. Therefore, a national comprehensive alcohol policy is strongly recommended.

Community involvement, advocacy, capacity building, and networking

Community involvement and advocacy at national level is the key component in the implementation of the Framework. Key mechanisms to facilitate sustainable actions include, but not limited to, capacity building and networking at national level with various sectors and international, regional and global partners through sharing of experience, exchange of knowledge.

Management of real, perceived or potential conflicts of interest

Policies for the prevention and control of alcohol-related problems should be protected from undue influences in any form from those with vested interests. Real, perceived or potential conflicts of interest must be acknowledged and managed. The alcohol industry must not be involved, directly or indirectly, in policy dialogues and formulation processes, while ensuring their compliance to health-related and consumer-protection regulations.

4. ASEAN'S PRIORITY AREAS AND POLICY STRATEGIES ON ALCOHOL CONTROL

4.1 Priority areas on alcohol control

11. The following have been identified as priority areas for alcohol control actions among ASEAN Member States:

Alcohol consumption among young people and environmental influence

Youth drinking is common in all ASEAN Member States. There are concerns on underage drinking, the number of new drinkers, age of drinking initiation, and alcohol-related harm. Young people are easily persuaded and are likely targeted by the alcohol industry. Alcohol marketing is always directed towards children and adolescents. These practices include, but are not limited to, Integrated Marketing Communication (IMC) in youth-orientated events, and Corporate Social Responsibility (CSR) activities. ASEAN Member States should put as priority the protection of their young people from alcohol.

Alcohol-related injuries and violence, including violence against women and children

Alcohol-attributable deaths due to interpersonal violence and road traffic accidents are much higher in ASEAN countries than in other regions. Violence against women and children can also be attributed to alcohol and are widespread in the region.

Identification and treatment of alcohol use disorder and dependence

ASEAN Member States should pay attention to alcohol use disorder and alcohol dependence, as well as the prevention of alcohol use and reduction of alcohol-related harm. Where appropriate, persons with alcohol use disorder and dependence should be identified in order to provide them with appropriate care and treatment and to help them reduce or abstain from drinking, leading to improved health and quality of life.

Consumption of illicit or informally-produced alcohol

Although most alcoholic beverages marketed today come from industrial manufacturing, it is undeniable that locally-produced alcoholic beverages remain popular among many local communities. However, locally-produced alcohol may cause death and illnesses due to the contamination of toxic substances, unstable by-products, or the high level of ethanol content. These locally-produced alcoholic products lead to incorrect national estimates of the total quantity of alcohol consumption. Therefore, ASEAN Member States should apply measures to control the local production of alcohol, taking into consideration local social expectations, religious beliefs and cultural contexts.

Interference of the alcohol industry

Unsurprisingly, the alcohol industry puts strong efforts on protecting their commercial benefits and thereby

obstructs any threatening alcohol control measures. It is likely that the alcohol industry will attempt in every possible way to interfere with every stage of the policy-making and legislation processes. The alcohol industry will also exert their influence through discussions or lobbying, and offering of all kinds of support, including educational scholarships, so as to undermine the effectiveness of alcohol control regulations. ASEAN Member States must realise the potential negative impacts of alcohol industries' interference activities on the effectiveness of regulatory control; hence, any form of interactions between government authorities and the alcohol industry should be restricted.

12. It should be noted that alcohol is a complex policy area with many challenges. Future challenges may arise and require future revisions of the Framework.

4.2 Six key policy strategies

13. Taking into account present regional and national situations and the existing evidence-based policy recommendations and technical guidance, six policy strategies have been identified to address ASEAN's priority areas, as follows:

Strategy 1: Raise public awareness and advocacy for political commitments

Political leadership and commitment are crucial in the development of strategies, policies and plans to address alcohol problems at the national level. Effective

communication and advocacy are essential mechanisms to change the social climate and public attitudes towards alcohol consumption, the related problems and corresponding policies.

Strategy 2: Reduce alcohol supply and regulate access to alcohol by young people

Enforcement of restrictions on commercial or public availability of alcohol through laws, policies and programs are critical to reduce the harmful use of alcohol. Such strategies provide essential measures to prevent ease of access to alcohol by young people and other vulnerable and high-risk groups. Alcohol taxation and pricing policies are among the most effective and cost-effective alcohol control measures. Increase in alcohol excise taxes is a proven measure to reduce the harmful use of alcohol, while at the same time provides governments additional revenue to offset the economic costs of the harmful use of alcohol.

Strategy 3: Reduce demand and regulate pro-drinking environment

Changing attitudes towards drinking is a very important component of alcohol control. Bans and comprehensive restrictions on alcohol advertising, sponsorship and promotion are impactful and cost-effective measures to prevent and reduce alcohol-related harm. The same level of attention in the digital world will bring public health benefits and help protect children, young people and abstainers from social pressure to start drinking.

Strategy 4: Implement early interventions, provide treatment and management for alcohol use disorders and dependence, and reduce acute health harm and social problems from heavy episodic consumption

Health professionals have an important role in supporting people wanting to reduce or stop drinking to lower their health risks by providing effective interventions. Road users impaired by alcohol have a significantly higher risk of being involved in accidents resulting in deaths and significant disabilities. Strong enforcement of drink-driving laws and blood alcohol concentration limits in the forms of sobriety checkpoints and random breath testing will help tackle these problems.

Strategy 5: Initiate community interventions

Alcohol-related problems can be addressed at all community levels, including households, villages, sub-districts, districts, and provinces as well as institutions.

Strategy 6: Strengthen national capacity and systems and coordinating mechanisms

Sufficient infrastructure and response systems are essential to enable the implementation of the Framework and ensure effective alcohol policy processes. These include effective surveillance and monitoring systems and mechanisms to promote transparency and must be protected from industry interference and those with

vested interests. Alcohol policy process is a public policy domain that involves multi-sectoral stakeholders. Therefore, participation, ownership and commitment of the stakeholders are crucial for the success of alcohol policy process.

14. Further details of policies and interventions, in accordance with these strategies, will be developed in close consultations with ASEAN Member States, experts and relevant stakeholders.

5. ACTIONS BY ASEAN MEMBERS STATES AND THE ASEAN SECRETARIAT

15. To fulfil the commitments to reduce the health and societal burdens resulting from alcohol consumption in the region.

5.1 ASEAN Members States, led by health sector at national level

- i. Work towards reducing health and societal consequences from alcohol consumption, in collaboration with relevant stakeholders at national level, based on the identified priority areas;
- ii. Strive to develop and/or strengthen, as appropriate, a national alcohol policy and action plan, taking into consideration the six key policy strategies in this Framework, the recommendations on effective measures and national contexts;
- iii. Work towards raising public awareness, promoting accountability, advocating for and sustaining political commitment to support national alcohol policies;
- iv. Work towards mobilising resources and strengthen necessary infrastructure and systems, as appropriate, required for the development of national alcohol policies and the implementation of this Framework;

- v. Enhance multisectoral alcohol control activities at national level and encourage community involvement and stakeholder engagement in the development and implementation of the national alcohol policy measures;
- vi. Participate actively in international, regional and global platforms, forums and in any initiatives that address alcohol use and its related problems;
- vii. Share annual progress of the implementation of the Framework at country level to SOMHD through close coordination with the respective ASEAN Health Cluster 1 country coordinator and the ASEAN Secretariat; and
- viii. Share emerging challenges and threats to prevent and reduce alcohol-related problems at country level, and identify any needs for revision of the Framework, as necessary and appropriate, in the ASEAN Regional Initiative for Alcohol Policies form of a side meeting of the annual ASEAN Health Cluster 1 Meeting.

5.2 ASEAN Regional Initiatives for Alcohol Control

ASEAN Regional Initiatives for Alcohol Control will be initiated under the ASEAN Health Cluster 1 Work Programme for 2021 to 2025. ASEAN Member States will further identify details of specific joint actions and activities for the Regional Initiatives to accelerate progress of each ASEAN Member State towards the goals and objectives as stipulated in the Framework as

well as to consider any amendments to the Framework, as necessary and appropriate. The ASEAN Regional Initiatives may convene alcohol control-specific meetings among ASEAN Member States alongside ASEAN Health Cluster 1, upon approval from ASEAN Health Cluster 1 and SOMHD, to discuss existing or emerging technical matters and deliberate on critical or challenging issues regarding alcohol control, with a particular focus on matters that are difficult to be resolved by any individual Member State.



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