Effectiveness of alcohol control policies and the ways forward for Thailand

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HOPE





EVIDENCE









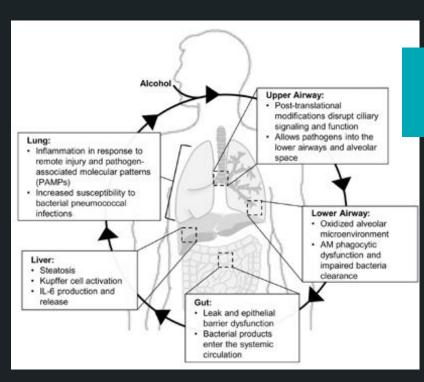












ALCOHOL, THE IMMUNE SYSTEM, AND THE LUNGS

Persons with an alcohol-use disorder have increased susceptibility to respiratory pathogens and lung injury, including two to four times greater risk of acute respiratory distress syndrome (ARDS), a key cause of death in COVID-19.

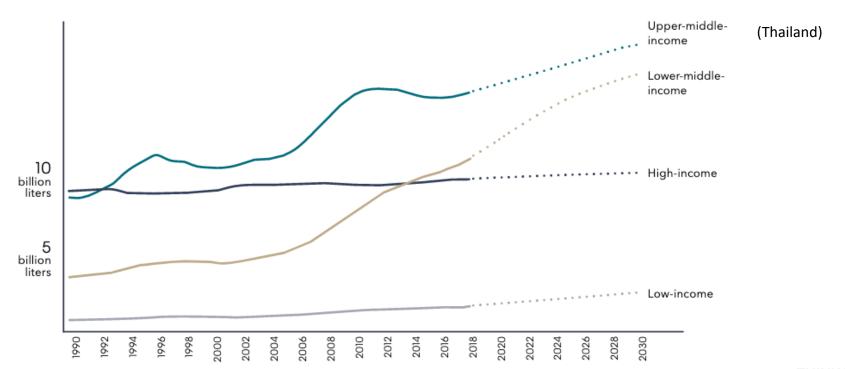
(Source: Yeligar SM, Chen MM, Kovacs EJ, Sisson JH, Burnham EL, Brown LAS. Alcohol and lung injury and immunity. Alcohol (Fayetteville, NY). 2016;55:51-59.)





Growth in alcohol consumption coming in middle-income countries

Figure 3: Volume of Pure Alcohol Consumption by Country Income Group, 1990-2030

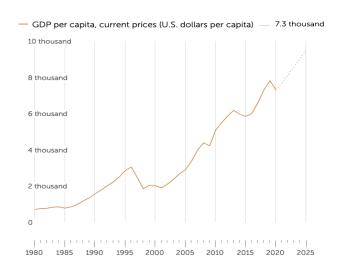


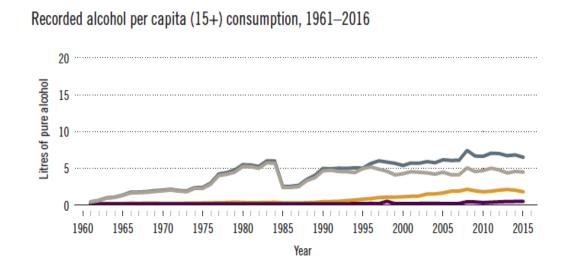
Note: Data for 189 countries classified by 2016 World Bank country income groups. Dotted segments denote predicted sales for years 2018-2030. Source: Manthey J et al., manuscript in preparation





CONGRATULATIONS!





- Alcohol consumption rises with income
- We would expect Thailand's alcohol consumption ot have risen along with GDP per capita
- This is yet another curve that Thailand has flattened





Thailand Both sexes, 15-49 years, DALYs per 100,000

1990 rank 2019 rank



BUT, alcohol is still the leading cause of death and disability among Thais ages 15-49 – there is still more to be done!

1 Alcohol use]	1 Alcohol use	
2 Occupational injuries] , /	2 Unsafe sex	
3 Smoking	1	3 High body-mass index	
4 Particulate matter pollution	}.`\ ``~/-	4 Smoking	
5 High systolic blood pressure	}	5 Drug use	
6 Kidney dysfunction	}. <i>X\t/</i>	6 High systolic blood pressure	
7 High fasting plasma glucose		7 High fasting plasma glucose	
8 High body-mass index		8 Particulate matter pollution	
9 Drug use	Y / ``	9 Kidney dysfunction	
10 High LDL cholesterol	}/-	10 Occupational injuries	
11 High temperature	}./	11 High LDL cholesterol	
12 Occupational ergonomic factors]/ ```	12 Occupational ergonomic factors	
13 Unsafe sex	γ ` ` ` · ·	13 High temperature	
14 Diet low in fiber		14 Diet low in fiber	
15 Intimate partner violence].	15 Diet high in sodium	
16 Diet high in sodium		16 Secondhand smoke	
17 Iron deficiency		17 Diet low in whole grains	
18 Unsafe water source		18 Diet low in vegetables	
19 Secondhand smoke		19 Diet low in fruits	
20 Diet low in fruits		20 Diet high in red meat	

Source: IHME

BU Boston University School of Public Health

THINK.TEACH. DO. FOR THE HEALTH OF ALL

SUSTAINABLE GEALS



Ensure healthy lives and promote well-being for all at all ages

Target 3.5
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Framework element	Target	Indicator
Behavioural risk factors		
Harmful use of alcohol	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

THINK.TEACH. DO



Alcohol and global health

- Approximately 3 million deaths per year
- Top risk factor for death and disability among persons aged 15-49
- Major driver of health inequality: Same amount of alcohol will do much greater harm in a poor family, community or country
- In 2016, alcohol caused more death and disability worldwide than:
 - Tuberculosis
 - HIV
 - Diabetes
 - Hypertension
 - Digestive system diseases
 - Road traffic injuries
 - Violence



Alcohol and health

- A causal factor in more than 200 disease and injury conditions
- No safe level of alcohol consumption for cancer risk
 - Causally linked to cancers of the oral cavity, pharynx, larynx, esophagus, liver, colorectal, and female breast (15% in the US) (Nelson et al. 2013; Baan et al. 2007)
- Leading cause of death and disability for persons aged 15-49 worldwide
- If there is health benefit from light drinking, none for anyone under age 44
- The great "co-factor":
 - Interpersonal violence
 - Sexual assault
 - Child abuse
 - Family instability
 - Community disruption







POPULAR BELIEF:

We should just **EDUCATE** young people about these serious problems. If they knew the risks, they would drink responsibly.

True or False?



Neurodevelopmental Origins of Risk-taking



- Adolescence is a period of profound brain maturation to maximize capacity for exploration and to begin the separation from caregivers.
- We thought brain development was complete by adolescence.
- We now know... maturation is not complete until about <u>age 25.</u>





Neurodevelopmental Origins of Risk-taking



The area that develops earlier: Limbic System

- Processing emotions
- Processing social info
- Experience reward, punishment

The area that develops later: Prefrontal Cortex

- Deliberative thinking
- Logical reasoning
- Planning ahead
- Weighing costs and benefits
- Regulating impulses





Limbic System







Prefrontal Cortex

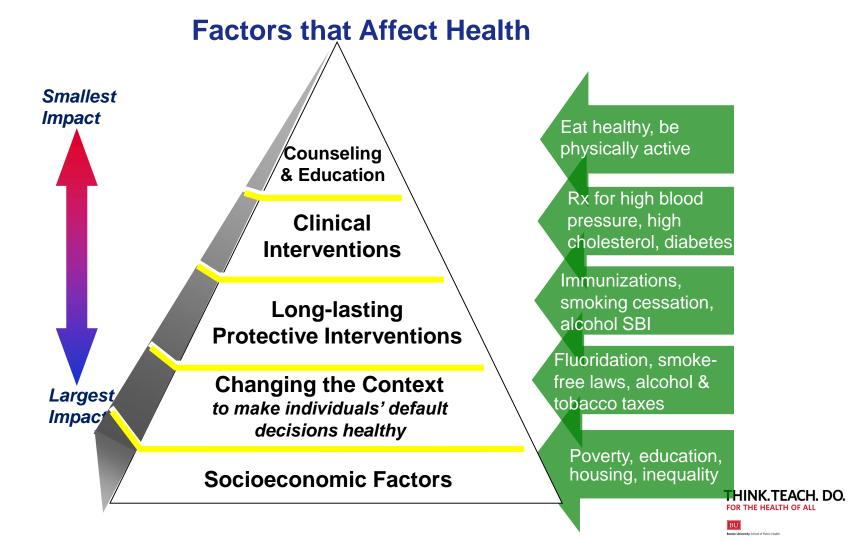




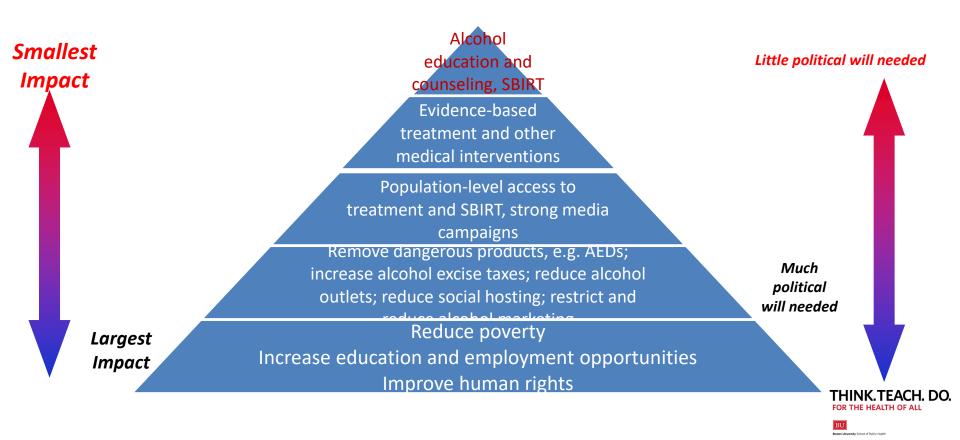




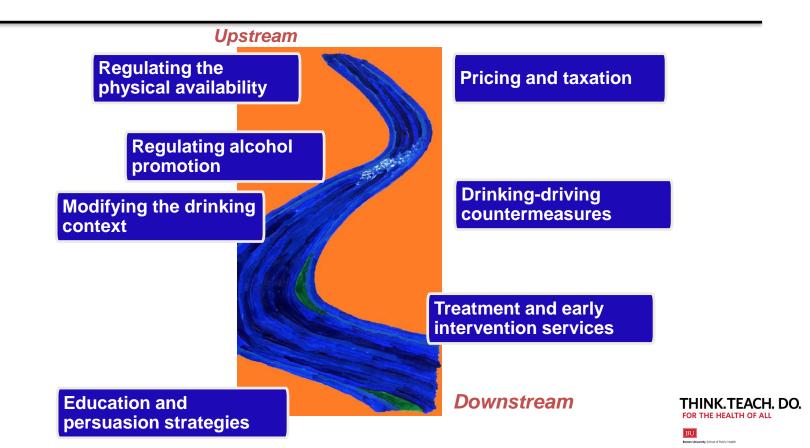




Factors applied to alcohol



Strategies and interventions to reduce alcohol-related harm upstream and downstream



Seven policy areas for intervention; focus on "best buys"

- Alcohol taxes and other price controls*
- 2. Regulate physical availability through restrictions on time, place, and density of alcohol outlets*
- 3. Regulate alcohol advertising and other marketing*
- 4. Alter the drinking context
- 5. Drink-driving countermeasures
- Conduct screening and brief intervention in health care settings; increase availability of treatment programmes
- 7. Education and persuasion: provide information to adults and young people especially through mass media, workplace and school-based alcohol education programmes
- * WHO 'best buys', endorsed by OECD





Sugar, rum, and tobacco, are commodities which are no where necessaries of life, which are become objects of almost universal consumption, and which are therefore extremely proper subjects of taxation.



An Inquiry into the Nature and Causes of The Wealth of Nations, 1776





1. Price

- Theoretical assumption: Increasing the economic cost of alcohol relative to alternative commodities will reduce demand
- Pricing policies include:
 - Increased taxes
 - Minimum pricing
 - Bans on 'below cost' sales and "happy hour" drink discounts
 - Low alcohol tax incentives/special taxes on certain products, e.g., alcopops





Bloomberg Task Force on Fiscal Policy for Health, April 2019

"If all countries increased their excise taxes to raise prices on tobacco, alcohol, and sugary beverages by 50 percent, over 50 million premature deaths could be averted worldwide over the next 50 years while raising over US \$20 trillion of additional revenues in present discounted value. Raising taxes and prices further in future years would save additional lives and raise even more revenues."



Evidence to support pricing policies

- Pricing policies based on sound economic theory when the price of a product goes up, demand decreases
- Studies from around the world show that increased taxation on alcohol results in reduced rates of consumption, alcohol-related deaths, crime, violent assaults, traffic accidents.
- Minimum pricing in Canada has reduced alcohol harm: In British Colombia, 10% average price increase = 9% reduction in alcohol related crime, 9% reduction in hospitalizations
- Young people and heavy drinkers are particularly price sensitive
- Taxes on alcopops reduce consumption amongst young people
- Lower taxes on low alcohol products lead to product switching





Health effects of alcohol taxes: specific studies

Reduce:

- Liver cirrhosis
- Delirium tremens
- Male suicide
- Criminality
- Hospitalizations
- Alcohol-related disease mortality
- Workplace injuries
- STDs
- IPV
- Rape
- Robbery
- Severe violence towards children
- · No impact on possible health benefits among moderate drinkers





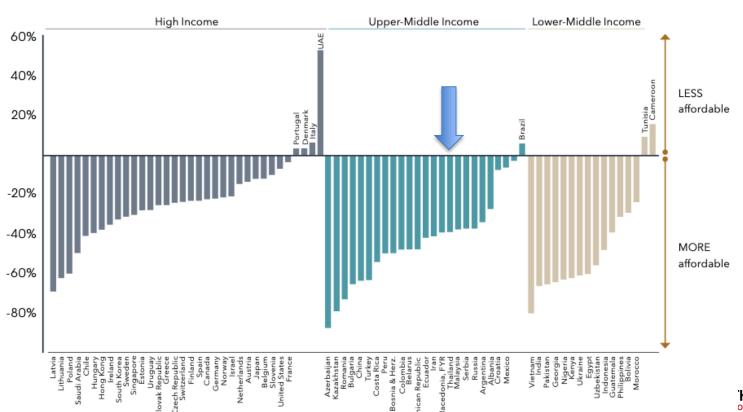
Public health goals: alcohol taxation

- Equalize based on alcohol content
- Index for inflation
- Set minimum price



Affordability is key

Figure 10: Change in Beer Affordability between 2002 and 2016, Selected Countries







Projected Health and Revenue Impact of Alcohol Tax Increases (global)

Price increase due to higher tax	Deaths averted (millions)	Years of life gained (millions)	Change in tax revenue (trillions, \$2016 discounted)
20%	9.4	238.7	8.9
30%	13.7	348.7	12.2
40%	17.9	455.0	14.8
50%	21.9	557.8	16.7

Note: Taxes are increased in 2017 sufficiently to raise prices by 20, 30, 40, and 50 percent. The impact of the increases is projected over a 50-year period (2017-2067).

Source: Summan and Laxminarayan 2018





Bottom Line

- Alcohol taxes are a win-win-win
 - Raise revenues that can be devoted to health care access, prevention, etc.
 - Reduce consumption and problems
 - Popular with the public
- IF, they are raised sufficiently often so that affordability does not increase
 - Thailand needs to raise them more often
 - Illegal market tends to move with the tax increase





2. Restrictions on physical availability

- Theoretical assumption: Reducing supply by restricting physical availability will increase effort to obtain alcohol, and thereby reduce total volume consumed as well as alcoholrelated problems.
- Policies to control availability include:
 - Limitations on hours and days of sale
 - Limitations on number, location and density of places of sale
 - Minimum purchase age restrictions
 - Public drinking bans



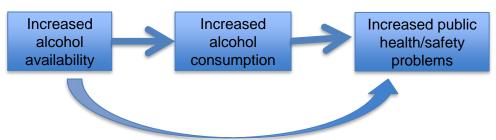


Number/Density of Alcohol Outlets Related to Violence, Underage Drinking, Other problems

Outlet overconcentration:

A key public health and safety concern







Density Affects Youth Drinking

- Long-term studies find the more alcohol ads kids see, they more likely they are to drink²⁰
- More outlets close to home can lead to early use, binge drinking, and drinking and driving²¹
- Retailers may be more likely to sell to underage customers due to competition²²
- Young adult injuries from accidents, assaults, and traffic crashes are related to off-premise density²³







When the # of alcohol outlets increases...







So do the problems:

- violence/crime¹
- sexually transmitted infections²
- noise³
- injuries⁴
- property damage⁵









WHO's Global Strategy Recommendations

- 1. A licensing system on retail sales, or public health-oriented government monopolies on the production and/or sale of alcohol;
- regulating the number and location of on-premise and off-premise alcohol outlets, expressed as efforts to reduce alcohol outlet density;
- 3. regulating days and hours of retail sales;
- 4. establishing an appropriate minimum age for purchase or consumption of alcoholic beverages;
- 5. setting policies regarding drinking in public places.



3. Regulating alcohol promotion

- Theoretical assumption: Reducing exposure to marketing, which normalizes drinking and links it with social aspirations, will slow recruitment of drinkers and reduce heavier drinking by young persons.
- The marketing of alcohol is a global industry
- Alcohol brands are advertised through television, radio, print, point-of-sale promotions, and the Internet
- Strong evidence that exposure to alcohol marketing:
 - Reduces age at which drinking starts
 - Increases the amounts drunk by young people



The importance of alcohol advertising and promotion

- Marketing plays a key role for the industry nationally and globally
 - Functions as significant barrier to entry
 - AB Inbev's cost of advertising per barrel sold significantly lower than its competitors – same is likely true of Diageo
 - Helps to generate oligopoly profits, which in turn support more marketing spend
 - Alcoholic beverages are the 8th most profitable industry more profitable than soft drinks, less so than tobacco
 - Counters increasingly bad health news





Alcohol industry marketing spend

- AB Inbev is the 9th largest marketer in the world according to *Advertising Age*, spent \$6.2 billion globally in 2017.
- According to US figures, alcohol marketing spend is increasingly going to social media:
 - AB Inbev spent \$595 million on traditional measured media in 2017,
 \$947 million on "other marketing", including digital and social media
 - Molson Coors spent \$429 million on traditional media in 2017, \$456
 million on "other marketing," including digital and social media



Examples of Alcohol Marketing











THINK.TEACH. DO.



Facebook







If this isn't you after Thanksgiving you're doing it wrong







David Menso Fat one there Like · Reply · 12 hrs





Like · Comment · Share





Instagram









emrata ATTACK OF THE 50 FT EMRATA, I'm so excited to share with you guys that I am now a part of @drinkbabe > consciously coupling with my good friend, wine visionary and fellow entrepreneur @thefatjewish is an actual dream. Watch out for powerful billboards like this one to take over your hometown!

Load more comments

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itfrat28 Cool

itfrat28 Ø

fpulvirenti7 The new King kong 💗 💗 🥡







Log in to like or comment.

382,652 likes MARCH 21





Miss Universe Loves Cointreau





oliviaculpo I partnered with @cointreau_us to unveil The Designer Cocktail Series and create my spin on the Cosmopolitan: The Red Carpet Cosmo. Make your own and send me pics ** General Cosmo by Olivia Culpo Ingredients:

3/4 oz. Cointreau

2 oz. Vodka

3/4 oz. Fresh Lime Juice

Bar Spoon of Raspberry Jam

How to Make:

Combine all ingredients in a shaker. Shake vigorously with ice and strain into a coupe glass. Garnish with skewered candied ginger #TheArtOfTheMix

Load more comments

anaps92 @sarapuerto q hace ajajja iessvnewh @katie snook16 next time I'm









...

619,180 views

NOVEMBER 9, 2018

Log in to like or comment.

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DJ Khaled's Alcohol Advertising Past









DJ Khaled is not alone...

- Study by VicHealth in Melbourne, Australia released last year:
 - Looked at top 70 Australian Instagram influencers and their alcoholrelated content
 - 73% of the top influencers featured alcohol brands in their Instagram accounts in the past year
 - 39% of these were undisclosed (did not feature a hashtag such as #sponsored #ad #collab or use the "Paid partnership" option)



Twitter











Smirnoff @@SmirnoffEurope · Mar 19
Powerful women doing powerful things. Huge shoutout to Flexx London and













Snapchat





"Diageo pulls Captain Morgan Snapchat ads over age concerns" (2018)







YouTube





YouTube viewship

Brand	Video	Number of Views
Absolut	Swedish House Mafia-Greyhound Music Video	63,122,693
Michelob Ultra	The Pure Experience Pure Gold Super Bowl	16,881,544
Heineken	The Date	10,527,900
Michelob Ultra	Robots-Super Bowl 2019	8,591,159
Bud Light	Game of Thrones X Bud Light	7,477,604
Budweiser	A Dream Delivered - Folds of Honor	6,683,049
Captain Morgan	Captain, Captain	2,207,355
Aviation Gin	The Process	2,042,168
Bacardi	Dance Floor	1,275,194





Exposure on YouTube: What do we know?

- Assessment of 16 brands associated with highest underage past 30-day prevalence
 - Created fake profiles age 14, 17 and 19
 - Every profile was able to subscribe to each of the 16 official alcohol brand YouTube channels; on average 2/3 of the brands' channels were successfully viewed (Barry et al. 2015)



Alcohol Advertising and Youth

Initial published reviews (2009) summarize 13 longitudinal studies

- Followed groups of young people over time, monitoring alcohol marketing exposure and drinking behavior
- Find increased exposure to alcohol advertising and marketing is associated with drinking initiation and increased consumption and greater risk of problems, even after controlling for wide range of other variables









More recent research findings

- Jernigan et al. systematic review 2017:
 - 12 longitudinal studies published since 2008
 - 9 unique cohorts containing 35,129 participants not previously reported on
 - Cohorts from Europe, Asia and North America
 - Range in duration from 9 months to 8 years
 - All found significant associations between levels of exposure to alcohol marketing and subsequent levels of drinking among youth





How does the effect work?

- Davis et al. 2019, followed 4840 young people from age 12 to 22
- Measured exposures:
 - (a) videos on the internet showing someone who is drunk or high;
 - (b) pictures or comments on a social networking site (e.g., Facebook) showing or talking about someone who is drunk;
 - (c) movies showing someone who is drunk or high;
 - (d) television programs showing someone who is drunk or high;
 - (e) alcohol advertisements on billboards, magazines, or somewhere else;
 - (f) songs that talk about getting drunk or high; and
 - (g) video games that show someone getting drunk or high





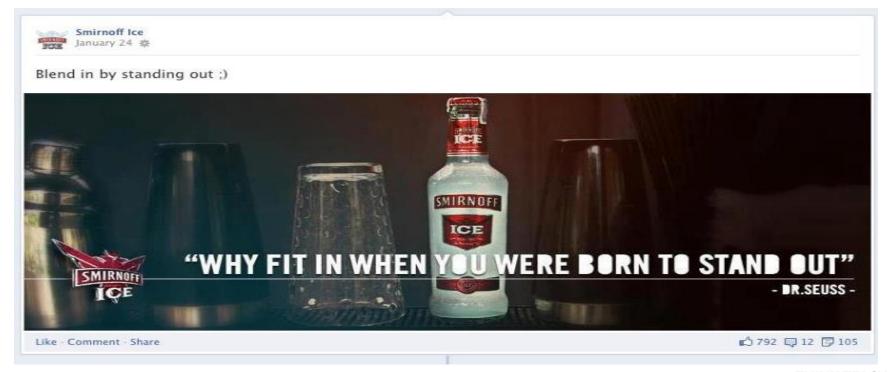
How does the effect work?

- Greater exposure to substance-related media can increase normative beliefs for peer alcohol use, which then predicts greater alcohol use during adolescence
- Social media is a SUPER PEER
- Implications for action:
 - Normative feedback integrated into interventions
 - Media literacy
 - "...effective public policies (e.g., buy-in from local, state, and federal government as well as from the platforms that provide access to content)"





DISCUS code: The content of beverage alcohol advertising and marketing materials should not primarily appeal to individuals below the legal purchase age.



Effectiveness of industry selfregulation



naring comions. This paper privates a systematic review of summer investigating the content of, and exposure of, accused marketing in relation to self-regulated guidelines. Methods Peer-reviewed papers were identified through four literature. marketing in relation to seth-regulated guidelines, Methods Preer-reviewed papers were identified inrough four intentifies search origines: SCOPUS, Web of Science, PubMed and PsychlNFO, Non-peer-reviewed reports produced by public health agencies, alcohol research centers, non-governmental organizations and government research centers were also identified. ngeneros, orograficaments, independential of grinding as of the 19 studies evaluating a specific marketing code and 25.

Ninety-six publications met the inclusion criteria, Results. Of the 19 studies evaluating a specific marketing code and 25. Ontent analysis studies reviewed, all detected content that could be considered potentially harmful to children and adolescents. Including themes that appeal strongly to young men. Of the 57 studies of alcohol advertising exposure, high levels RECURN, HIGHWAY LIBERTS LIBE APPEAR STORING TO SYNTHES THE ALL OF DEEP STREET, OF DEPTH AND ASSESSED AS A STREET, OF DESCRIPTION OF THE ASSESSED ASSESSED AS A STREET, OF DESCRIPTION OF THE ASSESSED ASSESSED AS A STREET, OF DESCRIPTION OF THE ASSESSED ASSESSED ASSESSED AS A STREET, OF THE ASSESSED ASSESSED ASSESSED AS A STREET, OF THE ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED AS A STREET, OF THE ASSESSED ASSESSED ASSESSED AS A STREET, OF THE ASSESSED ASSESSED ASSESSED ASSESSED AS A STREET, OF THE ASSESSE advertisements. Youth exposure to alcohol advertising has increased over time, even as greater compliance with exposure. anvertisements. From exposure to account anvertising the uncrossed over this, even as greater companion. Washington, thresholds has been documented. Conclusions Violations of the content guidelines within self-regulated alcohol market. ing codes are highly prevalent in certain media. Exposure to alcohol marketing, particularly among youth, is also present ing codes are rightly prevaient in certain mena. Exposure to alcohol marketing, particularly among youth, is also prevaient. Taken together, the findings suggest that the current self-regulatory systems that govern alcohol marketing practices are not meeting their intended goal of protecting vulnerable populations. Keywords Adolescent, advertising, alcohol, industry, marketing, self-regulation.

- Review of over 100 articles from multiple countries
- Of the 19 studies evaluating marketing codes and 25 content analysis studies, all detected potentially harmful content
- 57 studies found high levels of youth exposure to alcohol advertising
- The current self-regulatory systems that govern alcohol marketing practices are not meeting their intended goal of protecting vulnerable populations





Other media

- Movies
 - Dartmouth Medical School
 - Top 100 box-office hits per year, 1996-2009
 - 1400 movies
 - 500 tobacco brand appearances
 - 2433 alcohol brand appearances
 - Tobacco screen time and brand appearances dropped
 - Alcohol brand appearances rise from 80 to 145 per year





From: Trends in Tobacco and Alcohol Brand Placements in Popular US Movies, 1996 Through 2009

JAMA Pediatr. 2013;167(7):634-639. doi:10.1001/jamapediatrics.2013.393

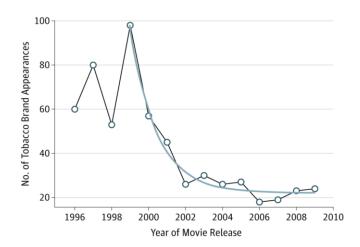


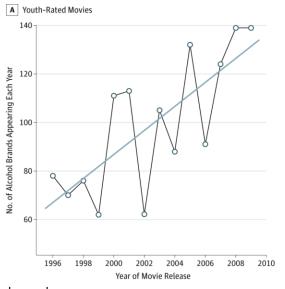
Figure Legend:

Trend in Tobacco Brand AppearancesTrend in tobacco brand appearances in the top 100 movies with the highest US box-office gross revenues from 1996 through 2009. Points show the actual data, and the bold line shows the post-1999 trend estimate. Rate of decline is 7.0% per year.



From: Trends in Tobacco and Alcohol Brand Placements in Popular US Movies, 1996 Through 2009

JAMA Pediatr. 2013;167(7):634-639. doi:10.1001/jamapediatrics.2013.393



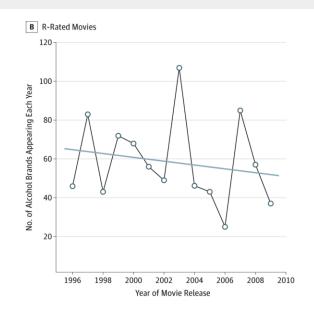


Figure Legend:

Trends of Movie Alcohol Brand CountsTrends of movie alcohol brand counts from (A) youth-rated and (B) R-rated movies, with a linear trend line. For youth-rated movies, slope = 4.97 (P = .002); for R-rated movies, slope = -0.99 (P = .52).

Other media

- Popular music (Siegel et al. 2014)
 - 720 most popular urban, pop, country and rock songs, 20092011
 - 38% of urban songs mentioned alcohol, 12% a specific brand
 - 22% of country songs mentioned alcohol, 6% a specific brand
 - Most common brands mentioned: Patron, Hennessy, Grey Goose, Jack Daniel's





Alcohol marketing: The case for causality

- "Bradford Hill" criteria for assessing causal relationships between environment and disease (Sargent and Babor 2020):
 - ✓ Strength of the association
 - √ Dose-response relationship
 - ✓ Temporal association (does the cause precede the effect?)
 - ✓ Consistency (across locations, populations, circumstances)
 - √ Specificity (one type of exposure leads to one specific outcome)
 - ✓ Plausibility (biological or psychological)
 - √ Experimental evidence
 - √ Coherence (is there evidence youth drinking goes up without exposure or goes down without it?)
 - √ Analogy (similar to findings on tobacco marketing?)

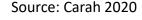




Marketing and the new platforms

- BIG difference between traditional marketing and social media (Facebook, Instagram, YouTube, etc.):
 - Digital marketing is participatory
 - Digital marketing is algorithmic and data-driven
 - Digital marketing is dark and ephemeral
 - Digital marketing is material creating in the moment experiences
 - Digital marketing is logistical seamless flow from identification of preferences, to targeting of ad, to presentation of purchase opportunity





The challenge posed by these new "stores" – of data

- •The "stores" of data currently being collected are perhaps the most challenging area of alcohol marketing currently
- •Current regulatory and self-regulatory codes are all about content and exposure they don't touch what digital marketing does (e.g. DARE kids)
- No longer dealing with content, volume and placement of advertising – now have data-optimized engagement with consumers



















A SAFER WORLD FREE FROM ALCOHOL RELATED HARMS

- Strengthen restrictions on alcohol availability
- Advance & enforce drink driving counter measures
- Facilitate access to screening, brief interventions & treatment
- Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, & promotion
- Raise prices on alcohol through excise taxes & pricing policies

3 Principles for national actions

- **IMPLEMENTATION**
- MONITOR
- PROTECT

RECOMMENDATIONS FOR THAILAND IN A SAFER CONTEXT





IMPLEMENTATION

- Strong implementation requires:
 - broad intersectoral collaboration with transparent and inclusive processes
 - Between government ministries, and between government and civil society.
 - The existing national-level infrastructure including involvement of government ministries, ThaiHealth and civil society, provides a strong basis for alcohol policy implementation.
 - Must be matched by similar cooperation and engagement at provincial and local level
 - enhanced capacity at provincial level
 - mobilization of support across all sectors including:
 - legislators and policy makers, communications media, the faith community, health and welfare communities.
 - Sufficient resources and training for enforcement





MONITOR

- Adult per capita consumption of alcohol reduce by 10% by 2025.
- New national integrated indicators
 - prevalence of abstention by age groups
 - consumption per drinker as well as per capita
 - alcohol-attributable mortality from traffic injuries and liver cirrhosis
- Quantitative measures of policy outcomes at provincial and national levels taking into account socio-economic status to ensure equity of outcomes.
- Routine collection of data on alcohol involvement and place of last drink for motor vehicle crashes, crimes and other offenses likely to have alcohol involvement.
- Evaluate effects on initiation of drinking of changes in alcohol taxation





PROTECT

- Evidence-based alcohol policies will attract opposition from commercial interests, and must be safeguarded from interference by these interests that seeks to weaken or eliminate those policies
- The commercial interests are global, and they require a global response from public health
- Thailand should continue to exercise leadership in collaboration with other countries and sectors to promote a legally-binding global instrument that will protect national alcohol control policies from interference by commercial interests.



PROTECT

- In line with recommendations from the Joint Mission of the United Nations
 Interagency Task Force on the Prevention and Control of Noncommunicable
 Diseases (August 2018), establish protocols at national level to ensure that the
 public interest remains above commercial interests.
- Corporate social responsibility activities function as an entry point for vested interests' efforts to influence policy. In this light, Thailand should prohibit:
 - branding of alcohol industry corporate social responsibility activities
 - alcohol industry engagement in alcohol education, event sponsorships, and publicprivate partnerships
- Seek support from WHO to build capacity to protect alcohol policy against impacts of trade treaties.







Strengthen restrictions on alcohol availability

- Increase enforcement of the legal minimum purchase age and times and days of sale of alcohol and monitor compliance to inform license renewals.
- Reduce the number of establishments licensed to sell and serve alcohol.
- Establish national guidelines for local-level licensing systems including
 - public notification of public input into license applications and annual renewals
 - Input from the public, civil society and relevant agencies (police, health, excise (licensing inspectors),







Strengthen restrictions on alcohol availability

- Ensure sufficient resources and expertise are available at the national level to entertain appeals from the public, civil society and relevant agencies on licensing decisions
- Increase License Fees and use the revenues to cover the costs of administration and monitoring of licensing
- Enforce the law banning sale of alcohol to intoxicated patrons
- Make sellers and servers of alcohol legally responsible for harms caused by persons to whom they serve or sell alcohol.
- Prohibit on-line sale and home delivery of alcohol





Advance & enforce drink driving counter measures

- Build capacity and provide dedicated funding to implement random breath testing at adequate levels, supported by media campaigns/publicity to increase perceived certainty of apprehension among the general population.
- Apply sanctions administratively to ensure swiftness and certainty, when no injury involved
- Reduce the legal blood alcohol concentration for all drivers from 50 mg% to 20mg%. Needed urgently given the likelihood of synergistic effects of alcohol and other drugs

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 FOR THE HEALTH OF ALL





Facilitate access to screening, brief interventions & treatment

- Strengthen implementation of screening, brief intervention and referral to treatment in health and non-health sector settings, such as workplaces and educational institutions
- Specific funds designated to support screening and brief intervention.
 All health care systems to fully support the costs of treatment of alcohol use disorders and effective medications to be made available
- Treatment for alcohol use disorders to be fully reimbursable when using current evidence-based approaches, including effective medications







Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, & promotion

- Move towards prohibiting all forms of alcohol marketing, including marketing in digital and social media.
- Adopt for alcohol the definition of marketing included in Thailand's Tobacco Products Control Act of 2017:
 - "Marketing communications" mean an act in various forms by advertising, publicizing, creating news, distributing news, conducting sale promotion, displaying at point of sale, conducting direct sale, selling or promoting sale by using specific person and cyber marketing, for the purpose of selling goods or services or creating image."
- Support policy of no sponsorship by alcohol brands
- The Ministry of Interior to issue a policy for local administration eligible to use local budget to support traditional festivals only if there are no alcohol sales and no alcohol sponsorship





Raise prices on alcohol through excise taxes & pricing policies

- Increase alcohol excise tax
- Adjust alcohol specific tax regularly (e.g. every 6 to 12 months) to keep pace with inflation.
- Half of the earmarked alcohol tax which goes to local government be used to support community action
- Structure taxes (e.g. ad valorem/specific tax) to reflect goal of preventing initiation of alcohol consumption
- Consumption and price of white spirits, both taxed and untaxed, should be closely monitored to ensure that the tax policy on white spirits is appropriate to the goal of reducing alcohol-related harm.





Cross-border marketing: What is to be done about social media

- Transparency is crucial must require disclosure of partnerships with influencers and peer-generated content
- Must disclose and permit regulation of "stores" that support data-optimized engagement with consumers, including young people
- BUT digital and social media are global platforms
- Global action is needed
- Thailand can play a key role in these discussions



What is to be done: social media

- Framework Convention on Alcohol Control
 - Model is the global Framework Convention on Tobacco Control
 - 168 countries have signed it
 - Sets a floor for national action on tobacco control countries can do more but sets the minimum
 - Has the ability to address global and cross-border actions
 - Could be a vehicle for limiting alcohol marketing in social media
 - No single country can do this alone





HOPE





In closing...

"Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence."

-- Lu Xun



THANK YOU!

THINK.TEACH. DO. FOR THE HEALTH OF ALL



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